

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

Office of Rural Health Policy
Office for the Advancement of Telehealth

Telehealth Network Grant Program

Announcement Type: New
Announcement Number: HRSA-12-092

Catalog of Federal Domestic Assistance (CFDA) No. 93.211

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: April 13, 2012

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

Release Date: February 24, 2012

Date of Issuance: February 24, 2012

Carlos Mena, MS
Public Health Analyst, Office for the Advancement of Telehealth (OAT)
Email: cmena@hrsa.gov
Telephone: (301) 443-3198
Fax: (301) 443-1330

Authority: Section 330I(d)(1) of the Public Health Service Act (42 USC 254c-14), as amended by The Health Care Safety Net Amendments of 2002 (Public Law 107-251)

Executive Summary

The primary objective of the **Telehealth Network Grant Program (TNGP)** is to demonstrate how telehealth programs and networks can improve access to quality health care services in underserved rural and urban communities. TNGP grants demonstrate how telehealth networks improve healthcare services to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, patients, and their families. *Note: Because of legislative restrictions, grants will be limited to programs that serve rural communities, although grantees may be located in urban or rural areas.*

Applicants may apply for the TNGP ***in one of two areas***: **1) Telehealth Networks** – grants for the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. **2) Telehomecare Networks** – grants to evaluate the cost and effectiveness of remote vital sign monitoring of individual patients and the delivery of healthcare services to individuals in their place of residence by a healthcare provider using telecommunications technologies to exchange healthcare information over a distance. A “place of residence” is broadly defined to include assisted living facilities and other congregate arrangements where people live.

Important: For both Telehealth and Telehomecare Networks - Applicants should have a successful track record in implementing telehealth technology and have a network of partners in place and committed to the project as of the date of application. TNGP funds are intended to fund network expansion and/or to increase the breadth of services of successful telehealth networks. Start-up projects with no demonstrable telehealth experience will be at a competitive disadvantage.

Important: Projects selected for funding must provide clinical services for which performance measures can be developed. In addition, an applicant must provide evidence to show that it will be ready to implement the project upon grant award (i.e., the applicant will provide evidence to show that it will be able to implement the proposed services or have operational the proposed additional sites of service within 3-6 months of award). The project start date is September 1, 2012.

Network sites to be supported by the TNGP grant must be committed to the project as of the date of application. Applicants failing to submit verifiable information with respect to the commitment of network partners, including specific roles, responsibilities, and clinical services to be provided, ***will not be funded***.

Applicants must provide an evaluation design to measure ***quantitative*** outcomes in the following areas: impact on quality of care; appropriateness of use of the technology; whether access was improved; whether clinical outcomes were improved; and, how the cost of service delivery was affected in terms of efficiency and effectiveness of care. Of particular interest will be programs that can clearly measure the costs of their telehealth services and measure the impact of the telehealth program on: 1) improving access to health care services for residents of communities that did not have such services locally before the program; 2) hospitalization rates and emergency room visit rates per year for patients receiving disease management services for diabetes, congestive heart failure, stroke and other chronic diseases, as well as for patients receiving home care/home monitoring services; 3) controlling blood glucose levels in diabetic patients; 4) improving the efficiency of health care; and, 4) reducing medical errors, and other clear outcome measures.

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE	1
2. BACKGROUND	3
II. AWARD INFORMATION	3
1. TYPE OF AWARD	3
2. SUMMARY OF FUNDING	3
III. ELIGIBILITY INFORMATION	4
1. ELIGIBLE APPLICANTS	4
2. COST SHARING/MATCHING	4
3. OTHER	5
IV. APPLICATION AND SUBMISSION INFORMATION	5
1. ADDRESS TO REQUEST APPLICATION PACKAGE	5
2. CONTENT AND FORM OF APPLICATION SUBMISSION	6
<i>i. Application Face Page</i>	<i>11</i>
<i>ii. Table of Contents</i>	<i>11</i>
<i>iii. Budget</i>	<i>11</i>
<i>iv. Budget Justification</i>	<i>14</i>
<i>v. Staffing Plan and Personnel Requirements</i>	<i>17</i>
<i>vi. Assurances</i>	<i>17</i>
<i>vii. Certifications</i>	<i>17</i>
<i>viii. Project Abstract</i>	<i>17</i>
<i>ix. Project Narrative</i>	<i>18</i>
<i>xi. Attachments</i>	<i>24</i>
3. SUBMISSION DATES AND TIMES	29
4. INTERGOVERNMENTAL REVIEW	29
5. FUNDING RESTRICTIONS	30
6. OTHER SUBMISSION REQUIREMENTS	32
V. APPLICATION REVIEW INFORMATION	33
1. REVIEW CRITERIA	33
2. REVIEW AND SELECTION PROCESS	38
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES	39
VI. AWARD ADMINISTRATION INFORMATION	39
1. AWARD NOTICES	39
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	39
3. REPORTING	41
VII. AGENCY CONTACTS	44
VIII. OTHER INFORMATION	45
IX. TIPS FOR WRITING A STRONG APPLICATION	47

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the **Telehealth Network Grant Program (TNGP)**. The primary objective of the TNGP is to demonstrate how telehealth programs and networks can improve access to quality health care services in rural and underserved communities.

Grants made under this authority will demonstrate how telehealth networks improve healthcare services for medically underserved populations in urban, rural, and frontier communities. TNGP networks are used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, and patients and their families, for decisionmaking. However, as noted below, because of legislative restrictions, grants will be limited to programs that serve rural communities, although grantees may be located in urban or rural areas.

Under the TNGP, grants are to be awarded in two ways:

Telehealth Networks (TNGP-TH) -- Grants made under this provision will support telehealth networks that provide services in different settings (e.g., long-term care facilities, community health centers or clinics, physician offices, hospitals, schools, assisted living facilities, homes) to demonstrate how telehealth networks can meet the goals of the program.

Telehomecare Networks (TNGP-THC) – Grants made under this provision are focused on demonstrating how telehealth networks can improve healthcare through provision of clinical care and remote monitoring of individuals in their place of residence using telehealth technologies. TNGP-THC grants provide a mechanism to evaluate the cost and effectiveness of remote telehomecare services and vital sign monitoring of individual patients and the delivery of healthcare services to individuals in their place of residence by a healthcare provider using telecommunications technologies to exchange healthcare information over a distance. A “place of residence” is broadly defined to include assisted living facilities and other congregate arrangements where people live. TNGP-THC projects may include, but are not limited to, case management by physicians, hospitals, medical clinics, home health agencies, or other health care providers who supervise the care of patients in their homes. (For a definition of ‘telemedicine,’ ‘telehealth,’ ‘telehomecare,’ and other terms related to the Telehealth Network Grant Program, see the Glossary of Key Words in Section VIII of this funding opportunity announcement.)

Unless otherwise noted, the requirements listed below refer to the TNGP-TH, and TNGP-THC, networks. As noted later in Section II.2, applicants must clearly identify under which provision they are applying.

Important: For both Telehealth and Telehomecare Networks - Applicants should have a successful track record in implementing telehealth technology and have a network of partners in place and committed to the project as of the date of application. TNGP funds are intended to fund network expansion and/or to increase the breadth of services of successful telehealth networks. Start-up projects with no demonstrable telehealth experience will not be as competitive.

Applicants failing to submit verifiable information with respect to the commitment of network partners, including specific roles, responsibilities, and clinical services to be provided, **will not be funded.**

Important: Projects selected for funding must provide clinical services for which performance measures can be developed. In addition, an applicant must provide evidence to show that it will be ready to begin to implement the project upon grant award (the project start date is September 1, 2012).

It should be emphasized that the TNGP will seek to select projects that have demonstrated skill in evaluation. In addition, applicants must evidence a successful track record in providing telehealth services and demonstrate how the proposed funds will expand services to new communities and/or populations. Applicants must provide an evaluation design to measure process and outcomes. Quantitative outcomes should be measured in the following areas: impact on quality of care; appropriateness of use of the technology; whether access was improved; whether clinical outcomes were improved; and, how the cost of service delivery was affected in terms of efficiency and effectiveness of care.

Of particular interest will be programs that can clearly measure the costs of their telehealth services and measure the impact of the telehealth program on : 1) improving access to health care services for residents of communities that did not have such services locally before the program; 2) reducing hospitalization rates and emergency room visit rates per year for patients receiving disease management services for diabetes, congestive heart failure, stroke and other chronic diseases, as well as for patients receiving home care/home monitoring services; 3) controlling blood glucose levels in diabetic patients; 4) improving the efficiency of health care; and 4) reducing medical errors, and other clear outcome measures. Also, of particular interest are networks that include HRSA's Community Health Centers in the network (i.e., "330" grantees). (For a definition of Community Health Centers, see Section VIII, "Glossary of Key Words.")

