U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Office for the Advancement of Telehealth
Telehealth Innovation and Services Division

Behavioral Health Integration (BHI) Evidence Based Telehealth Network Program (EB-TNP)

Funding Opportunity Number: HRSA-24-010

Funding Opportunity Type(s): New

Assistance Listings Number: 93.211

Application Due Date: March 22, 2024

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

Issuance Date: January 2, 2024

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 254c-14(d)(1) (§ 330I(d)(1) of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

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 listed in Section VII Agency Contacts.

SUMMARY

Funding Opportunity Title:	Behavioral Health Integration (BHI) Evidence Based Telehealth Network Program (EB-TNP)
Funding Opportunity Number:	HRSA-24-010
Assistance Listing Number:	93.211
Due Date for Applications:	March 22, 2024
Purpose:	The purpose of this program is to integrate behavioral health services into primary care settings using telehealth technology through telehealth networks and evaluate the effectiveness of such integration.
Program Objective(s):	Support evidence-based projects that utilize telehealth technologies through telehealth networks in rural and underserved areas to: (A) improve access to integrated behavioral health services in primary care settings; and (B) expand and improve the quality of health information available to health care providers by evaluating the effectiveness of integrating telebehavioral health services into primary care settings and establishing an evidence-based model that can assist health care providers.
Eligible Applicants:	Eligible applicants shall be domestic public or private, non-profit or for-profit entities that demonstrate that they will provide services through a telehealth network. This includes faith-based, tribal and community-based organizations.

	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	$8,750,000 *We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.*
Estimated Number and Type of Award(s):	Up to 25 cooperative agreement(s)
Estimated Annual Award Amount:	Up to $350,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	September 1, 2024 through August 31, 2029 (5 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** Contact Name: Shelia Burks Grants Management Specialist Division of Grants Management Operations, OFAM Email: sburks@hrsa.gov **Program issues or technical assistance:** Carlos Mena, MS Public Health Analyst Attn: Office for the Advancement of Telehealth Health Resources and Services Administration 5600 Fishers Lane, Room 17W Rockville, MD 20857 Telephone: (301) 443-3198 Email: cmena@hrsa.gov

Application Guide

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

Technical Assistance

We have scheduled the following webinar:

Wednesday, January 17, 2024
3:30 – 4:30 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1605850194?pwd=YVYxMU5lcGl0SnR1bXZ6VjVvTFpVQT09

Attendees without computer access or computer audio can use the following dial-in information:

Call-In Number: 1-833-568-8864
Meeting ID: 160 585 0194
Passcode: 47535161

We will record the webinar. Please contact cmena@hrsa.gov to request playback information 48 hours after the live event.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Behavioral Health Integration (BHI) Evidence Based Telehealth Network Program (EB-TNP). The purpose of this program is to integrate behavioral health services into primary care settings using telehealth technology through telehealth networks and evaluate the effectiveness of such integration.

The goal for the BHI/EB-TNP Program is to support evidence-based projects that utilize telehealth technologies through telehealth networks in rural and underserved areas[1] (i.e., rural areas that are also frontier communities, medically underserved areas, or have medically underserved populations), to:

(1) improve access to integrated behavioral health services in primary care settings; and
(2) expand and improve the quality of health information available to health care providers by evaluating the effectiveness of integrating telebehavioral health services into primary care settings and establishing an evidence-based model that can assist health care providers.

Applicants are encouraged to propose novel ways to achieve equity in access to affordable, high-quality, culturally and linguistically appropriate telebehavioral care for rural and underserved patients across the U.S. Through this opportunity, HRSA aims to support innovative integration strategies of telebehavioral health into primary care settings that serve rural and underserved communities with high needs for such services. As a result, applicants must propose to provide telebehavioral health services to patients in rural and underserved areas. Applicants are strongly encouraged to propose established telehealth networks to provide telebehavioral health services which are integrated into the primary care for populations with disparate challenges to quickly and efficiently provide telebehavioral health services to them.

Program results will include generating data to inform research activities; expanding telebehavioral health services to rural and underserved communities and primary care settings; increasing the capacity of existing telehealth networks, and developing innovative strategies, methods, or tools, to integrate telebehavioral health services into primary care settings.

For more details, see Program Requirements and Expectations.

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[1] Rural Health Information Hub (RHIhub). What is Rural? https://www.ruralhealthinfo.org/topics/what-is-rural

2. Background

The Behavioral Health Integration (BHI) Evidence Based Telehealth Network Program (EB-TNP) is authorized by section 330I(d)(1) of the Public Health Service Act (42 USC §254c-14(d)(1)).

The Office for the Advancement of Telehealth (OAT) is located within the Health Resources and Services Administration (HRSA) and supports a wide range of telehealth activities, including this funding opportunity. HRSA defines telehealth as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.[2]

Telehealth has grown in the United States since the beginning of the COVID-19 pandemic and will remain an integral part of medical care.[3] Yet, behavioral health care providers are in short supply throughout the United States, and even more so in rural areas.[4] In September 2022, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) published an Issue Brief entitled "HHS Roadmap for Behavioral Health Integration".[5] The issue brief states that "in 2020, the past-year prevalence of any mental illness among adults in the United States (U.S.) was 21%, meaning that 52.9 million adults were affected by mental illness." Integrated care generally aims to treat the whole person's health care needs in a coordinated way that improves health outcomes. Rural residents are at a higher risk to behavioral health disparities that include distance challenges in getting to healthcare facilities, lower rates of insured patients, higher rates of poverty, and lower education and health literacy rates.[6] While lack of insurance coverage is one of the more quantifiable factors in access to care, other factors also persist as key impediments to care. Examples include stigma; past experiences of discrimination when receiving health care, lack of accessible, culturally and linguistically competent providers in one's community; and other unmet social needs (e.g., transportation, childcare coverage).

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[2] https://www.hrsa.gov/rural-health/topics/telehealth/what-is-telehealth

[3] Shaver, Julia. The State of Telehealth Before and After the COVID-19 Pandemic. Primary Care: Clinics in Office Practice. Dec. 2022: 49(4): 517-530. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9035352/. Accessed 4/7/2023.

[4] Ward MM, Carter KD, Bhagianadh D, Ullrich F, Merchant KA, Marcin JP, Law KB, McCord C, Neufeld J, Nelson EL, Shane DM. Comparison of telehealth and in-person behavioral health services and payment in a large rural multisite usual care study. Telemedicine and e-Health. April 10, 2023. Accessed 5/26/23.

[5] U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation (ASPE). (2022). HHS Roadmap for behavioral health integration. https://aspe.hhs.gov/sites/default/files/documents/4e2fff45d3f5706d35326b320ed842b3/roadmap-behavioral-health-integration.pdf

[6] McCord C, Ullrich F, Merchant KAS, Bhagianadh D, Carter KD, Nelson E, Marcin JP, Law KB, Neufeld J, Giovanetti A, Ward MM. Comparison of in-person vs. telebehavioral health outcomes from rural populations across America. BMC Psychiatry 22, 778 (2022). https://doi.org/10.1186/s12888-022-04421-0. Accessed 6/2/23.

Integrating behavioral health into primary care can help to address health equity and provide a collaborative, patient-centered, and whole-person care approach.[7] Applicants are encouraged to include populations that have historically suffered from poorer health outcomes, health disparities, and other inequities when addressing behavioral health care needs. Examples of these populations include, but are not limited to, racial and ethnic minorities, person/persons in geographically isolated areas, person/persons experiencing homelessness, pregnant women, disabled individuals, youth and adolescents, etc.

State Medicaid agencies are an important partner in improving access to and delivery of telebehavioral services in rural areas. In June 2022, the Medicaid and CHIP Payment and Access Commission (MACPAC) Report to Congress recommended CMS issue guidance to help states use Medicaid authorities and other federal resources to promote behavioral health Information Technology (IT) adoption and that the Office of the National Coordinator for Health Information Technology and the Substance Abuse and Mental Health Services Administration work together to develop a voluntary certification to encourage health IT uptake appropriate for behavioral health.[8]

Applicants are strongly encouraged to pursue and adopt a promising practice model that can demonstrate positive health outcomes for their targeted rural and underserved communities. Examples of such models include, but are not limited to, the American Psychological Association's Primary Care Behavioral Health Model (PCHB) and Collaborative Care Model (CoCM)[9] and the American Academy of Family Physicians' GATHER (generalist, accessible, team-based, high productivity, education, and routine) Behavioral Health Integration Model.[10] You must base your proposed project on established practices.

Applicants are encouraged to work with your National and Regional Telehealth Resource Center to identify best or promising practices in effectively integrating your proposed project into your existing health care practice. Applicants are also encouraged to visit the HHS Telehealth website, to find resources and best practices for providers. In addition, applicants may visit the HRSA Training and Technical Assistance Hub website, which houses all HRSA training and technical assistance resources to extend the reach of our training and technical assistance resources and further the impact of

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[7] Agency for Healthcare Research and Quality. Health Equity and Behavioral Health Integration. https://integrationacademy.ahrq.gov/products/topic-briefs/health-equity. Accessed on 9/14/23.
[8] Medicaid and CHIP Payment and Access Commission (MACPAC). (2022). Report to Congress on Medicaid and CHIP. https://www.macpac.gov/wp-content/uploads/2022/06/MACPAC_June2022-WEB-Full-Booklet_FINAL-508-1.pdf
[9] American Psychological Association (APA). (June 2022). Behavioral Health Integration Fact Sheet. https://www.apa.org/health/behavioral-integration-fact-sheet
[10] Schrager, S. Integrating Behavioral Health Into Primary Care. Fam Pract Manag. 2021;28(3):3-4. https://www.aafp.org/pubs/fpm/issues/2021/0500/p3.html#fpm20210500p3-ut1. Accessed on 9/13/23.

HRSA award recipients and stakeholders. Resources are organized by topic and some resources may be listed under multiple topics.

All award recipients will have the opportunity to work closely with technical assistance (TA) providers throughout the five-year period of performance. The targeted TA will assist award recipients with achieving desired project outcomes, sustainability and strategic planning, and will ensure alignment of the awarded project with the BHI/EB-TNP Program goals. The TA is provided to award recipients at no additional cost. This support is an investment made by HRSA in order to ensure the success of the awarded projects. HRSA has found that most award recipients benefit greatly from the support provided through these collaborations. If funded, award recipients will learn more about the targeted technical assistance and evaluation support. Award recipients will also be required to work with the Telehealth-Focused Rural Health Research Center during the period of performance to develop evaluation measures to collect patient-level evidence-based data.

