U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

Federal Office of Rural Health Policy

Rural Strategic Initiatives Division

Rural Communities Opioid Response Program –

Medication Assisted Treatment Access

Funding Opportunity Number: HRSA-22-165

Funding Opportunity Type: New

Assistance Listings Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: July 29, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: June 13, 2022

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. 912(b)(5) (§ 711(b)(5) of the Social Security Act)

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Rural Communities Opioid Response Program (RCORP) – Medication Assisted Treatment (MAT) Access. RCORP is a multi-year HRSA initiative aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high risk rural communities. The purpose of this program is to improve health care in rural areas by establishing new MAT access points and increasing the capacity for sustainable MAT service provision in rural areas.

Funding Opportunity Title:	Rural Communities Opioid Response Program (RCORP) –Medication Assisted Treatment (MAT) Access
Funding Opportunity Number:	HRSA-22-165
Due Date for Applications:	July 29, 2022
Anticipated FY 2022 Total Available Funding:	$10,000,000
Estimated Number and Type of Award(s):	Approximately 10 grants
Estimated Annual Award Amount:	Up to $1,000,000 per award, per year
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2022 through September 29, 2025 (3 years)
Eligible Applicants:	All domestic public and private, nonprofit and for-profit entities are eligible to apply. Tribes and tribal organizations are eligible. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following webinar:

Day and Date: Thursday, June 23, 2022
Time: 2 – 3 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1600963647

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1-833-568-8864
Participant Code: 160 096 3647

HRSA will record the webinar. For a recording of the webinar, please email ruralopioidresponse@hrsa.gov

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I. Program Funding Opportunity Description

1. Purpose

The Rural Communities Opioid Response Program (RCORP) is a multi-year HRSA initiative aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural communities. This notice announces the opportunity to apply for funding under the RCORP-Medication Assisted Treatment (MAT) Access Program. RCORP-MAT Access will advance RCORP's overall goal by improving access to and quality of MAT and supportive services in rural communities.

The purpose of this program is to improve health care in rural areas by establishing new MAT access points and increasing the capacity for sustainable MAT service provision in rural areas. This program is intended to support MAT to treat OUD, however HRSA encourages award recipients to also target alcohol use disorder (AUD) with MAT if the need exists.

Over the course of the three-year period of performance, RCORP-MAT Access recipients will implement activities that are aligned with the following overarching program goals:

> Goal 1 - Establish new MAT access points to provide both medications and supportive services to individuals with OUD and/or AUD in rural communities;
>
> Goal 2 - Enhance the MAT workforce through recruitment, training, and the development of peer mentorship networks;
>
> Goal 3 - Build community capacity and infrastructure to support more effective and efficient MAT service provision; and,
>
> Goal 4 - Ensure sustainability of the new MAT access points through improved billing and coding, as well as enrollment of eligible individuals into health insurance.

For the purposes of this NOFO, "MAT access" includes affordability, accessibility, acceptability, and availability of MAT treatment and supportive services for rural individuals who reside in the rural areas as defined by the Rural Health Grants Eligibility Analyzer. Additionally, HRSA defines MAT as the use of U.S. Food and Drug Administration (FDA)-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-person" approach to the treatment of substance use disorders, including opioid use disorder and alcohol use disorder (AUD).[1,2]

[1] See https://www.samhsa.gov/medication-assisted-treatment.
[2] See https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions FDA-approved MAT for: OUD includes methadone, buprenorphine, and naltrexone; for opioid overdose includes naloxone; for AUD includes acamprosate, disulfiram, and naltrexone.

The target population for RCORP–MAT Access includes:

- Individuals living in rural communities who are at risk for OUD and/or AUD;
- Individuals living in rural communities who are diagnosed with OUD and/or AUD;
- Individuals living in rural communities who are in treatment and/or recovery for OUD and/or AUD;
- Their families and/or caregivers; and
- Impacted community members[3] who reside in the rural target service area.

Applicants are encouraged to include populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population. Examples of these populations include, but are not limited to: racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ+ individuals, veterans, socioeconomically disadvantaged populations, the elderly, individuals with disabilities, etc.

For more details, see Program Requirements and Expectations.

2. Background

RCORP-MAT Access is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)).

In January 2022, the Secretary of Health and Human Services renewed the public health emergency for opioids that was first issued in 2017. In recognition of the changing nature of the overdose crisis, in October 2021, the U.S. Department of Health and Human Services (HHS) published an Overdose Prevention Strategy, which includes four strategic priorities: primary prevention, harm reduction, evidence-based treatment, and recovery support. The RCORP initiative is explicitly included in this strategy, and RCORP-MAT Access supports the Strategy's goal of "broadening access to evidence-based care that increases willingness to engage in treatment." This program also supports the President's National Mental Health Strategy.

Over 100,000 drug overdose deaths occurred in the United States in the 12 months ending in April 2021, the highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from CDC.[4] From 1999 through 2019, the rate of drug overdose deaths increased from 4.0 per 100,000 to 19.6 in rural counties.[5]

Rural providers and communities in particular face a number of challenges in providing and accessing OUD services. In July 2020, nearly two-thirds of all rural counties

[3] Applicants are encouraged to include individuals in the community who are involved in improving health care delivery in rural areas in their RCORP projects.
[4] See https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm
[5] Hedegaard H, Spencer MR. Urban–rural differences in drug overdose death rates, 1999–2019. NCHS Data Brief, no 403. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: https://dx.doi. org/10.15620/cdc:102891.

(63.1%) had at least one clinician with a Drug Enforcement Administration (DEA) waiver but more than half of small and remote rural counties lacked one.[6] In addition to workforce shortages, rural providers face barriers of stigmatization, transportation, and costs associated with setting up MAT and other SUD services.[7] At the same time, working with and learning from experienced rural providers can help to overcome some of these barriers and encourage new providers to pursue a DEA waiver.[8]

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.[9]

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $10,000,000 to be available annually to fund approximately 10 recipients. You may apply for a ceiling amount of up to $1,000,000 annually (reflecting direct and indirect, facilities and administrative costs) per year.