Grantees will be required to participate in the Office for the Advancement (OAT) of Telehealth's data collection/evaluation efforts as a condition of accepting TNGP funding. Data collected will include 6-month progress reports (including reporting on annual GPRA-related performance measures), annual reports, and final grant project reports. Grantees must ensure that high quality performance data will be available in conjunction with the evaluative measures they will develop in accordance with this program guidance and on an ongoing basis as they work with OAT program staff. Grantees then report on these measures in their reports to HRSA. All of the data will be used to inform the telehealth community to advance the field as well as to manage the program. Also, grantees benefit from having the data as it provides them with a systematic way (by establishing a benchmark) of comparing their program to similar programs funded by OAT. Grantees are provided a feedback report of their measures compared to averages across all OAT grantees.

Another key program emphasis are projects that effectively integrate administrative and clinical information systems with the proposed telehealth system and integrate the proposed system into each provider's normal healthcare practice. Projects will also be required to document steps taken to ensure the privacy of patients and clinicians using the system and the confidentiality of information transmitted via the system, including compliance with Federal and State privacy and confidentiality, including Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations. The TNGP also is interested in projects that deploy and evaluate emerging cellular mobile telecommunications platforms to more effectively provide telehealth services.

In addition, as part of the grant application process, each applicant is required to submit a sustainability plan that outlines its strategy on how the services proposed will be sustained after federal funding has ended.

2. Background

The TNGP is authorized by Section 330I(d)(1) of the Public Health Service Act (42 USC 254c-14), as amended by The Health Care Safety Net Amendments of 2002 (Public Law 107-251).

This grant program is under the auspices of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS). Projects are overseen by HRSA's Office for the Advancement of Telehealth (OAT) within the Office of Rural Health Policy (ORHP).

Although grants for services to urban communities are authorized under the TNGP, the legislation stipulates that the total amount of funds awarded for grants serving rural communities under the TNGP be no less than the total amount of funds awarded for such projects in fiscal year 2001 under the prior Rural Telemedicine Grant Program. The FY 12 Appropriation for the TNGP is less than the FY 01 Appropriation for the RTGP. Therefore, all TNGP grants awarded in FY 12 will support the provision of services exclusively to rural communities. The grantee may be located in an urban or rural community as long TNGP funding is used to provide services to rural communities.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

Contingent upon reauthorization, this program will provide funding during federal fiscal years 2012 – 2015. Approximately \$3,500,000 is expected to be available annually to fund approximately fourteen (14) grantees. Applicants may apply for a ceiling amount of up to \$250,000 per year. The project period is four (4) years. Funding beyond the first year is dependent on the availability of appropriated funds for the "Telehealth Network Grant Program" in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

Per Section 330I (e), the project period may not extend beyond four (4) years.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include rural or urban nonprofit entities that will provide services through a telehealth network (TNGP-TH) or a telehomecare network (TNGP-THC). Each entity participating in the networks may be a nonprofit or for-profit entity. Faith-based and community based organizations, and tribal organizations are eligible to apply.

Composition of the Telehealth Network (TNGP-TH)

The TNGP-TH (telehealth network) shall include at least two (2) of the following entities (at least one (1) of which shall be a community-based health care provider):

- Community or migrant health centers or other federally qualified health centers
- Health care providers, including pharmacists, in private practice
- Entities operating clinics, including rural health clinics
- Local health departments
- Nonprofit hospitals, including community (critical) access hospitals
- Other publicly funded health or social service agencies
- Long-term care providers
- Providers of health care services in the home
- Providers of outpatient mental health services and entities operating outpatient mental health facilities
- Local or regional emergency health care providers
- Institutions of higher education
- Entities operating dental clinics

Other entities may be included in the network (e.g., state or local correctional facilities) however, they shall not be counted as one of the two required sites listed above.

Telehomecare Networks (TNGP-THC)

The TNGP-THC (telehomecare) networks shall include the following two entities- (1) of which shall be a community-based health care provider and (2) a provider of health care services in the home or residence. Additional entities for this network shall meet the requirements listed above for the TNGP-TH networks.

Residence is broadly defined to include, but not limited to, individual homes, assisted living facilities, or other congregate arrangements where people live. Telehomecare networks must be of sufficient size (e.g., number of patients/day) to provide an adequate number of patients upon which to evaluate the cost and effectiveness of telehomecare services.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

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

An organization may only be included in one application as an applicant, participating network member, or an affiliated organization for one type of grant (TNGP-TH or TNGP-THC). An applicant filing under the TNGP-TH or TNGP-THC provisions must, in the *“Project Abstract”*, indicate whether or not it is a participating network member or an affiliated organization to any applicant that applies under the alternate provision (TNGP-THC or TNGP-TH). **Note: Due to limited availability of funding under this grant competition, only one grant award (TNGP-TH or TNGP-THC) will be made to an “applicant”.**

Current and Former Telehealth Network Grant Program Grantees

In awarding grants, OAT will ensure, to the greatest extent possible, that such grants are equitably distributed among the geographical regions of the United States (per Sec. 330I(j)(1)). Therefore, TNGP grantees awarded in 2010 will not be selected for funding under this announcement. TNGP grantees currently receiving a no-cost extension, but who did not receive an award in 2010 are eligible to apply for additional funds through this announcement for the FY 2012 cycle. The proposed project must differ from any of the previous projects, enlarge the service area of the project, or expand the scope of the previous grant activities.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA’s Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization’s DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the “Rejected with Errors” notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations.

Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO): HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to**

ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 Non Construction – Table of Contents

-  It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
-  Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
-  For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
-  For electronic submissions no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer guidance for detailed instructions. Provide table of contents specific to this document only as the first page
Additional Congressional District	Attachment	Can be uploaded on page 2 of SF-424 - Box 16	As applicable to HRSA; not counted in the page limit
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer guidance for detailed instructions. Provide table of contents specific to this document only as the first page
SF-424A Budget Information - Non-Construction Programs	Form	Page 1 & 2 to supports structured budget for the request of Non construction related funds	Not counted in the page limit
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-	Form	Supports assurances for non construction	Not counted in the page limit

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Construction Programs		programs	
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with all additional site location(s)	Not counted in the page limit
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list	Not counted in the page limit
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15	Refer to the attachment table provided below for specific sequence. Counted in the page limit

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- 🔔 Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.
- 🔔 Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Rural ID Eligibility
Attachment 2	Detailed Budget Information
Attachment 3	Work Plan
Attachment 4	Network Identification Information
Attachment 5	Position Descriptions for Key Personnel
Attachment 6	Biographical Sketches of Key Personnel
Attachment 7	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts

Attachment Number	Attachment Description (Program Guidelines)
Attachment 8	Project Organizational Chart
Attachment 9	Letters of Support
Attachment 10	Proof of Non-Profit status
Attachment 11	Grantee Information from previously funded projects
Attachment 12	Indirect Cost Rate Agreement (if applicable)
Attachments 13-15	Other documents, as needed.

Application Format

i. *Application Face Page*

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the Catalog of Federal Domestic Assistance Number is 93.211.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications *will not* be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

ii. *Table of Contents*

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. *Budget*

Complete Application Form SF-424A Budget Information- Non-Construction Programs provided with the application package. Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 4 to provide the budget amounts for the first four years of the project. Please enter the amounts in the “New or Revised Budget” column- not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (4) for subsequent budget years (up to four years). Budget information should be entered for the *total budget of the*

network to receive OAT funding. Budget information for each network member/site will be captured, as described below.

Salary Limitation:

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation:	
Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

Program- specific line item budgets for each Network member/site: Detailed budget information is needed to capture information specific to the proposed telehealth activities. It provides a detailed break-out of how each network site (excluding individual homes for TNGP-THC applicants) will expend funds requested for each object class category. The detailed budget information allows the applicant to distinguish the Federal OAT request from other contributions for each budget item within each Object Class Category, to summarize the proposed budget and to provide information on each site’s revenues.

Applicants must submit a separate program-specific line item budget for Year 1 (09/01/2012-8/31/2013) of the proposed project period and upload it as **Attachment 2**. Your program specific line item budget should reflect allocations for a 12 month period. You must **provide a consolidated budget that reflects all costs for proposed activities, including those for contractors**. In subsequent years, the program-specific line item budget will be submitted in the annual non-competing progress report.

The program-specific detailed line item breakdown must be submitted for the following object class categories (which correspond to the object class categories in the SF-424A): Personnel, Fringe Benefits; Travel; Equipment; Supplies; Contractual; Other; and Indirect Costs. It is recommended that you present your line item budget in table format, listing each object class category for each Network Member Site name (Applicant site first) on the left side of the document, and the program corresponding costs (OAT- Federal \$, Other Federal \$, Federal Subtotal, Applicant/Network Partners Non-Federal \$, State Non-Federal \$, Other Non-Federal \$, Non-Federal Subtotal \$, and Total \$) 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 grant for each site. (Reminder: the salary rate limitation also applies to Network member/sites.) 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). Equipment expenditures are limited to a 40% cap per year by statute. Transmission costs and clinician payments (limited to \$90 per session/encounter (2012 Medicare Physician Fee Schedule (MPFS): 76 FR 73026-73474) at each site for the TBGP-TH) should be listed in the “Other” category. Indirect costs are for applicant sites only and are limited, by statute, to 15% of the total budget [Public Health Service Act Section 330I(1)(7)]. The amount requested on the SF-424A and the amount listed on the line item budget must match. It is recommended that this document be converted to a PDF to ensure page count consistency.

