

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

**Bureau of Health Professions
Division of Medicine and Dentistry**

***Affordable Care Act - Teaching Health Center
Graduate Medical Education (THCGME) Program***

Announcement Type: New
Announcement Number: HRSA 14-060

Catalog of Federal Domestic Assistance (CFDA) No. 93.530

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date in Grants.gov: December 2, 2013

Supplemental Information Due Date in EHB: December 9, 2013

NOTE: APPLICANTS ARE REQUIRED TO DOWNLOAD THE NEW APPLICATION PACKAGE AT GRANTS.GOV TO COMPLETE SUBMISSIONS. Revisions were made on November 20, 2013 to correct the application package, clarify submission instructions (pg 8), add Attachment 5 (pg 12), add an additional technical assistance session (pg 19).

Ensure your SAM and Grants.gov registrations and passwords are current immediately! Deadline extensions are not granted for lack of registration. Registration can take up to one month to complete.

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Authority: Section 340H of the Public Health Service Act, as added by Section 5508 of the Patient Protection and Affordable Care Act of 2010 (P. L. 111-148)

Executive Summary

The Health Resources and Services Administration, Bureau of Health Professions, Division of Medicine and Dentistry is accepting applications for the fiscal year (FY) 2014 Teaching Health Center Graduate Medical Education (THCGME) program. The purpose of this grant program is to make payments to support the expansion of primary care medical and dental residency training in community-based ambulatory settings.

Funding Opportunity Title:	Affordable Care Act – Teaching Health Center Graduate Medical Education (THCGME) program
Funding Opportunity Number:	HRSA-14-060
Due Date for Applications – Grants.gov:	December 2, 2013
Due Date for Supplemental Information – EHB	December 9, 2013
Anticipated Total Available Funding:	\$230 million for FY 2011 through 2015
Estimated Number and Type of Awards:	Payees depend on number of eligible applicants
Estimated Award Amount:	Based on formula ¹
Cost Sharing/Match Required:	No
Length of Project Period:	One year ²
Project Start Date:	July 1, 2014
Eligible Applicants:	HRSA will make payments to eligible teaching health centers to support direct and indirect expenses associated with accredited primary care medical and dental residency training. [See Section III-1 of this FOA for complete eligibility information.]

¹ The methodology for determining the payments is currently under review by the Department of Health and Human Services. While the methodology is under review, THCGME awardees will receive an interim payment amount of \$150,000 per full-time equivalent (FTE) to support training. Once the formula methodology is approved, THCGME awards will be based on the new formula. Accordingly, for academic year 2014-15, payment amounts to individual THCs could increase or decrease relative to the interim payment level, based on the specifications of the new formula.

² The project period for this award will begin on July 1, 2014 and end on June 30, 2015, divided into two periods, the “initial period” and the “post award period.” Initial funding is awarded to support the first three months, July 1 through September 30, 2014, encompassing fiscal year 2014. A post award action will be made to provide funding to support training from October 1, 2014 through June 30, 2015, which encompasses fiscal year 2015. This funding schedule reflects the statutory requirement to reconcile payments for costs incurred during the Federal Fiscal Year, as opposed to the academic year.

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Two-Tier Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424r2guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits FY 2014 applications for the Teaching Health Center Graduate Medical Education (THCGME) program. The Affordable Care Act directly appropriates \$230 million for Fiscal Years 2011 through 2015 to make payments to qualified teaching health centers to support the expansion of primary care medical and dental residency training in community-based ambulatory settings. These community-based settings include, but are not limited to, federally-qualified health centers (FQHCs) and FQHC Look-Alikes, community mental health centers, rural health clinics and health centers operated by the Indian Health Service or an Indian tribe or tribal organization, and entities receiving funds under title X of the Public Health Service (PHS) Act.

This funding opportunity builds on evidence showing that family medicine resident physicians who train in Health Center (HC) settings are nearly three times as likely to practice in underserved settings after graduation when compared to residents who did not train in HCs. (Morris 2008, Rieselbach 2010) The purpose of this funding opportunity announcement (FOA) is to identify eligible community based primary care residency programs that meet the THCGME eligibility criteria described in Section III.

FOAs for this program will be published annually as funds permit. All Teaching Health Centers (THCs) will apply for funding annually. New applicants as well as existing THCGME awardees who are proposing to further expand the number of new resident Full-Time Equivalent (FTE) slots in FY 2014 beyond those already approved during FY 2013 must apply for the expansion through this funding announcement. Existing THCGME awardees who will not expand the number of resident FTE slots beyond those already approved in FY 2013 will apply through the annual report mechanism; refer to “Reporting” (section VI.3 of this FOA) for further information.

