U.S. Department of Health and Human Services

Fiscal Year 2023

Bureau of Health Workforce

Division of Medicine and Dentistry

Teaching Health Center Graduate Medical Education (THCGME) Program

Funding Opportunity Number: HRSA-23-013

Funding Opportunity Type(s): New

Assistance Listings Number: 93.530

Application Due Date: October 18, 2022

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 may take up to 1 month to complete.

Issuance Date: August 19, 2022

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See Section VII for a complete list of agency contacts.

Authority: Section 340H of the Public Health Service (PHS) Act [42 U.S.C. 256h];
Title II, Subtitle G, Section 2604 of the American Rescue Plan Act of 2021 (P.L. 117-2).

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff above or in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Teaching Health Center Graduate Medical Education (THCGME) Program. The THCGME Program provides funding to support the training of residents in primary care residency training programs in community-based ambulatory patient care centers. Payments will be made for the following: (1) expansion awards to support an increased number of resident Full-Time Equivalent (FTE) positions at existing HRSA THCGME Programs, and (2) new awards to support new resident FTE positions at new Teaching Health Centers (THCs). New THCs are applicants that have never received payment under the HRSA THCGME Program for the applicable residency program.

Funding Opportunity Title:	Teaching Health Center Graduate Medical Education (THCGME) Program
Funding Opportunity Number:	HRSA-23-013
Due Date for Applications:	October 18, 2022
Anticipated FY 2023 Total Annual Available Funding:	$18,400,000
Estimated Number and Type of Award(s):	Approximately 28 awards
Estimated Annual Award Amount:	Award amounts are formula based, calculated from the number of awarded resident full-time equivalents (FTEs)
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2023 through June 30, 2027 (Four (4) years)

Eligible Applicants:	An eligible entity is a community-based ambulatory patient care center that sponsors an accredited primary care residency program in one of the following specialties/disciplines: • Family Medicine • Internal Medicine • Pediatrics • Internal Medicine-Pediatrics • Obstetrics and Gynecology • Psychiatry • General Dentistry • Pediatric Dentistry • Geriatrics See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 R&R Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Teaching Health Center Graduate Medical Education (THCGME) Program.

Program Purpose

The purpose of the THCGME Program is to support the training of residents in primary care residency training programs in community-based ambulatory patient care centers. Programs will prepare residents to provide high quality care, particularly in rural and underserved communities, and develop competencies to serve these diverse populations and communities. Two award types are available:

1. **Expansion awards** for an increaseed number of resident Full-Time Equivalent (FTE) positions at existing HRSA THCGME Programs.

2. **New awards** to support new resident FTE positions at new Teaching Health Centers (THCs). New THCs are those applicants for residency programs that have never received payment under the HRSA THCGME Program for the applicable residency program in any previous fiscal year (FY).

Awards made through this announcement may be utilized to support the costs associated with resident FTE training *only*. THCGME Program funds may not be used for residency program development (e.g., the costs associated with accreditation).

Program Goals

To achieve this purpose, the THCGME Program provides THCs a per-resident payment established by HRSA inclusive of both Direct Medical Education (DME) and Indirect Medical Education (IME) expenses.

Program Objectives

Applicants must support the training of primary care residents in an approved graduate medical residency training program in a community-based setting (see Program Definitions below).

The sponsoring institution of the residency program, as listed by the relevant accrediting body defined later in this NOFO, must be a community-based ambulatory patient care center or a Graduate Medical Education (GME) consortium, as defined in *Section III* of this NOFO. **Teaching hospitals and academic institutions are not eligible recipients of THCGME funding.**

All applicants must designate the number of resident FTEs they are requesting support for under this NOFO. Resident FTE requests may not exceed the number approved by the relevant accrediting body and must be made according to the following requirements:

1. **Expansion** (new applications) – Existing HRSA THCGME residency program recipients may request expansion of resident FTEs above the baseline, which, for the purposes of this NOFO, is the number of resident FTEs trained by the program in Academic Year (AY) 2018-2019. Such expansion requests can only be made for resident FTEs currently not otherwise funded by HRSA if the requested resident FTEs are not supported by another federal or state funding source by the project period start date (July 1, 2023). Training of newly supported THCGME residents must start in AY 2023-2024.

   Existing THCGME Residency Programs that wish to request support for an expanded number of resident FTEs beyond the number stated in their most recent HRSA THCGME Program Resident FTE Approval Letter must submit an application for the expanded number of resident FTEs.

2. **New THCs** (new applications) – New residency program applicants must demonstrate the need for the number of resident FTE(s) being requested and that the number of resident FTEs being requested is above the program's baseline. The baseline is the number of resident FTEs trained by the program in AY 2018-2019. New applicants may request THCGME support for resident FTEs if the requested resident FTEs are not supported by another federal, state, non-profit or for-profit funding source by the project period start date (July 1, 2023). Training of newly supported THCGME residents must start in AY 2023-2024.

   Please note that a New THC is a "new approved graduate medical resident training program" as defined in section 340H(j)(2) of the PHS Act [42 U.S.C. 256h(j)(2)]) sponsored by an eligible entity that has not received a payment under the HRSA THCGME Program for a previous fiscal year for the residency training program in consideration.

Expansion and New THC applicants that are currently training residents may request resident FTEs for THCGME support; however, all resident FTEs for whom THCGME support is requested must be above the program's resident FTE baseline, as documented in your Eligible Resident/Fellow FTE Chart (Attachment 4) and must not put the program above the number approved by, or awaiting approval by, the relevant accrediting body, as documented in Attachment 5.

Funds from a THCGME award may not be used to replace or supplant funds that have been provided from a different source (e.g., any federal, state, local, tribal, non-profit or for-profit entity) for the same resident FTEs.federal. Such replacement or supplanting may be grounds for suspension or termination of current and future federal awards, recovery of

misused federal funds, and/or other remedies available by law. Applicants must provide documentation in Attachment 9 that assures the resident FTEs will not be supported or would not otherwise be supported through an alternate source.

For more details, see Program Requirements and Expectations.

General Emergency Preparedness Statement

Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that recipients are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. You must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities, including, but not limited to, resident FTE training.

2. Background

The THCGME Program is authorized by Section 340H of the PHS Act [42 U.S.C. 256h].

The National Center for Health Workforce Analysis (NCHWA) projects that the total demand for primary care physicians will grow by 15,210 FTEs between 2018 and 2030.[1] By 2030, NCHWA projects the following changes to the supply and demand of primary care service providers:

- Family physicians – 6% increase in supply, 13% increase in demand
- General internal physicians – 13% increase in supply, 22% increase in demand
- Geriatric physicians – 8% decrease in supply, 50% increase in demand
- Pediatric physicians – 2% increase in supply, 5% increase in demand[2]

The NCHWA also notes that the national demand for dentists is projected to grow by 206,850 FTEs in 2030—a 9 percent increase. While estimates suggest the U.S. could have an adequate supply of dentists as an entire occupation to meet projected growth in demand for oral health services in 2030 under the status quo scenario (which assumes current oral health care use and delivery patterns for dental services remain the same in 2030 as they are in 2017), the demand for general dentists is predicted to exceed supply by 2030.[3] In addition to overall shortages, there is maldistribution of primary care

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[1] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA. Workforce Projection Dashboard. Available at: https://data.hrsa.gov/topics/health-workforce/workforce-projections. Accessed June 2022.

