

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy

***Rural Communities Opioid Response Program-Medication-Assisted
Treatment Expansion***

Funding Opportunity Number: HRSA-19-102
Funding Opportunity Types: New

Catalog of Federal Domestic Assistance (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: June 10, 2019

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: April 25, 2019

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Authority: Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), as amended; Public Law No. 115-245

EXECUTIVE SUMMARY

The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural communities at the highest risk for SUD. The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 RCORP–Medication Assisted Treatment Expansion (MAT Expansion). RCORP-MAT Expansion will advance RCORP’s overall goal by establishing and/or expanding MAT programs in eligible hospitals, health clinics, or tribal organizations located in high-risk rural communities. The RCORP-MAT Expansion program will increase the number of access points where individuals living in rural communities with OUD can receive evidence-based treatment.

Funding Opportunity Title:	RCORP–MAT Expansion
Funding Opportunity Number:	HRSA-19-102
Due Date for Applications:	June 10, 2019
Anticipated Total Annual Available FY 2019 Funding:	\$8,000,000
Estimated Number and Type of Awards:	Approximately 11 grants
Estimated Award Amount:	Approximately \$725,000 for the period of performance
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2019 through August 31, 2022 (3 years)

Eligible Applicants:	<p>Eligible entities include critical access hospitals (as defined by Section 1820 (c) of the Social Security Act and 42 CFR 485 subpart F), rural health clinics (as defined by Social Security Act Section 1861(aa) and 42 CFR Parts 405 and 491), other small rural hospitals with 49 available staffed beds or less, as reported on the hospital's most recently filed Medicare Cost Report; Health Center Look Alikes (defined as entities that meet all Health Center Program statutory, regulatory, and policy requirements but do not receive funding under section 330 of the Public Health Service Act, as amended); and tribes or tribal organizations (excluding health centers that receive Health Center Program federal award funding). Applicants must be located in a HRSA-designated rural area, as defined by https://data.hrsa.gov/tools/rural-health.</p> <p>See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Webinar

Day and Date: Thursday, May 16th, 2019

Time: noon-1:30 p.m., ET

Call-In Number: 1- 888-989-8179

Participant Code: 8160465

Weblink: https://hrsaseminar.adobeconnect.com/rcorp-mat_expansion_ta_webinar/

Playback Number: 1- 866-468-7639

Passcode: 1478

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I. Program Funding Opportunity Description

1. Purpose

The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural communities at the highest risk for SUD.

This funding opportunity, RCORP-Medication Assisted Treatment Expansion (RCORP-MAT Expansion), will advance RCORP's overall goal by establishing and/or expanding MAT in eligible hospitals, health clinics, or tribal organizations in high-risk rural communities. RCORP-MAT Expansion aims to increase the number of access points where individuals living in rural communities with OUD can receive evidence-based treatment. Additionally, recognizing that MAT patients may have other clinical and social service needs, RCORP-MAT Expansion requires that eligible entities provide and/or coordinate complementary services (e.g., provision of or referral to other SUD/OUD and mental health services, assistance with transportation, etc.), as outlined in the Program-Specific Instructions section of this NOFO.

For the purposes of this funding opportunity, HRSA defines MAT as the use of U.S. Food and Drug Administration (FDA)-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.¹

Despite the demonstrated clinical and cost effectiveness of MAT for OUD,² the low patient volumes and limited financial resources that many rural hospitals and clinics face can make expanding to provide a new service such as MAT difficult. RCORP-MAT Expansion aims to mitigate these and other challenges by providing eligible entities with funds to cover the initial fixed and operating costs inherent in developing a MAT program until patient volume and third-party billing is sufficient to make the services sustainable.

Over the course of the three-year period of performance, award recipients should build the requisite staffing levels, patient volumes, and revenues to sustain MAT services after federal funding ends. Use of MAT should occur consistent with federal and state statutes and regulations.³

¹ See <https://www.samhsa.gov/medication-assisted-treatment>. FDA-approved MAT for OUD includes methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/naloxone tablets, films, buccal preparations, long-acting injectable buprenorphine products, buprenorphine implants, and injectable extended-release naltrexone.

² e.g., see Baser et al., "Cost and utilization outcomes of opioid-dependence treatments," *American Journal of Managed Care*, 2011, <https://www.ncbi.nlm.nih.gov/pubmed/21761950>

³ See <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/legislation-regulations-guidelines>.

Given the complex and multifaceted nature of SUD/OD, as well as the need to generate adequate patient volume to sustain MAT services, HRSA requires that applicants partner with at least two other separately owned entities to implement project activities. These partnerships can take the form of a formal network or consortium that includes the partner organizations and the lead applicant; separate relationships between the lead applicant and each partner organization; or a combination of the two arrangements (e.g., the lead applicant is part of a consortium/network but also has separate relationships with entities outside of the consortium/network). The HRSA Federal Office of Rural Health Policy's (FORHP) experience supporting community-based programs for more than 20 years has shown that partnerships result in broader community support for project activities and an increased likelihood of sustaining services in the long term. See **Appendix C** for a list of example partner organizations.

As part of HRSA's overall strategy for addressing SUD/OD in rural communities, in FY 2019, HRSA will provide funds for the National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP) under a separate funding opportunity to support the recruitment and retention of SUD workforce in rural communities:

- For additional information on the NHSC LRP and sites, see **Appendix A**.
- For a list of current NHSC-approved sites, visit HRSA's [Health Workforce Connector](#).
- To learn how to become an NHSC site, visit the [NHSC website](#).

HRSA recognizes the workforce challenges inherent in establishing or expanding a MAT program in a rural hospital, tribal hospital or clinic. Therefore, HRSA strongly encourages applicants to consider using the NHSC LRP as part of their overall strategy to expand these clinical services.

2. Background

Rural providers and communities face a number of challenges in providing and accessing MAT. The national shortage of providers who administer MAT, including waived providers who prescribe buprenorphine, is a critical issue.⁴ More than half of rural counties still lack physicians with a waiver to prescribe buprenorphine.⁵ In addition to workforce shortages, rural communities face barriers such as stigma, transportation, and costs associated with setting up MAT.⁶ Finally, rural opioid users are more likely than their urban counterparts to have socioeconomic vulnerabilities, including limited

⁴ Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. *American Journal of Public Health*, 105(8), e55–e63. <http://doi.org/10.2105/AJPH.2015.302664>

⁵ Holly et al, "Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder," WWAMI Rural Health Research Center, August 2017, <http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC5505456&blobtype=pdf>

⁶ See, e.g., *Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan Volume 1*, AHRQ, https://integrationacademy.ahrq.gov/sites/default/files/mat_for_oud_environmental_scan_volume_1_1.pdf

educational attainment, poor health status, lack of health insurance, and low income,⁷ which may further limit their abilities to access treatment.

In addition to the RCORP initiative, there are a number of HRSA-wide and federal activities targeting SUD/ODU that applicants and award recipients may be able to leverage.

- For information on HRSA-supported SUD/ODU funding opportunities, resources, technical assistance, and training, visit <https://www.hrsa.gov/opioids>.
- For information on other federal SUD/ODU resources, please see **Appendix B**.

HRSA's FORHP analyzes the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes on rural communities in addition to administering grant programs designed to build health care capacity at the local and state level. This expertise in working directly with rural communities and diverse and medically underserved population groups uniquely positions the agency to make a significant impact on the nation's opioid epidemic.

RCORP-MAT Expansion is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), as amended, and P. L. 115-245).

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately \$8 million to be available to fund up to 11 recipients. You may apply for a ceiling amount of up to \$725,000 total cost (includes both direct and indirect, facilities and administrative costs). The period of performance is September 1, 2019 through August 31, 2022 (3 years). **Recipients will receive the full amount of the award in the first year of the three-year period of performance.**

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at [45 CFR part 75](#).

⁷ Lenardson, Jennifer et al, "Rural Opioid Abuse: Prevalence and User Characteristics," Maine Rural Health Research Center, February 2016, <http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid-Abuse.pdf>

III. Eligibility Information

1. Eligible Applicants

The applicant organization must be a domestic public or private, non-profit or for-profit:

- Rural Health Clinic, as defined by Social Security Act Section 1861(aa) and 42 CFR Parts 405 and 491;
- Critical Access Hospital, as defined by Section 1820 (e) of the Social Security Act and 42 CFR 485 subpart F;
- Health Center Look-Alike, defined as an entity that meets all [Health Center Program statutory, regulatory, and policy requirements](#) but does not receive funding under section 330 of the Public Health Service Act, as amended (see <https://bphc.hrsa.gov/> for more information);
- Other small rural hospital with 49 available staffed beds or less, as reported on the hospital's most recently filed Medicare Cost Report; or
- Tribe or tribal organization (excluding health centers that receive Health Center Program federal award funding).