II. Award Information

1. Type of Application and Award

Application type(s): New

We will fund you through a cooperative agreement.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

Aside from monitoring and technical assistance (TA), we also get involved in these ways:

- Reviewing and providing recommendations on the final work plan;
- Ongoing review of award activities and input on content or approach;
- Participating in conference calls or meetings with the award recipients;
- Supporting collaboration between the BHI/EB-TNP program award recipients and the Telehealth-Focused Rural Health Research Center award recipient;
- Providing common measures that must be reported by all recipients;
- Reviewing products or publications before dissemination;
- Reviewing reimbursement requests for telehealth services that cannot be reimbursed by third party payers; and

- Reviewing and providing recommendations regarding additional uses of the telehealth beyond telebehavioral health integration services. This may include using related telehealth technologies for provider education, or to provide clinical services for patients, beyond the award's primary focus of care.

You must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (Acknowledgement of Federal Funding Summary of Funding)
    - Completing activities included in the final approved work plan, including data collection on measures identified by HRSA and sharing aggregate data.
    - Ensuring cooperative agreement activities contribute to establishing the evidence-base for integrating telebehavioral health services into primary care.
    - Analyzing the integration of behavioral health services into primary care settings under common metrics and protocols that will allow for a multi-site analysis of the effectiveness of those services.
    - Participating in conference calls or meetings with HRSA and technical assistance provider.
    - Collaborating with telehealth and primary care stakeholders.
    - Collaborating, if feasible, with entities that: (1) are private or public organizations that receive Federal or State assistance; or are public or private entities that operate centers, or carry out programs, that receive Federal or State assistance; and (2) provide telehealth services or related activities.
    - Engaging in webinars presented by TA providers (e.g., program best practices, sustainability).
    - Identifying professional opportunities to present, exhibit, or publish program findings that contribute to the telehealth evidence-base.
    - Collaborating with HRSA in ongoing review of activities and budgets; and
    - Responding timely to requests for information, including requests for data submissions, from HRSA or the Telehealth-Focused Rural Health Research Center award recipient.

2. Summary of Funding

We estimate approximately $8,750,000 to be available annually to fund up to 25 recipients. You may apply for a ceiling amount of up to $350,000 annually (reflecting direct and indirect costs).

The period of performance is September 1, 2024, through August 31, 2029 (5 years).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives.
- A decision that continued funding is in the government's best interest.

45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards applies to all HRSA awards.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

**Note*: One exception is a governmental department or agency unit that receives more than $35 million in direct federal funding.

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization is in the United States, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau and is a:

- public or private, non-profit or for-profit entity
- Domestic faith-based or community-based organization
- Tribal (governments, organizations)

You can be located in an urban area, but your proposed telehealth network must include at least two originating sites located in rural and underserved areas.

A. Geographic Requirements:

Telehealth services have an originating site and a distant site. The originating site is the location where a patient gets physician or practitioner medical services through telehealth. A distant site is the location where a physician or practitioner provides telehealth. HRSA acknowledges the temporary Medicare[11] and Medicaid[12] policy changes in place for an originating site and a distant site.

You can use funds under this notice for an originating site only if the originating site is located in a rural and underserved area (i.e., a rural area that is *also* a frontier community, medically underserved area, or has a medically underserved population). Originating sites in rural areas that are not *also* either frontier communities, medically underserved areas, or have medically underserved populations, may not be funded through this award. Originating sites in urban areas may not be funded through this award. **You can use funds under this notice for any distant site, regardless of location.**

To determine whether a site is located in a rural and underserved area, please refer to the HRSA supported Rural Health Information Hub – Am I Rural? Tool ("RHIhub Tool"). This webpage allows you to search by county or street address. Specifically:

- A site is located in a rural area if the RHIhub Tool indicates that it is in a Federal Office of Rural Health Policy (FORHP) defined rural area (a non-metropolitan county or in a rural census tract of a metropolitan county).
- A site is located in a frontier community if the RHIhub *Tool indicates that it is in a Frontier and/or Remote area.*
- A site is located in a medically underserved area if the RHIhub Tool indicates that it is in a Medically Underserved Area (MUA) or a Medically Underserved Area - Governor's Exception (MUA-GE).
- A site has a medically underserved population if the RHIhub Tool indicates that it has a Medically Underserved Population (MUP) or a Medically Underserved Population - Governor's Exception (MUP-GE).

B. Composition of the Telehealth Network:

To be eligible for award, you must demonstrate that you will provide services through a telehealth network. Each entity participating in the telehealth network may

[11] Centers for Medicare and & Medicaid Services (June 2023). Medicare Learning Network Fact Sheet. https://www.cms.gov/files/document/mln901705-telehealth-services.pdf
[12] Center for Connected Health Policy (Spring 2023). State Telehealth Laws and Reimbursement Policies. https://www.cchpca.org/2023/05/Spring2023_SummaryChart.pdf

be a nonprofit or for-profit entity. The telehealth network must be composed of at least one (1) Distant site, and at least two of the following entities as Originating sites (at least one of the two required originating sites must be a community-based health care provider, and both required originating sites must be located in rural and underserved areas):

a. Community or migrant health centers or other Federally Qualified Health Centers.
b. Health care providers, including pharmacists, in private practice.
c. Entities operating clinics, including Rural Health Clinics.
d. Local health departments.
e. Nonprofit hospitals, including Critical Access Hospitals.
f. Other publicly funded health or social service agencies.
g. Long-term care providers.
h. Providers of health care services in the home.
i. Providers of outpatient mental health services and substance use disorder services and entities operating outpatient mental health and substance use disorder facilities.
j. Local or regional emergency health care providers.
k. Institutions of higher education.
l. Entities operating dental clinics.
m. Providers of prenatal, labor care, birthing, and postpartum care services, including hospitals that operate obstetric care units.

The applicant organization must participate in the network, and all participants must be separately owned domestic entities. For purposes of this award, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations with the same EIN and/or DUNS number could be located in different rural and underserved areas that have a need for telehealth services.

2. Cost Sharing or Matching

Cost sharing or matching not required for this program.

3. Other

We may not consider an application for funding if it contains any of the following non-responsive criteria:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

Current Telehealth Network Grantees:

Current and former Telehealth Network Grant Program and Evidence Based Telehealth Network Program recipients are eligible to apply for funds through this notice for the FY 2024 cycle if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of the previous award. The proposal should differ from the previous projects by expanding the service area of the project, serving a new population, providing a new service or expanding the scope of the previous award activities. If an applicant was previously funded through the Telehealth Network Grant Program or Evidence Based Telehealth Network Program, then the new BHI/EB-TNP Program proposed project should not supplant an existing project.

Applicants must submit abstracts from the previous Telehealth Network Grant Program and Evidence Based Telehealth Network Program award in Attachment 10.

State Rural Health Resources

Applicants are required to consult their State Office of Rural Health (SORH) or other appropriate state entity prior to submitting your application. The SORH may be able to provide consultation by sharing regarding model programs, data resources, and technical assistance for consortiums, evaluation, partner organizations, or support of information dissemination activities.

Multiple Applications

You may submit multiple applications under the same Unique Entity Identifier (UEI) if each proposes distinct projects. We will only review your last validated application for each distinct project before the Grants.gov due date. For example, if an organization has multiple geographic locations where clinical services are provided, the organization could come for funding for multiple site as long as there is no overlap of services being delivered. IV. Application and Submission Information

1. Address to Request Application Package

We ***require*** you to apply online through Grants.gov. Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: How to Apply for Grants. If you choose to submit using an alternative online method, see Applicant System-to-System.

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-24-010 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There's an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not in the HRSA-24-010 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-010 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[13] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[14]
- If you cannot certify this, you must include an explanation in *Attachment 13: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

Program Requirements and Expectations

Award recipients will be required to work with a HRSA-funded technical assistance provider and Telehealth-Focused Rural Health Research Center during the period of performance. HRSA will provide additional guidance on the technical assistance components of the project throughout the period of performance.

For purposes of working with HRSA's Telehealth-Focused Rural Health Research Center, all award recipients will need to secure an Institutional Review Board (IRB) Human Subject Review approval during the first Budget Period (9/1/2024-8/31/2025). This may involve the award recipient establishing data transfer and use agreements with participating network members.

Award recipients will be required to submit a signed and dated Data Transfer and Use Agreement (DTUA) document establishing the terms and conditions under which the network members and applicant can acquire and use data from each other as it relates to the compliance with aggregate data reporting requirements associated with this cooperative agreement. The DTUA should include an attestation that the data that will be shared are appropriate and valid and de-identified. HRSA/OAT will provide more information about DTUAs after September 1, 2024.

Award recipients will be required to utilize HRSA's Behavioral Health Integration (BHI) Evidence Based Telehealth Network Program (EB-TNP) measures (also commonly referred to as Performance Improvement Measurement System (PIMS) measures to help monitor your project progress. HRSA will provide additional guidance on the technical assistance components of the project throughout the period of performance. This will include providing a data-driven number of unduplicated patients that receive services and for whom data (including clinical and cost data) will be collected for

[13] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).
[14] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

research/evaluation purposes for each year of the period of performance. This data will be used for in-person comparison analysis. Data are to be collected on all patients where telehealth services are used as part of the award and on a 1-to-1 comparison sample of patients who receive comparable services in-person. The comparison sample should only consist of patients who are receiving comparable services in-person and are of a similar demographic.

The BHI/EB-TNP program will document and monitor progress of the aforementioned goals through the collection of aggregate data from each BHI/EB-TNP award recipient and their network members. All network members will be required to collect and share aggregate data.

As such, award recipients will be required to analyze the integration of behavioral health services into their primary care settings under common metrics and protocols that will allow for a multi-site analysis of the effectiveness of those services. Such information will be provided in the first year of the project period. Award recipients will also participate in a broad-scale analysis and evaluation of the program coordinated by the Office for the Advancement of Telehealth (OAT) as well as individual award recipient analysis and evaluation.

Clinician Reimbursement: Award recipients must bill all services covered by a third-party reimbursement plan and should demonstrate plans to make every effort to obtain payments throughout all five (5) years of the period of performance. All the general claims data will be a critical part of the BHI/EB-TNP program evaluation. Recipients providing BHI/EB-TNP services that could be reimbursed by Medicaid, Children's Health Insurance Programs (CHIP), Medicare or private insurance should **highlight their ability to catalyze a sustainable network through their state's reimbursement environment**. More information about state-specific telehealth reimbursement can be found here: https://www.cchpca.org/compare/

Note: At the same time, award recipients may not deny services to any individuals because of an inability to pay. If awarded, the recipient may allocate funding from the award to pay practitioners for telehealth services **only after documenting that the award recipient has attempted to seek third-party reimbursement** and/or why it is not possible to receive third party reimbursement. If at any time post-award the award recipient seeks to use award dollars to reimburse practitioners for telehealth services, they will be required to receive approval from the project officer first. **Approved utilization of funds will be limited** to a percentage of the amount awarded within the budget period the request is made.