[2] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA. "Primary Care Workforce Projections". September 2021. Available at: https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/primary-health.

[3] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA. "Oral Health Workforce Projections, 2017-2030: Dentists and Dental Hygienists". Available at: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/oral-health-2017-2030.pdf.

physicians and dentists with rural and other underserved communities experiencing the greatest shortages.

The THCGME Program was authorized in response to the nation's growing need for primary care services and as a new model for GME focused on primary care physician and dentist training in ambulatory care settings. The Medicare Payment Advisory Commission (MedPAC) and other stakeholders have called for increasing the amount of GME time spent in nonhospital settings, making changes to GME funding to advance goals such as increasing community-based care, and increasing the diversity of the pipeline of health professionals.[4]

The THCGME Program aims to strengthen the primary care workforce by supporting medical and dental training programs in primary care, community-based settings with an emphasis on improving the distribution of this health workforce in rural and underserved communities. The program focuses on a different model for resident education than most other federally funded models of GME, which are predominantly located in large, urban academic medical centers. This model was developed based on evidence showing that family medicine resident physicians who train in health center settings are nearly three times as likely to practice in underserved settings after graduation when compared to residents who did not train in health centers.[5] There is also evidence that physicians who receive training in community and underserved settings are more likely to practice in similar settings, such as health centers.[6,7]

The THCGME Program is providing a vital supply line to support the primary care health workforce demand. Since the program began in FY 2010, the THCGME Program has graduated 1,731 new primary care physicians and dentists who have entered the workforce. THCGME residents have provided over 4.2 million hours of patient care in primary care settings during 3.6 million patient encounters. Residents additionally provided over 6.7 million hours of patient care in medically underserved and rural settings, significantly expanding access to care in these key settings.[8]

While the national average for physicians going into primary care is approximately 33 percent, the THCGME Program has evidenced much stronger results. Cumulative follow-up data indicates that 65 percent of THCGME-funded graduates are currently practicing in a primary care setting and approximately 56 percent of the THCGME-funded graduating

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[4] Report to the Congress: Aligning Incentives in Medicare (June 2010). Medicare Payment Advisory Commission. (Available at; https://www.medpac.gov/document/medpac-june-2010-report-to-the-congress/

[5] Morris CG, Johnson B, Kim S, and Chen FM. Training Family Physicians in Community Health Centers: A Health Workforce Solution. Family Medicine. 2008; 40(4):271-6.

[6] Phillips RL, Petterson S, Bazemore, A. Do residents who train in safety net settings return for practice? Academic Medicine. 2013; 88(12): 1934–1940.

[7] Goodfellow A, Ulloa J, Dowling P, et al. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. Academic Medicine. 2016; 91(9): 1313–1321.

[8] Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce. THCGME Program Academic Year 2020-2021 Highlights. Available at: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/thcgme-outcomes-2020-2021.pdf.

physicians and dentists are currently practicing in a medically underserved community and/or rural setting. In AY 2020-2021, nearly all THCGME-funded residents (98 percent) received training in a primary care setting, providing care during almost half a million patient encounters and accruing over 600,000 contact hours with these primary care patients. Additionally, the majority of THCGME-funded residents (93 percent) spent a significant part of their training in medically underserved and/or rural communities, providing over 1.1 million contact hours of patient care.

Program Definitions
A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the HRSA Health Workforce Glossary. In addition, the following definitions apply to the THCGME Program for Fiscal Year 2023:

Approved graduate medical residency training program means (as defined in section 340H(j)(1) of the PHS Act [42 U.S.C. 256h(j)(1)]) a residency or other postgraduate medical training program: 1) participation in which may be counted toward certification in a specialty or subspecialty and includes formal postgraduate training programs in geriatric medicine approved by the Secretary; and 2) that meets criteria for accreditation as established by the Accreditation Council for Graduate Medical Education or the American Dental Association's Commission on Dental Accreditation.

Existing THC means an "approved graduate medical residency training program" as defined in section 340H(j)(1) of the PHS Act [42 U.S.C. 256h(j)(1)]) sponsored by an eligible entity that received a payment under the HRSA THCGME Program for a previous fiscal year.

Full-Time Equivalent (FTE) is the ratio of a resident's time required to fulfill a full-time residency slot for one AY. Multiple individuals' FTE time can sum to equal one full-time resident.

GME consortium means a collaboration between a community-based, ambulatory patient care center and community stakeholders (e.g., academic health centers, universities and/or medical schools, teaching hospitals, and critical access hospitals), to form an entity that serves as the institutional sponsor of, and operates, an accredited primary care residency program. The community-based ambulatory patient care center plays an integral role in the academic, financial, and administrative operations of the residency program, as well as in the academic and clinical aspects of the program including, but not limited to: curriculum development, scheduling of clinical rotations, and selection of staff and residents. The relationship between the THC and the consortium must be legally binding, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

New THC means a "new approved graduate medical resident training program" as defined in section 340H(j)(2) of the PHS Act [42 U.S.C. 256h(j)(2)]) sponsored by an eligible entity that has not received a payment under the HRSA THCGME Program for a previous fiscal year for the residency training program in consideration.

Reconciliation means the annual process for determining changes to the number of FTEs reported by a THC in its application, compared to its actual use of FTEs during the most recently completed budget period, to determine the final amount payable for both DME and IME. This process is utilized to recoup overpayments pursuant to section 340H(f) of the PHS Act [42 U.S.C. 256h(f)].

Teaching Health Center (THC) means (as defined in section 749A(f)(3) of the PHS Act [42 U.S.C. 293l-1(f)(3)]) a community-based, ambulatory patient care center that operates a primary care residency program, including, but not limited to: Federally qualified health centers (FQHCs); community mental health centers (CMHCs); rural health clinics; health centers operated by the Indian Health Service (IHS), by tribes or tribal organizations, or by urban Indian organizations; and, entities receiving funds under Title X of the PHS Act.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

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

2. Summary of Funding

HRSA expects approximately $18,400,000 to be available to fund approximately 28 recipients.

The period of performance is July 1, 2023 through June 30, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the THCGME Program in subsequent fiscal years, satisfactory progress and a decision that continued funding is in the best interest of the Federal Government.

The FY 2023 THCGME Program payment is formula-based and provides a payment inclusive of both DME and IME support. The final payment methodology for the THCGME Program has not yet been established. The FY 2023 interim payment rate will be $160,000 per resident FTE. In subsequent fiscal years, the payment rate may change due to available appropriations and/or changes in payment methodology.

HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if they are unable to fully succeed in achieving the goals listed in their applications.

Reconciliation

All THCGME funding is subject to annual reconciliation (see section 340H(f) of the PHS Act [42 U.S.C. 256h(f)]). During reconciliation, any changes to the number of residents reported by the award recipient will be calculated in order to determine a final amount payable for the budget period.