The applicant organization must be located in a HRSA-designated rural county or rural census tract in an urban county and all activities supported by RCORP-MAT Expansion must exclusively target populations residing in HRSA-designated rural areas. To ascertain whether a particular county or census tract is rural, please refer to the Rural Health Grants Eligibility Analyzer website: <https://data.hrsa.gov/tools/rural-health>. Please note that if an organization has an affiliated satellite site in a rural area, but shares the same Employment Identification Number (EIN) as the parent site located in an urban location, then that entire organization is considered urban for the purposes of this award. If the rural satellite office has a unique EIN and acts autonomously from the urban parent organization, then the location is considered rural.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

If you are reading this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, 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. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment #12: Other Relevant Documents.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

Award recipients are required to implement the following **core activities**:⁸

- Recruit, train, and mentor interdisciplinary teams of SUD/ODU clinical and social service providers who can provide MAT, including both evidence-based behavioral therapy (e.g., cognitive behavioral therapy, community reinforcement approach) and FDA-approved pharmacotherapy (e.g., buprenorphine, naltrexone). This can include providing support for the required training of providers who are pursuing DATA-2000 waivers for the prescription of buprenorphine-containing products and intend to provide these medications to their patients;
- Build new, or enhance existing, clinical workflows and supply chain services to support the delivery of MAT and other SUD/ODU and mental health services;
- Train clinical, social service, and administrative staff to optimize reimbursement for patient encounters through proper coding and billing across insurance types to ensure financial sustainability of services;
- Coordinate medical and social services (e.g., transportation support, provision of or referral to other SUD and mental health services, etc.) necessary for patients to achieve and sustain recovery. This can include recruiting and training staff to provide these services; and
- Strengthen partnerships to better leverage other SUD/ODU and mental health-related community resources and support more effective and efficient referrals between clinical partners, including Certified Community Behavioral Health clinics, opioid treatment programs, health departments, emergency departments, emergency medical services, and other community-based organizations.

⁸ Please refer to pg. 1 of this NOFO for the definition of MAT as it pertains to this funding opportunity.

HRSA expects that MAT programs established or expanded using RCORP-MAT Expansion funding will be self-sustaining by the end of the period of performance. To that end, applicants' proposed work plans and budgets/budget narratives should reflect a shift from capacity building activities to service delivery, and a decreased reliance on federal funding over the three-year period of performance. In particular, applicant organizations should demonstrate that they have the ability (e.g., resources, provider buy-in, patient volume, etc.) to meet the following **proposed benchmarks**⁹ during the course of the award:

- **One year post award:**
 - Achieve a minimum 1.0 full-time equivalent (FTE) increase in personnel who will implement SUD/ODU services, including MAT, onsite. Award recipients can achieve this benchmark by hiring new staff, or by reassigning and training existing staff to provide these services; Applicants are **not** required to add a provider that will be trained and credentialed/waivered to prescribe buprenorphine. Applicants are encouraged to have current providers trained and credentialed/waivered to prescribe buprenorphine and add other SUD providers to provide the counseling and other support services associated with MAT; and
 - Begin implementing MAT, either directly or through contract(s);
- **Two and three years post award:** Increase the number of unduplicated patients who have received MAT over year 1; and
- **Three years post award:** MAT costs are fully covered by third-party reimbursements and/or other non-federal funding.

To achieve these benchmarks, in addition to the core activities, HRSA strongly encourages award recipients to:

- Ensure adequate patient volume by targeting individuals across large, multi-county service areas and establishing robust referral networks/systems;
- Conduct community outreach activities and marketing to increase awareness of MAT and reduce stigma;
- Facilitate the health insurance application and enrollment process for eligible uninsured clients; and
- Pursue other reimbursement means (for example, contracts with states to cover judicial referrals) to cover treatment costs.

Given the complex and multifaceted nature of SUD/ODU, as well as the need to generate adequate patient volume to sustain MAT services, HRSA requires that applicants partner with at least two other separately owned entities to implement project activities. These partnerships can take the form of a formal network or consortium that includes the partner organizations and the lead applicant; separate relationships between the lead applicant and each partner organization; or a combination of the two arrangements (e.g., the lead applicant is part of a consortium/network but also has separate relationships with entities outside of the consortium/network). See **Appendix C** for a list of example partner organizations.

⁹ Please refer to pg. 1 of this NOFO for the definition of MAT as it pertains to this funding opportunity.

Award recipients should bill for all services covered by a reimbursement plan and should make every reasonable effort to obtain payments. At the same time, award recipients may not deny services to any individual because of an inability to pay.

Telehealth can be an important tool for delivering services and resources to HRSA's target populations and HRSA encourages applicants to consider ways to advance telehealth direct care and consultation approaches to MAT if financially and operationally feasible. Note that the Drug Enforcement Agency (DEA) has issued a [clarification](#) of current law allowing the prescribing of MAT via telehealth under certain circumstances.

Finally, if additional capacity exists, award recipients may pursue other activities that support RCORP-MAT Expansion and access to MAT in high-risk rural communities. Examples of allowable activities and purchases can be found in **Appendix E**. Applicants must provide detailed descriptions of all additional activities in the Project Narrative, as well as justifications for how those activities will advance RCORP-MAT Expansion's goal and fulfill the needs of the target population. Proposals for additional activities will be evaluated on a case-by-case basis by HRSA Program Staff.

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

The abstract is a one-page, single-spaced, standalone document, and should not refer to other sections of the application. Please include the following information at the top of the abstract (it is recommended you provide this information in a table format):

1. Project title
2. Requested award amount
3. Applicant organization name
4. Applicant organization address (street, city, state, ZIP)
5. Applicant organization facility type (e.g., rural health clinic, critical access hospital, small rural hospital, tribe or tribal organization, etc.)
6. Indicate if you are a National Health Service Corps (NHSC) site or NHSC-eligible site (See <https://nhsc.hrsa.gov/sites/eligibility-requirements.html> for more details)
7. Project director name and title
8. Project director contact information (phone and email)
9. Target population
 - a. Brief description of target population
 - b. Indicate approximately what percentage, if any, of the target population is Native American
10. How the applicant learned about this funding opportunity (e.g., State Office of Rural Health, Grants.gov, HRSA news release, etc.)
11. Indicate whether you applied for an FY19 RCORP-Planning or Implementation award and specify whether you applied as the applicant organization or consortium member
12. Target service area:

- a. Entirely rural counties (list county name(s))
- b. Partially rural counties (list city, state, zip code, and census tract)
Applicants should specify whether the area is in a HRSA-designated rural county or rural census tract in an urban county. To ascertain whether a particular county or census tract is rural, please refer to <http://datawarehouse.hrsa.gov/RuralAdvisor/>.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project. Note that where applicable, it is appropriate to refer reviewers to the relevant attachment rather than include the information twice in the application.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- **INTRODUCTION -- Corresponds to Section V’s Review Criterion #1 Need and #4 Impact**
This section should clearly outline the how the applicant organization’s proposed project aligns with RCORP-MAT Expansion’s overall goal. Applicants should also include brief descriptions of their target population(s) and service area(s) and their approach to sustaining MAT after the period of performance ends. Finally, applicants should describe how activities implemented as a part of this funding opportunity will better position the target rural service area to address the opioid epidemic.
- **NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion #1 Need**
This section outlines the needs of the target population(s) and rural service area(s). Use the following headings in this section as you complete your narrative: “RCORP Core Measures”; “RCORP-MAT Expansion Core Measures”; “Population Demographics”; “Map of Rural Service Area”; “SUD/OUN in Rural Service Area”; “Existing SUD/OUN Programs and Services”; “Gaps and Unmet Needs”; and “Estimated Demand and Utilization of MAT.”
 - **RCORP Core Measures:** Applicants should report baseline numbers for the past year for the core measures in the table below. HRSA anticipates collecting these measures across RCORP programs (e.g., RCORP-MAT Expansion, RCORP-Implementation, etc.) to assess the program’s overall impact. Award recipients will be required to track and regularly report on these measures during the period of performance. More details about these measures are provided in **Appendix D**.

1	Total population in the project’s service area
2	Number of individuals screened for SUD in the project’s service area
3	Number of non-fatal opioid overdoses in the project’s service area
4	Number of fatal opioid overdoses in the project’s service area

5	Number of health care providers within the service area who have completed the necessary training and received a waiver to provide MAT (specify by provider type)*
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- **RCORP-MAT Expansion Core Measures***: Applicants should report baseline numbers for the past year for the following measures specific to RCORP-MAT Expansion. Award recipients will be required to track and regularly report on these measures to determine progress towards meeting the benchmarks outlined in the “Program-Specific Instructions” section of this NOFO.