No competitive advantage, funding priority, or preference is associated with requesting an amount below the $1,000,000 per year ceiling amount. You may request different amounts each of the three years (up to the $1,000,000 ceiling) depending on the needs for each year of the period of performance. HRSA expects that MAT programs established using RCORP-MAT Access funding will be self-sustaining by the end of the period of performance. To that end, applicants' proposed work plans and budgets/budget narratives should reflect a shift from capacity building activities to

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[6] Andrilla CHA, Patterson DG. Tracking the geographic distribution and growth of clinicians with a DEA waiver to prescribe buprenorphine to treat opioid use disorder. *J Rural Health.* 2021; 1-6. https://doi.org/10.1111/jrh.12569

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

[8] Andrilla, C.H.A., Moore, T.E. and Patterson, D.G. (2019), Overcoming Barriers to Prescribing Buprenorphine for the Treatment of Opioid Use Disorder: Recommendations from Rural Physicians. The Journal of Rural Health, 35: 113-121. https://doi.org/10.1111/jrh.12328

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

service delivery and sustainability over the course of the three-year period of performance.

The period of performance is September 30, 2022 through September 29, 2025 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for RCORP-MAT Access in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Applicant Organization Specifications

Eligible applicants include all domestic public or private, non-profit and for-profit, entities. In addition to the 50 U.S. states, organizations in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated State of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. Tribes and tribal organizations are eligible.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4
- Exceeds the page limit
- Fails to propose a ***service area*** that is entirely rural, as defined by the Rural Health Grants Eligibility Analyzer. All service delivery sites supported by RCORP-MAT Access, **including all access points where MAT will be offered,** must be exclusively located in HRSA-designated rural counties and rural census tracts. Within partially rural counties, activities and services supported by this award

may only occur in the HRSA-designated rural census tracts. Please reference the Program Requirements and Expectations section for additional guidance

NOTE: Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-165 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in the HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 Application Guide*. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. Standard OMB-approved forms included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

The abstract is no longer an attachment that counts in the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. However, if you use an OMB-approved form that is not included in the workspace application package for HRSA-22-165, it will count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

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

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-165 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachments 11-15: Other Relevant Documents*.

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

Program Requirements and Expectations

New MAT Access Point(s)

RCORP-MAT Access funds must be used to establish a **new** MAT access point(s), and **not** for expanding an existing MAT access point(s). MAT cannot currently be a clinical service offered at the proposed access point(s). To that end, applicants should demonstrate in the Project Narrative section that the proposed MAT access point(s) do not currently offer MAT services.

HRSA will NOT fund proposals that do not demonstrate that they are a new MAT access point.

Please see Appendix F for illustrative examples of what does and does not constitute a new MAT access point for the purposes of this program.

Additionally, new MAT access points established under this program must be physically located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer (see "Target Rural Service Area" below for details).

NOTE: If the applicant organization is not the entity that will be physically serving as the new MAT access point(s), the applicant must provide a signed letter of commitment from the entity/entities that will be serving as the new MAT access point(s). This is in addition to the required letters of support from two partner organizations. See **Attachment 7** for details.

Parameters for MAT Provision

For the purposes of this program, MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-person" approach to the treatment of substance use disorders.

Every effort should be made to ensure that the services provided through the new MAT access point(s) are accessible and available to the target population, including (but not limited to) offering extended hours (such as nights and weekends) and **not** requiring abstinence/detoxification as a pre-requisite from treatment. Additionally, the new MAT access points(s) should provide the best treatment option(s) for the populations they are serving. This may include offering a single, or multiple, treatment options, depending on the needs of your community, though it is encouraged that multiple treatment options are offered[10,11] (e.g. buprenorphine, naltrexone, methadone, etc.). While the primary focus of this program is using MAT to treat OUD, award recipients may also target alcohol use disorder (AUD) with MAT.

MAT Medications

The FDA has approved MAT as an evidence-based approach for both opioid use disorder and alcohol use disorder. Per the FDA, OUD can be treated with buprenorphine, methadone, and naltrexone. Naloxone is approved for opioid overdose reversal. AUD is most commonly treated with acamprosate, disulfiram, and naltrexone[12]. FDA-approved medications purchased with these grant funds may **only** be offered for the disorder (OUD or AUD) for which they are approved.

Buprenorphine for MAT is available for purchase in the 340B Drug Pricing Program by eligible covered entities. Covered entities may provide buprenorphine to patients of their entity using their in-house pharmacies, or via contract pharmacy arrangements. The 340B program enables covered entities to stretch resources to provide a broader array

[10] See https://store.samhsa.gov/sites/default/files/d7/priv/pep15-fedguideotp.pdf
[11] "Where Multiple Modes Of Medication-Assisted Treatment Are Available", Health Affairs Blog, January 9, 2018.
[12] See https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions

of services to patients – including but not limited to SUD and or behavioral health wrap around services – in order to facilitate achieving desired clinical outcomes.

Operationalizing MAT

As previously noted, the award recipients must use MAT to treat OUD, however HRSA encourages award recipients to also target alcohol use disorder (AUD) with MAT if the need exists.

RCORP-MAT Access award recipients are expected to begin delivering MAT services **no later than the end of the first project year of the award** and to increase the number of individuals receiving MAT each subsequent year of the grant. This should be accomplished through increasing the number individuals served at the new MAT access point(s), and/or through establishing additional new MAT access points in years 2 and 3 of the award. Services are expected to be fully sustainable by the end of the three-year period of performance. **No individuals should be denied services due to an inability to pay.**

Award recipients are expected to address the full spectrum of OUD treatment, including MAT and recovery support services, in an integrated and coordinated manner. Recipients should ensure a "whole-person" approach to MAT which accounts for the specific needs and characteristics of impacted populations, including individuals with OUD as well as their families and caregivers.

Rural residents who use opioids are more likely than their urban counterparts to have socioeconomic vulnerabilities, including limited educational attainment, poor health status, lack of health insurance, and low income,[13] which further limit their abilities to access treatment. RCORP supports and encourages projects that address the needs of a wide range of population groups, including, but not limited to, low-income populations, the elderly, pregnant women, youth, adolescents, ethnic and racial minorities, people/persons experiencing homelessness, and individuals with special health care needs.

Partner Requirements

Given the complex and multifaceted nature of OUD, as well as the need to generate adequate patient volume to sustain MAT services, HRSA requires that applicants partner with at least two other entities to implement project activities. These partnerships should augment, but not replace, the MAT services provided through the new MAT access point(s).