BHI/EB-TNP award recipients will be required to submit Memorandum of Agreement(s) that describe working relationships between the awardee and each member of the telehealth network. Each Memorandum of Agreement (MOA) shall be executed by the listed contact in the application or other appropriate official from the Originating Site with authority to commit the Originating Site to the project. HRSA will provide detailed instructions about this requirement after September 1, 2024. HRSA award recipients for this program that fail to bring on board network members, as indicated in their application, may receive a reduction in award amount, in subsequent budget periods of the period of performance.

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide.*

a. Project title;
b. Applicant organization name;
c. Applicant organization address (street, city, county, state, ZIP code);
d. Applicant organization website, if applicable;
e. Requested award amount;
f. Applicant organization facility type (See Section III.1.B for examples);
g. Project Director name and title;
h. Project Director contact information (phone and e-mail);
i. **Funding Preferences** – A funding preference will be granted to any qualified applicant that demonstrates it meets at least one of the criteria for the preference (see Section V.2). Please state here whether or not you meet at least one of the criteria for the funding preference listed in Section V.2, and if you meet at least one of the criteria, provide a brief explanation as to why.
j. **Service Area –** Briefly identify the geographic service area that the telehealth network serves or will serve, including its size and population. Note how many full and partial Health Professional Shortage Areas (HPSAs) and full and partial Medically Underserved Areas (MUAs) the service area contains. Also, note any mental health and/or dental HPSAs. Note any other critical characteristics of the service area and its population.
k. **Needs, Objectives, and Projected Outcomes** – Briefly describe the identified needs and expected demand for telebehavioral health services, project objectives, and expected outcomes.

l. **Indicate the number of rural and underserved Originating Sites to be supported through this BHI/EB-TNP opportunity.**
m. **Actual Patients/Persons Served** – Specify the actual number of unduplicated patients/ persons served throughout Calendar Year (CY) 2023 (January 1 – December 31, 2023) at the partner sites proposed for the BHI/EB-TNP project. Estimate (by site and year) the number of unduplicated patients/persons to be served at each site during the first year of the program and in subsequent years 2, 3, 4, and 5 (ending 8/31/29).
n. **Self-Assessment** – Briefly describe how the applicant plans to measure their progress achieving the goals stated in their application.
o. **Outcomes - Telehealth** Services – Describe the project's anticipated added value to healthcare using telehealth resulting from the evaluation of the proposed services.
p. **Additional Activities** – Describe any additional services and activities for which the network is being utilized or will be utilized and include an estimated amount of time (administrative meetings, community meetings, etc.). Note: Applicants that strictly propose such additional services and **exclude** direct delivery of telebehavioral health services to patients in rural and underserved communities, via telemedicine, will not be considered eligible for award funding support (Section III.3).
q. **Sustainability** – Briefly describe activities to sustain the telehealth network once federal funding ends.
r. Indicate if you are a recipient of a current EB-TNP award, and whether you serve/d as the applicant organization or an Originating Site;
s. Indicate whether you have applied for an EB-TNP award or were an Originating Site included in an EB-TNP application;
t. How the applicant learned about this funding opportunity (e.g., OAT Announcements, HRSA eNews, Grants.gov, www.Telehealth.HHS.gov, Telehealth Resource Centers, FORHP Announcements, State Office of Rural Health, etc.).
u. State Consultation: Indicate whether a consultation with the SORH or other relevant entity occurred.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	*Criterion 1: Need*
Organizational Information	*Criterion 5: Resources/Capabilities*
Need	*Criterion 1: Need*
Approach	*Criterion 2: Response* *Criterion 4: Impact*
Work Plan	*Criterion 2: Response* *Criterion 4: Impact*
Resolution of Challenges	*Criterion 4: Impact*
Evaluation and Technical Support Capacity	*Criterion 3: Evaluative Measures* *Criterion 5: Resources/Capabilities*
Budget Narrative	*Criterion 6: Support Requested*

ii. *Project Narrative*

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 (Need)*

  Succinctly (1-2 pages) describe the purpose, goals, activities and expected outcomes of the proposed project. The introduction should provide a brief overview of the telehealth network members, the target population(s) and collaborative plans for addressing the identified health care need in rural and undeserved communities in your proposed service area, including a list of the types of telebehavioral health services that will be offered.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 (Resources/Capabilities)*

  This section provides insight into the organizational structure of the applicant's proposed telehealth network and its ability to implement the activities outlined in the work plan. As a reminder, the required composition of the telehealth network is outlined in Section III.1.B.

Applicants should include the following staffing and network information using the following subheadings: **(1) Telebehavioral Health Network Site Identification, (2) Organizational Chart, (3) Resources and Capabilities, (4) Network Strength and Capacity:**

(1) Telebehavioral Health Network Site Identification:

For each Telehealth Network Site, the applicant must include the following information (list the Applicant Organization Site first) in a table format (include as Attachment 2):

a. Name of Site – List the name of the Telehealth site;
b. Street Address – Include City, State and Zip Code;
c. Name of County;
d. Rural Site: Specify (yes/no) whether this site is located in a Federal Office of Rural Health Policy (FORHP) defined rural area, as defined by the HRSA supported Rural Health Information Hub – Am I Rural? Tool;
e. Designated Point of Contact person, direct phone number, and primary email;
f. Site's Uniform Resource Locator (URL).
g. Population of County where site is located;
h. Is this a Rural Originating Site (O) or Distant Site (D)? O/D
i. Site Employee Identification Number (EIN). Tribal entities may be exempt from this requirement;
j. National Provider Identifier (NPI) and Primary Taxonomy if the site bills for service. See https://npiregistry.cms.hhs.gov/. If the site name or address do not match the NPI registration, please explain;
k. Health Care Provider (HCP) number (if the site receives Universal Service funding). See http://www.usac.org/rhc;
l. Indicate whether this is a currently active or new distant or originating site (Note: if a new site, indicate the year it will be added to the network);
m. Indicate whether the site is located in the following areas:
    i. An urban or rural area;
    ii. A Health Professional Shortage Area (HPSA);
    iii. A Partial Health Professional Shortage Area (p-HPSA);
    iv. A Medically Underserved Area (MUA);
    v. A Partially Medically Underserved Area (p-MUA);
    vi. A Medically Underserved Population (MUP).
n. Description of the site's facility (see Section III.1.B)
o. Indicate whether they are a National Health Service Corps (NHSC) Site or NHSC–eligible Site (see https://nhsc.hrsa.gov/sites/eligibility- requirements.html for more details);

p. Indicate if any of the proposed Network Member Sites have applied for an EB-TNP award in previous years, and whether they applied as the Applicant Organization or were included in the application as a Network Member Site. Mark N/A if not applicable: a) Telehealth Network Grant Program; and/or b) Evidence-Based Telehealth Network Grant Program.

Successive Network Member Sites: Successive pages of information should be used to identify each individual Network Member Site in the network, by including the information listed above for each site. At the top of each successive Network Member Site, label each Network Member Site appropriately (Site #2 of total # of Sites, Site #3 of total # of Sites, and so on).

(2) Organizational Chart (include as Attachment 7):

Provide a one-page figure that depicts the organizational structure of the project, including contractors and other significant collaborators. The organizational chart should illustrate where project staff are located and reporting lines for each component of the project. The relationship between all telehealth network members on the project (if any) and the applicant should be shown. The application should designate a project director, employed by the applicant organization, who has day-to-day responsibility for the technical, administrative, and financial aspects of the project and a principal investigator, who has overall responsibility for the project and who may be the same as the project director.

Project Director: The Project Director is typically the point person on the award, and makes staffing, financial, or other adjustments to align project activities with the project outcomes. You should detail how the Project Director will facilitate collaborative input across network members to fulfill the proposed project activities in the work plan and HRSA-required reporting requirements. **If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent FTE for that respective federal award.** Each project staff member cannot bill more than 1.0 FTE across federal awards. If there will not be a permanent Project Director at the time of the award, recipients should make every effort to hire a Project Director in a timely manner and applicants should discuss the process and timeline for hiring. In this respect, please address the following:

A. Project Director (i.e., the number of known candidates, the projected start date or the position, etc.).

B. Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application. HRSA recommends you:

1. Devote at least 0.25 FTE to the project director position;
2. Have at least one permanent staff at the time an award is made; and
3. Have a minimum total equal to 2.0 FTE allocated for implementation of project activities, met across two or more staffing positions, including the project director position.

Community Health Worker/Patient Coordinator: You should detail how the Community Health Worker will facilitate coordination with the distant site and the patients to implement the proposed project activities in the work plan and HRSA-required reporting requirements. **In addition, HRSA recommends you have at least .50 FTE devoted to the Community Health Worker/Patient Coordinator position.** These individuals act as a liaison or advocate and assist in implementation of programs, and help serve to:

A. Create connections between vulnerable populations and healthcare providers
B. Help patients navigate healthcare and social service systems
C. Collect data and relay information to stakeholders to inform programs and policies
D. Provide informal counseling, health screenings, and referrals
E. Build community capacity to address health issues

- *NEED -- Corresponds to Section V's Review Criterion #1 (Need)*

This section outlines the needs of the community and/or organization. Describe and document the target population and its unmet health needs. Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the community and/or organization that you will serve with the proposed project. Applicants are required to provide telebehavioral health services. Please use the following sub-headings **(1) Target Population Details, (2) Target Service Area Details, (3) Stakeholder Involvement, (4) BHI/EB-TNP Evidence Base, (5) Community and Provider Need for Telebehavioral Health Services.**

(1) Target Population Details:
Describe the target population. Consider disparities based on race, ethnicity, gender identity, age, lack of access to health equity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant elements. You should also consider people with disabilities; non- English-speaking populations; minority populations; people with

limited health literacy; or populations that may otherwise be overlooked when identifying target populations. The need should focus on telehealth needs in HRSA designated rural areas, including tribal entities.