Recipients are responsible for the accuracy of resident FTE data submitted to HRSA and may be audited by HRSA to ensure the accuracy and completeness of the information submitted. In addition, Section 340H(e) of the PHS Act [42 U.S.C. 256h(e)] describes the relationship between THCGME Program funding and GME payments made by Medicare and the Children's Hospital Graduate Medical Education Payment (CHGME) program. If a resident FTE's time is submitted to Medicare or the CHGME program for the purposes of receiving payment, the THC cannot also claim that same time for payment from the THCGME Program. HRSA requires applicants to coordinate closely with affiliated teaching hospitals in order to avoid over-reporting of THCGME supported resident FTE positions. Over-reporting of resident FTEs, including ineligible resident FTEs, and subsequent over-payment will result in the recoupment of THCGME payments.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants must meet all of the following criteria in order to be considered eligible for THCGME funding. Applicants that fail to meet any eligibility criteria will not be considered for funding under this announcement.

A. Eligible Entities

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

i. Operates an accredited primary care residency program. Specific examples of eligible outpatient settings include, but are not limited to:

- Federally qualified health centers, as defined in section 1905(l)(2)(B) of the Social Security Act [42 U.S.C. 1396d(l)(2)(B)];
- Community mental health centers, as defined in section 1861(ff)(3)(B) of the Social Security Act [42 U.S.C. 1395x(ff)(3)(B)];

- Rural health clinics, as defined in section 1861(aa)(2) of the Social Security Act [42 U.S.C. 1395x(aa)(2)];
- Health centers operated by the Indian Health service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act [25 U.S.C. 1603]); and
- A community-based entity receiving funds under Title X of the PHS Act.

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

OR

ii. Has formed a **GME consortium** that operates an accredited primary care residency program.

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

Within the consortium, the community-based ambulatory care center is expected to play an integral role in the academic, financial and administrative operations of the residency. THCGME payments must be used to support resident training and clinical activities at the ambulatory training site.

Applicants applying as part of a GME consortium must maintain the consortium throughout the award period of performance. The applicant is the entity that meets the agency's or program's eligibility criteria and has the legal authority to apply and to receive the award. In the event of an organizational change that will affect the training program’s financial, academic or operational function or organization, recipients must notify HRSA and submit a prior approval request for the change through HRSA Electronic Handbooks (EHB) system.

B. Eligible Primary Care Residency Programs

Only specific residency training programs are eligible. “Primary care residency program” (as defined in section 340H(j)(3) of the PHS Act [42 U.S.C. 256h(j)(3)]) refers to an approved graduate medical education residency training program in:

- Family Medicine
- Internal Medicine

- Pediatrics
- Internal Medicine-pediatrics
- Obstetrics and Gynecology
- Psychiatry
- General Dentistry
- Pediatric Dentistry
- Geriatrics

C. Accreditation/Institutional Sponsorship

The eligible community-based ambulatory patient care setting, or GME consortium, must be accredited in one of the eligible primary care specialties and must be listed as the institutional sponsor by the relevant accrediting body (i.e., the Accreditation Council for Graduate Medical Education (ACGME) or the American Dental Association's Commission on Dental Accreditation (CODA)) and named on the program's relevant accreditation documentation.

The applicant must provide documentation that the residency program is accredited. Accreditation documents must indicate the accrediting body and include the name of the residency program's institutional sponsor, number of approved resident positions, and the dates of accreditation for verification purposes (see Attachment 5). **Applicants that are in the process of obtaining accreditation for their residency program(s) may apply through this announcement but MUST provide documentation from the relevant accrediting body demonstrating that the accreditation process has been initiated prior to the HRSA-23-013 NOFO application due date. Further, applicants will not receive THCGME program funds if documentation of accreditation is not received by HRSA by June 1, 2023. Relevant accreditation application documentation should be included in Attachment 5.** Applicant residency programs must be prepared to begin training residents starting July 1, 2023. HRSA intends to issue approval letters to successful applicants in early 2023 in order to allow programs to recruit residents for the 2023-2024 AY that will begin July 1, 2023.

Non-community-based ambulatory patient care settings, such as teaching hospitals, health care systems and/or networks, and academic institutions holding the institutional sponsorship of a primary care residency program are not eligible to receive THCGME funding. Teaching hospitals and academic institutions have proven to be successful partners of THCs and members of established GME consortia. In these cases, the GME consortium must serve as the institutional sponsor of the residency program.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains the non-responsive criteria below:

- Fails to satisfy the deadline requirements referenced in Section IV.4.

Other funding sources
THCGME funds must be used for program activities and may not replace or supplant funds that have been provided from a different source (e.g., a federal, state, local, tribal, non-profit or for-profit entity) for the same resident FTE slot(s). Such replacement or supplanting may be grounds for suspension or termination of current and future federal awards, recovery of misused federal funds, and/or other remedies available by law.

Applicants must provide documentation in Attachment 9 that assures that the resident FTEs will not be supported through an alternate source.

Multiple Applications

NOTE: Multiple applications from an eligible community-based entity or GME consortium with the same DUNS number or Unique Entity Identifier (UEI) are allowable if the applications seek funding for separate and distinct residency programs. Entities seeking THCGME funding to support multiple residency programs MUST submit a separate application for each individual residency program. If an entity is submitting multiple applications for different residency programs, please include a unique name for each training program in the project abstract to differentiate between applications.

Existing THC applicants requesting to expand the number of resident FTEs in their program must submit a new application for the additional resident FTEs requested for each HRSA THCGME individual residency program.

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.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

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 using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at

Form Alert: For the Project Abstract Summary, applicants using the SF-424 R&R Application Package are encountering a "Cross-Form Error" associated with the Project Summary/Abstract field in the "Research and Related Other Project Information" form, Box 7. To avoid the "Cross-Form Error," you must attach a blank document in Box 7 of the "Research and Related Other Project Information" form, and use the Project Abstract Summary Form 2.0 in workspace to complete the Project Abstract Summary. See Section IV.2.i Project Abstract for content information.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-013 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 R&R Application Guide* provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424 R&R 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 R&R 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 HRSA *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **65 pages** when printed by HRSA. Standard OMB-approved forms included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

The abstract is no longer an attachment that counts in the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. However, if you use an OMB-approved form that is not included in the workspace application package for HRSA-23-013, it will count against the page limit. Therefore, we

strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit will not be read, evaluated, or considered for funding.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-013 prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are 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. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 10: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on all certifications.

Program Requirements and Expectations

A. Application Process for Existing THCs Requesting Expansion of Resident FTEs and New THC Applicants

In accordance with Section 4 of HRSA's *SF-424 R&R Application Guide*, existing THCs requesting expansion of resident FTEs and new THCGME applicants must submit the following:

1. SF-424 R&R Application Package
2. A project abstract
3. A project narrative
4. A resident FTE request justification narrative
5. Standardized Work Plan
6. Staffing Plan and Job Descriptions for Key Personnel (Attachment 1)
7. Letters of Agreement from all major training partners, including required formal agreements from hospital partners (Attachment 2)
8. Residency Program Organizational Chart (Attachment 3)
9. Eligible Resident/Fellow FTE Chart (Attachment 4)
10. Accreditation documentation (Attachment 5)
11. Request for Funding Priorities—if new THC applicant is requesting funding priorities (Attachment 6)
12. Letters of Support (Attachment 7)

13. THCGME Program Assurances (Attachment 8)
14. Documentation of Resident FTE Eligibility (Attachment 9)

B. THCGME Application Component Descriptions

Applicants must submit the following components to complete their application submission. Sections marked as "All Applicants" must be completed by existing THCs requesting expansion of resident FTEs and new THC applicants.