Applicants should make all reasonable effort to include a pharmacy as one of the two required partnerships to help address the barriers to care in the rural pharmacy

[13] Lenardson, Jennifer et al (2016), "Rural Opioid Abuse: Prevalence and User Characteristics," Maine Rural Health Research Center, http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid-Abuse.pdf

setting[14]. Additionally, HRSA encourages a multisectoral approach to partnerships, and has a particular interest in projects that propose to include one or both of the following entity types:

- Correctional facilities (e.g., jails/prisons) to ensure that incarcerated individuals are able to initiate or continue their MAT upon release[15,16]; and
- Rural emergency departments, so that individuals presenting with overdose or other symptoms of OUD or AUD are able to initiate MAT immediately.

See **Appendix B** for a list of example partner organizations.

While the new MAT access point(s) must be located in physically located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer, HRSA recognizes that in certain cases key partners serving the target rural service area may not be physically located within that same area. Therefore, applicants may request an exception to enable partnerships outside of the target rural service area. Please see **Attachment 8** for additional instructions on submitting required documentation for these exceptions.

Third-Party Reimbursement

Award recipients should ensure that all services covered by reimbursement are billed and every reasonable effort is made to obtain payment from third-party payers. Only after award recipients receive a final determination from the insurer regarding lack of full reimbursement can the RCORP-MAT Access grant be used to cover the cost of services for underinsured individuals. RCORP-MAT Access grant funds **can** be used to cover the cost of services for uninsured individuals. See Appendix E for more information.

Learning Collaborative

All recipients of this award are required to participate in the RCORP-MAT Access Learning Collaborative, facilitated by the RCORP Technical Assistance provider. The purpose of the learning collaborative is to network, share best practices, address challenges, and receive targeted technical assistance to advance the efforts of all participants. The learning collaborative will also provide mentorship opportunities for clinical providers that support MAT (such as, but not limited to, physicians, nurse practitioners, physician assistants, and pharmacists). The learning collaborative will equip RCORP-MAT Access award recipients with tools to develop and sustain their own training and mentorship initiatives within their target rural service area.

The learning collaborative will meet virtually once a month starting no later than six months into the period of performance. You must designate one individual to serve as

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[14] Kazerouni NJ, Irwin AN, Levander XA, Geddes J, Johnston K, Gostanian CJ, Mayfield BS, Montgomery BT, Graalum DC, Hartung DM. Pharmacy-related buprenorphine access barriers: An audit of pharmacies in counties with a high opioid overdose burden. Drug Alcohol Depend. 2021 Jul 1;224:108729. doi: 10.1016/j.drugalcdep.2021.108729. Epub 2021 Apr 24. PMID: 33932744.

[15] Joudrey, P.J., Khan, M.R., Wang, E.A. *et al.* A conceptual model for understanding post-release opioid-related overdose risk. *Addict Sci Clin Pract* **14,** 17 (2019). https://doi.org/10.1186/s13722-019-0145-5

[16] Binswanger IA, Blatchford PJ, Mueller SR, Stern MF. Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. Ann Intern Med. 2013;159(9):592–600.

the point of contact for the learning collaborative. It is highly encouraged that that individual be a MAT provider due to the clinical nature of the information that will be presented in the learning collaborative. Additional methods for mentorship and peer learning will be communicated upon receipt of the award and throughout the period of performance.

Required Staffing

Applicants are expected to identify individuals who will fulfill the following roles in the proposed project:

- Project Director
- Healthcare Navigator
- Learning Collaborative Point of Contact
- Data Coordinator

Please see Section IV's Organizational Information for more details on this requirement.

Sustainability

HRSA expects that MAT programs established using RCORP-MAT Access funding will be self-sustaining by the end of the period of performance. To that end, applicants' proposed work plans and budgets/budget narratives should reflect a shift from capacity building activities to service delivery and sustainability over the course of the three-year period of performance.

Program-Specific Instructions

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.* Note: Please see Attachment 10 for additional project information that should be included with your application.

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Introduction	(1) Need

Narrative Section	Review Criteria
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(3) Evaluative Measures and (5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

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

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

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

  This section should clearly and succinctly summarize the proposed project and how it aligns with the goals and purpose of RCORP-MAT Access. In particular, you should provide a description of the target rural service area counties and/or rural census tracts; the characteristics and needs of the target population and service area; the proposed approach to meeting those needs; and capacity to implement and sustain the proposed project.

- NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion(a) # 1 - "Need"

  Describe, in detail, the needs of the target rural population as they relate to the program goals. Provide supporting data and statistics from appropriate sources (e.g., local, state, tribal, and federal) that reflect the most recent timeframe available. Where possible, compare the data for the target rural population to regional, statewide, and/or national data to demonstrate need. Please cite the data sources (including year) you use to provide this data.

Specifically, the Needs Assessment section should include detailed, quantitative descriptions of the following:

- Overview of the need at the proposed new MAT access point(s) including, but not limited to, why MAT is not currently offered at the access point(s); why MAT is needed at the access point(s); what gaps in infrastructure and/or workforce at the access point(s) will this grant address.
- The target rural population, including demographic and social determinants of health indicators;
    - Describe the extent to which the population you propose to serve includes subpopulations that have historically suffered from poorer health outcomes, health disparities, and other inequities compared to the rest of the target population. Examples of these populations include, but are not limited to, persons/people experiencing homelessness, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.
    - Describe which segments of the target rural population are most at risk for, and/or are most likely to be diagnosed with OUD This may include certain age groups, racial/ethnic groups, persons/people experiencing homelessness, etc.
- The prevalence and impact of OUD in the target rural service area. Examples can include, but are not limited to, the number/ percentage of children in the foster care system as a result of their caregivers' SUD/OUD; number of individuals with infectious complications as a result of OUD; the number of SUD/OUD hospitalizations and/or emergency room visits; etc.
- Overview of existing SUD/OUD-related prevention, treatment, and recovery support services in the target rural service area, including MAT. If no specific SUD/OUD services exist within in the target rural service area, describe how and where individuals with SUD are receiving care. Also include federal, state, or locally funded SUD/OUD initiatives such as other RCORP projects.
- Description of how the proposed project will complement, and not duplicate, any existing services or other efforts/initiatives within the target rural service area. **This includes all existing RCORP awards, held either by the applicant organization or other entities, which are operating within the target rural service area.**
    - Please reference the RCORP website for a list of active RCORP award recipients in each program—Implementation, Neonatal Abstinence Syndrome, Psychostimulant Support, and MAT Expansion—as well as this table of RCORP award recipient service areas for more information.
- Overview of the capacity at the proposed new MAT access point(s) including, but not limited to, current services offered; current infrastructure available; current workforce available.