2. Background

This program is authorized by section 340H of the Public Health Service (PHS) Act, as added by Section 5508 of the Affordable Care Act of 2010 (P. L. 111-148), which supports projects that improve the nation’s access to well-trained primary care physicians and dentists by supporting community-based residency training.

In response to the nation’s growing need for primary care services, the Medicare Payment Advisory Commission (MedPAC) and other Graduate Medical Education (GME) stakeholders have called for increasing the amount of GME time spent in nonhospital settings, changes to GME funding to meet goals such as community-based care, and increasing the diversity of the pipeline of health professionals (MedPAC 2010).

The Affordable Care Act addresses these recommendations by establishing the THCGME program to support medical and dental residency training programs in community-based settings.

Recent studies indicate that family medicine residents exposed to community based training are more likely to practice in HCs and other underserved settings. (Morris 2008, Rieselbach 2010) The THCGME program addresses the need to increase the primary care workforce by expanding high quality community-based primary care residency training. THCs implement curricula with community medicine, cultural competency, and practice management components that prepare graduates for careers in primary care in underserved areas. (Chen 2012).

References

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Morris CG and Chen FM. Training Residents in Community Health Centers: Facilitators and Barriers. *Annals of Family Medicine* 2009; 7:488-94. (available at <http://www.annfammed.org/>).

Morris CG, Johnson B, Kim S, and Chen FM. Training Family Physicians in Community Health Centers: A Health Workforce Solution. *Family Medicine*. 2008; 40(4):271-6 (available at <http://www.stfm.org/fmhub/>).

Rieselbach RE, Crouse BJ, Frohna JG. Health centers: Addressing the workforce crisis for the underserved. *Annals of Internal Medicine* 2010; 152:118-22.

Zweifler J. Balancing service and education: Linking community health centers and family practice residency programs. *Family Medicine* 1993; 25:306-11.

Chen C, Chen F, Mullan F. Teaching health centers: a new paradigm in graduate medical education. *Acad Med*. Dec 2012;87(12):1752-1756.

II. Award Information

1. Type of Award

Funding will be provided in the form of a formula-based payment.

2. Summary of Funding

The THCGME program will provide payments to support direct and indirect graduate medical expenses incurred in academic year 2014-2015. The project period for this award will begin on July 1, 2014, and end on June 30, 2015. Initial funding is awarded to support the first three months July 1 through September 30, 2014. For those who continue to maintain eligibility, a post award action will be made to provide funding to support training from October 1, 2014,

through June 30, 2015. This funding schedule reflects the statutory requirement to reconcile payments for costs incurred during the Federal Fiscal Year, as opposed to the academic year.

The number of THCs funded will depend on the number of eligible applicants. Applicants that meet all five eligibility criteria will be funded. THCGME funding is authorized and appropriated through federal fiscal year (FFY) 2015, and funding will not be available beyond September 30, 2015.

Funding may be used only towards the cost of training residents in a newly established THC or training an expanded number of residents in a pre-existing residency training site that satisfies the eligibility requirements of the THC program. For 2014 applicants, the baseline number of residents is the number enrolled in academic year 2013-2014.

The THCGME program payment is formula-based. The final formula methodology for determining the payments is currently under review by the Department of Health and Human Services. At the start of the award THCGME grantees will receive an interim payment amount of \$150,000 per FTE to support training. Once the formula methodology is determined, THCGME awards will be based on the new formula. Accordingly, for academic year 2014-15, payment amounts to individual THCs could increase or decrease relative to the interim payment level, based on the specifications of the new formula.

Total THCGME payments cannot exceed the amount appropriated. Therefore, proposed formula payments will not exceed appropriations. In the event that available appropriations are not sufficient to support the interim payment of \$150,000 for each approved FTE, funding will be divided among all awardees, distributed as a function of FTEs per THC. As a result, it is possible that funding for THCGME may fluctuate over time, depending upon the number of eligible applicants.

Recipients will be notified of the status of their funding by December 18, 2013.

All THCGME funding is subject to annual reconciliation. During reconciliation, any changes to the number of residents reported by the award recipient will be calculated in order to determine a final amount payable for the fiscal year (see section 340H (f) of the Public Health Service Act). Overpayments may be recouped and underpayments may be adjusted as part of this process.