1	Number of FTE currently providing SUD/ODU, either directly or through contract(s), at the applicant organization (break down FTE by provider type)
2	Number of unduplicated patients who have received MAT (including both medication and psychosocial therapy) in the past year at the applicant organization
3	Percentage of MAT services currently covered through reimbursement or other non-grant funding sources at the application organization

* If an applicant has not established MAT at the time of applying, it is appropriate for these baseline data to equal zero.

- **Population Demographics**: Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), describe the target population(s) to be served by this grant. For support in locating relevant data and information, please refer to **Appendix B**. At a minimum, include the following information:
 - Percentage of target population with health insurance coverage and estimated proportion of major payers within this population (e.g., any commercial health plan, Medicare, Medicaid, dual Medicare-Medicaid, CHIP, TRICARE, Indian Health Service, uninsured/self-pay, etc.);
 - Percentage of target population without health insurance coverage that is likely eligible for health insurance coverage;
 - Percentage of target population living below the federal poverty line;
 - Percentage of target population who are unemployed;
 - Breakdown of target population by race/ethnicity;
 - Breakdown of target population by sex; and
 - Breakdown of target population by age.
- **Map of Rural Service Area**: Include a map that illustrates the geographic rural service area(s) that will be served by this grant in **Attachment 7**. The map can be in color or black and white, but should be high quality and easy to read and interpret. As a recommendation, use the mapping tools available online at data.hrsa.gov to identify the rural service area.
- **SUD/ODU in Rural Service Area**: Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), describe the

nature and extent of SUD/OD in the target rural service area(s). For support in locating relevant data and information, please refer to **Appendix B**. At a minimum, include the following information:

- If available, number of SUD/OD hospitalizations and/or emergency department visits in target rural service area(s); and
 - Prevalence and/or incidence rate of SUD, including OD, in the target rural service area(s).
 - **If applicant is expanding (versus establishing) MAT in their facility**, they should provide the following information in **Attachment 9**:
 - Title, dates, and funding source for any grants received to establish and/or expand SUD/OD services, including MAT, in the past five years;
 - Description of the unmet demand for MAT in the target service area (using quantitative data to the extent possible); and
 - Overview of how the applicant will leverage RCORP-MAT Expansion to either expand their service area(s) or significantly increase the number of patients receiving MAT at their facility.
- **Existing SUD/OD Programs and Services:** Provide the following information for the target rural service area:
 - Overview of existing SUD/OD-related prevention, treatment, and recovery services, including MAT, and how the applicant organization will avoid duplicating services; and
 - Overview of existing/known federally-, state-, or locally-funded SUD/OD initiatives and how the applicant organization will avoid duplicating services that are funded through other means.
 - **Gaps and Unmet Needs:** Detail gaps in SUD/OD-related prevention, treatment, and recovery services and workforce, including MAT, in the target rural service area. If applicable, describe disparities in access and health outcomes due to SUD/OD among vulnerable populations in your target service area (e.g., pregnant women, adolescents, incarcerated individuals, etc.)
 - **Estimated Demand and Utilization of MAT:** Describe the anticipated demand for MAT in the target rural service area and the likely characteristics of the MAT patient population at your site. Where possible, use quantitative information from appropriate sources (e.g., claims data; local, state, tribal, and federal data) to support your estimates, as well as information about any current or planned referral partnerships with other SUD/OD or mental health-related clinics and community-based organizations. This includes the average number of referrals (if any) to MAT the applicant makes to other facilities providing MAT in a given year. At a minimum, please include the following information:
 - Anticipated number of unduplicated patients who will receive MAT-related services per year at the applicant site;

- Anticipated number of MAT-related patient encounters per year (note this may include multiple encounters by the same patient/s) at the applicant site; and
 - Breakdown of anticipated MAT patients by payer (e.g., commercial health plan, Medicare, Medicaid, dual Medicare-Medicaid, CHIP, uninsured/self-pay, TRICARE, Indian Health Service, etc.) at the applicant site.
- **METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response**
This section outlines the methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. Please use the following headings in your narrative response to this section: "Methods for fulfilling core activities"; "Methods for fulfilling additional activities"; "Methods for sustaining MAT services"; "Methods for disseminating program information"; and "Methods for engaging with the target population."
- **Methods for fulfilling core activities (as delineated in the "Program-Specific Instructions" Section of this NOFO):** Outline the methods you will use to complete each core activity.
 - **Methods for fulfilling additional activities (if applicable):** If you propose additional SUD/ODU activities, you should provide a justification and detailed description for each activity:
 - **Justification** for why proposed activity is needed and how it will benefit the target population(s). To the extent possible, use quantitative data to support your justification.
 - **Detailed description** of the proposed activity, including the responsible organization and staff members, and how the activity will aid the implementation of sustainable MAT services across multi-county or -state service areas.
 - **Methods for sustaining MAT:** Detail the methods by which you will sustain MAT beyond the period of performance. At a minimum, include the following information:
 - **Methods for generating and sustaining adequate patient volume,** for example, by strengthening referral relationships with other SUD/ODU and mental health service clinics and community-based organizations, providing transportation support to patients, coordinating and integrating care, etc.;
 - **Methods for covering program costs,** for example, by maximizing reimbursement for patient encounters across insurance types, contracting with state and local entities, subsidizing the cost of MAT with other hospital or clinic revenue, etc.; and
 - **Methods for retaining SUD/ODU staff,** for example, by providing mentoring and other professional development opportunities.

At the same time, applicants must detail how they will ensure that services will be accessible and affordable to individuals most in need, including the uninsured and underinsured populations, both during and after the period of performance. No individual will be denied services due to an inability to pay.

- **Methods for disseminating program information:** Describe your plan for updating participating entities, the target rural service area, and the broader public on your program’s activities, lessons learned, and success stories. Provide examples of mediums and platforms for disseminating this information.
- **Methods for engaging with the target rural population:** Describe the manner and degree to which the target rural population will be included in the planning and execution of the core activities and, if applicable, any additional activities. All projects that primarily serve multiple ethnic or racial groups must describe specific methods for ensuring activities account for, and address, the cultural, linguistic, religious, and social differences of these groups, including, for example, by ensuring that resources and trainings are provided in multiple languages.
- **Methods for coordinating with other SUD/ODD initiatives:** Using the information provided in the Needs Assessment section of the Project Narrative (“Existing SUD/ODD Programs and Services”), describe your plan for coordinating and collaborating with other federally-, state-, or locally-funded SUD/ODD initiatives to avoid duplication of effort and to leverage existing services.

▪ *WORK PLAN -- Corresponds to Section V’s Review Criteria #2 Response and #4 Impact*

This section describes the processes that you will use to achieve each of the core and additional activities listed in the “Methodology” section. Note that while the “Methodology” section centers on the overall strategy for fulfilling your project goals, the work plan is more detailed and focuses on the inputs, activities, and timelines by which you will execute your strategy.

The work plan should reflect a shift from capacity building activities to service delivery over the three-year period of performance, and applicants should incorporate RCORP-MAT Expansion’s benchmarks, as outlined in the “Program-Specific Instructions” section of this NOFO.

Applicants should include a work plan in **Attachment 1** that contains, at a minimum, the following elements:

- **Activities:** All core activities, as well as any proposed additional activities, should be included and accounted for;
- **Responsible organization and staff members:** For each activity, list the organization and/or staff members responsible for implementing it; and
- **Timeline:** For each activity, list the specific time-period during which it will occur.

Per the “Methodology” section, applicants should also incorporate into their work plan:

- **Processes for sustaining MAT**, including the processes by which you will generate and maintain adequate patient volume; cover MAT costs; and retain SUD/ODD providers;
- **Processes for disseminating information**, updates/progress on activities, lessons learned, and success stories to the target rural service area and broader public;
- **Processes for engaging with the target rural population**, including the manner, timing, and extent to which the project will incorporate the target rural population into its activities during the period of performance; and
- **Processes for coordinating with other SUD/ODD initiatives**, including the manner in which the project will coordinate and collaborate with other SUD/ODD initiatives to avoid duplication of effort and to leverage existing services.

It is appropriate to refer reviewers to Attachment 1 in this section instead of including the work plan twice in the application.