- Overview of gaps and opportunities for the integration and coordination of MAT services with key partners such as (but not limited to) criminal justice (e.g., jails/prison), emergency departments, and other entities that play a key role in MAT initiation and provision within the target rural service area. Overview of pharmacy access within the target rural service area as it relates to filling prescriptions for MAT; if no pharmacy exists within the target rural service area, describe where and how individuals with SUD are filling MAT prescriptions.
- Overview of the community services available within the service area to support MAT and recovery, including (but not limited to) educational opportunities, vocational training, housing, etc.
- Overview of barriers to access MAT for OUD and/or AUD in the target rural service area (e.g. lack of transportation, childcare, job flexibility, coordination of services upon release from incarceration, pharmacy access, initiation upon emergency room visit, etc.)

Applicants encountering difficulty obtaining data are encouraged to contact their state or local health departments and/or refer to data and information provided by the Rural Health Information Hub and the Opioid Misuse Community Assessment Tool developed by NORC at the University of Chicago. If you are still unable to locate appropriate and accurate data, please provide an explanation for why the data could not be found and how you will ensure that you will be able to meet HRSA reporting requirements if awarded.

- METHODOLOGY -- Corresponds to Section V's Review Criterion(a) Review Criterion(a) # 2 – "Response"

The Methodology Section should provide clear, actionable strategies and activities for how you will achieve each of the program goals. All strategies and activities should be evidence-based, data-driven, and needs-based. Please reference Appendix A for a list of examples of allowable activities under each program goal. **NOTE**: **All proposed strategies and activities should directly adhere to the Program Requirements and Expectations section.**

Goal-Specific Methodology

In addition, the Methodology section should also include the following for each program goal:

Goal 1 - Establish new MAT access point(s) to provide both medications and supportive services to individuals with OUD and/or AUD in rural community.

NOTE: If the applicant organization is not the entity that will be physically serving as the new MAT access point(s), the applicant must provide a signed letter of commitment from the entity that will be serving as the new MAT access point(s). This is in addition to the required letters of support from two partner organizations. See **Attachment 7** for details.

- Describe in detail the location of the new MAT access point(s), including a description of the facility/facilities in which services will be provided:
    - Describe why the chosen modalities for care delivery (i.e. office visits, telehealth, mobile unit, etc.), are the most appropriate and effective approach for the target population;
    - If applicable, describe any planned minor renovations, and why these renovations are necessary for the provision of MAT and supportive services;
- Describe how FDA-approved medication options for OUD, including buprenorphine and/or others, will be offered and administered in the new MAT access point(s) based on the needs of the individual and evidence-based practice;
- Describe how supportive services, including (but not limited to) counseling and behavioral therapies, will be integrated and coordinated with the provision of medication. Include a detailed description of the types of behavioral therapies and other supportive services that will be offered; and,
- Describe how you will ensure that the services provided through the new MAT access point(s) are accessible and available to the target population, including those that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population. This includes, but is not limited to, offering extended hours (such as nights and weekends, and **not** requiring abstinence/detoxification as a pre-requisite from treatment.

Goal 2 - Enhance the MAT workforce through recruitment, training, and the development of peer mentorship networks.

- Detail how grant funds will be used to recruit, hire, and retain interdisciplinary teams of OUD clinical, social service providers, and support staff who can provide MAT services at the new access point(s) (Applicants are strongly encouraged to explore opportunities to hire staff through the National Health Service Corps Loan Repayment Program; see Appendix D for details);
- Describe how you will support and retain clinical MAT providers through approaches including (but not limited to) professional development opportunities, trainings, certifications, mentorship, etc.;
- Describe how you will support and retain providers of supportive services (counseling, behavioral therapy, etc.), through approaches including (but not limited to) professional development, trainings, certifications, mentorship opportunities, etc.; and,
- Describe how you will utilize the learning collaborative and other HRSA-funded technical assistance resources to operationalize and sustain a network of peer mentors that will support and grow the clinical MAT workforce.

Goal 3 - Build community capacity and infrastructure to support more effective and efficient MAT service provision.

- Describe how the new MAT Access point(s) will coordinate with other medical providers to ensure that MAT clients are able to access comprehensive care for non- OUD healthcare needs (e.g. primary care, reproductive care, chronic pain, etc.), in order to support sustained recovery;
- Describe how the new MAT access point(s) will coordinate and integrate service delivery with other MAT initiation sites, such as correctional facilities, hospital emergency departments, pharmacies, etc.;
- Describe how you will provide new, or expand access to existing, community resources to maximize the ability of MAT clients to achieve sustained, long-term recovery (examples of resources include, but are not limited to, transportation to care, educational opportunities, childcare, housing, vocational training, etc.); and,
- Describe how you will build and strengthen partnerships to ensure integrated, coordinated access to community resources.

Goal 4 - Ensure sustainability of the new MAT access points through improved billing and coding, as well as enrollment of eligible individuals into health insurance.

- Describe how you will train clinical, social service, and administrative staff to optimize reimbursement for patient encounters through proper coding and billing across insurance types;
- Describe how you will collaborate and coordinate with state Medicaid agencies and other payers if applicable, to explore payment and reimbursement options to support the model of care delivery, ensure access, improve outcomes including potential ways to reduce costs, and sustain services after the end of the project period;
- Describe how you will ensure that services will be available to all individuals regardless of their ability to pay;
- Explain how you will ensure that eligible individuals are enrolled into health insurance, to maximize opportunities for reimbursement; and,
- Describe how you will ensure that community services and other non-billable supportive services will be sustained after the end of the period of performance.

- WORK PLAN -- Corresponds to Section V's Review Criterion(a) # 2 – "Response"

This section describes the processes that you will use to achieve the strategies in the "Methodology" section. Note that while the "Methodology" section of the Project Narrative centers on the overall strategy for achieving the project goals, the work plan

is more detailed and focuses on the tasks, activities, and timelines by which you will execute your strategy.

The work plan activities should align with your methodology section, and should include the following:

- Specific activities that you will undertake to achieve all program goals
- Responsible individual(s) and/or partner(s) for each activity;
- Timeframes to accomplish all activities;
- How the proposed activity will ultimately increase the capacity for sustainable MAT service provision in the target rural service area.

The work plan must reflect a three-year period of performance. Each activity in the work plan should have beginning and completion dates. It is **not** acceptable to list "ongoing" as a timeframe.