Program-Specific Instructions

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

i. *Project Abstract – All Applicants*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. See **Form Alert** in Section IV.1 of this NOFO. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

Please use the guidance below. It is the most current and differs slightly from that in Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*. Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less.

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- If requesting a funding preference, priority, or special consideration as outlined in Section V. 2. of the program-specific NOFO, indicate here.

The Abstract must also include:

1. Name of the training program;
2. Discipline of the residency program;
3. Type of application—Expansion or New;
4. Eligible Entity type—state the type and name of community-based ambulatory patient center based on Section III, A. Eligible Entities, and whether the community-based ambulatory patient care center operates the residency program alone or as part of a GME consortium;
5. Year program first began training residents;
6. Organization website address;

7. A brief overview of the residency program that includes the name of the accredited sponsoring institution (as designated by ACGME or CODA) and description of the main primary care training location including populations served;
8. Total resident FTE positions requested to be funded under this program for all post-graduate years of training, e.g., 12 (4-4-4) resident FTE above the baseline resident FTEs trained by the program in AY 2018-2019;
9. Resident FTE positions requested to be funded under this program for AY 2023-2024, e.g., 4 (4-0-0); and
10. Rotation Sites: State if residents within the applicant residency program will perform rotations at a hospital rotation site(s) that has not provided resident training in any prior AY.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	**Review Criteria**
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities
Budget and Budget Justification Narrative	(5) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

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

- *PURPOSE AND NEED -- Corresponds to Section V's Review Criterion 1*

  Briefly describe the purpose and mission of the applicant residency program. Describe the population served by the community-based ambulatory patient care site(s) that will host the residency program. Identify any rural and/or underserved populations that will be served through this project. Describe how your residency program is expected to improve the workforce and improve health in your community. You must also state the number of resident FTE(s) you are requesting for THCGME support. Provide data where available.

- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria 2 (a), (b), and (c).*

  - *(a) WORK PLAN -- Corresponds to Section V's Review Criterion 2 (a)*

Provide a detailed work plan that demonstrates your ability to implement a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP form. Objectives and sub-objectives can be tailored to your project needs. Objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP form. For the purpose of this NOFO, please write in COVID-19 or Health Equity in the "Other Priority Linkage" if your objective or sub-objectives align with those priorities. Form instructions are provided along with the SWP form, and are included in the application package found on Grants.gov.

- You must complete the Standardized Work Plan (SWP) mandatory form in the Application Package.Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors have the necessary competencies to serve the cultural, racial, linguistic and/or geographic diversity of the relevant populations and communities.

- Describe how your organization will ensure the funds are properly documented if funds will be sub-awarded or expended on contracts.

- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion 2 (b)*

  Describe your current accreditation status. Provide accreditation documentation in Attachment 5. If your residency program is in the process of obtaining accreditation and/or approval from the relevant accrediting body to expand the number of accredited positions within the program, describe the progress the program has made toward achieving accreditation and/or approval to expand residency training by the June 1, 2023 deadline specified in this NOFO. If your residency program has not yet begun training residents (i.e., currently has a baseline of zero (0) residents), describe the steps that you have taken to ensure that the program will be operational in AY 2023-2024.

  Describe your residency program education and training curriculum, including how your program will prepare graduates for primary care careers in rural and underserved areas. Please highlight any unique aspects of training at the program, and additionally any training in the following areas: high-need communities or populations served by the program, mental health, substance/opioid use disorders, public health, community medicine, rural health, and telehealth.

  Describe the clinical capacity of your community-based ambulatory patient care site and training partners to meet accreditation requirements.

  Describe your plans to recruit high quality residents who demonstrate a commitment to practice in rural and underserved communities and to develop competencies to serve diverse populations and communities, as described in the Purpose and Needs section.

  For previously existing non-THCGME residency programs, please describe historical program outcomes including your program's graduate retention and placement in Health Professional Shortage Areas (HPSAs), Medically Underserved Communities (MUCs) and/or rural areas. Describe how patient care and healthcare delivery has changed within your training site(s) as a result of the pandemic and your plans to incorporate these new models into resident training.

- *(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 (c)*

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria 3 (a) and (b).*

  - *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3 (a)*

    You must describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the performance measures and data forms required for the THCGME program: http://bhw.hrsa.gov/grants/reporting/index.html.

    Describe the data collection strategy to collect, manage, analyze, and track data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes.

    Describe any potential obstacles for fulfilling HRSA's performance measurement reporting requirements and your plan to address those obstacles. Note: Performance measures and data forms are subject to change each AY.

    Describe the feasibility and effectiveness of plans for dissemination of project results.

    Describe your process to track the practice patterns of trainees after program completion/graduation for up to 1 year, to include collection of trainees' National Provider Identifiers (NPI).

  - *(c) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion 3 (b)*

    You must provide a clear plan for project sustainability, including a description of specific actions you will take to (a) highlight key elements of your projects, e.g., training methods or strategies, which have been effective in improving practices; and (b) obtain future sources of potential funding, as needed. Describe any additional sources of funding your residency program has or is expected to receive in the future.

- *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review Criterion 4*

  Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed residency program. Provide information on your organization's structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and

meet program expectations. A residency program organizational chart should be provided in Attachment 3. The organizational chart should clearly identify the eligible community-based ambulatory patient care setting, the sponsoring institution, and all relevant partners, including training partners, required for the residency program. Letters of agreement from all major training partners should be included in Attachment 2. Additional letters of support may be submitted in Attachment 7.

Describe the distribution of funds to residency program partner training sites. If you are collaborating with a hospital for training, you must enumerate the steps that will be taken to ensure that resident FTEs submitted to the THCGME Program will not also result in Medicare GME or CHGME Program payments. The letter of agreement from any hospital partners should clearly delineate the organization's understanding and plan to ensure there is no double payment for the same FTE.

If your organization is applying as part of a **GME consortium** the following information must be included in this section:

- List all members of the GME consortium.
- Describe the community-based ambulatory patient care center's operational and financial responsibilities for the residency program, including the extent to which the community-based ambulatory patient care center will receive direct financial support through the consortium.
- Describe the funding flow between members of the consortium as well as how spending and budgetary decisions are made.
- Describe the roles members play concerning the:
    - Selection of trainees
    - Selection of faculty
    - Development of rotation schedules
    - Development of the curriculum

Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 1 (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical

sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with health disparities and cultural and linguistically diverse populations that are served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/Key Person name
- Position Title
- Education/Training, beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training, if applicable:
  - Institution and location
  - Degree (if applicable)
  - Date of degree (MM/YY)
  - Field of study

- *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (*optional)* **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the biographical sketch.

iii. *Budget*

The THCGME Program is a formula-based payment program that does not require submission of a formal budget. However, a justification for the number of resident FTEs

requested by existing THC expansion applicants and new applicants is required and described below. *Please note that the SF-424 R&R submission package contains budget forms that are required to be submitted. Applicants are advised to put in a "0" for this form and then upload a blank document as an attachment to complete the package.*

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. 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. Effective January 2022, the Executive Level II salary is $203,700. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. *Resident FTE Request Justification Narrative*

The number of resident FTEs requested will determine your THCGME funding amount. You must provide a justification for the number of resident FTEs you are requesting. Describe how the additional FTEs will address the needs of your program and the community your program serves. A strong justification will be supported by data and examples, account for accreditation requirements, and be directly related to the Purpose and Need section.