For Revenues by 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 Network Member Site; and the right column should list a revenue total corresponding to each Applicant/Network Member site. Include this document in **Attachment 2**.

Note: *Indicating past or current Federal support in the non-Federal contribution columns:* When filling out the 424A budget form, equipment previously purchased with Federal funds (including OAT funds), and personnel supported within the budget year with funds from a Federal agency other than OAT, are counted as grantee dollars.

Allowable Costs

Use of Grant Funds - Telehealth/Telehomecare Networks (TNGP-THC and TNGP-THC): Grant funds may be used for salaries, equipment, and operating or other costs, including the cost of:

- 1) Developing and delivering clinical telehealth or telehomecare services that enhance access to health care services for residents in a variety of health care settings (including the home) in rural areas;
- 2) Developing and acquiring, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other equipment that furthers the objectives of the telehealth network grant program;
- 3) Developing and providing distance education, in a manner that enhances access to care in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations;

- 4) Mentoring, precepting, or supervising health care providers and students seeking to become health care providers, in a manner that enhances access to care in the areas and communities, or for the populations, described above;
- 5) Developing and acquiring instructional programming;
- 6) Transmitting medical data, and maintenance of equipment;
- 7) Compensating clinicians (including travel expenses), and referring health care providers, who are providing telehealth services through the telehealth network, if no third party payment is available for the telehealth services delivered through the telehealth network;
- 8) Developing projects that use telehealth/telehomecare and home monitoring technologies to facilitate collaboration between health care providers; or
- 9) Collecting and analyzing statistics and data to document the cost-effectiveness of the telehealth, telehomecare, and home monitoring services.

Up to \$10,000 of grant dollars for the first-year award and up to \$10,000 more during the remaining three years (\$20,000 total) may be used to support the development of a strategic/financial plan.

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to four (4) years. Awards, on a competitive basis, will be for a one-year budget period although the project period may be for up to four (4) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the four-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, which site the individual is located, respective roles and responsibilities for each staff member, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is **NOT** constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

*Actual annual salary = \$350,000

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Note: Travel should include sufficient funds to support travel costs for up to three (3) individuals to attend a workshop or other meeting for OAT grantees in the Washington DC metropolitan area, each year they are funded.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5000 and a useful life of one or more years). Briefly describe the specific function of the equipment and related software for the project. Clearly identify and describe the personnel costs for equipment installation here. In this section be sure to show the amount for equipment purchase, lease, and installation. Per statute, equipment purchase or lease costs may not exceed 40% of the total Federal funds requested for the first year of the project period or over the life of the entire project.

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contracts: Applicants and or awardees are responsible for ensuring that their organization and or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants and or awardees must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in CCR and provide the recipient with their DUNS number.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate. If you will be providing clinician payments for using the telehealth/telehomecare system, include them here. As noted previously, for TNGP-TH and TNGP-THC projects, the maximum payment allowed per referring or consulting clinician is \$90 per session/encounter at each site (2012 Medicare Physician Fee Schedule (MPFS): 76 FR 73026-73474). Please note that payment is not limited to physicians. For example, physicians, nurses, social workers, speech therapists, etc., are eligible for compensation. The applicant should show how it calculated the payment for each type of service provided. These payments must be reasonable and consistent with payments for similar work in the organization's other activities. Please note the restrictions on clinician payments in Section IV of the Funding Opportunity Announcement.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Indirect Costs - Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. If the applicant has a Negotiated Indirect Cost Agreement with a Federal agency, this agreement will be used to determine reimbursement of indirect costs. **For this program, indirect costs are limited to 15% of the total grant funds and must apply to the activities funded under this program [Public Health Service Act Section 330I(1)(7)]** A copy of the most recent indirect cost agreement must be provided as **Attachment 12** If the applicant entity does not have a negotiated "service" or "all other programs" rate with a Federal agency, or if it only has an indirect cost rate for research programs, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

Program Income: Discuss the planning assumptions used to determine the amount of estimated program income indicated in the total project budget. 'Program Income' is defined as gross income—earned by a recipient, subrecipient, or a contractor under a grant—directly generated by the grant-supported activity or earned as a result of the award.

Treatment of Program Income - Under the Telehealth Network Grant Program, the program income shall be added to funds committed to the project and used to further eligible program objectives.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 5**. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in **Attachment 6**. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

vi. *Assurances*

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

vii. *Certifications*

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

viii. *Project Abstract*

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed grant project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-mail Address
- Website Address, if applicable

The project abstract must be single-spaced and limited to one page in length. It should include the following information:

- a. **Service Area** – Briefly identify the geographic service area that the telehealth/telehomecare 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.
- b. **Needs, Objectives, and Projected Outcomes** - Briefly describe the identified needs and expected demand for services, project objectives, and expected outcomes.
- c. **Clinical Services to be Provided:** List clinical services. **Important: The project must provide clinical services for which performance measures can be developed.**

- d. **Network Development** - Indicate the number of sites, including the types of facilities (urban/rural, hospital, nursing home, etc.) that have been established and which are committed to the project as proposed.
- e. **Actual Patients/Persons Served** – *Provide evidence of success in prior initiatives.*

*For Telehealth Network projects (TNGP-TH), **specify** the actual number of unduplicated patients/ persons served during Calendar Year 2011 at the network sites that would participate in the TNGP proposed project. List projected number of unduplicated patients to be served at each of the network sites during the first year of the project period. Provide an estimate of the projected number of unduplicated patients/persons to be served at each of the network sites for year 2, 3, and in year 4.*

*For Telehomecare projects (TNGP-THC), **specify** the actual number of homes with monitoring devices installed and reporting as of December 31, 2011, unduplicated patients served, the total number of home care visits, by type of home care provider, and the total number of episodes of care to be provided (an episode of care begins when the patient is admitted to a home care agency and ends at discharge of the patient from home care services) for Calendar Year 2011. In addition, list unduplicated patients served, the total number of home care visits, by type of home care provider, and the total number of episodes of care to be provided in Year 1 of the project period. Further, for years 2 through 4, provide estimates of homes with monitoring devices installed and reporting unduplicated patients to be served and projected home care visits and total number of episodes of care to be provided.*

- f. **Evaluation** - Briefly describe the measures to be used to evaluate the cost and impact of the project, specifically listing the performance measures to be tracked by the project.
- g. **Outcomes - Telehealth/Telehomecare Services** – Describe the project’s anticipated added value to healthcare using telehealth resulting from the evaluation of the services (e.g., clinical telemedicine, distance learning, homecare, and/or informatics).
- h. **Additional Activities** - Describe any additional services and activities for which the network is being utilized or will be utilized (administrative meetings, community meetings, etc.).
- i. **Sustainability** - Briefly describe activities to sustain the telehealth network.

ix. *Project Narrative*

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

Use the following section headers for the Narrative:

- ***INTRODUCTION***

The applicant should succinctly describe the purpose of the proposed project.

The applicant may provide context for the proposed project, which may include an overview of the healthcare/telemedicine network that may be helpful in understanding the proposed project (e.g., history of the applicant organization, overview of the applicants' telehealth network, etc.).

Preferences – In addition, and if applicable, document how each of the Legislative Preference(s) apply to this proposed project, are met. Please refer to Section V.2 for more information about preferences for this program.

▪ **NEEDS ASSESSMENT**

This section should focus on the Network Partners, sites, and clinical services that will be delivered under the proposed project. Note: the applicant should address, to the extent possible, review criterion 1.

This section outlines the needs of your community and/or organization, and the problems or needs the proposed project seeks to remedy and the extent to which the proposed project will be actually utilized. The target population and its unmet health needs must be described and documented in this section. Specific relevant demographic and other data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. The applicant will provide a rationale for the project by documenting: the health care needs and demands of the community; the demand for the proposed clinical services to be provided by the project; medical or other services that are currently unavailable; evidence of community willingness and ability to support the project; and, documenting the need for technology to provide the needed services.

For the project's proposed clinical services, the applicant must identify actual users in the areas where the network sites are located, and document the extent to which the project will be actually utilized.

Important: In discussing needs, the applicant must provide a realistic assessment of actual demand for any services offered by the project, aligning the project's proposed clinical services to the demand of the target community(ies) and, as appropriate, neighboring communities, taking into consideration existing use and referral patterns.