Describe the associated unmet health needs of the target population of the proposed project (if funded, this is the population that you will monitor and track). Describe the entire population of the service area and its demographics in relation to the population you will serve. Where possible, incorporate any national and/or local rankings data to aid in illustrating the community's need. Cite data for factors that are relevant to the project, such as:

i. Specific national, state, and regional health status indicators and unmet health need (as it relates to your primary focus area);
ii. Percentage of target population with health insurance coverage and estimated proportion of major payers within this population (e.g., any commercial health plan, Medicare, Medicaid, dual Medicare-Medicaid, CHIP, TRICARE, Indian Health Service, uninsured/self-pay, etc.);
iii. Percentage of target population without health insurance coverage that is likely eligible for health insurance coverage;
iv. Percentage of target population living below the federal poverty line, etc. Also, include information regarding the social determinants of health and health disparities affecting the population or communities served.

Within your proposed service area, identify and describe the presence of any racial and ethnic minority subpopulations. Explain how your project will meet the needs of these populations in terms of racial and ethnic health disparities and barriers (social, cultural, infrastructure etc.) that affect their health status. If your organization has not historically served the identified racial and ethnic minority subpopulations in your proposed service area, describe the vehicles, data points and/or partnerships needed to make the project successful. If your service area does not include any racial and ethnic minority subpopulations, describe your population demographics and any unique disparities they face.

(2) Target Service Area Details:

i. Identify the target service area(s) for the proposed project. Describe any relevant geographical features of the service area that affect access to health care services.

ii. Describe the health care services available in or near the target service area and any gaps in services. Keep in mind that it is important for reviewers to understand the number and types of relevant health and social service providers that are located in and near the service area of the project as well as their relation to the project. Describe how the proposed project will incorporate and leverage the current services in the community.

iii. Provide a map that shows the location of telebehavioral health network members, the geographic area that will be served by your network and include any other information that will help reviewers visualize and understand the scope of the proposed activities. Please include the map as Attachment 8. Note: Maps should be legible and in black and white.

- ***Stakeholder Involvement:***

  i. Describe the existing primary health care providers, home health agencies, or other health networks in the region that are serving the area that you are incorporating as a part of your proposed program. Detail how this project would foster or/and enhance collaboration.

  ii. Provide details how the project will not compete with other regional health care service providers (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.).

  iii. Provide evidence of local support for the project, and a description of how the areas, communities, or populations to be served will be involved in the development and ongoing operations of the project.

- ***BHI/EB-TNP Evidence Base:***

  i. Describe how the proposed BHI/EB-TNP health services can contribute to or add to the existing evidence-base around the effectiveness of telebehavioral health as a modality of health care for patients, providers, and payers.

  ii. Discuss how information collected in this program could be analyzed to address the identified gaps and impact the field of telehealth. The target population of the project must be sufficiently large to permit rigorous data analysis (e.g., projects should not propose limited services to small demographic groups or uncommon clinical conditions). Quantitative data must be used when describing the demand for telebehavioral health services.

- ***Community and Provider Need for Telebehavioral Health Services:***

  i. Describe the community and provider needs for telebehavioral health services in your proposed rural and underserved service area. Present evidence of the significant demand for telebehavioral health services among patients and existing providers in the proposed service area, the challenges existing primary care and other clinicians are facing in offering telebehavioral health services, and how they will be able to do so through the collaboration of this project.

- *APPROACH -- Corresponds to Section V's Review Criterion #2 (Response) and #4 (Impact)*

Propose methods that you will use to address the stated needs and meet each of the described program requirements and expectations in this NOFO. Include a description of any innovative methods that you will use to address the stated needs. Please address these headings: (**1) Methods for Fulfilling Goals and Objectives, (2) Methods for Delivery of Telebehavioral Health Services, and (3) Methods for Maintaining Telehealth Network Member and Sustainability Commitment.**

(1) Methods for Fulfilling Goals and Objectives:

i. Define the specific goals and objectives. The stated goals and objectives should be measurable, align with the intent of the BHI/EB-TNP program, and achievable within the period of performance.

(2) Methods for Delivery of Telebehavioral Health Services:

ii. You must describe how BHI/EB-TNP services will be delivered to the target population in the proposed project in a manner that permits rigorous analysis and data collection but also promotes increased access to care and quality of services received. Include a discussion of the following:

1. Based on the information provided in the "Need" section, describe the types of telebehavioral health services that you will offer under this award and the technical means by which they will be delivered;
2. Describe and identify a promising practice model that is appropriate for your proposed project, and effective in meeting the rural and underserved target population's need. Examples of such models include, but are not limited to PCHB, CoCM and the GATHER Models. Detail how the model will address the Health Professional Shortage and/or amplify effective care provided by existing health care providers in the targeted rural and underserved area;
3. Provide a data-driven estimate of the projected number of distant sites (including comparison sites) and unduplicated patients that will receive services and for whom data (including clinical and cost data) will be collected for research/evaluation purposes for each year of the period of performance.
4. Provide a detailed description of how in-person comparison sites have already been identified and the workflow in place that will allow for data transfer between the comparison sites and the applicant site. Data are to be collected on all patients where telehealth services are used as part of the

award and on a 1-to-1 comparison sample of patients who receive comparable services in-person. The comparison sample should only consist of patients who are receiving comparable services in-person and are of a similar demographic.

5. Provide a clear explanation and justification of how proposed destination and rural and underserved originating sites were selected and build on existing patterns and systems of care for face-to-face services for this application and how they will collaborate with you to maximize the number of telebehavioral health patient encounters and individuals for whom data can be collected and analyzed in a statistically rigorous manner;
6. Provide a clear explanation and justification of how proposed comparison sites were selected for this application and how they will collaborate with you to maximize the number of patient encounters and individuals for whom data can be collected and analyzed in a statistically rigorous manner;
7. Describe how your network sites will maintain rural and underserved commitment throughout the period of performance;
8. Describe the patient level data collection capabilities of the distant and rural and underserved originating sites;
9. Discuss and demonstrate the willingness of the administrators, providers, and community members to deliver/receive behavioral healthcare using telehealth technology;
10. Discuss the telehealth reimbursement environment for telebehavioral health and if Medicare, Medicaid, and/or private insurance in the applicant state(s) cover the proposed services. HRSA encourages applicants to reach out to the state Medicaid office and include any specific information received regarding reimbursement for project activities;
11. Describe the technology requirements and each type of equipment that will be employed along with its relevance to the project, how it contributes to cost-effective and quality care, and ease of use; and
12. Describe plans and activities to implement the technology with assurances that the technology complies with existing federal and industry standards, that the technologies are interoperable, and that the proposed technology can be easily integrated into health care practice.

(3) Methods for Maintaining Telehealth Network Member and Sustainability Commitment:

i. Describe the methods by which you will engage and sustain relationships with organizations to improve health equity, and methods to sustain program activities beyond the period of performance.

ii. Describe some of the potential sources of support for achieving sustainability. Sources of support could include but are not limited to financial, in-kind, or the absorption of activities by your network.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 (Response) and #4 (Impact)*

  A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. Describe the activities or steps that will be used to achieve each of the activities proposed during the entire period of performance in this section. Provide a clear and coherent work plan that aligns with the project's goals and objectives. Present a matrix that illustrates the project's goals, strategies, activities, and measurable process and outcome measures (please provide this information in a table format). The work plan must outline the individual and/or organization responsible for carrying out each activity and include a timeline for all five years of the award. The applicant should include the work plan as Attachment 3.

  Please use the following sub-headings for this section: **(1) Impact, (2) Outreach and Dissemination Plan, (3) Contribute to Evidence Base, and (4) Project Management:**

  (1) Impact:

  i. Describe the expected impact on the target population and the state/regional telehealth network.

  ii. Describe the expected or potential long-term changes and/or improvements to the program. Examples of potential long-term impact could include: changes in morbidity and mortality, maintenance of desired behavior; policy implications; reductions in social and economic burdens associated with uninsured status; and mitigation in access to care barriers.

  (2) Outreach and Dissemination Plan:

  i. Describe the plans and methods for dissemination of project results. You must include a plan that describes how the information collected

throughout the period of performance will be disseminated to stakeholders. The dissemination plan should describe strategies and activities for informing respective target audiences and stakeholders (i.e., policymakers, research community, etc.) of project progress and results throughout the period of performance.

ii. Provide a timeline with specific milestones for each network site.

(3) Contribute to the Evidence Base:

i. Provide a detailed explanation of how data will be collected from the rural and underserved originating sites (e.g., manual chart abstraction, extraction from electronic medical records, etc.);

ii. Provide an explanation of data quality control processes; and

iii. Provide an explanation and describe the process for securing an Institutional Review Board (IRB) Human Subject Review approval for this BHI/EB-TNP proposed project; and

iv. Provide an explanation and describe the process for securing a data transfer and use agreement for this BHI/EB-TNP proposed project.

(4) Project Management:

i. Provide a detailed explanation of how your organization will actively manage this project to ensure that all aspects of the project (both care delivery and data collection) are proceeding effectively; and

ii. Provide a detailed explanation of specific responsibilities for data management key personnel.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #4 (Impact)*

  This section should identify challenges that you may encounter in designing and implementing the activities described in your work plan and the approaches that you will use to resolve those challenges. These challenges may include those related to: (1) the provision and operation of telebehavioral health services in conjunction with existing settings such as those outlined under *Composition of the Telehealth Network (Section III.1.B.)*, or (2) the required data collection and analysis of your proposed scope. You should consider scenarios including:

  - Staff turnover and/or loss of telehealth champion(s) at your applicant site and rural and underserved originating sites;
  - Broadband and other infrastructural and/or technological issues related to providing telebehavioral health services to rural and underserved originating sites;

- Addressing underutilization of telebehavioral health services in the proposed network and incorporating into local existing rural and underserved originating sites a pattern of health care delivery;
- Data collection throughout all of the proposed distant and rural and underserved originating sites; and
- Need for technical assistance at the distant sites and rural and underserved originating sites to optimize the provision of telebehavioral health care services.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (Evaluative Measures) and #5 (Resources/Capabilities)*

This section should demonstrate your telebehavioral health network's capacity to use performance management to improve program effectiveness and efficiency. Include:

- A description which details the systems and processes planned to support management of project performance, including ability of the project to effectively track performance outcomes, how data will be collected and managed (e.g., assigned skilled staff, data management software, etc.), and how a telebehavioral promising practice model will help achieve optimal performance.
- Provide information about network sites or patients who would not be active participants under this cooperative agreement. For example, if your health care system includes ten network sites but only eight rural and underserved originating sites will be actively participating/providing data in the proposed project, you should only discuss those eight rural and underserved originating sites in your application.
- Provide project specific measures that will be tracked throughout the period of performance (9/1/24-8/31/29).
- Describe, as appropriate, the data collection strategies planned for the collection, analysis and tracking of project data to measure project process, outcomes and impact. Any potential obstacles identified for implementation of the proposed project's scope, including how potential obstacles will be addressed should be provided.
- A description of your organization's capability to collaborate (including data sharing) with the Telehealth-Focused Rural Health Research Center on BHI/EB-TNP program evaluation/analyses designed to contribute to the telebehavioral health evidence base. HRSA will collaborate with the Telehealth-Focused Rural Health Research Center

and award recipients to establish a full list of required measures at the beginning of the period of performance.