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V’s Review Criterion #2 Response*

This section should highlight any challenges that the applicant organization is likely to encounter in implementing the activities described in the work plan, as well as approaches that will be used to resolve such challenges. You should highlight both anticipated inter-organizational challenges (e.g., maintaining cohesiveness among staff members; ensuring buy-in and support for the project at all levels of the organization; etc.) and external challenges (e.g., stigma around OUD in the target rural service area, geographical limitations, health workforce shortages, insurance access, provider reimbursement for OUD and telehealth, and/or others). **You must include potential challenges to sustaining MAT after the period of performance ends and how you intend to overcome them.**

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V’s Review Criterion #3 Evaluative Measures*

Please refer to **Appendix D** for a list of indicators HRSA anticipates collecting from award recipients throughout the period of performance. Clearly describe the process (including staffing and workflow) and frequency by which quantitative and qualitative data/information for the measures outlined in **Appendix D** will be identified, collected, monitored, analyzed, secured, and utilized for quality improvement.

▪ *ORGANIZATIONAL INFORMATION -- Corresponds to Section V’s Review Criterion #5 Resources and Capabilities*

This section provides insight into the organizational structure of the applicant organization and the applicant’s ability to implement and sustain the activities outlined in the work plan. Use the following headings when completing this

section: “Staffing Plan”; “Staff Resumes and/or Biographical Sketches”; “Partner Organizations.”

- **Staffing Plan (Attachment 2)**: Provide a clear and coherent staffing plan that includes the following information for each proposed project staff member:
 - Name
 - Title
 - Organizational affiliation
 - Eligible to provide MAT (i.e., have they completed the necessary training and received a DATA-2000 waiver to provide buprenorphine-containing products for the purpose of MAT?)?: (Yes/No)
 - Full-time equivalent (FTE) devoted to the project
 - List of roles/responsibilities on the project

The staffing plan should have a direct link to the activities proposed in the work plan.

Note about Project Director: The Project Director is typically the point person on the award, and makes staffing, financial, or other adjustments to align project activities with the project outcomes. The applicant should detail how the Project Director will facilitate collaborative input across partner organizations to fulfill the proposed project activities in the work plan and HRSA-required reporting requirements. **If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent FTE for that respective federal award. Project Directors cannot bill more than 1.0 FTE across federal awards.** If there will not be a permanent Project Director at the time of the award, recipients should make every effort to hire a Project Director in a timely manner and applicants should discuss the process and timeline for hiring a Project Director (i.e., the number of known candidates, the projected start date or the position, etc.).

- **Staff resumes and/or biographical sketches (Attachment 3)**: For each proposed project staff member listed in **Attachment 2**, provide a resume and/or a biographical sketch that details their qualifications and relevant experience (not to exceed one page per staff member). If there will not be staff on board at the time of the award, discuss the process and timeline for hiring staff (i.e., the number of known candidates, the projected start date or the position, etc.).
- **Partner Organizations**: Applicants are required to collaborate with at least two separately owned entities to implement the proposed project. For the purposes of this program, “separately owned” implies separate and different Employment Identification Numbers (EINs).¹⁰ Partner organizations can be

¹⁰ **Tribal Exception:** HRSA is aware that Tribes and Tribal governments may have an established infrastructure without separation of services recognized by filing for EINs. In case of Tribes and Tribal governments, only a single EIN located in a HRSA designated rural area is necessary for eligibility.

located in urban or rural areas, but all services provided by this award must exclusively target rural populations, as defined by [the Rural Health Grants Eligibility Analyzer website: https://data.hrsa.gov/tools/rural-health](https://data.hrsa.gov/tools/rural-health). For a list of potential partner organizations, please see **Appendix C**. Federally Qualified Health Centers are eligible to serve as partner organizations.

- Provide descriptions for partner organizations involved in this project in **Attachment 4**. At a minimum, include the following information for each partner organization:
 - Partner organization name
 - Partner organization address (street, city, state, ZIP)
 - Partner organization facility type (e.g., other hospitals or clinics, community-based organization, institute of higher learning, State Office of Rural Health, etc.)
 - Partner organization EIN
 - Point of contact at partner organization (name, title, position)
 - Does/Will the partner organization refer patients to the applicant organization to receive MAT? (Y/N)
 - Does/Will the applicant organization refer patients to the partner organization? (Y/N)
 - If so, what services will the partner organization provide patients?
 - Other roles/responsibilities of the partner organization in the context of this grant
- **Letter of Commitment (Attachment 5)**: Include scanned, signed, and dated letters of commitment from each partner organization. Letters of commitment must identify the organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and length of commitment to the project. The letter must also include a statement indicating that the partner organization understands that the RCORP-MAT Expansion award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one partner organization. Form or stock letters are not recommended.
- **Other supporting documentation (if applicable) (Attachment 6)** depicting the extent and nature of each partner organization's relationship to the applicant organization. An example of this documentation is a contract describing a referral relationship between the two organizations.

Tribes and Tribal entities under the same Tribal governance must still meet the criteria of having at least two or more partner organizations committed to the proposed approach, as evidenced by a signed letter of commitment that delineates the expertise, roles, responsibilities, and commitments of each organization

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need and (4) Impact
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable. The total budget represents projected operational costs for the proposed scope of project where all proposed expenditures directly relate to and support in-scope activities. Therefore, the total budget must reflect projections from all anticipated revenue sources from program income (e.g., fees, premiums, third party reimbursements, and payments) that is generated from the delivery of services, and from "other non-RCORP-MAT Expansion Program sources" such as state, local, or other federal grants or contracts, private contributions, and income generated from fundraising. Applicant organizations have discretion regarding how they propose to allocate the total budget between RCORP-MAT Expansion funds and non-RCORP-MAT Expansion funds, provided that the projected budget complies with all applicable HHS policies and other federal requirements.

Travel: HRSA may require award recipients to travel to conference(s) and/or technical assistance workshop(s). Further information will be provided to award recipients during the period of performance, and project officers will work with award recipients to make any budget adjustments if necessary.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Indirect costs, under training awards to organizations other than state, local or Indian tribal governments, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and sub-grants and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

iv. Budget Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

In addition, the RCORP-MAT Expansion program requires the following:

The applicant organization must submit a detailed budget narrative for **each requested 12-month period** (budget year) of the three-year period of performance. Classify Year 1 of the budget narrative into federal and non-federal resources, and provide a table of personnel to be paid with federal funds. For subsequent budget years, the narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive changes during the period of performance.

The applicant organization’s budget and budget narrative should reflect a decreased reliance on federal funds over the three-year period of performance and an ability to meet the benchmarks outlined in the “Program-Specific Instructions” section of this NOFO. MAT services should be sustainable by the time RCORP-MAT Expansion funding ends.

Business Plan: In addition to the budget and budget narrative, the applicant organization should submit a Business Plan in **Attachment 8**. The Business Plan should outline the assumptions informing the proposed budget for the project, including, at a minimum, the anticipated:

- Demand for MAT (this should align with your description in Section IV.2.ii of this NOFO);

- Patient volume (this should align with your description in Section IV.2.ii of this NOFO);
- Number of MAT encounters (this should align with your description in Section 2.ii of this NOFO);
- Payer mix (this should align with your description in Section 2.ii of this NOFO); and
- Reimbursement sufficiency for each year of the grant.

Based on these factors, applicants should provide an estimate of the costs and revenue generated by MAT services each year, as well as a “breakeven” point, whereby MAT services are self-sustaining. The business plan should be signed and dated by the Project Director and any other individual(s) who will have oversight over the RCORP-MAT Expansion grant funds.

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s [SF-424 Application Guide](#))

Provide a clear and coherent staffing plan that includes the following information for each proposed project staff member:

- Name
- Title
- Organizational affiliation
- Eligible to provide MAT (i.e., have they completed the necessary training and received a waiver to provide MAT?)?: (Yes/No)
- Full-time equivalent (FTE) devoted to the project
- List of roles/responsibilities on the project

The staffing plan should have a direct link to the activities proposed in the work plan. Do not exceed one page per staff member.

Attachment 3: Biographical Sketches of Key Personnel

For each proposed project staff member listed in **Attachment 2**, provide a resume and/or biographical sketch that details his or her qualifications and relevant experience. If there will not be staff on board at the time of the award, discuss the process and timeline for hiring staff (i.e., the number of known candidates, the projected start date or the position, etc.). Do not exceed one page per staff member.