Section 340H(e) of the Public Health Service Act describes the relationship between THCGME program funding and other payments that support GME, including but not limited to Medicare, Medicaid and Children's Hospitals GME. THCGME payments can supplement, but not duplicate, GME payments from other sources. If an award recipient requests payment from CMS or other Federal sources for THC resident training, the THC cannot also claim payment for that time from HRSA. HRSA requires applicants to coordinate closely with affiliated teaching hospitals in order to avoid over-reporting of THCGME supported FTEs. Over-reporting of FTEs and subsequent over-payment will result in the recoupment of THCGME payments. Additionally, HRSA will work closely with CMS to maintain counts of THC residents as they rotate within teaching hospitals.

RESIDENT FTE DEFINITION

For purposes of payment, residents are counted as FTEs based on the total time necessary to fill a full-time residency slot for one academic year. A **resident FTE** is measured in terms of time worked during one residency year. It is NOT a measure of individual residents who are working. The THC can count multiple residents towards one FTE.

To reiterate, existing THCGME awardees who are proposing to increase the number of new resident FTE slots beyond those already approved in their current grant must apply for the expansion through this funding announcement.

III. Eligibility Information

1. Eligible Applicants

There are five components of THCGME program eligibility. Applicants must meet all of the following criteria in order to be considered eligible for THCGME funding. Applicants that fail to meet any eligibility criteria will not be considered for funding under this announcement.

A. Eligible Entities

An eligible entity is a **community-based ambulatory patient care center** that:

- i. Operates an accredited primary care medical or dental (general or pediatric) residency program. Specific examples of eligible outpatient settings include, but are not limited to:
 - Federally qualified health centers, as defined in section 1905(1)(2)(B) of the Social Security Act;
 - Community mental health centers, as defined in section 1861(ff)(3)(B) of the Social Security Act;
 - Rural health clinics, as defined in section 1861(aa) (2) of the Social Security Act;
 - Health centers operated by the Indian Health service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act); and
 - An entity receiving funds under title X of the Public Health Service Act.

The list of entities above is not exclusive, but does reflect the intent of the program to provide training in settings such as those served by the institutions listed.

OR

- ii. Has collaborated to form a GME consortium that operates an accredited primary care residency program.

In order to satisfy accreditation, academic and administrative responsibilities, a

community-based ambulatory patient care center may form a GME consortium with stakeholders (e.g., academic health centers, universities and/or medical schools) where the GME consortium serves as the institutional sponsor of an accredited primary care residency program. The relationship between the community based ambulatory patient care center and the consortium must be legally binding, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

The GME consortium must be listed as the institutional sponsor by the accrediting body. Within the consortium, the community-based ambulatory care center is expected to play an integral role in the academic, financial and administrative operations of the residency. THCGME payments must directly support the ambulatory training site.

B. Eligible Primary Care Residency Programs

Only specific residency training programs are eligible. According to statute (sections 340H(j)(2) and 749A(f)(2) of the PHS Act), “primary care residency program” refers to an approved graduate medical education residency training program in:

- Family medicine;
- Internal medicine;
- Pediatrics;
- Internal medicine-pediatrics;
- Obstetrics and gynecology;
- Psychiatry;
- General dentistry;
- Pediatric dentistry; or
- Geriatrics.

C. Accreditation/Institutional Sponsorship

The eligible community-based ambulatory patient care setting or GME consortium must be accredited in the primary care specialty and must be listed as the institutional sponsor by the relevant accrediting body, such as the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), or the Commission on Dental Accreditation (CODA). THCGME payments are made directly to the eligible accredited entity, either the THC ambulatory training site or formal GME consortium.

The applicant **MUST** provide documentation that the residency program is accredited, and must name the residency program’s institutional sponsor, the relevant accrediting body, and date of accreditation for verification purposes (see Attachment 1). Applicants who are in the process of obtaining accreditation for their residency program(s) may apply, but they must provide documentation from the appropriate accrediting body demonstrating that the accreditation process has been initiated prior to the application due date. Further, applicants

will not receive THCGME program funds if documentation of accreditation is not received by June 1, 2014.

Teaching hospitals and academic institutions holding the institutional sponsorship of a primary care residency program are not eligible to receive THCGME funding. Teaching hospitals and academic institutions have proven to be successful partners of THCs and members of established GME consortia. In these cases, the GME consortium may serve as the institutional sponsor of the residency program.