That is, area demographics may indicate a need in a general sense, but the applicant must provide evidence of actual demand; e.g., individuals are seeking services that would otherwise be unavailable locally without the project, and such individuals will utilize the project's services. This section should help reviewers understand the community and/or organizations that will support the project as well as the population to be served by the proposed project. Describe why OAT support is essential to implementing the proposed project and what the federal dollars will enable the applicant to do that otherwise would not be possible. If applicable, describe the relationship of the project to the achievement of Healthy People 2020 objectives (this can be found at www.healthypeople.gov).

▪ **METHODOLOGY**

This section should focus on the Network Partners sites, and clinical services that will be delivered under the proposed project. Note: the applicant should address, to the extent possible, review criterion 2, and 3.

In completing this section, the applicant should address how the project will, specifically, meet the health care needs of its respective rural communities, frontier communities, medically underserved areas, or medically and/or underserved populations, or how it will improve the access to and the quality of services received by those populations targeted under this project.

The applicant should describe the range of activities for which the telehealth/telehomecare system will be used. **Important: The project must provide clinical services for which performance measures can be developed.** Also give the estimated number of encounters and other activities to be conducted over the network per week and the average hours of usage expected per day.

TNGP-THC applicants should also include in this section a discussion of: how eligibility of patients to be enrolled in project will be determined, patient screening and assessment tools to be used to determine eligibility, the technology to be employed and how it was selected, the bandwidth required, and how the patient's physician/primary clinician will be integrated into the process, including how information will be communicated to him/her. Applicants should address each type of equipment employed, its relevance to the project and how it contributes to effective, timely, and accurate care, as well as ease of use. The applicant should address how information will be maintained and stored in the patient record, including the maintenance of confidentiality and security of data in compliance with HIPAA standards.

Applicants must provide an evaluation design that it intends to use to measure process and outcomes. Quantitative outcomes should be measured in the following areas: quality of care, appropriateness of use of the technology; whether access was improved; whether clinical outcomes were improved; the cost of providing services; and how the cost of health care service delivery was affected in terms of efficiency and effectiveness of care. For example, a TNGP-THC project might list specific measures for assessing the impact of telehomecare services on improving the health status of chronic disease patients monitored under the project, such as reductions in hospitalizations or emergency room visits.

For TNGP-THC projects, the applicant will provide projections of the number of homes with monitoring devices installed and reporting as of November 30, 2012, February 28, 2013, May 31, 2013, and August 31, 2013. For fiscal years 2013 (9/1/13 – 8/31/14), 2014 (9/1/14 – 8/31/15) and 2015 (9/1/15 – 8/31/16), provide estimates of homes with monitoring devices installed and reporting as of August 31st (end date of the budget period)

Note: Regarding evaluation, programs should demonstrate that it can measure the impact of the telehealth program on : 1) improving access to health care services for residents of communities that did not have such services locally before the program; 2) hospitalization rates and emergency room visit rates per year for patients receiving disease management services for diabetes, congestive heart failure, stroke and other chronic diseases, as well as for patients receiving homecare/home monitoring services; 3) controlling blood glucose levels in diabetic patients; 4) improving the efficiency of health care; 5) reducing medical errors; and, 6) other clear outcome measures.

The evaluative measures must be specific and relate to the clinical services to be provided at each of the Qualifying Network Partner Rural Spoke sites. The evaluation should enable the grantee to determine whether the project objectives are being met and help the grantee to

better manage the project. The applicant will address: how it plans to establish baselines or comparative groups and measure success in achieving project goals, objectives and outcomes; the specific data to be collected and data collection strategies and tools to be used; the types of analyses to be performed on the data to address the objectives outlined for the project; the experience and extent of its evaluation activities, including costs (both start-up and operating costs), utilization (for each type of service provided), demand, patient and practitioner satisfaction, improved health care outcomes (e.g., reduction of medical errors).

▪ **WORK PLAN**

*This section should focus on the Network Partners, sites, and clinical services that will be delivered under the proposed project. Note: the applicant should address, to the extent possible, review criterion 5. **The work plan must be submitted as Attachment 3.***

Describe the specific activities or steps that will be undertaken to achieve the objectives of the project. Demonstrate how the proposed project activities relate to the project objectives (i.e. the proposed activities should lead to the achievement of the stated objectives). Use a time line that includes each activity and identifies responsible staff. Describe the plan for managing the project. Provide a short description of the responsibilities of key staff members, and note the full-time equivalent (FTE) each staff person will devote to the project. Identify who, in a leadership position in the applicant organization, will be involved in the project and what his/her specific role and time commitment will be. The applicant should clearly describe the training required of clinicians, patients, and patient family/caregivers.

▪ **RESOLUTION OF CHALLENGES**

This section should focus on the Network Partners, site(s), and clinical services that will be delivered under the proposed project. Note: the applicant should address, to the extent possible, review criterion 4.

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges. The areas to be addressed are:

Evaluation: The applicant should discuss how it will overcome the challenges of identifying the impact of the services provided when patients need to be tracked across different components of the health care system. For example, if the project is offering mental health services and one outcome measure is “reduced hospitalizations/emergency visits for patients in the program,” the applicant would describe how hospitalizations and emergency room visits would be tracked for such patients.

System Sustainability: The applicant will document how the project will be sustained during and after the period of federal grant funding. This includes a discussion of the following issues: financial and other commitments of the applicant and project partners to the project; community support; network management, including integration of the project into the long-term strategic plans of the participating institutions; operational project management; marketing and community education and outreach activities to build support; and financial and business planning (analyses of: project costs and benefits, revenues and expenses, tangible and intangible, benefits, etc.).

Describe the problems to be overcome and issues to be addressed in order to continue the telehealth project, and the specific activities to be undertaken to do so. As well as the market-driven aspects of achieving sustainability, a telehealth/telehomecare program should note what, if any, third party reimbursement it receives or projects to receive, for telemedicine encounters or telehomecare/monitoring services, contracts to provide telemedicine services and telehealth activities, and actions it has taken to pursue reimbursement or other income. For example, if considerable time is required for state and national telemedicine-related activities (e.g., working on obtaining reimbursement); the applicant would discuss how they would resolve this challenge.

Integrating Administrative and Clinical Systems, and deploying Technology: The applicant will outline the steps taken to integrate the telehealth information system into the overall electronic health information systems (e.g., electronic medical record) used by the applicant and network members. The applicant will document the technology to be deployed as follows: Knowledge of technical requirements and rationale for cost-effective deployment and operation (including consideration of various feasible alternatives); plans and activities to implement the technology; that the technology complies with existing federal and industry standards; that the technologies are interoperable (i.e., are an “open architecture”) to use multiple vendors and easily communicate with other systems; that the proposed technology can be easily integrated into health care practice; and, that the actions to be taken to assure the privacy of patients and clinicians using the system and the confidentiality of information transmitted via the system, including how the applicant will comply with Federal and State privacy and confidentiality, including HIPAA regulations (implementing the Health Insurance Portability and Accountability Act of 1996 - see <http://www.hhs.gov/ocr/hipaa/>); and, as appropriate, efforts to receive funding assistance offered by the Universal Service Administrative Company (USAC) for Rural Health Care (see <http://www.universalservice.org/default.aspx>). *Note: the applicant should address, to the extent possible, review criterion 7.*

▪ **EVALUATION AND TECHNICAL SUPPORT CAPACITY**

This section should focus on the Network Partner sites and clinical services that will be delivered under the proposed project. Note: the applicant should address, to the extent possible, review criterion 4. and 5.

For TNGP-TH & TNGP-THC Networks, each entity within the respective telehealth network should:

- (a) have a clearly defined role in the network and a specific set of responsibilities for the project;
- (b) provide clearly defined resources (e.g., funding, space, staff) to benefit the network;
- (c) participate in the planning and implementation of the telehealth project; and
- (d) have signed and dated MOAs that delineates the member’s role and resource contribution, and decisions on equipment placement and responsibility for maintenance throughout the funding period and beyond.

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. In this section, the applicant should include the following information:

Network Experience - The telehealth network, should provide the following information: 1) the number of facilities/agencies in the existing network; 2) the name of each facility/agencies in the network and community in which it is located; 3) the date each site began providing services; and 4) the number of consults/encounters, by specialty, provided by the network between January 1, 2011 thru December 31, 2011.

For TNGP-THC existing networks, please provide the following data for all clients serviced by the network between January 1, 2011 and December 31, 2011: 1) an unduplicated count of the all patients provided services and an unduplicated count of the telehomecare patients; 2) the total number of home care visits by type of home care provider for all patients in the network and for telehomecare patients; 3) the total number of episodes of care provided for all patients and for telehomecare patients; 4) the average cost of providing telehomecare/monitoring per patient served; and, 5) for telehomecare projects, the actual number of homes with monitoring devices installed and reporting as of December 31, 2011.