Please provide your work plan in **Attachment 1.** (It is appropriate to refer reviewers to Attachment 1 in this section instead of including the work plan twice in the application.) **It is strongly encouraged that you provide your work plan in a table format and that you clearly delineate which activities correspond to which program goals.**

- RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion(a) # 2 – "Response"

Describe challenges that you are likely to encounter in implementing the proposed work plan and the approaches you will use to resolve each challenge. You should highlight both internal challenges (e.g., maintaining cohesiveness among partners and/or referral agencies) and external challenges (e.g., stigma around SUD/OUD in the target rural service area, securing patient engagement in treatment, geographical limitations, policy barriers, etc.). You must also detail potential challenges to sustaining all grant-supported services after the period of performance ends and how you intend to overcome them.

- EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion(a) # 3 and 4 – "Evaluative Measures" and "Impact"

Describe the process (including staffing and workflow) for how you will track, collect, aggregate, and report data and information from all partners to fulfill HRSA reporting requirements. (**NOTE:** Applicants must designate at least one individual in the staffing plan to serve as a "Data Coordinator." The Data Coordinator is responsible for tracking, collecting, aggregating, and reporting quantitative and qualitative data and information to fulfill HRSA's reporting requirements. See "Organizational information" for additional details.)

You must clearly demonstrate how the applicant organization will support and enable partners to collect accurate data in response to HRSA reporting requirements.

Examples include, but are not limited to, allocating a portion of award funding to each partner to support data collection, and/or designating an individual at each member organization who will be responsible for collecting and reporting the HRSA-required data to the applicant organization.

It is the applicant organization's responsibility to ensure compliance with HRSA reporting requirements. Applicants should make every reasonable effort to track, collect, aggregate, and report data and information from all partners throughout the period of performance. Finally, partners should commit to sharing **performance data and information** with the applicant organization to fulfill HRSA reporting requirements in the signed Letter of Support (**Attachment 5).**

Applicants should also demonstrate capacity and commitment to working with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation. Finally, applicants should clearly describe their plan for updating participating entities, the target rural service area, and the broader public on the program's activities, lessons learned, and success stories. You should provide examples of mediums and platforms for disseminating this information.

- ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion(a) #3 and #5 – "Evaluative Measures" and "Resources and Capabilities"

This section provides insight into the organizational structure of the applicant organization and the applicant's ability to implement and sustain the activities outlined in the work plan, and should include the following:

NOTE: It is appropriate to refer reviewers to the relevant attachment(s) in this section instead of including the information twice in the application.

Organizational Overview

Describe the following about your organization, with a particular focus on your organization's experience providing treatment, recovery, and supportive services to individuals with OUD and/or AUD and their families:

- Current mission, structure, and scope of current activities;
- Clear, specific, demonstrated ability to meet program requirements and achieve program goals;
- Clear, specific, demonstrated ability to implement activities and strategies as proposed in the methodology and work plan;
- Ability to engage and coordinate with key partners in order to ensure accessible and integrated services; and,
- Ability to properly account for the federal funds and document all costs to avoid audit findings.
- Provide an organizational chart(s) as described in Attachment 6.

Staffing Plan (Attachment 2)

- Provide a clear and coherent staffing plan that includes the information described in Attachment 2. **NOTE:** The staffing plan should have a direct link to the activities proposed in the work plan. **All staffing plans should include the roles of Project Director, a Healthcare Navigator, a Data Coordinator, and an individual assigned to the Learning Collaborative (the roles can be shared), as described below (Note: Individual position titles may differ from the name of the roles described below, but the functions of the role must be fulfilled):**
- **Project Director**: The Project Director is the point person on the award and makes staffing, financial, and other decisions to align project activities with project outcomes. You should detail how the Project Director will facilitate collaborative input and engagement across partners to complete the proposed work plan during the period of performance. The Project Director is a key staff member and **an FTE of at least 0.25 is strongly recommended for this position.** If awarded, the Project Director is expected to attend monthly calls with HRSA program staff and the HRSA-funded Technical Assistance team. If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent FTE for that respective federal award. More than one Project Director is allowable in the staffing plan. However, only one Project Director can be designated in Box 8f of the SF-424A Application Page. If awarded, this is the Project Director who will be officially reflected in the Notice of Award (NOA). If there is more than one Project Director, a total FTE of at least 0.25 between the two Project Directors is strongly recommended.
- **Healthcare Navigator**: Applicants must designate at least one individual in the staffing plan to serve as a healthcare navigator to help enroll eligible individuals into health insurance, in order to maximize opportunities bill for services. The applicant shall decide the job qualifications and percentage of effort needed to effectively fulfill these duties.
- **Data Coordinator**: Applicants must designate at least one individual in the staffing plan to serve as a "Data Coordinator." The Data Coordinator is responsible for tracking, collecting, aggregating, and reporting quantitative and qualitative data and information to fulfill HRSA's reporting requirements. The applicant shall decide the job qualifications and percentage of effort needed to effectively fulfill these duties.
- **Learning Collaborative Point of Contact**: Applicants should designate one MAT provider (MD, NP, PA) as a point of contact for the Learning Collaborative. The Learning Collaborative is expected to begin no later than six months into the period of performance. Applicants should plan for this individual to participate in monthly meetings, mentorship, and one trip to the DC area. The applicant shall decide the percentage of effort needed to effectively fulfill these duties.

NOTE: Any given staff member, including the Project Director, may not bill for more than 1.0 FTE across federal awards. **You are expected to immediately operationalize the work plan upon receipt of the award.** To this end, if there are any positions that are vacant at the time of application include in the staffing plan a timeline and process for rapidly filling these positions, as well as a projected start date.

Staff biographical sketches (Attachment 3)

All proposed staff members should have the appropriate qualifications and expertise to fulfill their roles and responsibilities on the award. For each staff member reflected in the staffing plan, provide a brief biographical sketch that directly links their qualifications and experience to their designated RCORP-MAT Access project activities, as described in Attachment 3. If an individual is fulfilling multiple roles in the proposed project, a single biographical sketch may be used to address their qualifications for each role. The names reflected in the staffing plan must align with the names identified in the biographical sketches.

Partner Organizations (Attachment 4)

For each partner organization involved in this project, provide all of the information requested in Attachment 4. Applicants must demonstrate partnerships with at least two entities.

Applicants should make all reasonable effort to include a pharmacy as one of the two required partnerships. If it is not possible to partner with a pharmacy in the target rural service area, you must provide a justification for why a partnership could not be established, and clearly address how the project will ensure integration with pharmacy services.