D. New/Expanded Residency Programs

Funding may be used for the costs of new resident FTEs in a newly-established THC or an expanded number of resident FTEs in a pre-existing THC. For 2014, the baseline number of FTEs is the number of FTEs enrolled in academic year 2013-2014. Applicants should include the program's baseline number of FTEs, projected growth, rotation schedules, and other supporting documentation in their EHB Phase 2 submission.

E. Eligible Residents

Eligible residents are either a graduate of an accredited medical school in the U.S. or Canada; or have passed the United States Medical Licensing Examination (USMLE) Parts I & II (international or foreign medical graduates).

2. Cost Sharing/Matching

Cost sharing or matching is not required.

3. Other

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Funding Limitations: If a THC-affiliated teaching hospital receives GME funding from Medicare or other Federal sources for the new THC residents, the THC cannot claim that portion of the resident's time for HRSA's THCGME program payments.

Audit Authority: The Secretary may audit a qualified THC to ensure the accuracy and completeness of the information submitted in response to this application and in the report required by this application.

NOTE: Multiple applications from an organization are allowable. Entities seeking THCGME funding to support multiple residency programs MUST submit a separate application for each individual residency program.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov and the HRSA EHBs and have the application validated on or before the deadline date and time. Applicants must download the SF424 R&R application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

IMPORTANT NOTE: HRSA uses a two-tier submission process for the Teaching Health Center Graduate Medical Education program applications via Grants.gov and the HRSA EHBs:

- **Phase 1 – Grants.gov** – With the exception of the Documentation of Number of Eligible Resident FTEs form/information, all other required forms must be submitted via Grants.gov with a due date of December 2, at 11:59 P.M. Eastern Time; and
- **Phase 2 - HRSA EHBs** – The Documentation of Number of Eligible Resident FTEs form/information must be submitted via the HRSA’s EHBs with a due date of December 9, 2013 at 5:00 P.M. Eastern Time.

Only applicants who successfully submit an application in Grants.Gov (Phase 1) by the due date may submit the additional information and THCGME Program Specific Information/Tables in HRSA’s EHBs (Phase 2).

Sections 2 and 5 of HRSA’s *SF-424 R&R Two-Tier Application Guide* provides instructions for the staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. Note that the THCGME program is a formula-based grant program that does not require submission of a formal budget or budget justification narrative. All applicants are responsible for reading and complying with the instructions included in HRSA’s *SF-424 R&R Two-Tier Application Guide* at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf> except where instructed in this funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 40 pages when printed by HRSA. The 40-page limit includes the abstract, project narrative, and Grants.gov attachments required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge applicants to print their application to ensure it does not exceed the 40-page limit.**

Applications must be complete, within the 40-page limit, and submitted prior to the deadline to be considered under this announcement.

Program-specific Instructions

In addition to application requirements and instructions in Section 2 and 5 of HRSA's *SF-424 R&R Two-Tier Application Guide*

<http://www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf> (including the staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following. Note that the budget and budget justification are not required under this FOA.

- i. **Project Abstract – to be submitted in box 7 of the Research and Related Other Project Information form.** See Section 5.1.ix of HRSA's *SF-424 R&R Two-Tier Application Guide*.*

In addition, please include the following:

- (1) A four or five sentence overview of the Teaching Health Center;
- (2) Specific, measurable objectives which the Teaching Health Center will accomplish; and
- (3) How the Teaching Health Center will accomplish its objectives during the funding period.

- ii. **Project Narrative – to be submitted in box 8 of the Research and Related Other Project Information form***

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

INTRODUCTION

In this section, the applicant is encouraged to provide the purpose of the proposed project.

ORGANIZATIONAL INFORMATION

In this section, the applicant is encouraged to provide eligibility and cost information associated with the graduate medical or dental education program. Organizational information should include, but is not limited to:

- (1) Applicant organization's structure, including how eligibility criteria listed in Section III are met.
 - (a) If the applicant is applying as a **community-based ambulatory patient care center that operates a primary care residency program**, it is recommended that the following information be included in this section:
 - i. List the name of the sponsoring institution as recognized by the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), or Council on Dental Accreditation (CODA). Please include an organizational chart as Attachment 4 demonstrating the sponsoring institution of the residency training program.