For both TNGP TH and TNGP-THC existing networks, the applicant should discuss lessons learned in implementing and sustaining the program and the findings from evaluation efforts. If protocols have been developed for clinical telemedicine services, they should be noted by listing the specialties (e.g. cardiology, dermatology). The applicant should also indicate if it received outside support to implement the network (i.e., Federal, State, or foundation). If so, the applicant should list the source of the award, the amount from each source, and the years funded.

Skill of Network Member Sites and Network Organization to implement the project – Given the respective roles of various members, document the technical and organizational ability to implement the proposed project in the following areas: (1) network development, i.e., the ability to build partnerships and community support; (2) network governance, including effective coordination of network member activities in the project; and, (3) network operation and management. Start-up projects with no demonstrable telehealth experience will not be as competitive. Projects with prospective network partners (i.e., Hub sites, Rural Spoke sites) not committed to the project will not be funded. ***Applicants failing to submit verifiable information with respect to the commitment of network partners will not be funded. In addition, an applicant must provide evidence to show that it will be ready to begin to implement the project upon grant award. (Projects are projected to begin on September 1, 2012.)***

Community/Clinician Involvement for Ongoing Project Development/Marketing - Describe (1) how the clinicians and other key individuals (e.g. consumers, patients, community leaders) have been and/or will be involved in defining needs and prioritizing services to be delivered; (2) how clinicians, site coordinators, and other key individuals will be oriented to the project and trained; (3) how clinicians and other champions will be identified and utilized within the project; and (4) how clinicians and other key individuals will be involved in the evaluation process.

Clinician Acceptance and Support - The applicant will document: commitment, involvement and support of senior management and clinicians in developing and operating the project; clinicians' understanding of the challenges in project implementation and their competence and willingness to meet those challenges; the commitment of resources for training staff and

technical support to operate and maintain the system; and, the extent to which the technology is integrated into clinician practice.

Dissemination - Include a description of the methods that will be used to disseminate information about the project and “lessons learned” to other communities. The description should be as specific as possible and should correspond to the funds requested in the budget.

Important Note: HRSA encourages the purchase of new EHR products and software that are certified by the Certification Commission for Healthcare Information Technology (CCHIT). CCHIT Certified products meet basic standards for functionality, interoperability, and security. The CCHIT certification program reduces risks of HIT investments by providers and ensures that prescriptions can be sent and refilled electronically, that laboratory results can be received in a standard format, better drug interaction checking, more thorough patient reporting and clinical management, and stronger security protections for patient data. For more information on CCHIT, go to www.cchit.org. For Telehealth projects, HRSA strongly encourages applicants to seek interoperable and easily upgradable technologies that will interface easily with a range of technologies, including EHRs.

▪ ***ORGANIZATIONAL INFORMATION***

This section should focus on the Network Partners, site(s), and clinical services that will be delivered under the proposed project.

This section addresses how the project fits in with the current mission, structure, and scope of current activities of the applicant and network partners. The applicant will describe how the project will be organized, staffed, and managed. The applicant will describe in this section how the information provided in Attachments 8 contributes to the ability of the organization to conduct the program requirements and meet program expectations. ***Note: the applicant should refer to review criteria 4, 5 and 7.***

Summary of Network Member Sites and Network Organization Activities – Based on the information provided in Attachments 3 - 8, briefly describe how the organization will function in developing or expanding a telehealth network. This includes (1) listing the sites that will be supported with federal dollars in Year 1 that will comprise this project; (2) each network member’s role in the network; (3) the resources (monetary, in-kind, expertise, etc.) each member brings to the project; (4) the nature of the relationship(s) between and among the members (e.g. MOA, contractual); (5) the steps to be taken to develop an organizational/governance structure for the network; (6) the relationship of the network project to the applicant organization’s overall strategic/financial plan; (7) other activities in which network members are engaged that promote the development of an integrated health care system; and (8) the relationship, if any, of the proposed network to the State’s Rural Hospital Flexibility Grant Program; the Rural Network Development and Rural Outreach Grant Programs; and the Area Health Education Center, community health centers, and other relevant federally-funded programs.

xi. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each**

attachment must be clearly labeled.

Attachment 1: Rural ID Eligibility - All applicants are required to submit information regarding each site that will be supported with OAT federal dollars that will comprise this project (i.e., Hub site(s), Network Partner Spoke sites). **Only Telehealth Network Partner Rural Spoke sites (network sites that receive clinical services thru the Telehealth network and/or supported with TNGP grant funds) will be considered in meeting the rural eligibility test.** Please include the following information on a single page entitled “Rural ID Eligibility” and submitted as **Attachment 1**. Respond to each heading below for each Telehealth Network Partner Rural Spoke site. **Note: For TNGP networks offering Telehomecare services, the sites relate to the network partners.**

An eligible Telehealth Network is comprised of a Network Hub site(s) that provide, or facilitate clinical healthcare services to Network Partner Rural Spoke sites (sites that receive telehealth services and that are supported and/or funded with TNGP grant funds).

For purposes of eligibility, other sites participating as part of an applicant organization’s larger existing healthcare network but not funded and/or supported under the TNGP grant will not be considered.

The applicant site may be located in an urban or rural area. The applicant site may serve as a Network Hub site (providing clinical telehealth services) or as a Network Partner Spoke site (receiving clinical telehealth services).

The Network Hub site provides clinical healthcare services, or otherwise facilitates clinical healthcare services, through a telehealth network, to a number of Network Partner Rural Spoke sites. The Network Hub site may be located in an urban or rural area.

A Network Hub site may receive TNGP funding as long as the funding is used for the purpose of providing clinical telehealth services to Network Partner Rural Spoke sites. The applicant must justify how TNGP grant funds to be spent at the Network Hub site and/or the applicant site are necessary to provide clinical services to the Network Partner Rural Spoke sites.

The Network Partner Rural Spoke site(s) receive clinical services through a telehealth network, and are to be funded and/or supported through the TNGP grant. **The Telehealth Network Partner Rural Spoke site(s) must be located in rural areas.**

Instructions for determining whether sites are located in rural areas:

Definition of “RURAL”- all counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, OAT is using the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture’s Economic Research Service, to designate “Rural” areas within MAs. The list of non-metropolitan areas/rural counties is available on the Web at: [National listing of eligible counties and census tracts](#), also known as the "List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties". If the Telehealth Network Spoke site(s) is not located in Section I or Section II, then the site is deemed as serving an urban area.

The test of whether a Network Partner Spoke site is located in a rural area is based on the county in which it is located. If the site is located in one of the counties listed in section I of the "List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties", it is considered to be serving a rural area. If the Network Partner Spoke site is not located in one of those counties in section I, then it may be considered rural if it is located in one of the designated eligible census tracts in section II.

A simple way to determine whether or not a site is located in a rural area is to click on the link: <http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx?ruralByAddr=1>, then click on "Find areas eligible for rural health grants." then enter the address of the site. This finder reflects the information provided in Sections I and II of the "List of Rural Counties and Designated Eligible Census Tract in Metropolitan Counties."

All applicants will be required to document the rural eligibility of the proposed project in Attachment 1 of the application in section IV-2-xi of this program guidance. Only Telehealth Network Partner Spoke sites (network sites to be funded and/or supported with TNGP grant funds) will be considered in meeting the rural eligibility test.

Note: Evidence must be provided that all sites are committed to the project and are ready to implement the project on September 1, 2012, for Year 1.

Rural ID Eligibility 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 Partner Rural Spoke site or Hub site?**
- **Do application attachment numbers 7 & 9 contain the following evidence:**
 - **That each Network Member Site is committed to the project for Year 1? Yes/No**
 - **Has a Letter of Agreement been submitted from this Site? Is the Letter of Agreement included in this application? Yes/No**

Attachment 2: Detailed Budget Information: Include the program-specific line item budget and the Revenue Summary (see Section IV. iii. Budget for additional information). It is recommended that this is submitted as a PDF to ensure page count consistency.

Attachment 3: Work Plan. See Section IV. ix. Project Narrative for additional information.

Attachment 4: Network Identification Information - All applicants are required to submit information regarding the various applicant/network member sites in the proposed telehealth network. The following information will be submitted as **Attachment 4. For TNGP networks offering telehomecare services, the sites relate to the network partners.**

A. The Applicant Site:

- Network Name (Provide the name of the proposed telehealth network)
- Indicate whether this is an established or new network.
- Indicate whether this is a currently active or new site (Note: if a new site, indicate the year it will be added to the network)

- Name, address, designated contact person, phone, fax, email, and URL for the applicant
- Name of County where the applicant site is located
- Population of County where the applicant site is located
- Indicate whether the applicant 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 Mental Health HPSA or p-HPSA
 - (v) A Dental Health HPSA or p-HPSA
 - (vi) A Medically Underserved Area (MUA)
 - (vii) A Partially Medically Underserved Area (p-MUA)
- Description of the site's facilities
 - (i) Rural or Urban
 - (ii) Hospital and # of beds
 - (iii) Private physician office
 - (iv) Public health clinic
 - (v) State/county health department
 - (vi) Community health center
 - (vii) Multi-specialty facility
 - (viii) Nursing home
 - (ix) Community mental health center
 - (x) Health professions institution
 - (xi) Other (specify)
- The focus of the site's activities
 - (i) Clinical telemedicine
 - (ii) Distance learning/education
 - (iii) Informatics
 - (iv) Telehomecare
 - (v) Other (specify)
- For a site where telemedicine services will be provided, a listing of equipment that will be used at the site, the purposes, for which each item will be used, and whether the equipment will be used for Interactive video consults or store and forward.
- Specify whether the site will: Provide and/or receive telemedicine services, provide and/or receive distance education, provide and/or receive other (please specify) services, or engage in other activities (please specify).