Additionally, HRSA has a particular interest in projects that propose to include one or both of the following entity types:

- Correctional facilities (e.g. jails, prisons) to ensure that incarcerated individuals are able to initiate or continue their MAT upon release; and
- Rural emergency departments, so that individuals presenting with overdose or other symptoms of SUD/OUD are able to initiate MAT immediately.

NOTE: Partner organizations can be located in urban or rural areas, but all services provided by this award must exclusively target rural populations, as defined by the Rural Health Grants Eligibility Analyzer. While all **service delivery sites** supporting RCORP-MAT Access projects must be exclusively located in HRSA-designated rural areas, HRSA recognizes that in certain cases, pharmacies, correctional facilities, and hospital emergency departments serving the target rural service area may not be physically located within that same area. Therefore, applicants may request an exception to enable partnerships with pharmacy, correctional facilities, and emergency departments outside of the target rural service area. Please see Attachment 9 for additional instructions on submitting required documentation for these exceptions.

For a list of potential partner organizations, please see Appendix B.

Letters of Support from Two Partner Organizations (Attachment 5)

Include letters of support which contain all of the information described in attachment 5. Applicants must provide letters of support from, at a minimum, two partner organizations.

Other RCORP Awards (Attachment 7)

Include information requested as listed in Attachment 7 for any other RCORP awards the applicant organization has received.

iii. *Budget*

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

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

In addition, RCORP-MAT Access requires the following:

- **Travel[17]:** You are expected to budget travel funds for up to two (2) program staff to attend a three-day program meeting in Washington, DC, once in every project year. You are also expected to budget for one trip during the period of performance for up to two (2) program staff to attend an in-person Learning Collaborative meeting. More information will be provided upon receipt of award.

  Note that you may also propose additional meetings and conferences that are directly related to the purpose of the program and will complement the project's goals and objectives.

- **Sustainability:** Applicants' proposed work plans and budgets/budget narratives should reflect a shift from capacity building activities to service delivery and sustainability over the course of the three-year period of performance.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

[17] If planned meetings must be held virtually due to extenuating circumstances, any unused funds may be re-allocated with the approval of your Project Officer and guidance on an alternate meeting platform.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

Applicants must provide information on each line item of the budget, and describe how it supports the goals and activities of the proposed work plan and project.

RCORP-MAT Access award recipients must allocate the award funding by budget period for the three-year period of performance. Award recipients will apply for Non-Competing Continuation during the end of the each budget year.

Minor Alteration and Renovation (A/R) Costs

Minor alteration and renovation (A/R) costs to enhance the ability of the recipient to deliver SUD/OUD services are allowable, but must not exceed $150,000 per year over the three-year period of performance. Additional post-award submission and review requirements apply if you propose to use RCORP-MAT Access funding toward minor A/R costs. **You may not begin any minor A/R activities or purchases until you receive HRSA approval.** You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your minor A/R plans do not affect your ability to execute work plan activities on time.

Examples of minor A/R include, but are not limited to:

- Reconfiguring space to facilitate co-location of SUD, mental health, and primary care services teams;
- Adapting office space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures confidentiality;
- Adapting office spaces and meeting rooms for individuals to participate in counseling and group visit services, and to access and receive training in self-management tools; and
- Modifying examination rooms to increase access to pain management options, such as chiropractic, physical therapy, acupuncture, and group therapy services.

The following activities are not categorized as minor A/R:

- Construction of a new building;
- Installation of a modular building;
- Building expansions;
- Work that increases the building footprint; and
- Significant new ground disturbance.

RCORP-MAT Access award funds for minor renovations may not be used to supplement or supplant existing renovation funding; funds must be used for a new

project. Pre-renovation costs (Architectural & Engineering costs prior to 90 days before the budget period start date) are unallowable.

Mobile Units or Vehicles

Mobile units or vehicles purchased with RCORP-MAT Access award funds must be reasonably priced and used exclusively to carry out award activities. Additional post-award submission and review requirements apply if you propose to use RCORP-MAT Access funding toward mobile units or vehicles. You may not begin any purchases until you receive HRSA approval. You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your mobile unit or vehicle purchase do not affect your ability to execute work plan activities on time.

Medication

Food and Drug Administration (FDA)-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination and buprenorphine mono-product formulations) for the maintenance treatment of OUD, opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose are all allowable costs under RCORP-MAT Access.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan

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

Attachment 2: Staffing Plan

Attach the staffing plan that includes all of the information detailed in Project Narrative. As a reminder, all staffing plans should include a Project Director, a Healthcare Navigator, a Data Coordinator, and an individual assigned to the Learning Collaborative (the roles can be shared). Please refer to the information detailed in Section IV.2.ii. Project Narrative. The staffing plan should include the following:

- Name;
- Title;
- Organizational affiliation;
- If applicable, has the staff member completed the necessary training and received a DATA-2000 waiver to provide buprenorphine-containing products for the purpose of MAT?: (Yes/No);

- Full-time equivalent (FTE) devoted to the project;
- List of roles/responsibilities on the project;
- Job function (e.g. Project Director, a Healthcare Navigator, a Data Coordinator, and an individual assigned to the Learning Collaborative) and,
- Timeline and process for hiring/onboarding, if applicable.

See Section 4.1. of HRSA's SF-424 Application Guide for additional guidance.

Attachment 3: Staff Biographical Sketches

For each staff member reflected in the staffing plan, provide a brief biographical sketch that directly links their qualifications and experience to their designated RCORP-MAT Access project activities. Please refer to the information detailed in Section IV.2.ii. Project Narrative.

Attachment 4: List of Partner Organizations

In Attachment 4, provide descriptions for each partner organizations involved in this project. At a minimum, include the following information for each partner organization. **It is strongly recommended that you provide this information in table format:**

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

Attachment 5: Letters of Support from Two Partner Organizations

Include letters of support from, at a minimum, two partner organizations. The letters of support may be in any format, including email, and must include the following:

- The organization's anticipated roles and responsibilities in the project;
- How the organization's expertise is relevant to the project;
- Length of the organization's commitment to the project;

- The organization's address, including city, state, and ZIP code;
- Whether the organization is located in the target rural service area;
- Affirmation that the organization understands that activities under the award must exclusively benefit populations in the target rural service area; and,
- Preliminary commitment to sharing accurate performance data and information with the applicant organization to fulfill HRSA reporting requirements.