Attachment 4: Partner Organizations

Applicants are required to collaborate with at least two separately owned entities to implement the proposed project. At a minimum, include the following information for each partner organization:

- Partner organization name
- Partner organization address (street, city, state, ZIP)
- Partner organization facility type (e.g., other hospitals or clinics, community-based organization, institute of higher learning, State Office of Rural Health, etc.)
- Partner organization EIN
- Point of contact at partner organization (name, title, position)
- Does/Will the partner organization refer patients to the applicant organization to receive MAT? (Y/N)
- Does/Will the applicant organization refer patients to the partner organization? (Y/N)
 - If so, what services will the partner organization provide patients?
- Other roles/responsibilities of the partner organization in the context of this grant

Attachment 5: Letters of Commitment

Include scanned, signed, and dated letters of commitment from each partner organization. Letters of commitment must identify the organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and length of commitment to the project. The letter must also include a statement indicating that the partner organization understands that the RCORP-MAT Expansion award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one partner organization. Form or stock letters are not recommended.

Attachment 6: Other Supporting Documentation (if applicable)

If applicable, provide other documentation depicting the extent and nature of each partner organization's relationship to the applicant organization. An example includes a contract describing a referral relationship between the two organizations.

Attachment 7: Map of Rural Service Area(s)

Include a map that illustrates the geographic rural service area(s) that will be served by this grant. The map can be in color or black and white, but should be high quality and easy to read and interpret. As a recommendation, use the mapping tools available online at data.hrsa.gov to identify the rural service area.

Attachment 8: Business Plan

The business plan should outline the assumptions informing the proposed budget for the project, including, at a minimum, the anticipated demand for MAT services; patient volume; number of MAT encounters; payer mix; and reimbursement sufficiency for each year of the grant. Based on these factors, the applicant should provide an estimate of the costs and revenue generated by MAT services each year, as well as a “breakeven” point, whereby MAT services are self-sustaining. The business plan should be signed and dated by the Project Director and any other individual(s) who will have oversight over the RCORP-MAT Expansion grant funds.

Attachment 9: Existing MAT Services (if applicable)

If applicants intend to expand existing MAT programs (versus establish new ones), they are required to provide the following information:

- Title, dates, and funding source for any grants received to establish and/or expand SUD/OD services, including MAT, in the past five years;
- Description of the unmet demand for MAT in the target service area (use quantitative data where possible); and
- Overview of how the applicant will leverage RCORP-MAT Expansion to either expand their service area(s) or significantly increase the number of patients receiving MAT at their facility.

Attachment 10: Other RCORP Awards (if applicable)

If applicable, you must include the following information for each RCORP funding opportunity for which you have applied or received funding:

- Name of funding opportunity ([FY19 RCORP-Planning](#), [FY19 RCORP-Implementation](#), [RCORP-Technical Assistance](#), [RCORP-Evaluation](#), or RCORP-Centers of Excellence);
- Specify whether you applied as the applicant organization or consortium member;
- Provide a brief description of the proposed or actual project activities;
- Indicate whether and how the consortium composition, target population(s), and target service area(s) are different than those proposed in the RCORP-MAT Expansion application; and
- Describe the processes you will have in place to avoid duplication of effort or conflict of interest if awarded more than one RCORP award.

If awarded more than one concurrent RCORP award, you will be expected to work closely with your HRSA Project Officers to ensure that project activities do not overlap and there is no duplication of effort.

Attachment 11: Proof of Eligibility

Include the following documentation to certify that you are eligible to apply for this funding opportunity:

- If a Rural Health Clinic, as defined by Social Security Act Section 1861(aa) and 42 CFR Parts 405 and 491, submit your six-digit CMS certification number/Medicare provider number;

- If a Critical Access Hospital, as defined by Section 1820 (e) of the Social Security Act and 42 CFR 485 subpart F, submit your six-digit CMS certification number/Medicare provider number;
- If a Health Center Look-Alike, defined as an entity that meets all [Health Center Program statutory, regulatory, and policy requirements](#) but does not receive funding under section 330 of the Public Health Service Act, as amended (see <https://bphc.hrsa.gov/> for more information), submit your most recent Notice of Look-Alike Designation (NLD);
- If another type of small rural hospital with 49 available staffed beds or less, as reported on the hospital's most recently filed Medicare Cost Report, submit your six-digit CMS certification number/Medicare provider number; and
- If a tribe or tribal organization (excluding health centers that receive Health Center Program federal award funding), submit documentation of tribal status.

Attachments 12 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application (e.g., indirect cost rate agreement).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the [updated FAQs](#) to learn more.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *June 10, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

RCORP-MAT Expansion is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding at no more than \$725,000 (inclusive of direct **and** indirect costs) for a period of performance of up to three years.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in the following FY2019, as required by law.

You cannot use funds under this notice for the following purposes:

1. To acquire real property;
2. For construction;
3. To purchase syringes; and
4. To pay for any equipment costs not directly related to the purposes of this award.

Participant support costs—i.e., direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences, or training projects—are allowable costs.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated, as a result of awarded funds, must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review,

Review criteria are used to review and rank applications. RCORP-MAT Expansion has six review criteria:

Criterion 1: NEED (15 points) – Corresponds to Section IV’s Introduction and Needs Assessment

5 Points: Introduction

The quality and extent to which the applicant:

- Clearly outlines how their proposed project aligns with RCORP-MAT Expansion’s overall goal; and
- Clearly describes the target population(s) and service area(s) and their approach to sustaining MAT after the period of performance ends.

5 Points: Needs Assessment—Overview of SUD/OD in Target Rural Service Area

The quality and extent to which the applicant:

- Reports baseline numbers for the RCORP Core Measures and the RCORP-MAT Expansion Core Measures;
- Describes the target population, using appropriate quantitative data. The applicant must include at a minimum:
 - Percentage of the target population with health insurance coverage and estimated proportion of major payers within this population (e.g., any commercial health plan, Medicare, Medicaid, dual Medicare-Medicaid, CHIP, TRICARE, Indian Health Service, uninsured/self-pay, etc.);
 - Percentage of the target population without health insurance coverage that is likely eligible for health insurance coverage;
 - Percentage of the target population living below the federal poverty line;
 - Percentage of the target population who are unemployed;
 - Breakdown of the target population by sex; and
 - Breakdown of the target population by race/ethnicity and age.
- Includes a map that clearly illustrates the rural geographic service area(s) that will be served by this grant;
- Clearly outlines the nature and extent of SUD/OD in the target service area using appropriate quantitative data, including:
 - # of SUD/OD hospitalizations and/or emergency department visits (if available); and
 - Prevalence and/or incidence rate of SUD, including OD.
- Clearly describes the existing SUD/OD programs and services, including:
 - Overview of existing SUD/OD-related prevention, treatment, and recovery services, including MAT, and how the applicant organization will avoid duplicating services; and
 - Overview of existing/known federally-, state-, or locally-funded SUD/OD initiatives and how the applicant organization will avoid duplicating services.
- Details gaps in SUD/OD-related prevention, treatment, and recovery services, including MAT, in the target rural service area. If applicable, they should describe disparities in access and health outcomes due to SUD/OD among vulnerable populations in the target rural service area.

5 Points: Needs Assessment—Anticipated Demand & Utilization of MAT

- Clearly describes the anticipated demand for MAT in the target rural service area and the likely characteristics of the MAT patient population at the applicant site;
- Using appropriate quantitative data, clearly describes the estimated demand and utilization of MAT at the applicant organization as well as information about any current or planned referral partnerships with other SUD/OD or mental health-related clinics and community-based organizations. This includes the average number of referrals (if any) to MAT the applicant makes to other facilities providing MAT in a given year. Applicants should include:
 - Anticipated number of unduplicated patients who will receive MAT-related services per year at the applicant site;

- Anticipated number of MAT-related patient encounters per year (note this may include multiple encounters by the same patient/s) at the applicant site; and
- Breakdown of anticipated MAT patients by payer (e.g., commercial health plan, Medicare, Medicaid, dual Medicare-Medicaid, CHIP, uninsured/self-pay, TRICARE, Indian Health Service, etc.) at the applicant site.
- **If applicants are expanding existing MAT services:** the quality and extent to which they provide the following information in **Attachment 9**:
 - Title, dates, and funding source for any grants received to establish and/or expand SUD/OD services, including MAT, in the past five years;
 - Description of the unmet demand for MAT in the target service area (using quantitative data if possible); and
 - Overview of how the applicant will leverage RCORP-MAT Expansion to either expand their service area(s) or significantly increase the number of patients receiving MAT at their facility.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s Methodology, Resolution of Challenges, and Work Plan

15 Points: Methodology

The quality and extent to which the applicant:

- Clearly describes the methods for fulfilling each core activity, as delineated in the Program-Specific Instructions section of this NOFO;
- If applicable, clearly justifies, with quantitative data, why any proposed/additional activities are needed and how they will benefit the target population(s) and provides a detailed description of each proposed activity, including the responsible organization and staff members and how the activity will aid the implementation of sustainable MAT across multi-county or –state service areas;
- Provides detailed descriptions for how they will sustain MAT, including, at a minimum:
 - Methods for generating and sustaining adequate patient volume;
 - Methods for covering program costs;
 - Methods for ensuring that services will be accessible and affordable to individuals most in need, including the uninsured and underinsured populations, both during and after the period of performance. No individual will be denied services due to an inability to pay; and
 - Methods for retaining SUD/OD staff.
- Clearly describes methods for disseminating program information and activities to participating entities, the target rural service area, and the public. The applicant should provide examples of mediums and platforms for disseminating this information;
- Clearly describes methods for engaging with the target rural population, including the degree and manner in which the target rural population will be included in the planning and execution of core activities and, if applicable, any additional activities. All projects that serve multiple ethnic or racial groups must describe specific methods for ensuring activities account for, and address, the cultural, linguistic, religious, and social differences of these groups; and

- Clearly describes the methods for coordinating and collaborating with other federally-, state-, or locally-funded SUD/ODU initiatives to avoid duplication of effort and leverage existing services, using the information provided in the Needs Assessment section of the Project Narrative (“Existing SUD/ODU Programs and Services”).