- ii. Describe the organization's plans to expand its residency training capacity, as demonstrated in the FTE Chart submitted within the EHBs.
 - iii. If the center collaborates with a hospital that currently receives, or will receive, funding from CMS, enumerate steps that will be taken to ensure that CMS funds and THCGME funds are not being used to cover the same residents' training time.
- (b) If the applicant is applying as a **community-based ambulatory patient care center that has formed a GME consortium that operates a primary care residency program**, it is recommended that the following information be included in this section:
- i. List the name of the sponsoring institution as recognized by ACGME, AOA or CODA. Please include an organizational chart as Attachment 4 demonstrating the sponsoring institution of the residency training program.
 - ii. List the members of the consortium.
 - iii. Describe the THC's operational and financial responsibilities for the residency program.
 - iv. Describe the funding flow between members of the consortium as well as how spending and budgetary decisions are made.
 - v. Describe the roles members play concerning the:
 - (a) Selection of trainees
 - (b) Selection of faculty
 - (c) Development of rotation schedules
 - (d) Development of the curriculum
 - vi. If the GME consortium consists of a hospital that currently receives, or will receive, funding from CMS, delineate steps that will be taken to ensure that CMS funds and THCGME funds are not being used to cover the same training time.
 - vii. Describe the organization's plans to expand its residency training capacity, as demonstrated in the FTE Chart reported within the EHBs.

Applicants applying as part of a GME consortium must maintain the consortium throughout the award project period. In the event of an organizational change that will affect the training program's financial, academic or operational function or organization, awardees must notify HRSA of the change within 30 days of becoming aware of that change.

(2) Description of:

- (a) The current curriculum; for example, longitudinal teaching curriculum on new models of care such as the patient centered medical home and inter-professional team-based care, or effective communication through enhanced cultural competency. May include novel patient access venues such as home care, and technological solutions including electronic communications such as tele-visits or tele-dentistry;
 - (b) Curricular evaluation which may include assessments specifically addressing parameters such as quality of care, patient safety, cultural, and other competencies;
 - (c) Quality improvement techniques, including quality measurement;
 - (d) The use of Electronic Health Records (EHR) and the utilization of data from EHR to evaluate and improve quality of care at the individual- and population-level or to address health disparities;
 - (e) Innovative approaches that will be utilized to train residents in the care of underserved populations;
 - (f) Affiliations with academic health centers or other academic institutions and their contribution to the quality of training; and
 - (g) A contingency plan that demonstrates the ability to sustain the residency program in the event that the THCGME program is not reauthorized or funded by Congress after Fiscal Year 2015.
- (3) Description of the current ambulatory care and community-based training settings and patient population.
- (4) Characteristics of successful THCs may also be addressed in this section of the narrative, including:
- a. Demonstrated institutional commitment to a dual mission of education and service; and
 - b. Patient- and community-based input into THC operation and management.
- (5) Existing applicant resources, including any funding received by other sources (such as Medicare, Children’s Hospital GME, and Primary Care Residency Expansion). THCGME payments may supplement but not duplicate payments from other sources.

INTERIM PAYMENT

The final formula methodology for determining the payments will include calculations for direct and indirect graduate medical expense payments. This formula is currently under review by the Department of Health and Human Services. Statute allows the Secretary to provide an interim payment until the formula could be implemented. THCGME grantees receive an interim payment amount of \$150,000 per full-time equivalent (FTE) to support training. The interim payment per resident FTE per year includes direct and indirect costs. Once the formula

methodology is determined, THCGME awards will be based on the new formula. Accordingly, for academic year 2014-15, payment amounts to individual THCs could increase or decrease relative to the interim payment level, based on the specifications of the new formula.

Reconciliation

Applicants must provide evidence of the number of resident full-time equivalents claimed in the FTE Chart reported in the EHBs. This number should reflect proposed new residency expansion. **Because THCGME will only support resident FTEs above the baseline, applicants must also include the baseline number of resident FTEs they have been training during the baseline period of the 2013-2014 academic year. For new THCs, the baseline will be zero. For existing THCs, the baseline count should reflect the number of resident FTEs in the program, regardless of funding source.** Resident FTE is measured in terms of time worked during a residency training year; it is not a measure of the number of individual residents who are working. Applicants may count the time that the residents are training at the THC and other institutions, *as long as it is not claimed by other sources*, including the Children's Hospital GME program, Primary Care Residency Expansion Program, or through the CMS GME program. **Applicants are not permitted to receive payment from multiple Federal sources for the same time period of residency training. Failure to provide sufficiently clear and documented evidence of resident FTEs will make the applicant ineligible for payment.**

The authorizing statute requires a reconciliation process, through which overpayments may be recouped and underpayments may be adjusted. (See section 340H(f) of the Public Health Service Act.) The reconciliation process will require awardees to report changes in the number of resident FTEs enrolled at the end of each fiscal year.