Attachment 6: Project Organizational Chart

Provide an organizational chart(s) that clearly depicts:

- Where within the applicant organization's management structure the proposed project will be administered; and,
- The organizational relationship between the new MAT access point(s), the applicant organization, and other partner organizations.

Attachment 7: Letter of Commitment from Entity/Entities Serving as the New MAT Access Point(s) (if applicable)

If the applicant organization is not the entity that will be physically serving as the new MAT access point(s), the applicant must provide a signed letter of commitment from the entity/entities that will be serving as the new MAT access point(s). **NOTE:** This is in addition to the letters of support from two partner organizations required in Attachment 5.

The letter of commitment may be in any format, including email, and must include the following:

- A commitment to adhere to **all** of the RCORP-MAT access Program Requirements and Expectations, including attestation that:
    - Every effort will be made to ensure that new MAT access point(s) offer extended hours, such as nights and weekends, to ensure that services can be available to those most in need;
    - The new MAT access point(s) will offer treatment options (e.g. buprenorphine and/or others) to ensure that the needs of each individual can be met, and will not require abstinence/detoxification as a pre-requisite to accessing treatment;
    - The new MAT access point(s) will adhere to Third Party Payer Guidance;
    - The new MAT access point(s) will begin delivering MAT services no later than the **end of the first project year of the award** and will increase the number of individuals receiving MAT at the new access point(s) each subsequent year of the grant.
- Affirmation that the organization understands that activities under the award must exclusively benefit populations in the target rural service area; and,

- Commitment to share accurate performance data and information with the applicant organization to fulfill HRSA reporting requirements.

Attachment 8: Exceptions to Partner Location Requirements (if applicable)

While new MAT access point(s) must be located in physically located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer, HRSA recognizes that in certain cases key partners serving the target rural service area may not be physically located within that same area. Therefore, applicants may request an exception to enable partnerships outside of the target rural service area.

All exception requests must include a statement attesting that the non-rural partner is a primary service provider for the target rural service area, and that the partner will directly contribute to building health service delivery infrastructure within the target rural service area.

Applicants requesting this exception must also detail how the partnership will improve MAT treatment and recovery services within the target, HRSA-designated rural area(s).

Attachment 9: MAT Access Point Locations

List the new access point(s) proposed including:

- Physical address (including city, state, and ZIP code),
- County and census tract (if partially rural county),
- Whether or not the new MAT access point is a mobile unit (yes/no)

Attachment 10: General Project Information

Please provide the following information regarding your project and application:

- Project title
- Requested award amount
- Applicant organization name
- Applicant organization address *(street, city, state, ZIP)*
- Applicant organization facility type *(e.g., rural health clinic, critical access hospital, small rural hospital, tribe or tribal organization, etc.)*
- Project director name and title *(should be the same individual designated in Box8f of the SF-424 Application Form)*
- Project director contact information *(phone and email)*
- Data coordinator name and title
- Data coordinator contact information *(phone and email)*

- How the applicant **first** learned about this funding opportunity *(select one: State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department)*
- Is the applicant requesting an exception to partner location requirements in Attachment 8? *(Y/N)*
- Is the applicant organization a previous or current RCORP Award Recipient or Consortium Member? *If yes, specify: FY18, FY19, and/or FY20 RCORP-Planning; FY19 RCORP-MAT Expansion; FY19, FY20, FY21 RCORP-Implementation, FY20 RCORP-Neonatal Abstinence Program, FY21 RCORP-Psychostimulant Support*
- Indicate if applicant organization applied for FY22 RCORP-Behavioral Health Care Support and/or FY22 RCORP-Implementation? *(Y/N)*
- Provide the target service area for the proposed project:
    a. Entirely rural counties *(list state and county name(s))*
    b. Partially rural counties *(list state, county name, and census tract)* Applicants should specify whether the area is in a HRSA-designated rural county or rural census tract in an urban county. To ascertain whether a particular county or census tract is rural, please refer to the Rural Health Grants Eligibility Analyzer.

Attachments 11–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support from non-partnering organizations, charity care policy, etc.

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

The UEI, a "new, non-proprietary identifier" assigned by the System for Award Management (SAM.gov), replaced the *Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

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

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR §

25.110(d))**.** For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

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

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

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

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM.gov.

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is *July 29, 2022 at 11:59 p.m. ET*. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

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

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than $1,000,000 per year (inclusive of direct **and** indirect costs). 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.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103 apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or and other restrictions will apply in following fiscal years, as required by law.

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

- To acquire real property;
- To purchase syringes;
- For construction;
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded;
- To pay down bad debt. Bad debt is debt that has been determined to be uncollectable, including losses (whether actual or estimated) arising from uncollectable accounts and other claims. Related collection and legal costs arising from such debts after they have been determined to be uncollectable are also unallowable;
- To pay the difference between the cost to a provider for performing a service and the provider's negotiated rate with third-party payers (i.e., anticipated shortfall); and
- To supplant any services/funding sources that already exist in the service area(s).

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank RCORP-MAT Access applications. Below are descriptions of the review criteria and their scoring points.

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

- The quality and extent to which the applicant organization clearly and succinctly summarizes the proposed project and how it relates to program goals.
- The extent to which the applicant provides supporting data from appropriate, timely sources that clearly demonstrates the need of the rural target population. If the applicant is unable to locate appropriate and accurate data, the extent to which they provide an explanation for why the data could not be found and how they will leverage the RCORP-MAT access award to strengthen the quality and availability of SUD/OUD data in their target rural service area.
- The extent to which the applicant provides detailed, quantitative descriptions of the characteristics of the target rural population as requested in Section IV's Needs Assessment.
- The extent to which the applicant clearly describes existing SUD/OUD-related prevention, treatment, and recovery support services in the target rural service area, including MAT and associated workforce. If no specific SUD/OUD services

exist within in the target rural service area, the extent to which applicants describe how and where individuals with SUD are receiving care.

- The extent to which the applicant clearly describes how the proposed project will complement, and not duplicate, any existing services or other efforts within the target rural service area, including any RCORP awards held either by the applicant organization or other entities.
- The extent to which the applicant provides a detailed description of the prevalence and impact of SUD/OUD in the target rural service area.
- The clarity and comprehensiveness with which the applicant describes the capacity and need at the proposed new MAT access point(s), as requested Section IV's Needs Assessment.
- The clarity and comprehensiveness with which the applicant describes the community services available within the service area to support MAT and recovery.
- The clarity and comprehensiveness with which the applicant describes barriers to access MAT in the target rural service area, as requested in Section IV's Needs Assessment.
- The extent to which the applicant provides a clear overview of pharmacy access within the target rural service area as it relates to filling prescriptions for MAT.