B. Successive Network Member Sites:

Successive pages of information should be used to identify each individual network member site in the proposed telehealth 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, and so on).

Important Notes on where to find information:

Rural: The *Glossary of Key Words* in this application gives a definition for 'rural.' You may also contact your State Office of Rural Health to verify the county's rural status).

HPSAs and MUAs: Check the following website:
<http://bhpr.hrsa.gov/shortage/pcos.htm#al>

Attachment 5: Position Descriptions for Key Personnel. Each position description should not exceed one page in length. For each key person assigned to the project, including key personnel at all network member sites, provide position descriptions (PDs). 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.

Attachment 6: Biographical Sketches of Key Personnel. Keep each bio to one page in length if possible. For each key person assigned to the project, including key personnel at all network member sites, provide biographical sketches. Highlight the qualifications (including education and past experience) that each person has to carry out his/her respective role. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. **DO NOT SUBMIT FULL CURRICULUM VITAE.**

Attachment 7: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts - Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreements must be dated.

Attachment 8: Project Organizational Chart - Provide a one-page figure that depicts the organizational structure of the project, including subcontractors 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 partners/network members/sub-contractors on the project (if any) and the applicant should be shown. The application should designate a project director who has day-to-day responsibility for the technical, administrative, evaluation, 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

Attachment 9: Letters of Support - Provide relevant, signed letters of support by targeted users, indicating their desire to use the system and intended applications. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreements and support must be dated. List all other support letters on one page.

Attachment 10: Proof of Non-profit Status - The applicant must include a letter from the IRS or eligible State entity that provides documentation of profit status. This may either be: 1) a reference to the applicant organization's listing in the most recent IRS list of tax-exempt organizations, as described in section 501(c)(3) of the IRS Code; 2) a copy of a current and valid IRS tax exemption certificate; 3) a statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals; 4) a certified copy of the applicant organization's certificate of incorporation or

similar document if it clearly establishes the nonprofit status of the organization; or 5) any of the above documents from a State or national parent organization with a statement signed by that parent organization affirming that the applicant organization is a local nonprofit affiliate. In place of the letter documenting nonprofit status, public entities may indicate their type of public entity (State or local government) and include it here. This **will count** against the 80 page limit.

Attachment 11: Grantee Information - Former Telehealth Network Grant Program grantees, including those in a current no-cost extension, who are involved in the submission of a new Telehealth Network project proposal must include: (1) the dates of any prior award(s) received; (2) the grant number assigned to the previous project(s); (3) a copy of the abstract or project summary that was submitted with the previously awarded grant application(s); and (4) description of the role of the applicant and/or consortium member in the previous grant. To be eligible, the proposed project must differ from any of the previous projects, enlarge the service area of the project, or expand the scope of the previous grant activities.

Attachment 12: Indirect Cost Rate Agreement (if applicable)

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *April 13, 2012 at 5:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The Telehealth Network Grant Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows states the option of setting up a system for reviewing applications from within their states for assistance under certain federal

programs. Application packages made available under this funding opportunity will contain a listing of states which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on states affected by this program and State Points of Contact may also be obtained from the Grants Management Specialist listed in the Agency Contact(s) section, as well as from the following Web site:
http://www.whitehouse.gov/omb/grants_s poc.

All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process used under this Executive Order.

Letters from the State Single Point of Contact (SPOC) in response to Executive Order 12372 are due sixty days after the application due date.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than \$250,000 per year for TNGP-TH and TNGP-THC awards. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Prohibited Uses of Funds (TNGP-TH and TNGP-THC) - Per Section 330I(1), grant recipients may not use funds made available through this grant:

- 1) to acquire real property;
- 2) for expenditures to purchase or lease equipment, to the extent that the expenditures would exceed 40 percent of the total grant 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 which the grant is awarded;
- 5) to purchase or install general purpose voice telephone systems;
- 6) for construction; or
- 7) for expenditures for indirect costs, to the extent that the expenditures would exceed 15 percent of the total grant funds.

Note: For the telehomecare grants (TNGP-THC), funds may not be used for: telephone reassurance, personal response systems, emergency response telephones, personal emergency telephones, or activities consistent with telephone health "hotlines".

Strategic/Financial Plan - Up to \$10,000 of grant dollars for the first-year award and up to \$10,000 more during the remaining three years (\$20,000 total) may be used to support the development of a strategic/financial plan.

Transmission Costs - Grant dollars may be used to pay for transmission costs, such as the cost of satellite time or the use of phone lines directly related to the purposes of the project. However, **TNGP-TH** network members must either a) first apply for the Universal Service Administrative

Corporation Company (Rural Health Care Division) provider subsidy program to obtain lower transmission rates, or b) provide documentation of the rationale for choosing not to apply. For additional information about the provider subsidy program, see the Universal Service Administrative Corporation (USAC) web site at <http://www.usac.org/rhc/>. *Organizations that do not intend to seek USAC support should clearly their reasons for not doing so. For example, services in the home are not eligible for USAC support.*

Clinician Payments (maximum \$90 per practitioner) - Grant funds may be used to support compensation payments for telehealth service providers and referring health care service providers who are providing telehealth services or telehomecare services through the OAT-funded telehealth network. Clinician payments are restricted to no more than \$90 per practitioner per telemedicine/telehomecare session/encounter per site (practitioners may include a range of health professionals, such as physicians, dentists, nurse practitioners, physician assistants, clinical social workers, clinical psychologists, speech therapists, dietitians, as long as they are actively participating in the telemedicine consult/encounter). However, if a third-party payer, including Medicaid and Medicare, can be billed for an encounter, the grantee may not provide the clinician with OAT-funded payments. This requirement applies even if the grantee has not yet established its own internal procedure to bill third-party payers. Note: Clinician payments for services provided by or to entities outside the OAT network sessions will not be covered. Grant money may not be used for such payments if any other payer partially reimburses for the consultation.

Salary Limitation: The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive

branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. **More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline. Be sure your application is validated by Grants.gov prior to the application deadline.**

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The Telehealth Network Grant Program has (7) review criteria:

Criterion 1: NEED (maximum 5 points)

The application will be evaluated based on the extent to which the applicant has:

- Adequately demonstrated that the clinical services proposed in the project will actually be utilized by the target population in the respective Qualifying Telehealth Network Partner Sites.
- Effectively aligned the project's proposed clinical services to the demand of the target community (ies) and, as appropriate, neighboring communities, considering existing use and referral patterns.
- Analyzed the health care needs of the community, based on population-specific data.
- Identified the unmet health care problems within the community.
- Justified the technology as the most medically effective and cost-effective way to address the identified health problem(s).
- Satisfactorily documented the community's willingness and ability to support the telehealth solution.
- Evidenced knowledge of technological and human resources in the community and how the proposed projected infrastructure can be supported.

Criterion 2: RESPONSE (maximum 16 points)

The extent to which the proposed project responds to the "Purpose" included in the program description. The clarity 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 is capable of addressing the problem and attaining the project objectives. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

This Criterion is comprised of two parts: a. Goals and Objectives (maximum 8 out of 16 points); and b. Benefits (maximum 8 out of 16 points)

a. Goals and Objectives (maximum 8 out of 16 points) - The extent to which the application proposes project goals and objectives that: relate to identified community needs, market demand and the Telehealth Network Grant Program (TNGP); are consistent with the rationale for the proposed project; are measurable, outcome-oriented, time-limited, and achievable; and, are consistent with the applicant organization's mission.