10 Points: Work Plan

The quality and extent to which applicants provide a work plan that contains at a minimum the following elements:

- Activities: all core activities as well as any proposed additional activities;
- Responsible organizations and staff members;
- Timeline;
- Processes for sustaining MAT, including processes by which they will generate and maintain adequate patient volume; cover MAT costs; and recruit/retain/train SUD/ODU providers;
- Processes for engaging with the target rural population, including the manner, timing, and extent to which the project will incorporate the target rural population into its activities during the period of performance; and
- Processes for coordinating and collaborating with other federally-, state-, or locally-funded SUD/ODU initiatives to avoid duplication of effort and leverage existing services, using the information provided in the Needs Assessment section of the Project Narrative (“Existing SUD/ODU Programs and Services”).

5 Points: Resolution of Challenges

The quality and extent to which the applicant:

- Clearly highlights any challenges they are likely to encounter in implementing the activities described in the work plan, as well as approaches that will be used to resolve such challenges;
- Describes both anticipated inter-organizational challenges (e.g., maintaining cohesiveness among staff members; ensuring buy-in and support for the project at all levels of the organization; etc.) and external challenges (e.g., stigma around OUD in the target rural service area, geographical limitations, health workforce shortages, insurance access, provider reimbursement for OUD and telehealth, and/or others);
- **Includes potential challenges to sustaining MAT after the period of performance ends and how they intend to overcome them.**

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity

The quality and extent to which the applicant:

- Clearly describes the process (including staffing and workflow) and frequency by which quantitative and qualitative data/information for the measures outlined in **Appendix D** will be identified, collected, monitored, analyzed, secured, and utilized for quality improvement.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Work Plan and Introduction

The quality and extent to which the applicant:

- Clearly describes processes for disseminating information, including updates/progress on activities, lessons learned, and success stories to the target rural service area and broader public; and describes how activities implemented as a part of this funding opportunity will better position the target rural service area to address the opioid epidemic.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity and Organizational Information

The quality and extent to which the applicant provides the following information:

- **Staffing Plan (Attachment 2)**: A clear and coherent staffing plan that includes the following information for each proposed project staff member:
 - Name
 - Title
 - Organizational affiliation
 - Eligible to provide MAT (i.e., have they completed the necessary training and received a DATA-2000 waiver to provide buprenorphine-containing products for the purpose of MAT?)?: (Yes/No)
 - Full-time equivalent (FTE) devoted to the project
 - List of roles/responsibilities on the project
- Description of a Project Director who has the capacity to serve as the point person on the award, and make staffing, financial, or other adjustments to align project activities with the project outcomes;
- If there will not be a permanent Project Director at the time of the award, the extent to which the applicant details a plan to hire a Project Director in a timely manner, including the process and timeline for hiring a Project Director (i.e., the number of known candidates, the projected start date or the position, etc.);
- **Staff resumes and/or biographical sketches (Attachment 3)**: For each proposed project staff member listed in **Attachment 2**, a resume and/or a biographical sketch that details their qualifications and relevant experience (not to exceed one page per staff member);
- If there will not be staff on board at the time of the award, the extent to which the applicant outlines the process and timeline for hiring staff (i.e., the number of known candidates, the projected start date or the position, etc.);
- **Partner Organizations (Attachment 4)**: Information on the (minimum two) separately-owned entities that the applicant organization will partner with, including at a minimum:
 - Partner organization name
 - Partner organization address (street, city, state, ZIP)
 - Partner organization facility type (e.g., other hospitals or clinics, community-based organization, institute of higher learning, State Office of Rural Health, etc.)
 - Partner organization EIN
 - Point of contact at partner organization (name, title, position)

- Does/Will the partner organization refer patients to the applicant organization to receive MAT? (Y/N)
- Does/Will the applicant organization refer patients to the partner organization? (Y/N)
 - If so, what services will the partner organization provide patients?
- Other roles/responsibilities of the partner organization in the context of this grant
- **Letter of Commitment (Attachment 5)**: Scanned, signed, and dated letters of commitment from each partner organization (minimum two). Letters of commitment must identify the organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and length of commitment to the project. The letter must also include a statement indicating that the partner organization understands that the RCORP-MAT Expansion award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one partner organization. Form or stock letters are not recommended.
- **Other supporting documentation (if applicable) (Attachment 6)** depicting the extent and nature of each partner organization's relationship to the applicant organization.

Criterion 6: SUPPORT REQUESTED (20 points) – Corresponds to Section IV's Budget and Budget Narrative

The quality and extent to which the applicant:

- Justifies the reasonableness of the proposed budget for each year of the period of performance in relation to the objectives;
- Provides a budget and budget narrative that reflects a decreased reliance on grant funds over the three-year period of performance and an ability to meet the benchmarks outlined in the "Program-Specific Instructions" section of this NOFO; MAT services should be sustainable by the time RCORP-MAT Expansion funding ends.
- Provides a detailed business plan that outlines the assumptions informing the proposed budget for the project, including, at a minimum, the anticipated demand for MAT; patient volume; number of MAT encounters; payer mix; and reimbursement sufficiency for each year of the grant (as described in Section 2.ii of this NOFO). Based on these factors, the applicant should provide an estimate of the costs and revenue generated by MAT each year, as well as a "breakeven" point, whereby MAT is self-sustaining. The business plan should be signed and dated by the Project Director and any other individual(s) who will have oversight over the RCORP-MAT Expansion grant funds.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2019. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

Requirements of Subawards

The NOA terms and conditions apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See [45 CFR § 75.101 Applicability](#) for more details.

Human Subjects Protection

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on a quarterly basis. Further information will be available in the award notice.
- 2) **Sustainability Plan:** Building off the sustainability strategies outlined in your application, award recipients will submit a final sustainability plan that identifies strategies for achieving programmatic and financial sustainability beyond the period of performance and ensuring that services remain accessible and affordable to individuals who need them most, including the uninsured and underinsured. HRSA will provide further information during the period of performance.

- 3) **Federal Financial Report:** The Federal Financial Report (SF-425) is required no later than January 30 for each budget period. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through EHB. HRSA will provide more specific information in the NOA.
- 4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).
- 5) **Final performance/closeout report(s):** Consortia are required to submit quantitative and/or qualitative performance data and information to HRSA at the end of the period of performance to enable HRSA to determine the impact of the consortium's activities and RCORP-Implementation more generally. The report will focus on the recipient's progress towards meeting program-specific goals and activities; successes and challenges; and overall experience during the period of performance. Further instructions for this report will be provided during the period of performance.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Kelichia Wellons, MBA, MS
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301-945-9882
Email: kwellons@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Kiley Diop, MSc
Public Health Analyst, Federal Office of Rural Health Policy
Attn: Rural Opioids Response Program
Health Resources and Services Administration
5600 Fishers Lane, Room 17W-09A
Rockville, MD 20857
Telephone: 301-443-6666
Email: kdiop@hrsa.gov

You may need assistance when working online to submit your application forms electronically. 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, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, May 16th, 2019
Time: noon-1:30 p.m., ET
Call-In Number: 1- 888-989-8179
Participant Code: 8160465
Weblink: https://hrsaseminar.adobeconnect.com/rcorp-mat_expansion_ta_webinar/
Playback Number: 1- 866-468-7639
Passcode: 1478

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).

Appendix A: Rural Communities Opioid Response Program (RCORP) and the National Health Service Corps (NHSC)

Division H, Title II, of the Consolidated Appropriations Act, 2018 (P.L. 115-141) and Division B, Title II, of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) appropriated up to \$45 million to the NHSC for the purpose of expanding and improving access to quality OUD and other SUD treatment in rural communities. As directed, this funding will be used for a nationwide workforce expansion to combat the opioid epidemic.