Resident FTE requests should align with the documentation provided in the Eligible Resident/Fellow FTE Chart (Attachment 4). For existing HRSA-funded THCs requesting expansion of resident FTEs, the resident FTE number requested should be above the number stated in your most recent HRSA THCGME Program Resident FTE Approval Letter. For existing non-HRSA funded THCs, the resident FTE number requested should be above your reported and attestation confirmed number of baseline FTE slots (AY 2018-2019). See Section I.1. Purpose for details.

v. *Standardized Work Plan (SWP) Form*

As part of the application submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Work Plan -- Corresponds to Section V's Review Criterion 2 (a).

The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. Ensure it includes all the information detailed in Section IV.2.ii. Project Narrative.

vi. *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 limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel – All Applicants

See Section IV.2.ii. Project Narrative. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) – All Applicants

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe your organization and the contractors' roles and any deliverable.

Letters of agreement from hospital training partners must address understanding

and steps to ensure that THCGME resident FTEs will not also be submitted to Medicare GME or CHGME Program for the purposes of receiving GME payments. Affiliation agreements with Centers for Medicare & Medicaid Services (CMS)-naïve hospitals, defined as hosptials that have not previously trained medical residents, must include acknowledgement that new residents rotating at these sites will trigger the CMS resident FTE cap building period. Letters of agreements are required to be signed and dated.

NOTE: Abbreviated/shortened documentation of relevant Letters of Agreement, Memoranda of Understanding, and/or Description of Proposed/Existing Contracts is acceptable to accommodate the page limit noted in this NOFO. Documentation provided should be clear, concise, and address all requirements described above.

Attachment 3: Residency Program Organizational Chart – All Applicants

Provide a one-page figure that depicts the organizational structure of the residency program, including the community-based ambulatory outpatient care center and all major training partners.

Attachment 4: Eligible Resident/Fellow FTE Chart – All Applicants

Upload a copy of the completed Eligible Resident/Fellow FTE Chart. The chart must include the total resident training numbers from AY 2018-2019 through AY 2022-2023, proposed total resident training numbers for AY 2023-2024 through AY 2026-2027, and requested THCGME resident FTE for AY 2023-2024 through AY 2026-2027. Please see Appendix B for the OMB-approved form and the form completion instructions. Limitations apply to resident FTEs that can be submitted for THCGME payments. See Appendix A for more information.

Attachment 5: Accreditation Documentation – All Applicants

Provide documentation of residency program accreditation from the appropriate accrediting body (ACGME or CODA). Documentation must clearly identify the residency program's institutional sponsor, number of approved resident positions, dates of accreditation, and any noted citations (if applicable). Applicants that are in the process of obtaining accreditation must provide documentation from the appropriate accrediting body demonstrating that the accreditation process has been initiated prior to the application due date. Note that documentation of accreditation must be received by HRSA by no later than June 1, 2023 to be considered eligible through this announcement.

Attachment 6: Request for Funding Priorities – New THC Applicants

To receive funding priorities, you must submit the name and address of the main community-based ambulatory patient care center training site, indicate which priorities you are requesting, and include documentation of this qualification as specified in Section V.2.

Attachment 7: Letters of Support – *All Applicants*

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (e.g., CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (e.g., in-kind services, dollars, staff, space, equipment, etc.).

Attachment 8: THCGME Program Assurances – All Applicants

Appendix A provides THCGME Program information on resident FTE time that is allowable to receive THCGME payments. You must submit a signed THCGME Program Assurances document confirming that you have reviewed and will comply with Appendix A.

Attachment 9: Documentation of Resident FTE Eligibility – All Applicants (as applicable)

Provide documentation that the requested resident FTE slots are self-funded through the residency program and, if applicable, provide documentation certifying the loss of support for these requested positions (e.g., through state or tribal funding mechanisms) by the July 1, 2023 project start date. THCGME funds must be used for program activities and may not replace or supplant funds that have been provided from a different source (e.g., a federal, state, local, tribal, non-profit or for-profit entity) for the same resident FTEs.

Attachment 10: Other Relevant Documents – All Applicants (as applicable)

Include here any other document that is relevant to the application.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

The UEI (SAM), a new, non-proprietary identifier assigned by SAM, has replaced the UEI Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

- Register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.
- You will no longer use DUNS and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may 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 two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide*.

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 ***October 18, 2022 at 11:59 p.m. ET***. HRSA suggests submitting applications to Grants.gov at least **3 calendar 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 R&R Application Guide* for additional information.

5. Intergovernmental Review

The THCGME Program is not 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 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request support for resident FTEs for a period of performance of up to four years and up to the limits set in Section II.2 of this notice. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds for residency program development, such as completing ACGME or CODA accreditation requirements, are not allowable.

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information.

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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 R&R Application Guide.* Like all other applicable requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under 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 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.

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.

Five review criteria are used to review and rank THCGME applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: PURPOSE AND NEED (20 points) – Corresponds to Section IV's Purpose and Need

The extent to which the application:

- Demonstrates a significant primary care workforce need and describes how to address this need through the proposed residency training program.
- Serves a rural and underserved population and describes how the health of the population served is expected to improve.
- States the number of resident FTE(s) requested for THCGME support.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan, Sub-section (b) Methodology/Approach, and Sub-section (c) Resolution of Challenges

Criterion 2 (a): WORK PLAN (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

The extent to which the proposed work plan will support a successful community-based primary care residency program.

- Describes the timeframes, deliverables, and key partners required during the period of performance to implement the residency program as described in the Methodology section.
- Identifies meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors have the necessary competencies to serve the cultural, racial, linguistic and/or geographic diversity of the relevant populations and communities.
- Describes how the organization will ensure the funds are properly documented if funds will be sub-awarded or expended on contracts.

Criterion 2 (b): METHODOLOGY/APPROACH (20 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

The extent to which the application:

- Demonstrates appropriate steps planned and implemented to achieve and/or maintain successful accreditation and preparation for training THCGME residents by AY 2023-2024. For residency programs in the process of obtaining accreditation and/or approval from the relevant accrediting body to expand the number of accredited positions within the program, describes the progress the program has made toward achieving accreditation and/or approval to expand residency training by the June 1, 2023 deadline specified in this NOFO.
- Demonstrates clinical capacity among training partners to meet accreditation requirements and provide a high quality training experience.
- Proposes a residency program education and training curriculum that will prepare residents to provide high quality care in community-based settings, particularly in rural or underserved communities.
- Proposes a recruitment plan that will recruit high quality residents that demonstrate a commitment to practicing in rural and underserved communities.
- For previously existing non-THCGME residency programs, describes historical program outcomes including the program's graduate retention and placement in HPSAs, MUCs, and/or rural areas. Describes how patient care and healthcare delivery has changed within the training site(s) as a result of the pandemic and the program's plans to incorporate new models into resident training.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges

The extent to which the application demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

Criterion 3: IMPACT (15 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

The extent to which the application and evaluation plan:

- Effectively reports on the measurable outcomes being requested and includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported).