- Describe how each rural and underserved originating site will be supported, through financial and other resources, to ensure quality data collection.

For purposes of this cooperative agreement, a control group is a group in the experiment which a variable is not being tested, such as a test subject that does not receive any treatment. Control groups serve as important benchmarks to compare the results of the experimental group, or the group that is being experimented on. As a result, applicants must also demonstrate the ability and capacity to report on measures for telebehavioral health and control/comparison patients in the following domains:

- Clinical outcomes (e.g., symptom reduction, health status improvement, higher response to treatment in behavioral health);
- Cost and cost-effectiveness/minimization (e.g., reduced treatment costs relative to non-telehealth treatment based on fixed and variable costs and reduced travel time; reduced utilization of other health services such as emergency departments or hospitalizations);
- Quality of care (e.g., impact on value-based care, and effectiveness of telebehavioral health care in health care system); and
- Access (e.g., reduced wait time until appointment and increased receipt of follow-up specialty services; reduced travel time for patients).

In addition, OAT developed standard measures to assess the impact that OAT programs have on rural and underserved communities and to enhance ongoing quality improvement. OAT has incorporated these performance measures as a requirement for all OAT award programs in order to achieve the stated objectives. Recipients are required to report on the Performance Improvement Measurement System (PIMS) through HRSA's Electronic Handbook (EHB) after each period of performance.

This reporting is also referenced in Section VI.3.3.

iii. *Budget*

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at 45 CFR § 75.307.

Specific Instructions

The Behavioral Health Integration (BHI) Evidence Based Telehealth Network Program (EB-TNP) requires that you submit a separate program-specific *Detailed Budget* (described below) for each year of the period of performance (September 1, 2024 to August 31, 2029) and upload it as *Attachment 5*. The detailed budget should reflect allocations for each 12-month budget period.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "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 2024, the salary rate limitation is $221,900. As required by law, salary rate limitations may apply in future years and will be updated.

iv. *Budget Narrative*

See Section 4.1.v. of the *Application Guide.*

In addition, the BHI/EB-TNP requires the following:

The detailed budget should be included as *Attachment 5*. Detailed budget information is required to capture information specific to the proposed telehealth activities. It provides a detailed breakout of how each network site will expend funds requested for each object class category. The Detailed Budget allows you to identify how you will use federal funds for each proposed distant site.

Applicant must include details showing how the allocation of funds directly support the collection of data analysis at each rural and underserved originating site. The initial budget period for this funding opportunity is from September 1, 2024, to August 31, 2025 (Budget Period 1). You must provide a budget for each year of requested funding for each object class category that reflects the cost of proposed activities for each network member site. Based on the budget for each object class category, you will develop a consolidated budget.

Each object class category should be reported on a separate page (or multiple pages if needed based on the number of distant sites). Report the object class categories as follows:

- Personnel/Fringe Benefits;
- Travel;
- Equipment;
- Supplies;
- Subcontracts;
- Other; and
- Indirect Costs

Combined Object Class Totals: On one page, using the identical format for the Detailed Budget discussed above, summarize federal and non-federal costs for combined costs of all object classes for the applicant and each Network Member Site. Please include indirect costs in the summary worksheets when calculating these totals.

It is recommended that you present your line-item budget in table format, listing each Object Class Category for each Network Member Site's name (Applicant Site first) on the left side of the document, and the program corresponding costs (i.e., federal dollars, other federal dollars, federal subtotal, applicant/network members non-federal dollars, state non-federal dollars, other non-federal dollars, non-federal subtotal dollars, and total dollars) across the top. Please label each site as being rural or urban. Under Personnel, please list each position-by-position title and name, with annual salary, FTE, percentage of fringe benefits paid, and salary charged to the award for each site. Equipment should be listed under the name of the site where the equipment will be placed. List the types of equipment to be funded at each site. Only equipment expenditures should be listed here (personnel costs for equipment installation should be listed in the "Other" category). **Expenditures to purchase or lease equipment are limited to 20 percent of the total grant funds by statute (Section 330l(k)(2) of the Public Health Service Act).**

Travel should include sufficient funds to support travel costs for up to three (3) individuals to attend at least one (1) annual recipient meeting for award recipients, for each year (total of five years) they are funded. One will be held in the Washington, D.C. metropolitan area.

Clinician payments should be listed in the "Other" category and should only be included for patients for whom no alternate reimbursement is available. Please review Section IV.2., Program Requirements and Expectations, for more information.

For this program, **indirect costs are limited to 15 percent of the total award** funds and must apply to the activities funded under this program [42 U.S.C. §254c-14(k)(7)]. A copy of the most recent indirect cost agreement may be provided *Attachment 12*. It is

recommended that *Attachment 12* be converted to a PDF to ensure page count does not change when the document is uploaded into https://www.grants.gov.

For Revenues by Network Site (for the budget period): On a single separate page, report as two vertical columns. The left column should list each network site starting with the applicant site on the top followed downward by each distant site; and the right column should list the anticipated revenue total corresponding to each Applicant/Network site. Include this document in *Attachment 5.*

v. *Attachments*

Provide the following attachments in the order we list them.

Most attachments count toward the application page limit.

These items do not count toward the page limit:

- Attachment 1 "Rural and Underserved Identification"
- Attachment 4 "Staffing Plan and Job Descriptions for Key Personnel Attachment"
- Attachment 7 "Proof of Existing Telehealth Services"
- Attachment 10 "Telehealth Network Grant Program Funding History"
- Attachment 12 **"**Indirect Cost Rate Agreement"
- Proof of non-profit status (if it applies)

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Rural and Underserved Identification (ID)
(This does not count towards the page limit)

All applicants are required to submit information regarding each site that will be supported during this project (i.e., Distant Site(s), Originating Sites). As a reminder, originating sites can be funded through this award only if they are located in rural and underserved areas. Respond to each heading below for each rural and underserved originating site. **Please note that the applicant must propose at least two (2) rural and underserved originating sites in their proposed telehealth network.**

For purposes of this funding opportunity, a Telehealth Network is comprised of at least one Distant Site(s) where a physician or practitioner provides telehealth to patients at two or more rural and underserved Originating Sites. The applicant organization and network Distant Site(s) may be located in an urban or rural area, but originating site(s) must be in rural and underserved areas in order to be funded through this award. Award funds may not be used to support urban

originating site(s). Applicants are reminded that geographic requirements for originating sites are included in Section III.1.A above, and composition requirements for the telehealth network are included in Section III.1.B above.

HRSA supported Rural Health Information Hub – Am I Rural? Tool.
Rural and Underserved ID Headings: HEADINGS REQUIRING RESPONSES:
Name of Site: List the name of the Network Member Site.
Street Address: Include City, State and Zip Code.
County: List name of County.
Is this a telehealth network Originating Site or Distant Site?

Attachment 2: Telebehavioral Health Network Site Identification

Attach the Telebehavioral Health Network Site ID Information for the project that includes all information detailed in Section IV.2.ii of the Project Narrative. Applicants are required to submit information regarding the various Applicant/Network Member Sites in the proposed telehealth network.

Attachment 3: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

Attachment 4: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide)
(This does not count towards the page limit)

Keep each job description to one page in length as much as is possible. For each key person assigned to the project, including key personnel at all rural and underserved originating sites, provide position descriptions (PDs) and those involved in data collection and analysis. The PDs should indicate the role(s) and responsibilities of each key individual in the project. If persons will be hired to fill positions, provide position descriptions that give the title of the position, duties and responsibilities, required qualifications, supervisory relationships, and salary ranges. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 5: Detailed Budget Information

Include the program-specific line item budget and the Revenue Summary for each year of the proposed period of performance (see Section IV.2.iv Budget Narrative for additional information).

Attachment 6: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including contractors and other significant collaborators (including HRSA and

HRSA's Telehealth-Focused Rural Health Research Center). The chart should illustrate where project staff are located and reporting lines for each component of the project.

Attachment 7: Proof of Existing Telehealth Services
(This does not count towards the page limit)

Provide proof (e.g., administrative data) showing your organization has provided telehealth services for at least 6 months and a significant number of rural patients (defined as 15 or more patients per month).

Attachment 8: Map of Target Rural and Underserved Service Area

Include a map that illustrates the geographic service area that will be served by your network. Also, detail the location of all network members within the map, and other pertinent elements such as broadband coverage/service providers, transportation considerations, etc.

Attachment 9: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

NON-FEDERAL EXPENDITURES	
FY Before Application (Actual)	Current FY of Application (Estimated)
Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application.	Estimated current FY non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: $_____	Amount: $_____

Attachment 10: Telehealth Network Grant Program Funding History
(This does not count toward page limit)

Current and former recipients of the Telehealth Network Grant Program (EB-TNP) are eligible to apply if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of the previous award. The proposal should differ from the previous projects by expanding the service area of the project, serving a new population, providing a new service or expanding the scope of the previous award activities. Current and former EB-TNP award

recipients must include: dates of any prior award(s) received; award number assigned to the previous project(s); a copy of the abstract or project summary that was submitted with the previously awarded funding application(s); description of the role of the applicant telehealth network member in the previous award; and a brief statement of how the current proposal is different from the previously awarded EB-TNP award(s).

Attachment 11: Other HHS Awards (if applicable)

If the applicant organization has received any HHS funds within the last 5 years, include the name of the HHS awarding agency, award number, and amount of the previous award.

Attachment 12: Indirect Cost Rate Agreement (if applicable)
(This does not count towards the page limit)

For this program, expenditures for indirect costs are limited to 15 percent of the total award funds and must apply to the activities funded under this program [Public Health Service Act Section 330I(k)(7)].

Attachment 13: Other Relevant Documents (e.g., Letters of Support, Tables/Charts)

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Tables and/or Charts should give more details about the proposal (e.g., Gantt or PERT charts, flow charts). Be sure the attachment is clearly labeled.