EVALUATION PLAN

In order for HRSA to conduct a meaningful evaluation, THCGME award recipients will be required to report semi-annual performance measures, longitudinal outcome data, and operational costs for this funding (section VI.3 of this FOA). Measureable outcomes will include practice locations, distribution in underserved areas, and scope of practice for THC graduates. Since this data will not be available until after THC residents complete their training, applicants should collect data on intermediate measures such as innovative curricular elements, implementation of interprofessional teams that provide person-centered care, improvement in quality parameters, improvement in patient care outcomes, and use of electronic medical technology. All recipients must agree to track the practice patterns of graduates for five years following the completion of their residency training. Grantees will receive specific reporting requirements in their Notice of Award.

HRSA is interested in understanding each applicant's current internal evaluation plan. Applicants should present their evaluation plan to collect and analyze information on the measurable outcomes listed in the previous paragraph. The plan should address the following elements:

- (1) Evaluation Technical Capacity: current evaluation experience, skills, and knowledge of individual(s) responsible for conducting and reporting evaluation efforts;

- (2) Evaluation Methods: evaluation questions; instruments/tools used; primary/secondary data sources, milestones, timeline, etc.;
- (3) Quality Assurance Plan: process to validate data collection and results; and
- (4) Evaluation Report: written description of evaluation activities, results, challenges, and recommendations.

iii. Budget and Budget Justification Narrative

The THC Program is a formula-based grant program that does not require submission of a formal budget or budget justification narrative.

iv. Attachments

Attachments 1-5 must be submitted with your application in Grants.gov to complete the content of the application. Please note that Attachment 1 is required from all new THCGME program applicants to verify applicant eligibility. Unless otherwise noted, all attachments are required and count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Documentation of accreditation status. Submit a copy of the letter of approval or accreditation from the appropriate accrediting agency. Applicants who are in the process of obtaining accreditation must provide documentation from the appropriate accrediting body demonstrating that the accreditation process has been initiated prior to the application due date. Note that documentation of accreditation must be received by no later than **June 1, 2014**.

Attachment 2: Other Relevant Documents to Project including supporting documentation of direct and indirect graduate medical education expenses. Applicants applying under a GME consortium should also include a copy of the institutional agreement that establishes the consortium.

Attachment 3: Position Descriptions and Biographical sketches for Program Director and key faculty. *Keep each to one page in length as much as is possible.* Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 4: Organizational Chart. The chart should illustrate the relationships among partners participating in the residency program and clearly identify which component will manage the various responsibilities and authorities of the program. For a consortium model, it should demonstrate the leadership role of the community-based ambulatory outpatient care center, including the financial, operational and academic aspects of the relationship. Include the organizational and financial relationship between the consortium and the THC.

Attachment 5: Documentation of number of eligible resident FTEs. All documentation used to support the data to be included on the Eligible Resident/FTE Chart in EHB must be included here. This includes the following:

Documentation of number of eligible resident FTEs. Resident FTE is measured in terms of time worked during a residency training year. Depending on how the THC funds will be used it is not always a measure of the number of individual residents who are working. The documentation will be used to determine the baseline number of FTEs and plans for expansion. **Applicants are not permitted to receive payment from multiple sources for the same time period of residency training.**

Documentation includes the following information:

- Justification for resident FTE measurement based on the resident's rotation schedule; and
- The resident's rotation schedule for the academic year that demonstrates the amount of time a resident will spend in the THC, hospitals, or other non-THC settings during the current academic year. The rotation schedule must include for each rotation: the name of the rotation, rotation location, and the start and end dates of the rotation.

Applicants must also provide:

- The aggregate number of FTEs for the academic year beginning July 1, 2014; and
- **A projection of the program's proposed expansion in FY 2015, including the continuation of training for THC residents funded in FY 2014.** This projection does not guarantee funding beyond awards made in association with this funding announcement. This information is necessary to project funding for the remainder of the funds availability period of the overall initiative.

Again; this documentation supports the data which will be submitted on the chart under Phase 2 of this application, as indicated below.

v. Program Specific Forms

After applicants have submitted the required SF-424 R&R information, as well as Attachments 1-5 through Grants.gov, Phase 2 of the application is required to be completed. Phase 2 is completed through the HRSA Electronic Handbooks (EHBs).