- Describes the data collection strategy to collect, manage, analyze, and track data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explains how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes.
- Demonstrates the ability to collect data and report on residency program- and trainee-related performance measures included inHRSA's annual performance reports and final performance report.
- Anticipates obstacles to the evaluation and proposes how to address those obstacles.
- Describes the feasibility and effectiveness of plans for dissemination of project results.
- Describes a process to track the practice patterns of trainees after program completion/graduation for up to 1 year, to include collection of trainees' NPI.

Criterion 3 (b): PROJECT SUSTAINIBILITY (5 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

The extent to which the application:

- Describes a solid plan for disseminating key elements of the project, e.g., training methods or strategies which have been effective in improving practices, and obtaining additional sources of funding, as needed.
- Clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.
- Describes any additional sources of funding the residency program has or is expected to receive in the future.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information, Resources and Capabilities

The extent to which the application:

- Demonstrates sufficient expertise and partnerships needed to support the primary care residency program.
- Demonstrates that the project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as through the Attachments.
- Demonstrates the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- Addresses the issue of ensuring resident FTEs submitted for THCGME payments by the applicant and the hospital training partners are not also submitted to Medicare or CHGME program for the purposes of receiving GME payments.

- Describes the distribution of funds to residency program partner training sites. For GME consortium applications, explains the extent to which the community-based ambulatory patient care center will receive direct financial support through the consortium and how it is a significant member of the consortium (e.g., its role in the selection of trainees and faculty and the development of rotation schedules and curriculum).

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Resident FTE Request Justification Narrative

The extent to which the application provides a significant justification for the number of resident FTEs requested. A strong justification will address both the needs of the residency program and the community served and be supported by data and examples, account for accreditation requirements, and be directly related to the Purpose and Need section.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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 R&R Application Guide* for more details.

Funding Priorities – New THCGME Applicants Only

This program includes funding priorities, as authorized by Section 340H(a)(3) of the PHS Act [42 U.S.C. 256h(a)(3)], in making awards to new THCs. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff will adjust the score by a set, pre-determined number of points. The THCGME Program has three (3) funding priorities. Applicants eligible for multiple priorities may apply for and receive priority points under multiple priorities. All information submitted by applicants is subject to verification.

In order to qualify for any of the funding priorities, you must submit the name and address of the main community-based ambulatory patient care center training site in Attachment 6 and indicate which priorities you are requesting. This site must be a clinical site within the qualifying community-based ambulatory patient care center identified as the sponsoring institution or as the qualifying site for the GME consortium. The site must be the principal training site for the requested THCGME residents (i.e., the site where the largest number of THCGME supported residents will train and provide care in primary care).

Priority 1: Health Professional Shortage Area (HPSA) (5 Points)

You will be granted a funding priority if the main community-based ambulatory patient care center training site is in a qualifying HPSA. HPSAs are designations that indicate health care workforce shortages in Primary Care, Dental Health, or Mental Health and may be geographic, population, or facility-based.

To determine if your training site is located in a HPSA, use the Find Shortage Areas by Address tool. If your training site is located in a HPSA, submit documentation of your HPSA score in Attachment 6. HPSA types will be matched to relevant residency specialties – Dental Health HPSA for dental residency programs, Mental Health HPSA for psychiatry residency programs, and Primary Care HPSA for all other disciplines. If your training site has more than one HPSA designation (geographic, population, and/or facility), you will be granted a funding priority based on the higher HPSA score.

Up to 5 priority points are available for the HPSA priority. Points will be awarded based on a sliding scale determined by the HPSA score of the main community-based ambulatory patient care center training site as follows:

- 0-5 = 1 point
- 6-10 = 2 points
- 11-15 = 3 points
- 16-20 = 4 points
- ≥ 21 = 5 points

Priority 2: Medically Underserved Community (5 Points)

You will be granted a funding priority if the main community-based ambulatory patient care center training site serves a medically underserved community as defined in section 799B of the PHS Act [42 U.S.C. 295p]. A medically underserved community includes any of the following areas or populations:

- Is eligible to be served by a:
  - Migrant Health Center under Section 329 of the PHS Act [42 U.S.C. 254b];
  - Community Health Center under Section 330 of the PHS Act [42 U.S.C. 254c]; grantee under Section 330(h) of the PHS Act (relating to homeless individuals) [42 U.S.C. 254b(h)];
  - Public Housing Primary Care Program grantee under Section 340A of the PHS Act [42 U.S.C. 256a];
- Is determined to have a shortage of personal health services under the criteria at Section 1861(aa)(2) of the Social Security Act [42 U.S.C. 1395x(aa)(2)]; or
- Is designated by a State Governor as a shortage area or medically underserved community.

If you are requesting the Medically Underserved Community priority, you must provide documentation in Attachment 6 that your main community-based ambulatory patient care center qualifies under one of the listed options. This may include proof of your center's HPSA and/or MUC score.

Priority 3: Rural (5 Points)

You will be granted a funding priority if the main community-based ambulatory patient care center training site is located in a rural community as defined in section 1886(d)(2)(D) of the Social Security Act [42 U.S.C. 1395ww(d)(2)(D)]. CMS defines rural in accordance with Medicare regulations at 42 CFR 412.64(b)(ii)(C); that is, a rural area

is an area outside of an urban Metropolitan Statistical Area. Note that this excludes hospitals that are physically located in an urban area, but reclassify to a rural area under 42 CFR 412.103.

To determine if the main training site is located in a county that is rural for CMS inpatient prospective payment system (IPPS) wage index purposes, refer to the FY 2019 "County to Core Based Statistical Area (CBSA) Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available to download on the FY 2019 IPPS Final Rule Homepage. This file contains two tabs: 1) a crosswalk of county codes to CBSAs and 2) a list of Urban CBSAs and Constituent Counties for Acute Care Hospitals Files. Please refer to the "Crosswalk" tab in this file. Rural counties are those in which the "CBSA" column is blank. Provide a statement stating that the county of the main community-based ambulatory patient care center is located in a rural county in accordance with CMS rules in Attachment 6.

3. Assessment of Risk

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.

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 by applicants 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).

VI. Award Administration Information

1. Award Notices

HRSA intends to issue approval letters to successful applicants by early 2023 in order to allow programs to recruit residents for the 2023-2024 AY that will begin July 1, 2023.

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2023. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 R&R Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA 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, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced

under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an annual basis. HRSA will verify that that approved and funded applicants' proposed objectives are accomplished during each year of the project.

   The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

   The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

   In addition, you may be required to submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

   More information will be available in the NOA.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbooks (EHBs) on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). Examples of the kinds of performance measures that may be required for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

   The annual performance report will address all AY activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

The THCGME Program has additional annual reporting requirements (Section 340H(h) of the PHS Act [42 U.S.C. 256h(h)]) that must also be submitted via the EHBs. These requirements include, but are not limited to, providing data on the number of patients treated by residents and the number and percentage of residents entering primary care practice following completion. THCGME recipients are also required to provide National Provider Identifier numbers (NPIs) for residents training in their program in order to track the graduates' activity after program completion. THCGME recipients may also be required to provide additional information (e.g., letters or other official documentation) related to resident training and/or completers within their program, as requested by HRSA.

3) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs at https://grants.hrsa.gov/webexternal/home.asp.

   The Final Report is designed to provide HRSA with information required to close out a project after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

   - Project Objectives and Accomplishments—Description of major accomplishments on project objectives.
   - Project Barriers and Resolutions—Description of barriers/problems that impeded project's ability to implement the approved plan.
   - Summary Information:
     - Project overview.
     - Project impact.
     - Prospects for continuing the project and/or replicating this project elsewhere.
     - Publications produced because of the payment.
       Changes to the objectives from the initially approved payment.

   Further information will be provided in the NOA.

4) **Annual Reconciliation Tool**. The recipient must submit an annual reconciliation tool that provides actual resident FTEs trained in the budget period (i.e., AY). The reconciliation tool reporting occurs immediately following the budget period AY. Any FTE overpayments will be recouped by HRSA. THCGME award recipients may be subject to a FTE Assessment to verify accurate FTE reporting.

Failure to provide any of the required reports or a determination that the reports contain incomplete or inaccurate information may result in a reduction of the amount payable by at least 25 percent. Prior to imposing any such reduction, the recipient will be provided notice and an opportunity to provide the required information within 30 days beginning on the date of such notice.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Kim Ross, CPA
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, 10NWH04 (mail drop)
Rockville, Maryland 20857
Telephone: (301) 443-2353
Email: kross@hrsa.gov

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

Kristin Gordon
Project Officer, Division of Medicine and Dentistry
Attn: THCGME Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 15N136B
Rockville, MD 20857
Telephone: (301) 443-0337
Email: kgordon@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 dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base:

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

Appendix A: Assurances Document

Teaching Health Center Graduate Medical Education (THCGME) Program Recipient Policies and Guidelines

THCGME recipients are required to have the necessary policies, procedures and financial controls in place to ensure that their organization complies with all federal funding requirements. The effectiveness of these policies, procedures and controls are subject to audit.

THCGME recipients are required to follow the Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards (45 CFR Part 75). (Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards)

THCGME recipients are also required to abide by the following policies and reporting guidelines. Signature on the final page of this document is required to ensure THCGME recipients are aware of their responsibilities as THCGME recipient. **The signature page must be submitted in Attachment 8 of your application.**

THCGME Payments Relationship to Other Federal GME Payment Programs

Section 340H(e) of the PHS Act [42 U.S.C. 256h(e)] describes the relationship between THCGME Program funding and GME payments made by Medicare and the CHGME program. If a resident FTE's time is submitted to Medicare or the CHGME program for the purposes of receiving payment, the THC cannot also claim that same time for payment from the THCGME Program. HRSA requires applicants to coordinate closely with affiliated teaching hospitals in order to avoid over-reporting of THCGME supported FTEs. Over-reporting of FTEs and subsequent over-payment will result in the recoupment of THCGME payments.

All THCGME recipients may be subject to an FTE Assessment audit at any time during the period of performance. Recipients are responsible for the accuracy of the data submitted to HRSA. THCGME recipients that do not report resident FTE counts to Medicare are not exempt from the FTE Assessment audit.

45 CFR Part 75, Subpart F - Audit Requirements

The THCGME program is excluded from coverage under 45 CFR Part 75, Subpart F - Audit Requirements. However, the program may be included in a single audit for other (non-THCGME) federal grant funding that a THCGME recipient may also receive.

Annual Resident FTE Reconciliation

All THCGME payments are subject to annual reconciliation and any funds awarded for resident FTEs not utilized during the AY will be recouped by HRSA. If adequate funds are not available in the Payment Management System (PMS) for recoupment, the

recipient is responsible for repaying funds within a timely manner and may be subject to future penalties such as withholding of future funding and/or drawdown restrictions.

THCGME Resident FTE

Section 340H(c)(1)(B) of the PHS Act [42 U.S.C. 256h(c)(1)(B)] refers to Section 1886(h)(4) of the Social Security Act [42 U.S.C. 1395ww(h)(4)] in determining eligible resident FTE for THCGME payments. Therefore, the following limitations apply to the resident FTE that qualify for THCGME payments:

Foreign medical graduates

Graduates with international medical or dental degrees are eligible for THCGME support; however, these graduates must have passed the United States Medical Licensing Examination (USMLE) Parts I & II or dental equivalent and must be eligible for licensing following completion of residency.

Initial Residency Period (IRP) – Weighting

Payment for trainees may be subject to weighting based on their initial residency period (IRP). The IRP means the minimum number of years of formal training necessary to satisfy the requirements for initial board eligibility in the particular specialty for which the resident is training. Residents who have completed or transferred from another U.S. residency program will be weighted at 0.5 FTE for training beyond their IRP. A resident who is beyond his or her IRP is factored by 0.5 regardless of the number of years or length of the training program in which s/he is currently enrolled. Exceptions apply to the IRP for residents enrolled in a geriatric residency or fellowship program or transferred from a preventative medicine residency or fellowship. (Social Security Act Section 1886(h)(5)(F)).

Research Time

Resident time spent conducting research not associated with the treatment or diagnosis of a particular patient cannot be submitted for THCGME payments. HRSA does not consider quality improvement or public/population health projects that are essential in the training of high quality primary care physicians and dentists

to be research. Resident rotations schedules will be submitted annually to HRSA, and recipients should ensure to delineate between any research and non-research time on all schedules/in all reports.

THCGME Additional Program Guidance

THCGME recipients are required to notify HRSA within 30 days of any changes within the program that may affect the number of FTEs funded by the THCGME Program, including those related to resident FTE training levels, organizational structure, and/or accreditation. HRSA will reevaluate a program's THCGME eligibility status based on this information, and may change and/or redistribute THCGME-supported FTEs accordingly.

Off-cycle residents

Residents are permitted to begin their training off-cycle of the AY (after July 1). Recipients are required to report the amount of time that the resident was not training in the program on the Reconciliation Tool (OMB 0915-0342) at the end of each AY. If the resident does not meet the training requirements to progress to the next program graduate year (PGY), additional training to complete the PGY is applied using funding for the following AY. The total amount of the FTEs supported by the THCGME Program cannot exceed the amount of FTEs that the recipient is HRSA approved to train for off-cycle residents. Funding for off-cycle training is subject to approval by HRSA.

Extended absences

Extended absences for maternity leave, long-term illness, etc. are required to be reported on the Reconciliation Tool if the resident does not meet the training requirements to progress to the next PGY. Any additional training time required due to an extended absence may be funded during the next AY. Funding for any extended absences is subject to approval by HRSA.

Remediation

The THCGME Program will provide payments for residents in remediation only if the total amount of FTEs requested for a budget period (i.e., the AY) does not exceed the amount of FTEs that the recipient is HRSA approved to train. Funding for remediation is subject to approval by HRSA.

Resignations

The THCGME recipient is required to inform HRSA of any resident resignation(s). This information should be reported to the assigned HRSA Project Officer and on the annual report, reconciliation tool, and performance measure report. THCGME funding for the resident that left the program will be adjusted for the amount of time the resident spent training in the program. Any overpayments will be recouped. The recipient is permitted to replace a resident that resigned; however, the total amount of the FTEs requested is subject to approval by HRSA.