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

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: General Service Administration's UEI Update

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[15]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

[15] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- System for Award Management (SAM) (SAM Knowledge Base)
- Grants.gov

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

For more details, see Section 3.1 of the *Application Guide.*

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on ***March 22, 2024 at 11:59 p.m. ET***. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The Behavioral Health Integration (BHI) Evidence Based Telehealth Network Program (EB-TNP) must follow the terms of Executive Order 12372 in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

You cannot use funds under this notice for the following:

1. To acquire real property;
2. For expenditures to purchase or lease equipment, to the extent that the expenditures would exceed 20 percent of the total award funds;
3. In the case of a project involving a telehealth network, to purchase or install transmission equipment (such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifiers, or digital switching equipment);
4. To pay for any equipment or transmission costs not directly related to the purposes for the award;
5. To purchase or install general purpose voice telephone systems;
6. For construction;
7. For expenditures for indirect costs, to the extent that the expenditures would exceed 15 percent of the total award funds; or
8. For any originating sites not located in rural and undeserved areas.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide.* We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

If funded, for-profit organizations are prohibited from earning profit from the federal award (45 CFR § 75.216(b)).

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use 6 review criteria to review and rank the Behavioral Health Integration (BHI) Evidence Based Telehealth Network Program (EB-TNP) applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (15 points) *– Corresponds to Section IV's Introduction and Need*
The extent to which the application demonstrates the problem and associated contributing factors to the problem.

Target Population, Target Service Area, Stakeholder Involvement, and BHI/EB-TNP Evidence Base Details (10 points)
The extent to which the application:

1. Provides a clear overview of the proposed network's unmet health needs and thoroughly responds to how the project will be used to address the health care needs in rural and underserved communities within its service area.
2. Thoroughly illustrates the demographics of the service area, disparities (e.g., a lack of health equity), and target population. The applicant should compare local data versus state and national data to demonstrate disparity and need.
3. Describes significant demand for telebehavioral health services in the proposed service area, including a realistic and data-driven estimate of existing health care delivery to support the number of rural and underserved originating sites and unduplicated patients that will receive services AND for whom clinical and financial data can be collected.
4. Includes a clear discussion of the current gaps or weaknesses in the existing evidence base for the telebehavioral health services proposed, including how data collected in this program can be used to address the identified gaps.

Community and Provider Need for Telebehavioral Health Services (5 points)
The extent to which the applicant demonstrates a thorough understanding of the relevant health services currently available in the targeted service area including:

1. A clear discussion and evidence of the project specific impact of the

telebehavioral health services to enhance collaboration with existing health care infrastructure in the rural and underserved region.
2. Manner and extent to which the proposed project will meaningfully fill gaps in existing telehealth services related to the purpose of this award funding opportunity and healthcare need.
3. The potential impact of the project on current providers (especially those that are not included in the proposed project);
4. A clear overview of the stakeholder involvement in meeting community and provider telebehavioral health needs in order to enhance existing health care infrastructure.

Criterion 2: RESPONSE (24 points) – Corresponds to Section IV's Approach and Work Plan

The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

Approach (16 points)

The extent to which the proposed project responds to the "Purpose" included in the program description.

1. The extent to which the proposed project provides a clear and thorough explanation and justification of how proposed rural and underserved originating sites and control/comparison sites were selected for this application and how they will collaborate with existing health care providers local to the target service area to maximize the number of patient encounters and individuals served.

2. Clearly outlines the telebehavioral health services that, will be offered at each network site, the technical means, and appropriateness by which they will be offered.
3. Clearly identifies telehealth sites and in-person comparison group sites.
4. Clearly describes the use of telehealth technologies that provide accurate data, cost-effective care, and are easy to use for patients and providers.
5. Effectively describes how the proposed technology(ies) comply with existing federal and industry standards and can easily be integrated into the health care practices at the distant and rural and underserved originating sites.
6. Provides a thorough overview of the reimbursement environment in the proposed service area for telebehavioral health services and how that environment will impact the applicant's ability to bill Fee for Services to

successfully implement the proposed project.

7. Clearly demonstrates how providers can adopt a promising practice telebehavioral health model in a way that enhances the existing health care infrastructure.
8. Proposes plan and methods to optimize reimbursement for services across insurance types; and facilitate the health insurance process for uninsured patients.

Work plan ***(8 points)***

The clarity with which the work plan addresses the project activities, responsible parties, the timeline of the proposed activities, anticipated outputs, and the necessary processes associated with achieving project goals.

1. Describes in detail how telehealth services will be implemented at the rural and underserved originating site and how the organization will actively manage all aspects of the project.
2. The extent to which the applicant demonstrates that the completion of work plan activities is a collaborative approach across the telehealth network members (including local primary care practices or local community providers), as demonstrated by the shared responsibilities of work plan activities and the integration of the activities within the member's operational activities.
3. Proposes quality control processes that ensure the data collected is accurate, de-identified, and complete.
4. The extent to which the applicant demonstrates meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

Criterion 3: EVALUATIVE MEASURES (18 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Evaluation Capacity (8 points)

The extent to which the application:

1. Documents the capacity to collect patient-level data in the domains described in Section IV: Evaluation and Technical Support Capacity.
2. Clearly demonstrates that the applicant organization and their proposed network members have the willingness and ability to implement data collection protocols based on the measures provided at the beginning of the period of performance on both users of the telehealth services and an appropriate comparison group who do not use the telehealth services.

3. Describes the ability of the network to implement project and/or ability to expand on local existing provider and community support for telebehavioral health services.
4. Includes discussion about the project organizational abilities to conduct program requirements and meet program expectations.

Technical Support Capacity (10 Points)

1. Provides clear detail of how each distant site will be supported through financial and other resources to contribute to data analysis.
2. Provides a clear and detailed explanation of how data will be collected from the rural and underserved originating sites and the patients they serve.
3. Clearly describes the existing data sharing capabilities between the applicant organization and the distant and rural and underserved originating sites.
4. For distant and rural underserved originating sites that do not currently share data, the extent to which the application includes a clear plan for how the applicant organization will obtain patient level data within one (1) year of start date.
5. Includes an explanation and description for securing an Institutional Review Board (IRB) Human Subject Review approval.
6. Includes an explanation and description for securing a data transfer and use agreement for this BHI/EB-TNP proposed project.

Criterion 4: IMPACT (28 points) – Corresponds to Section IV's Approach, Work Plan and Resolution of Challenges

The extent to which the proposed project has a public health impact, and the project will be effective, if funded. This may include the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

Ability to Maximize Number of Individuals Receiving Services and Contributing Data (10 points)

The extent to which the applicant organization:

1. Clearly demonstrates in the work plan their ability to provide telebehavioral health services in collaboration with the identified network sites (especially local existing health care providers). Begins collecting data with little to no ramp up time or clearly details plan to begin within 1 year of start date.
2. Has identified a target population that is sufficiently large to permit rigorous data analysis (e.g., the proposed project is not limited to small demographic groups or uncommon clinical conditions).

3. Provides a clear explanation/justification for how distant sites were selected to collaborate in this project, how they will ensure that services are provided to a sufficient number of patients, and how they will sufficiently support each rural and underserved originating site to collect patient level data and perform rigorous data analysis.
4. Provides evidence (e.g., administrative data) of a significant number of rural and underserved patients (defined as 15 or more) already receiving telehealth services through the applicant organization.
5. The feasibility and effectiveness of the proposed approach for widely disseminating information regarding results of the project.

Community and Provider Support for Telebehavioral Health Services (8 points)

The extent to which the application:

1. Provides evidence of provider, health care facility administrator and community support to deliver/receive health care services using telehealth technology.
2. Clearly describes how the implementation of telebehavioral health will promote increase access to care at the rural and underserved originating sites.
3. Clearly discusses how local primary care practices and other local community providers were incorporated into the network and ensure that the project will not be bringing new primary care providers into the service region to offer telebehavioral health in a way that would supplant or put at risk the existing clinicians serving the area.
4. Provides clear explanation the rural and underserved originating sites will maintain commitment throughout the period of performance.

Project Management (5 points)

The extent to which the application:

Includes a detailed project management plan that conveys how the applicant will actively manage the proposed activities to ensure that delivery of care and data collection are progressing effectively throughout the lifespan of federal funding.

Resolution of Challenges (5 points)

The extent to which the application:

Provides clear and action-oriented responses that addresses and resolves challenges and anticipated barriers that may arise related to data collection or provision of care. This discussion should include (but is not limited to):

1. Staff turnover/loss of telehealth champions.
2. Broadband/infrastructure issues.
3. Underutilizing of telebehavioral health services in the proposed network and incorporating into local existing primary care sites pattern

of health care delivery.

4. Data collection from distant and rural and underserved originating sites.
5. Optimizing provision of technical assistance for telehealth services at distant sites and rural and underserved originating sites.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

The extent to which the applicant organization:

1. Demonstrates previous experience successfully implementing high volume telehealth services in rural and underserved communities.
2. Demonstrates access to and collaboration with local existing health care providers with the capacity to provide telebehavioral health services to patients in rural and underserved communities through the adoption of a promising practice model.
3. Clearly defines sufficient staff and FTE allotments one permanent staff and/or a Community Health Worker/Patient coordinator position, and a project director position for implementation of project activities. If a project director is not hired by the period of performance start date, then applicant includes details on hiring process and timeline.
4. Demonstrates previous experience successfully executing data-sharing and/or research activities that required the applicant organization to gather data, through either manual chart abstractions or electronic medical records, from partner distant sites.
5. Has a governance structure that allows the applicant organization to hold distant sites accountable for data delivery and other project deliverables.
6. Clearly defines the roles and specific responsibilities of the distant and rural and underserved originating sites.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget, Detailed Budget and Budget Narrative

The extent to which the budget, including the detailed budget (*Attachment 5*) and the budget justification:

1. Documents a realistic, necessary, and justifiable number of FTEs including Project Director, Community Health Worker/Patient Coordinator, and expertise necessary to implement and maintain the project.
2. Is complete and detailed in supporting each line item and allocating resources for each year of the period of performance.
3. Includes details showing the allocation of funds directly support the collection of data analysis at each distant site.
4. Demonstrates in detail plans to make every effort to bill services covered by a third-party reimbursement plan.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO

In awarding grants, HRSA will ensure, to the greatest extent possible, that grants are equitably distributed among the geographical regions of the United States (Section 330I(i)(1) of the Public Health Service Act). Additionally, in awarding grants under subsection 330I(d)(1) of the Public Health Service Act for a fiscal year, HRSA will ensure that not less than 50 percent of the funds awarded shall be awarded for projects in rural areas.

Funding Preferences

This program provides a funding preference for some applicants, as authorized by Section 330I(h)(1) of the Public Health Service Act. If your application receives a funding preference, it will be placed in a more competitive position among fundable applications. If your application does not receive a funding preference, it will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will apply it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

NOTE: Preference will be given to an eligible entity that meets at least one (1) of the following requirements as **stated in the application's "Project Abstract" (see Section IV.2.i.)**.