Phase 2: Submission through HRSA's Electronic Handbooks (EHBs)

Unlike in past years, this year applicants are required to complete the chart for the "Number of Eligible Residents/FTEs In Program" in the EHB. Please refer to the example and instructions below for information to include:

Instructions for completing the Eligible Resident/FTE Chart in EHB:

NUMBER OF ELIGIBLE RESIDENTS/FTEs IN PROGRAM							
Academic Years		Number of Residents				Aggregate Number of THC FTEs	Aggregate Number of Residents in Program
		PGY-1	PGY-2	PGY-3	PGY-4		
7/1/2010-6/30/2011							
7/1/2011-6/30/2012		A	A	A	A		D
7/1/2012-6/30/2013		A	A	A	A		D
7/1/2013-6/30/2014	Baseline	A	A	A	A	a	D
7/1/2014-6/30/2015	Year 1	B	B	B	B	C	
7/1/2015-6/30/2016	Year 2						

OMB 0915-0313

Expiration Date: 09/30/2016

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0313. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

- A) List the number of Post Graduate Year (PGY)-1, PGY-2, PGY-3, and PGY-4 FTEs enrolled in the residency program during academic years 7/1/2010-6/30/2011, 7/1/2011-6/30/2012, and 7/1/2012-6/30/2013. Also include the number of FTEs enrolled during the 7/1/2013-6/30/2014 **baseline** academic year.
 - a) For existing THCs applying for an expansion, list the number of previously approved THC FTEs for the baseline academic year.
- B) List the **number** of PGY-1, PGY-2, PGY-3, and PGY-4 FTEs you plan to train over the next two academic years. Please be sure to include in this section any THCGME residents funded by HRSA during Fiscal Years 2011, 2012 and 2013. These residents should not be included in the “Addition to Base Number” column (Section C) as they are not considered “new” residents and would not constitute an expansion of the program.
- C) List the number of **expanded THC FTEs** you plan to add to your program over the next two academic years. The data should accurately reflect the program’s plans to expand; however, please note that these projections do not guarantee funding beyond FY2014.
- D) Include the **aggregate** number of FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years.

Failure to provide sufficiently clear and documented evidence of FTEs may jeopardize or decrease GME funding.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement in Grants.gov (Phase 1) is *December 2, 2013 at 11:59 P.M. Eastern Time*. The due date to complete all other required information in HRSA's EHBs (Phase 2) is *December 9, 2013 at 5:00 P.M. Eastern Time*.

4. Intergovernmental Review

The Teaching Health Center Graduate Medical Education program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Funding can only be used for the costs of FTEs in a newly-established THC or an expanded number of FTEs in a pre-existing THC.

THCGME payments can be made in addition to existing GME payments from other sources. However, if the hospital claims the THC residents' inpatient time, the THC cannot also claim that time from HRSA. HRSA will work closely with CMS to maintain counts of resident FTEs in teaching hospitals affiliated with THCs.

Costs associated with recruiting residents are unallowable.

Applications that do not clearly demonstrate that eligibility requirements are met will be considered non-responsive and will not be considered for funding under this announcement.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Review criteria process is outlined below

2. Review and Selection Process

An external advisory panel will be convened to review THCGME applicants. The members of the advisory panel will make individual recommendations regarding eligibility. The advisory panel will verify organizational eligibility, including program accreditation status. The Division of Medicine and Dentistry will review each THCGME Program application and make a final determination regarding eligibility, including accreditation status, completeness, accuracy and compliance with the requirements outlined in the funding opportunity announcement.

Applications will also be reviewed within HRSA by grants management officials (business and financial review) for content and response to the application requirements.

Program data reported on HRSA forms is used to determine funding and administer the program. The FTE documentation tables must be submitted electronically in the HRSA EHBs with the Phase 2 submission. **Applications received after the due dates and/or without the appropriate FTE tables will be deemed non-responsive to the Funding Opportunity Announcement and will not be considered for funding under this announcement.**

3. Anticipated Announcement and Award Dates

The anticipated date recipients will be notified of the status of funding is December 18, 2013, with funds to be available by July 1, 2014. The announcement date will enable THC awardees to offer these new residency training slots through the National Residency Match Program.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2014. See section 6.4 of HRSA's *SF-424 R&R Two-Tier Application Guide* for additional information.
<http://www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf>

Reminder: The project period for this award will begin on July 1, 2014 and end on June 30, 2015. Initial funding is awarded to support the first three months July 1 through September 30, 2014. A post award action will be made to support training from October 1, 2014 through June 30, 2015. This funding schedule reflects the statutory requirement to reconcile payments for costs incurred during the Federal Fiscal Year, as opposed to the academic year.