A part of this initiative, the NHSC Rural Community Loan Repayment Program (LRP) will recruit and retain medical, nursing, and behavioral/mental health clinicians with specific training and credentials, and are part of an integrated care team, providing evidence-based SUD treatment and counselling in eligible communities of need, designated as Health Professional Shortage Areas (HPSAs).

The NHSC will make awards of up to \$100,000 for three years to eligible providers under the NHSC Rural Community LRP. HRSA seeks providers with Drug Addiction Treatment Act of 2000 (DATA) waivers and SUD-licensed or SUD-certified professionals to provide quality evidence-based SUD treatment health care services at SUD treatment facilities located in Health Professional Shortage Areas (HPSAs). For this initiative, the NHSC has expanded the list of eligible disciplines to include pharmacists, registered nurses, SUD counselors and nurse anesthetists.

Eligibility

To be eligible for NHSC service, a provider must:

- Be a U.S. citizen or national;
- Currently work, or have applied to work, at an NHSC-approved site;
- Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts; and
- Be licensed to practice in state where the employer site is located.

Eligible Occupations

Members of the SUD integrated treatment team who qualify for NHSC SUD expansion include:

Primary Care:

- Physician (MD or DO)
- Nurse Practitioner
- Certified Nurse-Midwife
- Physician's Assistant

New Program Disciplines:

- Substance Use Disorder Counselors
- Pharmacists
- Registered Nurses
- Nurse Anesthetists (RCORP NHSC LRP only)

Mental Health:

- Physicians (MD or DO)
- Health Service Psychologist
- Clinical Social Worker
- Psychiatric Nurse Specialist
- Marriage and Family Therapist
- Professional Counselor
- Physician's Assistant
- Nurse Practitioners

Eligible Site Criteria

NHSC-approved sites must:

- Be located in and serve a [federally-designated HPSA](#);
- Be an outpatient facility providing SUD services;
- Utilize and prominently advertise a qualified discounted/sliding fee schedule (SFS) for individuals at or below 200 percent of the federal poverty level;
- Not deny services based on inability to pay or enrollment in Medicare, Medicaid, and Children's Health Insurance Program (CHIP);
- Ensure access to ancillary, inpatient, and specialty care;
- Have a credentialing process that includes a query of the National Practitioner Data Bank; and
- Meet all requirements listed in the NHSC Site Agreement.

For more complete information about site eligibility and the site application process, please see the [NHSC Site webpage](#) and the [NHSC Site Reference Guide](#).

For a list of current NHSC-approved sites, please see HRSA's [Health Workforce Connector](#).

Eligible Site Types

Regular Application Process:

1. Certified Rural Health Clinics;
2. State or Local Health Departments;
3. State Prisons;
4. Community Mental Health Centers;
5. School-Based Clinics;
6. Mobile Units/Clinics;
7. Free Clinics;
8. Critical Access Hospitals (CAH);
9. Community Outpatient Facilities; and
10. Private Practices.

Newly-eligible SUD Site Types:

1. Opioid Treatment Program (OTP);
2. Office-based Opioid Agonist Treatment (OBOT); and
3. Non-Opioid SUD treatment sites.

Auto-Approval Process:

1. Federally-Qualified Health Centers (FQHC);
2. FQHC Look-Alikes;
3. American Indian Health Facilities: Indian Health Service (IHS) Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs);
4. Federal Prisons; and
5. Immigration and Customs Enforcement.

Please note that all NHSC sites must deliver comprehensive mental/behavioral health on an outpatient basis, with the exception of CAHs and IHS hospitals.

NHSC-approved sites must provide services for free or on a SFS to low-income individuals, and:

1. Offer a full (100 percent) discount to those at or below 100 percent of the federal poverty level
2. Offer discounts on a sliding scale up to 200 percent of the federal poverty level;
3. Use the most recent [HHS Poverty Guidelines](#);
4. Utilize family size and income to calculate discounts (not assets or other factors); and
5. Have this process in place for a minimum of 6 months.

Additional information on the SFS can be found in the recently updated [SFS Information Package](#).

Appendix B: Resources for Applicants

Several sources offer data and information that may help you in preparing the application. Please note HRSA is not affiliated with all of the resources provided, however, you are especially encouraged to review the reference materials available at the following websites:

HRSA Resources:

- **HRSA Opioids Website**
Offers information regarding HRSA-supported opioid resources, technical assistance and training.
Website: <https://www.hrsa.gov/opioids>

- **HRSA Data Warehouse**
Provides maps, data, reports and dashboard to the public. The data integrate with external sources, such as the U.S. Census Bureau, providing information about HRSA's grants, loan and scholarship programs, health centers and other public health programs and services.
Website: <https://datawarehouse.hrsa.gov/>

- **UDS Mapper**
The UDS Mapper is a mapping and decision-support tool driven primarily from data within the Uniform Data System. It is designed to help inform users about the current geographic extent of U.S. federal (Section 330) Health Center Program award recipients and look-alikes. Applicants can use this resource to locate other collaborative partners.
Website: <https://www.udsmapper.org/index.cfm>

- **National Health Service Corps (NHSC)**
HRSA's Bureau of Health Workforce administers the NHSC Loan Repayment Program, which is authorized to provide loan repayment to primary health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area.
 - For general information about NHSC, please visit:
<https://nhsc.hrsa.gov/>
 - For state point of contacts, please visit here:
<https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf>

- **Primary Care Offices (PCOs)**
The PCOs are state-based offices that provide assistance to communities seeking health professional shortage area designations and recruitment assistance as NHSC-approved sites. To locate contact information for all of the PCOs, visit here:
<https://bhw.hrsa.gov/shortage-designation/hpsa/primary-care-offices>

Other Resources:

- **American Society of Addiction Medicine (ASAM)**
Offers a wide variety of resources on addiction for physicians and the public. Website: <https://www.asam.org/resources/the-asam-criteria/about>
- **Case Study: Medication Assisted Treatment Program for Opioid Addiction**
Learn about Vermont's Hub & Spoke Model for treating opioid addiction here: <http://www.astho.org/Health-Systems-Transformation/Medicaid-and-Public-Health-Partnerships/Case-Studies/Vermont-MAT-Program-for-Opioid-Addiction/>
- **Centers for Disease Control and Prevention (CDC)**
Offers a wide variety of opioid-related resources, including nationwide data, state-specific information, prescription drug monitoring programs, and other useful resources, such as the *Guideline for Prescribing Opioids for Chronic Pain*.
Website: <https://www.cdc.gov/drugoverdose/opioids/index.html>
 - ***Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs: A Guide for State and Local Health Departments (March 2018):***
<https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf>
 - **National Center for Health Statistics**
Provides health statistics for various populations.
Website: <http://www.cdc.gov/nchs/>
 - **Syringe Services Programs**
For more information on these programs and how to submit a Determination of Need request visit here:
<https://www.cdc.gov/hiv/risk/ssps.html>
- **Community Health Systems Development Team at the Georgia Health Policy Center**
Offers a library of resources on topics such as collaboration, network infrastructure, and strategic planning.
Website: <http://ruralhealthlink.org/Resources/ResourceLibrary.aspx>
- **Legal Services Corporation**
Legal Services Corporation (LSC) is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans.
Website: <https://www.lsc.gov/>
- **National Area Health Education Center (AHEC) Organization**
The National AHEC Organization supports and advances the AHEC Network to improve health by leading the nation in recruitment,

training and retention of a diverse health work force for underserved communities.

Website: <http://www.nationalahec.org/>

- **National Association of County and City Health Officials (NACCHO)** NACCHO created a framework that demonstrates how building consortiums among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.
Website: <http://archived.naccho.org/topics/infrastructure/mapp/>
- **National Opinion Research Center (NORC) at the University of Chicago— Overdose Mapping Tool**
NORC and the Appalachian Regional Commission have created the Overdose Mapping Tool to allow users to map overdose hotspots in Appalachia and overlay them with data that provide additional context to opioid addiction and death.
Website: <http://overdosemappingtool.norc.org/>
- **National Organization of State Offices of Rural Health (NOSORH)—Toolkit** NOSORH published a report on lessons learned from HRSA’s Rural Opioid Overdose Reversal Grant Program and compiled a number of tools and resources communities can use to provide education and outreach to various stakeholders.
Website: <https://nosorh.org/rural-opioid-overdose-reversal-program/>
- **Providers Clinical Support System**
PCSS is a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) created in response to the opioid overdose epidemic to train primary care providers in the evidence-based prevention and treatment of opioid use disorders (OUD) and treatment of chronic pain.
Website: <https://pcssnow.org/>
- **Primary Care Associations (PCAs)**
To locate contact information for all of the PCAs, visit here:
<http://www.nachc.org/about-nachc/state-affiliates/state-regional-pca-listing/>
- **Rural Health Information Hub – Community Health Gateway**
Offers evidence-based toolkits for rural community health, including systematic guides, rural health models and innovations, and examples of rural health projects other communities have undertaken.
Website: <https://www.ruralhealthinfo.org/community-health>
 - **Rural Health Information Hub – Rural Response to Opioid Crisis** Provides activities underway to address the opioid crisis in rural communities at the national, state, and

local levels across the country.