> (A) ORGANIZATION – the eligible entity is a **rural** community-based organization or another community-based organization.
> (B) SERVICES – the eligible entity proposes to use federal funds made available through this funding opportunity to develop plans for, or to establish, telehealth networks that provide mental health care, public health services, long-term care, home care, preventive care, case management services, prenatal care, labor care, birthing care, or postpartum care.
> (C) COORDINATION – the eligible entity demonstrates how the project to be carried out under the grant will be coordinated with other relevant federally funded projects in the areas, communities, and populations to be served through the grant.
> (D) NETWORK – the eligible entity demonstrates that the

project involves a telehealth network that includes an entity that –

(i) provides clinical health care services, or educational services for health care providers and for patients or their families; and

(ii) is—

(I) a public library;

(II) an institution of higher education; or

(III) a local government entity.

(E) CONNECTIVITY. —the eligible entity proposes a project that promotes local and regional connectivity within areas, communities, or populations to be served through theproject.

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application (45 CFR § 75.205).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS) to check your history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the start date listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of 45 CFR part 75 currently in effect.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.
- Any statutory provisions that apply.
- The Assurances (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

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

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages you to support worker organizing and collective bargaining. Bargaining power should

be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. 45 CFR § 75.101 Applicability gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.

Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients, and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

Human Subjects Protection

All research that was commenced or ongoing on or after December 13, 2016, and is within the scope of subsection 301(d) of the Public Health Service Act is deemed to be issued a Certificate of Confidentiality (Certificate) through and is therefore required to protect the privacy of individuals who are subjects of such research. As of March 31, 2022, HRSA will no longer issue Certificates as separate documents. More information about HRSA's policy about Certificates can be found via this link to HRSA's website.

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* **and** the following reporting and review activities:

1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit Reporting Requirements HRSA. More specific information will be included in the NOA.

2) **Progress Report**(s). Award recipients must submit a Non-Competitive Continuation (NCC) progress report to HRSA on an annual basis. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report demonstrates award recipient progress on program-specific goals. Further information will be provided in the award notice.

3) **Performance Measures**. A performance measures report is required for continued funding after the end of each budget period in the Performance

Improvement Measurement System (PIMS). Upon award, recipients will be notified of specific performance measures required for reporting.

4) **Data Reporting.** Cooperative agreement recipients will be required to report aggregate data, based on the patient-level data collected during performance, to the HRSA-funded Telehealth Focused Rural Health Research Center. BHI/EB-TNP recipients will be required to report on data in the following domains:

   A. Clinical outcomes (e.g., symptom reduction, health status improvement, higher response to treatment in behavioral health);
   B. Cost and cost-effectiveness/minimization (e.g., reduced treatment costs relative to non-telehealth treatment based on fixed and variable costs and reduced travel time; reduced utilization of other health services such as emergency departments or hospitalizations);
   C. Quality of care (e.g., impact on value-based care, and effectiveness of telebehavioral health care in health care system); and
   D. Access (e.g., reduced wait time until appointment and increased receipt of follow-up specialty services; reduced travel time for patients).

Additional information, including the specific measures, will be provided at the beginning of the period of performance.

5) **Data Collection Plan.** Award recipients are required to submit a data collection plan during the first budget period (9/1/2024-8/31/2025) that details each network member's capability to collect and report aggregate data and the network's plan to meet aggregate data reporting requirements. Additional instructions will be provided upon receipt of the award.

6) **Sustainability Plan.** As part of receiving the award, recipients are required to submit a final Sustainability Plan during the final year of the period of performance. Additional instructions will be provided upon receipt of the award.

7) **Final Closeout Report**. A final report is due within 90 days after the period of performance ends. The final report details the resulting model; core performance measurement data; impact of the overall project; the degree to which the award recipient achieved the mission, goal and strategies outlined in the program; award recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipient's overall experiences over the entire period of performance. The final report must be submitted online in the Electronic Handbooks (EHBs) system at

https://grants.hrsa.gov/webexternal/home.asp. Further information will be provided in the Notice of Award for the final year of funding.

8) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS), as 45 CFR part 75 Appendix I, F.3. and 45 CFR part 75 Appendix XII require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Shelia Burks
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: 301-443-6452
Email: sburks@hrsa.gov

Program issues or technical assistance:

Carlos Mena, MS
Public Health Analyst
Attn: Office for the Advancement of Telehealth
Health Resources and Services Administration
5600 Fishers Lane, Room 17W
Rockville, MD 20857
Telephone: (301) 443-3198
Email: cmena@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

Once you apply or become an award recipient, you may need help submitting information and reports through HRSA's Electronic Handbooks (EHBs). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)

Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix A: Common Definitions

ACCOUNTABLE CARE ORGANIZATION (ACO): A healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.

ACUTE CARE: secondary healthcare field for patients who are suffering from serious injuries, illnesses, or medical conditions, or who are recovering from major surgery. Acute care is **short-term and services** are designed and implemented with the goal of discharging patients once they have rehabilitated to the point of stability. Acute care is the opposite of chronic care, which involves ongoing treatment for long-term illnesses and conditions. While acute care may involve intensive treatment, this pattern of care is usually short in duration.

BEHAVIORAL HEALTH SERVICES: Refers to prevention, screening, intervention, assessment, diagnosis, treatment, and follow-up of common mental health disorders, such as depression, anxiety, and Attention Deficit Disorder with Hyperactivity (ADHD). Behavioral Health Services also include the treatment and follow-up of patients with severe mental illnesses (e.g., schizophrenia, bi-polar disorder, psychotic depression) who have been stabilized and are treatment compliant on psychiatric/psychotropic medications. Clinical and support services may include individual and group counseling/psychotherapy, cognitive-behavioral therapy or problem-solving therapy, psychiatric/psychotropic medications, self-management groups, psycho-educational groups, and case management.

BROADBAND: Communications (e.g., broadcast television, microwave, and satellite) capable of carrying a wide range of frequencies; refers to transmission of signals in a frequency-modulated fashion over a segment of the total bandwidth available, thereby permitting simultaneous transmission of several messages.

BUDGET PERIOD: An interval of time into which the period of performance is divided forbudgetary and funding purposes.

COMPARISON GROUP: Data are to be collected on all patients where telehealth services are used as part of the award (Telehealth group) and on a 1-to-1 comparison sample of patients who receive comparable services in-person (Non-telehealth comparison group). Collecting data on Non-telehealth comparison groups is an important component of the research design and will enable important research questions to be answered using a more rigorous research approach. Ideally, award recipients will be able to identify treatment sites that provide in-person services that are comparable to those delivered through telehealth, and to patients who are similar to

those receiving telehealth services. The type of services should be roughly comparable in terms of delivering similar diagnostic and treatment services to patients with similar acuity (for example, an urgent care clinic). Likewise, the patient characteristics (e.g., rural location, age, sex, race, ethnicity, insurance coverage, principle diagnosis, and presenting complaint) should be similar for the two groups – Telehealth group and Non-telehealth comparison group. The most important matching variables are comparable services and presenting complaint and/or principle diagnosis. Following those, the patients should be matched, as a group, on the remaining patient characteristics.

DISTANT SITE: The location where a physician or practitioner provides telehealth.

eHEALTH LITERACY: The ability to appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem. https://health.gov/healthliteracyonline/

EQUITY: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.[16]

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.[17]

EQUIPMENT: Tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000. See 45 CFR 75.320.

HEALTH CARE PROVIDER/ORGANIZATIONS: Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers,

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[16] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf

[17] Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf

substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, federally-qualified health centers, tribal health programs, churches, and state Medicaid agencies, civic organizations that are/will be providing health related services.

HEALTH EQUITY: Health equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes[18].

HEALTH SYSTEM: Based on three types of arrangements between two or more health care provider organizations: (1) organizations with common ownership, (2) contractually integrated organizations (e.g., accountable care organizations), and (3) informal care systems, such as common referral arrangements. Systems include organizations combined horizontally (e.g., a hospital system) or vertically (e.g., a multihospital system also owning physician practices and post-acute care facilities).

HIPAA: Acronym for Health Insurance Portability and Accountability Act of 1996. To improve the efficiency and effectiveness of the health care system, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, included Administrative Simplification provisions that required HHS to adopt national standards for electronic health care transactions and code sets, unique health identifiers, and security. At the same time, Congress recognized that advances in electronic technology could erode the privacy of health information. Consequently, Congress incorporated into HIPAA provisions that mandated the adoption of Federal privacy protections for individually identifiable health information. (https://www.hhs.gov/hipaa/for-professionals/index.html)

MEANINGFUL USE: The set of standards defined by the Centers for Medicare & MedicaidServices (CMS) Incentive Programs that governs the use of electronic medical records and allows eligible providers and hospitals to earn incentive payments by meeting specific criteria. (healthit.gov)

ORIGINATING SITE: The location where a patient gets physician or practitioner medical services through telehealth.

PERIOD OF PERFORMANCE: The time during which a non-Federal entity may incur new obligations to carry out the work authorized under the Federal award. A period of performance may consist of one or more budget periods.

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[18] https://www.cms.gov/files/document/health-equity-fact-sheet.pdf

The total period of performance comprises the original period of performance and any extension periods.

PRESENTER (PATIENT PRESENTER): An individual with a clinical background (e.g., LPN, RN,etc.) trained in the use of telehealth equipment who must be available at the Originating Site to "present" the patient, manage the cameras and perform any "hands-on" activitiesto complete the tele-exam successfully. In certain cases, a licensed practitioner such as an RN or LPN might not be necessary, and a non-licensed provider such as support staff, could provide tele-presenting functions. Requirements (legal) for presenter qualifications differ by location and should be followed.

PRIMARY CARE: Health services that cover a range of prevention, wellness, and treatment for common illnesses. Primary care providers include doctors, nurses, nurse practitioners, and physician assistants. They often **maintain long-term relationships** with you and advice and treat you on a range of health-related issues. They may also coordinate your care with specialists.

REMOTE PATIENT MONITORING: type of ambulatory healthcare where patients use mobile medical devices to perform a routine test and send the test data to a healthcare professional in real-time. Remote monitoring includes devices such as glucose meters for patients with diabetes and heart or blood pressure monitors for patients receiving cardiac care.

RURAL HEALTH CLINIC: A clinic that is located in a rural area designated as a shortage area, is not a rehabilitation agency or a facility primarily for the care and treatment of mental diseases, and meets all other requirements of 42 CFR 405 and 491.[19]

TELEHEALTH: The use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, health administration, and public health.