2. Administrative and National Policy Requirements

See section 2 of HRSA's *SF-424 R&R Two-Tier Application Guide*.

Diversity

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP) is committed to increasing diversity in health professions programs and the health workforce across the Nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed. The following Diversity Guiding Principles have been adopted by BHP to facilitate diversity in the health professions workforce.

BHP Diversity Guiding Principles:

- Health professions training programs recruit, train, and support a workforce that is reflective of the diversity of the nation.

- Health professions training programs address all levels of the health workforce from pre-professional to professional.
- Health professions training programs recognize that learning is life-long and should be supported by a continuum of educational opportunities.
- Training programs help health care providers develop the competencies and skills needed for intercultural understanding, and expand cultural fluency especially in the areas of health literacy and linguistic competency.
- Health professions training programs recognize that bringing people of diverse backgrounds and experiences together facilitates innovative strategic practices that enhance the health of all people.

To the extent possible, program grant activities should strive to support the guiding principles identified by BHPR to increase diversity in the health professions workforce.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 7 of HRSA's *SF-424 R&R Two-Tier Application Guide* and the following reporting and review activities (<http://www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf>):

1) **Annual Report.** All THCGME awardees must submit an annual report and complete reconciliation at the end of each Federal Fiscal Year. Existing THCGME awardees who will not expand the number of resident FTE slots beyond those already approved in FY 2013 will also apply for FY 2014 funding through the annual report. The annual report for all recipients must include the following information for the academic year completed immediately prior to the Federal Fiscal Year:

- The accredited residency training program(s) operated by the qualified THC.
- The number of approved part-time or full-time equivalent resident training positions in the qualified THC.
- The number of primary care physicians and dentists who completed their residency training in the qualified THC. Include the number of THC graduates who currently care for vulnerable populations and/or provide care in underserved areas.
- Other information as deemed appropriate including, but not limited to, resident demographics, rural background, and medical education.

2) **Performance Reports.** Performance data for the recently completed academic year must be reported for each budget period semi-annually before January 30 and before July 30. An email notification will be sent as a reminder that a report is due, including instructions on how to provide the report through the EHB system. The Bureau of Health Professions (BHPr) requirements and performance measures will be available at <http://bhpr.hrsa.gov/grants>. Contact your BHPr project officer for additional information.

Failure to provide any of the above reports or a determination that the reports contain incomplete or inaccurate information will result in a reduction of the amount payable by

at least 25%. Prior to imposing any such reduction, the THC will be provided notice and an opportunity to provide the required information within 30 days beginning on the date of such notice.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Kim Ross, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2353
Fax: (301) 443-6343
Email: kross@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Kristin Gordon
Project Officer
Attn: THCGME Program
BHP, HRSA
Parklawn Building, Room 9A-43
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0337
Fax: (301) 443-8890
Email: KGordon@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

Applicants may need assistance when working online to submit the remainder of their information electronically through HRSA's Electronic Handbooks (EHBs). For assistance with

submitting the remaining information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

Technical Assistance Calls

A technical assistance call has been scheduled to help applicants understand, prepare and submit a grant application. Applicants will have an opportunity to ask questions as well. The conference call will be held as follows:

Date: November 6, 2013
Time: 1:00pm – 2:00pm EST
Toll-free number: 1-888-566-7681
Passcode: 8121319

The call will be recorded and will remain available until after the closing date of this announcement. Replay information is as follows:

Phone: 1-800-789-9024
Passcode: 5365

In addition, frequently asked questions and answers will be posted at <http://www.hrsa.gov/grants/apply/assistance/teachinghealthcenters>.

Because of the potential for confusion with the application package, we have scheduled an additional technical assistance call, as follows:

Date: November 22, 2013
Time: 1:00 pm – 2:00 pm ET
Toll-free number: 1-888-469-1669
Passcode: 8142113

Replays are generally available one hour after a call ends, and will be available until December 22, 2013. Replay information is as follows:

Toll-free number: 1-888-566-0692
Passcode: 1213

IX. Tips for Writing a Strong Application

See section 5.7 of HRSA's *SF-424 R&R Application Guide*.

<http://www.hrsa.gov/grants/apply/applicationguide/sf424r2guide.pdf>

In addition, BHPf has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at:

<http://bhpr.hrsa.gov/grants/technicalassistance/index.html>.