The application will be evaluated based on the extent to which the project Goals and Objectives:

- Facilitate the collection of data on the impact of telemedicine/telehomecare on improving health care outcomes (e.g., improved access, productivity, dollars saved) as well as improved quality of clinical services (e.g., reduction of medical errors).
- Correspond to identified problems, needs, and community demand.
- Are achievable, measurable, time-limited, and clearly stated.
- Are compatible with the applicant organization's goals and objectives, including quality of care, and cost-effective delivery of services.
- Responds to TNGP program goals

b. Benefits (maximum 8 out of 16 points) - The extent to which the application proposes: quantifiable benefits of the clinical services being delivered by the project through the use of telehealth technologies being used, and how the benefits relate to the mission of the applicant and the needs of the community; the actual community demand for the services to be provided; and, the extent to which the chosen technology is the optimum solution that justifies the costs (both equipment and human) of its deployment;

The application will be evaluated based on the extent to which the project benefits:

- Are providing evidence of effective results in terms of quality of care, efficiency, and cost savings.
- Relate to the project's goals and objectives.
- Are quantifiable, and justify the costs (both equipment and human) of the project.
- Are assessed by the applicant to monitor project effectiveness.
- Evidence the project's value to the community and most effective use of technology among alternative choices (including non-technological alternatives).

Criterion 3: EVALUATIVE MEASURES (maximum 18 points)

The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess 1) to what extent the program objectives will be met and 2) to what extent the outcomes can be attributed to the project.

Applications will be reviewed based on the strength of: the approaches used to measure success in achieving project goals, objectives and outcomes

For each of the Network Partner Rural Spoke sites, the application will be evaluated based on the extent to which the applicant:

- Evidences the experience and/or ability in evaluating health care outcomes attributable to the telehealth/telehomecare program (e.g., improved quality of care, productivity and efficiency, expanded access).
- Addresses the specific data planned for collection, the specific data collection strategies and tools to be used, and the types of analyses to be performed on the data.
- Will be able to collect and provide data on costs, utilization, patient and practitioner satisfaction, improved health care outcomes, reduction of medical errors, and network organizational factors such as staffing, administration, etc.
- Has developed a plan to carry out evaluation activities and provides resources for evaluation activities.
- Indicates how assessment data might be used to modify the project as appropriate.
- Evidences experience in dissemination of technical information to a wide audience.

Criterion 4: IMPACT (maximum 13 points)

The extent to which project results may be replicated nationally; the extent and effectiveness of plans for dissemination of project results; and the sustainability of the program beyond the Federal Funding. Specifically, this Criterion is comprised of two parts:

a. Project Impact and Information Dissemination (maximum 5 out of 13 points)

The application will be evaluated based on the extent to which the applicant documents:

- Serves as an experienced model for telehealth networks that provide specific, quantifiable and measurable outcomes for: 1) quality of care; 2) efficiency; 3) cost savings; or 4) the integration of the telehealth information system into the electronic health information systems (e.g., electronic medical record) used by the applicant and network members.
- Plans and strategies for marketing, promotion, and information dissemination;

b. Sustainability (maximum 8 out of 13 points)

The extent to which the application documents how the project will be sustained during and after the period of federal grant funding as evidenced by: financial and other commitment of the applicant and project partners to the project; community involvement and support in formulating and sustaining the network; network management, including integration of the project into the long-term strategic plans of the participating institutions; operational project management; marketing and community education and outreach activities to build support; and financial and business planning (analyses of: project costs and benefits, revenues and expenses, tangible and intangible, benefits, etc.).

The application will be evaluated based on the extent to which the applicant and the Network Partners:

- Plans to measure the contribution of the project to the goals of each project partner and how these goals contribute to the long-term success of the project.
- Has integrated the project into its strategic plan, core business, and clinical practices, as appropriate.
- Documents how cost-savings to be realized and measured, as applicable.
- Evidences acceptance of financial responsibility, participation and commitment by project partners.
- Outlines a realistic plan for sustainability after federal support ends, taking into consideration challenges and barriers that will be encountered.
- Evidences local community/provider involvement in identifying the needs to be addressed, and in prioritizing the services to be provided.

Criterion 5: RESOURCES/CAPABILITIES (maximum 25 points)

The extent to which project personnel is qualified by training and/or experience to implement and carry out the projects. The application will address the capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

This Criterion is comprised of three parts:

- a. Network Experience/ Network Member Sites including, as applicable, Network Partner Rural Spoke sites and Hub site(s) and Network Organization (maximum 9 out of 25 points)
- b. Project Management and Work Plan (maximum 11 out of 25 points)
- c. Clinician Acceptance and Support (maximum 5 out of 25 points)

Applicants failing to submit verifiable information with respect to the commitment of network partners [i.e., all Partner Rural Spoke sites and Hub site(s) at the time of application will receive 0 out of 25 points.

a. Existing Network Experience/ Network Member Sites and Network Organization (maximum 9 out of 25 points) – The extent to which the application documents: the technical and organizational ability to implement the proposed project, including the size of the network, governance structure of the project, and involvement of network members in the project. The strength of the evidence that clearly obligates the participating network sites to carrying out the goals and objectives of the project.

b. Project Management and Work Plan (maximum 11 out of 25 points) – The extent to which the project work plan: is clearly constructed and complete to provide a clear understanding as to how the project will be implemented; is realistic and feasible for effective project implementation; adequately reflects the duties and competence of key project personnel for applicant and network members; and relates to project goals and objectives.

The extent the applicant provides sufficient evidence to support the work plan that shows that it will be ready to begin to implement the project upon grant award.

c. Clinician Acceptance and Support (maximum 5 out of 25 points) – The extent of commitment, involvement and support of senior management and clinicians in developing and operating the project; clinicians’ understanding of the challenges in project implementation and their competence and willingness to meet those challenges; the commitment of resources for

training staff and technical support to operate and maintain the system; and, the extent to which the technology is integrated into clinician practice.

Criterion 6: SUPPORT REQUESTED (maximum 15 points)

The application will be evaluated based on the extent to which the budget, including the cost projections, and budget justification:

- Is realistic and justified in terms of the project goal(s), objectives, and proposed activities.
- Documents that the budgeted costs are realistic, necessary, and justifiable to implement and maintain the project, including the human and technical infrastructure.
- Documents a realistic, necessary, and justifiable full-time equivalents (FTEs) and expertise necessary to implement and maintain the project.
- Is complete and detailed in supporting each line item and allocating resources.
- Documents demonstrable experience with regard to technical costs of hardware and software, and telecommunication charges.
- Conforms to the use of grant dollars permitted by the grant program.

Criterion 7: ASSESSING TECHNOLOGY AND INTEGRATING ADMINISTRATIVE AND CLINICAL SYSTEMS (maximum 8 points)

The extent to which the application demonstrates knowledge of technical requirements and rationale for cost-effective deployment and operation.

The application will be evaluated on the extent to which the applicant and network members:

- Have the ability to integrate administrative and clinical information systems with the proposed telehealth system
- Will utilize “open architecture” (interoperable) technologies or demonstrate why proprietary solutions are preferable.
- Will integrate the proposed system into each provider’s normal practice.
- Employs technologies that are upgradeable and scalable.
- Justifies the technology as the optimum and most efficient technology to meet the identified need.
- Explain how the project will ensure the privacy of patients and clinicians using the system and the confidentiality of information transmitted via the system, including compliance with Federal and State privacy and confidentiality, including HIPAA regulations.
- Evidence knowledge of telecommunications transmission services available in the project service area, and justify the deployment at each site considering the range of choices available.
- Evidence the ability to deploy technology in view of: compliance with federal and industry standards; appropriateness in the specific settings in which it will be used in the project; and the needs of clinicians and other users.
- Include the integration of telehealth information system required to implement the project into the overall electronic health information systems (e.g., electronic medical record) used by the applicant and network members.
- Consider all appropriate costs of deploying technology and operating the project on an ongoing basis.

For TNGP-TH applicants, the application will be evaluated on the extent to which the cost savings that will be realized through assistance offered by the Universal Service Administrative Company (USAC) for Rural Health Care (see <http://www.universalservice.org/default.aspx>) is addressed.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

Funding Preferences

The authorizing legislation provides a funding preference for some applicants (Section 330I(i)). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference as follows:

Applications that qualify for a funding preference(s) will be funded ahead of other approved applications. ***Preference will be given to an eligible entity that meets at least one (1) of the following requirements:***

- (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 such a grant to develop plans for, or to establish, telehealth networks that provide mental health, public health, long-term care, home care, preventive, or case management services.
- (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 connectivity within areas, communities, or populations to be served through the project.

(F) INTEGRATION.—The eligible entity demonstrates that health care information has been integrated into the project.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2012.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the

importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c. Status Reports

1) Federal Financial Report. The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures

under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) Progress Report(s). The awardee must submit a progress report to HRSA on a semi-annual basis. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. Further information will be provided in the award notice. The reports are as follow:

- i. The Non-Competing Continuation Progress Report (NCCPR) will cover the period of September 1st through February 28th. The NCCPR will double as an application for continued funding for the next budget period and a progress report detailing performance over the previous 6 months.
- ii. The End of Year Progress Report will cover the period of March 1st through August 31st. At the conclusion of the project, the End of Year Report will serve as the Final Progress or Close-Out Report.