Website: <https://www.ruralhealthinfo.org/topics/opioids>

- **Rural Health Information Hub - Rural Prevention and Treatment of Substance Abuse Toolkit**

Provides best practices and resources that organizations can use to implement substance abuse prevention and treatment programs.

Website: <https://www.ruralhealthinfo.org/toolkits/substance-abuse>

- **Rural Health Research Gateway**

Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present, including projects pertaining to substance use disorder.

Website: <http://www.ruralhealthresearch.org/>

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**

Offers a wide variety of resources on the opioid epidemic, including data sources, teaching curriculums, evidence-based and best practices, and information on national strategies and initiatives.

Website: <https://www.samhsa.gov/>

- **SAMHSA Evidence-Based Practices Resource Center**

Contains a collection of scientifically based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.

Website: <https://www.samhsa.gov/ebp-resource-center>

- **SAMHSA State Targeted Response to the Opioid Crisis Grants**

This program awards grants to states and territories and aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD.

List of individual grant award activities:

<https://www.samhsa.gov/sites/default/files/grants/pdf/other/ti-17-014-opioid-str-abstracts.pdf>

- **SAMHSA Peer Recovery Resources**

- <https://www.samhsa.gov/brss-tacs>

- <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers>

- **State Offices of Rural Health (SORHs)**

All 50 states have a SORH. These offices vary in size, scope, organization, and in services and resources, they provide. The general purpose of each SORH is to help their individual rural communities build

health care delivery systems.

List of and contact information for each SORH:

<https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>

- **State Rural Health Associations (SRHAs)**

To locate contact information for all of the SRHAs, visit here:

<https://www.ruralhealthweb.org/programs/state-rural-health-associations>

- **U.S. Department of Agriculture (USDA)**

Provides information and resources—including relevant USDA funding opportunities such as the Community Facilities Loan and Grant Program—for rural communities that want to address the opioid epidemic. Visitors can also share feedback on what prevention, treatment and recovery actions have been effective in addressing the opioid epidemic in their rural communities.

<https://www.usda.gov/topics/opioids>

- **U.S. Department of Health and Human Services (HHS)**

Provides resources and information about the opioid epidemic, including HHS' 5- point strategy to combat the opioid crisis.

<https://www.hhs.gov/opioids/>

<https://www.outreach.usda.gov/USDALocalOffices.htm>

Appendix C: Potential Partner Organizations

Examples of potential partner organizations include, but are not limited to:

- Other health care providers, such as:
 - Critical access hospitals or other hospitals;
 - Rural health clinics;
 - Local or state health departments;
 - Federally qualified health centers;
 - Ryan White HIV/AIDS clinics and community-based organizations;
 - Substance abuse treatment providers;
 - Mental and behavioral health organizations or providers;
 - Opioid Treatment Programs;
- HIV and HCV prevention organizations;
- Single State Agencies (SSAs);
- Prisons;
- Primary Care Offices;
- State Offices of Rural Health;
- Law enforcement;
- Cooperative Extension System Offices;
- Emergency Medical Services entities;
- School systems;
- Primary Care Associations;
- Poison control centers;
- Maternal, Infant, and Early Childhood Home Visiting Program local implementing agencies;
- Healthy Start sites; and
- Other social service agencies and organizations.

Appendix D: Performance Measures

The table below summarizes all the measures required for all RCORP-MAT Expansion award recipients to report into the Performance Improvement Measurement System (PIMS), **pending approval by the Office of Management and Budget (OMB)**.

Summary of Required Measures for Reporting

RCORP Measures	Measure Development Process or Location	Reporting Frequency
<i>Core Measures</i>	Core measures listed below (and provided in Section IV.2.ii of the NOFO)	<ul style="list-style-type: none"> • Baseline (reported in application) • Reported bi-annually in PIMS
<i>RCORP-MATE Measures</i>	Draft RCORP-MAT Expansion Measures listed below (pending OMB approval, may be minor adjustments)	Reported bi-annually in PIMS
<i>Additional Activity Measures</i>	Award recipients will work with the TA Provider to select measures that match additional activities in work plan	Reported bi-annually in PIMS

Core Measures

As discussed in Section IV.2.ii of this NOFO, all applicants must report the five core measures below as a baseline for their service areas. Applicants should use the most recent data sources available, reporting baseline numbers for the past year in the applications. If awarded, these measures would also be collected on a bi-annual basis in the Performance Improvement Measurement System (PIMS).

RCORP Core Measures (required)

1	Total population in the project's service area
2	Number of individuals screened for SUD in the project's service area
3	Number of non-fatal opioid overdoses in the project's service area
4	Number of fatal opioid overdoses in the project's service area
5	Number of health care providers within the service area who have completed the necessary training and received a waiver to provide MAT (specify by provider type)

RCORP-MAT Expansion Measures

All award recipients are required to report implementation measures in PIMS to help monitor the project and demonstrate RCORP-MAT Expansion's impact. Reported measures will include the five core measures above, as well as the draft RCORP-MAT Expansion measures listed below. Please note that these draft measures are pending OMB approval so there may be minor adjustments.

Draft RCORP-MAT Expansion Measures (required, pending OMB approval)

1	Number and percentage of patients with a diagnosis of SUD
2	Number and percentage of patients with a diagnosis of SUD who were also screened for depression
3	Number of patients diagnosed with SUD who were referred to treatment
4	Number of unduplicated patients who have received MAT (including both medication and psychosocial therapy) in the past year
5	Number of patients who have been in treatment (including both MAT and psychosocial therapy) for 3-5 months without interruption
6	Number of providers eligible to provide MAT (by provider type)
7	Number of providers who have prescribed MAT in the past year (by provider type)
8	Number of providers or support staff who received general SUD education or training in the past year (e.g., stigma reduction, prescribing guidelines, mental health first aid, etc.)
9	Number of patients referred to support services in the past year, by type of service (e.g., transportation to treatment, childcare, employment services, recovery housing, etc.)
10	Number of FTE currently providing SUD/ODU, either directly or through contract(s), at the applicant organization (break down FTE by provider type)
11	Percentage of MAT services currently covered through reimbursement or other non-grant funding sources at the application organization

Additional Activity Measures

Working with the technical assistance provider, all award recipients will also be required to develop project-specific measures to track throughout the period of performance. These measures may demonstrate health status improvement or process measures to encompass the full range of activities proposed in your work plan, to complement the required measures listed above.

Appendix E: Additional/Optional Allowable Activities

While RCORP-MAT Expansion award recipients are required to implement all core/required activities outlined in the Program-Specific Instructions section of this NOFO, HRSA recognizes that some applicants may have the capacity (e.g., staffing, infrastructure, resources, etc.) to pursue additional activities beyond the core/required activities. Under these circumstances, award recipients may propose additional activities that aim to reduce SUD/OD morbidities and mortality in high-risk rural communities.¹¹ Proposals for additional activities will be evaluated on a case-by-case basis by HRSA Program Staff. Examples include, but are not limited to, the following:

1. Advance telehealth direct care and consultation approaches to MAT. Note that the Drug Enforcement Agency (DEA) has issued a [clarification of current law](#) allowing the prescribing of MAT via telehealth under certain circumstances.
2. Create space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures patient confidentiality.
3. Purchase Food and Drug Administration (FDA)-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination and buprenorphine mono-product formulations) for the maintenance treatment of OUD, opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose.
4. Perform minor renovations to facilitate co-location of SUD, mental health, and primary care services teams.
5. Provide training and education to patients, families, and communities on SUD prevention and treatment, mental health, neo-natal abstinence syndrome, trauma-informed care, suicide prevention, and opioid overdose.
6. Test and implement new payment models that facilitate and incentivize coordinated care.
7. Implement or expand access to evidence-based and/or promising practices that enhance better pain management through implementing opioid prescribing guidelines and other evidence-based methods of pain management.

¹¹ Applicants will demonstrate the level of need and risk in their communities in the Project Narrative section of this NOFO.