TELEHEALTH-FOCUSED RURAL HEALTH RESEARCH CENTER: Receives funding from the HRSA Office for the Advancement of Telehealth (OAT) to build the evidence base for telehealth, especially in rural settings. This includes working with OAT and EB TNP Program award recipients to identify a core set of measures applicable to each award recipient program, building a data collection tool, fielding the tool and collecting patient-level data, analyzing the pooled data, and publishing findings.

[19] https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/rhcs

TELEHEALTH NETWORK: For purposes of this funding opportunity, a telehealth network s an organizational arrangement among at least one (1) Distant Site and at least two (2) Originating Sites; the requirements for the composition of the telehealth network are included in Section III.1.B of this notice.

UNIVERSAL SERVICE ADMINISTRATIVE COMPANY (USAC): The Universal Service Administrative Company administers the Universal Service Fund (USF), which provides communities across the country with affordable telecommunication services. The RuralHealth Care Division (RHCD) of USAC manages the telecommunications discount program for health care.

Appendix B: Useful Resources

Several sources offer data and information that may help you in preparing the application. Inclusion of a non-federal source below does not constitute or imply an endorsement by HRSA or the U.S. Department of Health and Human Services, and the views and opinions expressed in such sources do not necessarily reflect those of HRSA or the U.S. Department of Health and Human Services. You may review the reference materials available at the following websites:

Academy for Health Services Research and Health Policy/ Robert Wood Johnson's Networking for Rural Health

- Reference material available at the website, which includes:
- Principles of Rural Health Network Development and Management
- Strategic Planning for Rural Health Networks
- Rural Health Network Profile Tool
- The Science and Art of Business Planning for Rural Health Networks
- Shared Services: The Foundation of Collaboration
- Formal Rural Health Networks: A Legal Primer

Website: http://www.academyhealth.org (click on search and enter rural health network)

Broadband Resources:

HRSA recommends applicants explore a variety of broadband resources available through the Federal Communication Commission's Affordable Connectivity Program, Lifeline Program, and Rural Health Care Program. For additional resources, applicants are also encouraged to contact the National Telecommunications and Information Administration's (NTIA) State Broadband Leaders Network (SBLN), that includes a community of practitioners who work on state broadband initiatives, share priorities and best practices, and discuss emerging telecommunications policy issues. The network also provides a forum to strengthen policy and program connections among states, local jurisdictions and federal agencies.

Centers for Medicare & Medicaid (CMS) Services Value-Based Programs: Provides incentive payment rewards to health care providers for the value of care theyprovide to people with Medicare.
Website: https://www.cms.gov/medicare/quality-initiatives-patient-assessment- instruments/value-based-programs/value-based-programs.html

Community Health Systems Development team of the Georgia Health PolicyCenter:
Offers a library of resources on topics such as collaboration, network infrastructure andstrategic planning.
Website: **http://ruralhealthlink.org/Resources/ResourceLibrary.aspx**

Health Resources and Services Administration: Offers links to helpful data sources including state health department sites, which often offer data.
Website: **https://data.hrsa.gov/**

Health Resources and Services Administration YouTube Channel: You'll find videos on primary health care, health IT, organ donation, HIV/AIDS, the National Health Service Corps and other topics related to access to health care.
Website: **https://www.youtube.com/hrsatube**

Kaiser Family Foundation: Resource for data and information.
Website: **http://www.kff.org**

Maternal and Child Health Data System: Offers data, sorted by state, on services to women and children.
Website: **https://mchb.tvisdata.hrsa.gov**

National Association of County and City Health Officials (NACCHO): Provides a guide that demonstrates how building partnerships among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet theneeds of rural communities.
Website:
http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/uplo ad/MobilizingCommunityPartnerships_7-29.pdf

National Center for Health Statistics: Provides statistics for the different populations.
Website: **http://www.cdc.gov/nchs**

National Council for Mental Wellbeing's Center of Excellence for Integrated Health Solutions (Funded by HHS Substance Abuse and Mental Health Services Administration): Home of the newest evidence-based resources, tools and support for organizations working to integrate primary and behavioral health care. Their team of experts in organizational readiness, integrated care models, workforce & clinical practice, health & wellness, and financing & sustainability are ready to partner with you to

create a customized approach to advance integrated care and health outcomes.
Website: **https://www.thenationalcouncil.org/program/center-of-excellence/about-us/**

National Organization of State Offices of Rural Health (NOSORH): The National Organization of State Offices of Rural Health (NOSORH) was established in 1995 to assist State Offices of Rural Health (SORH) in their efforts to improve access to, andthe quality of, health care for 57 million rural Americans. NOSORH enhances the capacity of SORHs to do this by supporting the development of state and communityrural health leaders; creating and facilitating state, regional and national partnerships that foster information sharing and spur rural health-related programs/activities; and enhancing access to quality healthcare services in rural communities.
Website: **https://nosorh.org/**

Rural Health Information Hub: The Rural Health Information Hub (RHIhub) is supported by funding from FORHP and helps rural communities and other rural stakeholders access the full range of available programs, funding, and research thatcan enable them to provide quality health and human services to rural residents.
Website: **https://www.ruralhealthinfo.org/**

RHIhub also provides free customized assistance that can provide support in gathering data, statistics and general rural health information. You can contact RHIhub and information specialists can provide the information you need in responding to this section. To utilize RHIhub's free customized assistance, please call 1-800-270-1898 oremail them at **info@ruralhealthinfo.org**

Within the Rural Health Information Hub is the **Rural Community Health Gateway (Community Health Gateway)**. The Community Health Gateway highlights program approaches that can be adapted to fit a community's need. There are several evidence-based toolkits available including a care coordination toolkit, mental health and substance abuse toolkit, and oral health toolkit. You may also access program models that have shown to be effective.
Website: **https://www.ruralhealthinfo.org/community-health/toolkits.**

Rural Health Research Gateway: The Rural Health Research Gateway website provides easy and timely access to all of the research and findings of the FORHP-funded Rural Health Research Centers. You can use the site to find abstracts of both current and completed research projects, publications resulting from those projects, and information about the research centers themselves as well as individual researchers.

The Rural Health Research Gateway website is hosted at the University of North Dakota Center for Rural Health with funding from FORHP. Its intent is to help move new research findings of the Rural Health Research Centers to various end users as quickly and efficiently as possible.
Website: **http://www.ruralhealthresearch.org**

Rural Health Value: This Value-Based Assessment Tool helps assess readiness for the shift of health care payments from volume to value.
Website: **https://ruralhealthvalue.public-health.uiowa.edu/TnR/vbc/vbctool.php**

Rural Telementoring Training Center (RTTC): Provides free training, tools, and technical assistance to support the implementation and evaluation of telementoring programs for rural and remote health care workers. By using a "train-the-trainer" approach, we aim to provide the tools organizations need to develop or expand their own telementoring programs. Our overarching goal is to support the delivery of evidence-based, high-quality telementoring programs that expand access, build cultural proficiency, and improve the quality of health care in rural and remote America.
Website: **https://ruraltelementoring.org/about/**

Technical Assistance and Services Center: Provides information on the rural hospital flexibility and network resource tools.
Website: **http://www.ruralcenter.org/tasc**

Telehealth Resource Centers: HRSA recommends applicants contact their Regional Telehealth Resource Centers (TRCs). HRSA's TRCs deliver telehealth technical assistance and share expertise through individual consults, trainings, webinars, conference presentations and the web. The National Consortium of Telehealth Resource Centers (NCTRC) ensures telehealth programs are up and running. There are 12 regional and 2 national TRCs that are expertly staffed and lead the advancement and accessibility of telehealth with a focus in rural healthcare. As a consortium, they are committed to helping your organization/practice overcome barriers, advance telehealth education, and provide you with resources.
Website: **https://www.telehealthresourcecenter.org**

U.S. Department of Agriculture Rural Development: Offers the Distance Learning and Telemedicine Grant Program to help rural communities use the unique capabilities of telecommunications to connect to each other and to the world, overcoming the effects of remoteness and low population density. For example, this program can link teachers and medical service providers in one area to students and patients in another.
Website: http://www.rd.usda.gov/programs-services/all-programs/telecom-programs

U.S. Department of Health and Human Services (HHS) Telehealth Website: A trusted hub of information you can use to power up your telehealth experience.

Website: **https://telehealth.hhs.gov/**

University of North Carolina - Cecil G. Sheps Center for Health Services Research:
Resource for data and information on rural hospital closures.
Website: **https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital- closures/**

Appendix C: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment = ___ pages*
Attachments Form	Attachment 1: Rural and Underserved Identification (ID) Eligibility	*(Does not count against the page limit)My attachment = ___ pages*
Attachments Form	Attachment 2: Telebehavioral Health Network Site Identification	*My attachment = ___ pages*
Attachments Form	Attachment 3: Work Plan	*My attachment = ___ pages*
Attachments Form	Attachment 4: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide)	*(Does not count against the page limit)*

Standard Form Name *(Forms themselves do not count against the page limit)*	**Attachment File Name** *(Unless otherwise noted, attachments count against the page limit)*	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form		*My attachment = ___ pages*
Attachments Form	Attachment 5: Detailed Budget Information	*My attachment = ___ pages*
Attachments Form	Attachment 6: Project Organizational Chart	*My attachment = ___ pages*
Attachments Form	Attachment 7: Proof of Existing Telehealth Services	*(Does not count against the page limit)My attachment = ___ pages*
Attachments Form	Attachment 8: Map of Target Rural and Underserved Service Area	*My attachment = ___ pages*
Attachments Form	Attachment 9: For Multi-Year Budgets--5th Year Budget	*My attachment = ___ pages*
Attachments Form	Attachment 10: Telehealth Network Grant Program Funding History	*(Does not count against the page limit)My attachment = ___ pages*
Attachments Form	Attachment 11: Other HHS Awards (if applicable)	*My attachment = ___ pages*
Attachments Form	Attachment 12: Indirect Cost Rate Agreement (if applicable)	*(Does not count against the page limit)My attachment = ___ pages*
Attachments Form	Attachment 13: Other Relevant Documents	*My attachment = ___ pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment = ___ pages*

Standard Form Name *(Forms themselves do not count against the page limit)*	**Attachment File Name** *(Unless otherwise noted, attachments count against the page limit)*	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Project Narrative Attachment Form	Project Narrative	*My attachment* = ___ *pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment* = ___ *pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-010 is 60 pages		**My total = ____ pages**