In the NCCPR, grantees will identify specific activities or goals to be accomplished in the next fiscal year that are different from the previous year's application. This portion triggers the budget period renewal and release of subsequent year funds. Grantees will demonstrate their ability to meet program specific goals and provide Performance Measurement data measuring the progress and impact of the project in both the NCCPR and End of Year Progress Report.

Submit a **Strategic/Financial Plan** - Each grant recipient will be required to submit a detailed strategic/financial plan by the end of the first year of the project period, or by August 31, 2013. The purpose of these strategic/financial plans is to demonstrate that the grantee and its network members have considered the implications of, and are committed to, sustaining the program after OAT funding ends.

- d. Submit **Other Required Reports**. Applicants accepting this award must, if requested, participate in the Office for the Advancement of Telehealth (OAT) data collection and evaluation of telemedicine activities. At a minimum, grantees are required to participate in the following activities:
 - OAT Grantee Directory: Applicants accepting this award must provide information to OAT's Grantee Directory. Instructions for completing this task will be sent to you by OAT staff. The current directory is available online at: <http://www.hrsa.gov/ruralhealth/about/telehealth/publications.html>
 - Telehealth Inventory Assessment: Applicants accepting this award must complete, if requested, the "HRSA Telehealth Inventory." This inventory collects data about the telehealth capabilities of the grantee's institution and those of the network members. OAT will provide information about this inventory at the time of the request.
 - Telehomecare awardees will be required to submit a quarterly one-page documentation on the actual number of home with monitoring devices installed.
 - Telehomecare awardees: OAT is seeking best practices that can reduce healthcare costs thru the use of telemonitoring. Hence, awardees will be required

to document how their project scales across a large population, including patient identification and enrollment, communications with treating physicians, technology inventory management, customer support, and program evaluation. Further instructions on capturing this information will be provided by OAT within Year 1 of the project period.

- Evaluation Planning – Each grantee recipient will be required to submit a detailed evaluation plan as a part of its Year 1, 6-month (mid-cycle) non-competing continuation progress report. The detailed plan will provide specific measures to assess, at a minimum: 1) the costs of providing telehealth/telehomecare services, 2) the outcomes of providing the services in terms of measures such as, hospitalizations and emergency room visits avoided as a result of more timely monitoring and care of patients, nurse travel time and salaries saved, etc., and the 3) the specific data collection and analysis strategies.
- System Design - By the end of the first year of the project, grant recipients will be required to demonstrate how they have linked the telehealth system with their institutions' clinical and administrative information systems. Whenever possible, telehealth systems should be designed using standards-based equipment to facilitate interoperability. The system should be designed using the least costly, most efficient technology to meet the identified need(s).
- Protocols For Clinical Telehealth/ Telehomecare Projects - Within the first nine months of the first budget period, OAT grant recipients will be required to develop or adopt an existing protocol for each clinical service that they provide with OAT funds during the first year. OAT believes that protocols for clinical services should reflect a facility's ongoing quality assurance and risk management activities. The protocols should prove useful for ensuring the quality of an encounter, increasing provider acceptance, and facilitating incorporation of telehealth/telehomecare services into the daily practice of health care. The protocol should describe how a service is to be provided, including what staff is to be present, how patients should be prepared for the encounter, etc. A protocol should be available for each service provided. Each protocol developed will be submitted with the Year 2 non-competing continuation application, which is due in the ninth month of the first year.

e. Transparency Act Reporting Requirements

New awards (“Type 1”) issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

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

LaShawna D. Smith
Grants Management Specialist
Health Resources and Services Administration (HRSA)
Division of Grants Management Operations
5600 Fishers Lane, Room 11A-02
Rockville, MD 20857
Telephone: (301) 443-4241 (voice)
Fax: (301) 443-6343 (fax)
Email: Lsmith3@hrsa.gov

Additional information related to the overall program issues may be obtained by contacting:

Carlos Mena
Office for the Advancement of Telehealth
Office of Rural Health Policy, HRSA
Parklawn Building, Room 5A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3198
Fax: (301) 443-1330
Email: cmena@hrsa.gov

Assistance regarding this funding announcement may also be obtained by contacting:

Larry Bryant; Makeda Clement; Monica Cowan; Robert Pie'
Public Health Analysts, Office for the Advancement of Telehealth
Office of Rural Health Policy, HRSA
Parklawn Building, Room 5A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0835
Fax: (301) 443-1330

Note: Applicants are strongly urged to email the following address:

Email: ogatcomp@hrsa.gov

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

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

VIII. Other Information

Pre-Application Conference Call

HRSA will hold one, 1 ½ hour pre-application conference call for potential applicants. The conference call will provide an overview of this program guidance and will include an opportunity for organizations to ask questions. The pre-application call information is as follows:

- 3 PM (EST) on WEDNESDAY, MARCH 21, 2012
- Call in number: 888-946-7493
- Passcode: TNGP2012
- Applicants are encouraged to call in 15 minutes prior to the 3 PM (EST) start time
- The replay number for the pre-application call is: 866-469-7797. The replay recording will be available until the deadline date to submit applications, at 11:59 PM, ET.
- When possible, applicants should share phone lines to ensure sufficient lines are available. To conserve telecommunications costs and ensure sufficient lines are available for everyone, we ask each prospective applicant to use only 1 telephone line to call in.

Glossary of Key Words

For the purposes of this Telehealth Network Grant Program, the following definitions apply:

Budget Period - the interval of time into which the project period is divided for budgetary and reporting purposes. For this grant program, the time interval is 12 months.

Community-Based Program – a planned, coordinated, ongoing effort operated by a community that characteristically includes multiple interventions intended to improve the health status of the members of the community.

Community Health Centers (CHCs) – See “Health Centers”.

Existing Network vs. New Network - An *existing network* is a network in which individual members are currently providing and/or receiving telehealth/telemedicine services. Under this grant program, an existing network that proposes to add new network members/sites is still considered an existing network. A *new network* is one in which the individual sites are not currently collaborating to provide telehealth/telemedicine services, but intend to do so as part of the proposed network.

Federally Qualified Health Centers - federally and non-federally-funded health centers that have status as federally-qualified health centers under section 1861(aa)(4) or section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1395x(aa)(4) and 1396(l)(2)(B), respectively).

Health Centers - Health Centers refer to all the diverse public and non-profit organizations and programs that receive federal funding under section 330 of the Public Health Service (PHS) Act, as amended by the Health Centers Consolidation Act of 1996 (P.L. 104-299) and the Health Care Safety Net Amendments of 2002 (P.L. 107-251). They include Community Health Centers,

Migrant Health Centers, Health Care for the Homeless Health Centers, and Primary Care Public Housing Health Centers.

Interoperability/Open Architecture - the condition achieved among telecommunication and information systems when information (i.e., data, voice, image, audio, video) can be easily and cost-effectively shared across acquisition, transmission, and presentation technologies, equipment and services. It is facilitated by using industry standards rather than proprietary standards.

Migrant Health Centers – See “Health Centers”.

Project Period - the total time for which federal support of a discretionary project has been approved. A project period may consist of one or more budget periods. For this grant program, the project period will generally consist of four budget periods.

Rural - all counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, OAT is using the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture’s Economic Research Service, to designate “Rural” areas within MAs. A list of non-metropolitan areas/rural counties is available on the Web at: [National listing of eligible counties and census tracts](#).

Telehealth - the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.

Telehomecare – The remote vital sign monitoring of a patient or delivery of healthcare services to a patient in his or her place of residence by a healthcare provider using telecommunications technologies to exchange healthcare information over a distance.

Telemedicine - The use of electronic communication and information technologies to provide or support clinical care at a distance. Included in this definition are patient counseling, case management, and supervision/preceptorship of rural medical residents and health professions students when such supervising/precepting involves direct patient care.

Telemedicine Session/Encounter - an interaction relating to the clinical condition or treatment of a patient utilizing telemedicine technologies over distance. It is the process by which a clinical service is delivered. The session may be interactive (i.e. in real-time) or asynchronous (i.e. using store-and-forward technology). Examples of sessions include, but are not limited to the following: an interaction between two practitioners, with or without the patient present, regarding the diagnosis and/or treatment of the patient; an interaction between a specialty practitioner and a patient; a session involving two interdisciplinary health care teams with or without the patient and patient's family present; a session between a home care health professional and an individual in the home; and an interaction between a practitioner and a student in elementary or high school. Professionals from a variety of health care disciplines may be involved in requesting and/or providing telemedicine sessions/encounters including, but not limited to: physicians, physician assistants, dentists, dental hygienists, nurses, nurse practitioners, nurse-midwives, clinical nurse specialists, physical therapists, occupational therapists, speech

therapists, clinical psychologists, clinical social workers, substance abuse counselors, podiatrists, optometrists, dietitians/nutritionists, pharmacists, optometrists, EMTs, etc.

Important Note: Applicants should monitor the Office for the Advancement of Telehealth Website at <http://telehealth.hrsa.gov/> for updated program information and answers to “Frequently Asked Questions”.

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.