Resident Moonlighting

Resident moonlighting time, when additional financial compensation is provided for clinical service, may not be supported by THCGME funding.

THCGME Fund Allocation

THCGME funds allocated for a budget period (i.e., AY) must be utilized for training expenses occurring during the AY (July 1-June 30). Drawdowns for these expenses can occur until 90 days after the budget period ends (September 30); however, the funding must be used for expenses that occurred during the prior AY.

Allowable Expenses

THCGME funds may not be used for a prospective trainee's travel costs to or from the recipient organization for the purpose of recruitment. However, other costs incurred in connection with recruitment under training programs, such as advertising, may be allocated to the THCGME project according to the provisions of the applicable cost principles.

Refer to cost principles in 45 CFR 75.403 and 75.420 – 75.475 for more information about allowable expenses.

Prior Approval Request(s)

HRSA regulations (45 CFR Part 75) require that prior to initiating certain actions; the recipient must formally request approval from HRSA. The most common actions that require "Prior Approval Requests" for the THCGME Program include changes to the sponsoring institution and change of Project Director. The request(s) must be submitted via the Electronic Handbooks (EHBs).

SIGNATURE PAGE:

Teaching Health Center Graduate Medical Education (THCGME)
Program Recipient Policies and Guidelines

Please print out, sign, scan, and include this page as Attachment 8 of your application:

By signing this we acknowledge that we have read and agree to follow the Teaching Health Center Graduate Medical Education (THCGME) Program Recipient Policies and Guidelines provided in this document as a condition of award.

_____	_____	_____
Project Director Name	Project Director Signature	Date

_____	_____	_____
Chief Financial Officer/Other Authorized Official Name	Chief Financial Officer/Other Authorized Official Signature	Date

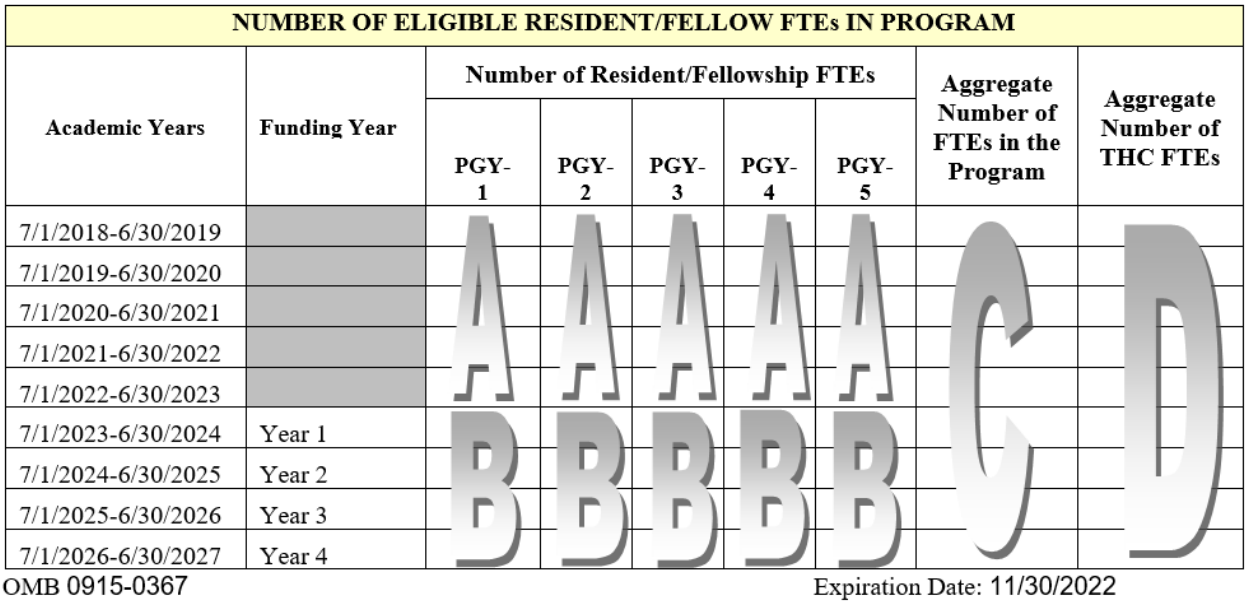
APPENDIX B: Eligible Resident/Fellow FTE Chart

Program Name: _____

NUMBER OF ELIGIBLE RESIDENT/FELLOW FTEs IN PROGRAM									
Academic Years	Funding Year	Number of Resident/Fellow FTEs					Aggregate Number of FTEs in the Program	Aggregate Number of THC FTEs
		PGY-1	PGY-2	PGY-3	PGY-4	PGY-5		
7/1/2018-6/30/2019								
7/1/2019-6/30/2020								
7/1/2020-6/30/2021								
7/1/2021-6/30/2022								
7/1/2022-6/30/2023								
7/1/2023-6/30/2024	Year 1							
7/1/2024-6/30/2025	Year 2							
7/1/2025-6/30/2026	Year 3							
7/1/2026-6/30/2027	Year 4							

OMB 0915-0367 Expiration Date: 11/30/2022

Instructions for completing the Eligible Resident/Fellow FTE Chart (Attachment 4):



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A. **Prior Training Years -** The baseline year is the number of resident/fellow FTEs your program trained in AY 2018-2019. In the columns labeled as "Number of Resident/Fellow FTEs," list the number of Post Graduate Year (PGY)-1, PGY-2, PGY-3,

PGY-4 and PGY-5 full-time equivalents (FTEs) enrolled in the resident/fellow program during academic years 2018-2019, 2019-2020, 2020-2021, 2021-2022, and 2022-2023. If the residency program is three years, input zeros (0) in the PGY-4 and PGY-5 column. If the program is a geriatric fellowship, input the fellow FTEs as PGY-4 or PGY-5. Include four (4) decimal places for any partial FTEs.

If your program did not train any resident/fellow FTEs between AY 2018-2019 and 2022-2023, select "No Trainees" for AY 2018-2019 through AY 2022-2023. Enter "0" FTEs in columns that lists PGY-1, PGY-2, PGY-3, PGY-4 and PGY-5 training years.

B. **Future Academic Years** - In the columns labeled as "Number of Resident/Fellow FTEs," list the **number** of PGY-1, PGY-2, PGY-3, PGY-4, and PGY-5 FTEs you plan to train over the next four academic years starting with AY 2023-2024. If the residency program is three years, input zeros (0) in the PGY-4 and PGY-5 column. If the program is a geriatric fellowship, input the fellow FTEs as PGY-4 or PGY-5. These columns should include any planned THCGME-supported FTEs during the indicated academic years.

C. In the column labeled as "Aggregate Number of FTEs in the Program", document the **aggregate number** of resident FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years. This column should be equal to the sum of the numbers listed in the "Number of Resident/Fellow FTEs" PGY columns and should include resident/fellow FTEs supported by **all** funding sources.

D. In the column labeled as "Aggregate Number of THC FTEs," document the **aggregate number** of THCGME-supported resident/fellow FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years. **Please note that your projections do not guarantee funding.**