  If no pharmacy exists within the target rural service area, the extent to which the applicant clearly describes where and how individuals with SUD are filling MAT prescriptions.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

Methodology (25 points)

Overarching Methodology (10 points)

- The extent to which the applicant clearly and specifically demonstrates that the proposal is for a new MAT access point.
- The extent to which the applicant demonstrates that all proposed strategies are clear, actionable, data-driven and needs-based.
- The extent to which the applicant clearly and specifically demonstrates that they will begin delivering MAT services no later than by the end of the first project year of the award.
- The extent to which the applicant describes a reasonable, actionable plan to continually increase patient volume and reimbursement for services throughout the entire period of performance.

- The extent to which the applicant proposes clear, specific, and actionable strategies to address the full spectrum of SUD/OUD treatment, including MAT and recovery support services, in an integrated and coordinated manner.
- The extent to which the applicant proposes clear, specific, and actionable strategies to ensure a "whole-person" approach to MAT, accounting for the specific needs and characteristics of impacted populations including individuals with SUD/OUD and their families and caregivers.
- The clarity and comprehensiveness of the applicant's proposed approach to address disparities in access to MAT and supportive services.

Goal-Specific Methodology (15 points)

Goal 1 - Establish new MAT access points to provide both medications and supportive services to individuals with SUD/OUD in rural communities

- The extent to which the applicant clearly describes in detail the location of the new MAT access point(s), including a description of the facility/facilities in which services will be provided.
- The extent to which the applicant clearly describes why the chosen modalities for care delivery (i.e. office visits, telehealth, mobile unit, etc.), are the most appropriate and effective approach for the target population.
- The extent to which the applicant describes how FDA-approved medication options for OUD, including buprenorphine and/or others, will be offered and administered in the new MAT access point(s) based on the needs of the individual and evidence-based practice.
- The extent to which the applicant describes in detail how supportive services, including (but not limited to) counseling and behavioral therapies, will be integrated and coordinated with the provision of medication.
- The extent to which the applicant clearly describes how they will ensure that the services provided through the new MAT access point(s) are accessible and available to the target population, including (but not limited to) offering extended hours (such as nights and weekends) and **not** requiring abstinence/detoxification as a pre-requisite from treatment.
- The extent to which the applicant clearly describes how services provided through the new MAT access point(s) will address the needs of the identified target population, including those who historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population.

Goal 2 - Enhance the MAT workforce through recruitment, training, and the development of peer mentorship networks;

- The extent to which the applicant details clear and actionable strategies for how grant funds will be used to recruit, hire, and retain interdisciplinary teams of

SUD/OUD clinical providers, social service providers, and support staff who can provide MAT services at the new MAT access point(s).

- The extent to which the applicant describes reasonable and actionable strategies for how they will support **clinical MAT providers and providers of supportive services** through approaches including (but not limited to) professional development opportunities, trainings, certifications, mentorship, etc.
- The extent to which the applicant describes a clear strategy for utilizing the learning collaborative and other HRSA-funded technical assistance resources to operationalize and sustain a network of peer mentors that will support and grow the clinical MAT workforce.

Goal 3 - Build community capacity and infrastructure to support more effective and efficient MAT service provision; and,

- The extent to which the applicant describes specific and actionable strategies for how they will provide new, or expand access to existing, community resources to maximize the ability of MAT clients to achieve sustained, long-term recovery.
- The extent to which the applicant describes specific, actionable strategies for how they will build and strengthen partnerships to ensure integrated, coordinated access to community resources.
- The extent to which the applicant describes specific, actionable strategies for how the MAT Access point(s) will coordinate with other medical providers to ensure that MAT clients are able to access comprehensive care for non-SUD/OUD healthcare needs, in order to support sustained recovery.
- The extent to which the applicant describes specific, actionable strategies for how the new MAT access point(s) will coordinate and integrate service delivery with other MAT initiation sites, such as correctional facilities, hospital emergency departments, pharmacies, etc.

Goal 4 - Ensure sustainability of the new MAT access points through improved billing and coding, as well as enrollment of eligible individuals into health insurance.

- The extent to which the applicant describes specific and actionable strategies for how they will train clinical, social service, and administrative staff to optimize reimbursement for patient encounters through proper coding and billing across insurance types.
- The extent to which the applicant describes specific and actionable strategies for maximizing reimbursement for MAT services, including ensuring that eligible individuals are enrolled into health insurance and collaborating state Medicaid agencies and other payers to explore payment and reimbursement options.
- The extent to which the applicant describes specific and actionable strategies for ensuring that community services and other non-billable supportive services will be sustained after the end of the period of performance.

Work Plan (8 points)

- The extent to which the activities in the work plan clearly align with the goals of RCORP-MAT Access.
- The extent to which the work plan includes all of the elements specified Section IV's Work Plan as follows: specific activities the applicant will undertake to achieve all program goals; responsible individual(s) and/or partner(s) for each activity; timeframes to accomplish all activities; how the proposed activity will ultimately increase the capacity for sustainable MAT service provision in the target rural service area.
- The extent to which the work plan reflects a three-year period of performance.

Resolution of Challenges (2 points)

- The extent to which the applicant describes both internal and external challenges they are likely to face in implementing their proposed work plan, and the quality of the solutions proposed to address them.

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

- The clarity and comprehensiveness of the applicant's proposed process for tracking, collecting, aggregating, and reporting data and information from all partners to fulfill HRSA reporting requirements.
- The extent to which the applicant clearly and specifically describes how the applicant organization will support and enable partners to collect accurate data in response to HRSA reporting requirements.
- The extent to which the applicant demonstrates they have the capacity for, and commits to, working with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Methodology

- The clarity and comprehensiveness of the applicant's proposed plan for updating participating entities, the target rural service area, and the broader public on the program's activities, lessons learned, and success stories;
- The extent to which the applicant provides a detailed, reasonable plan for ensuring that services are fully sustainable by the end of the three-year period of performance.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Organizational Information

Organizational Overview (8 points)

- The clarity and comprehensiveness with which the applicant provides all of the requested information in Section IV's Organizational Information - "Organizational overview."
- The extent to which the applicant provides an organizational chart(s) that clearly where within the applicant organization's management structure the proposed project will be administered and the organizational relationship between the new MAT access point(s), the applicant organization, and other partner organizations.
- The extent to which the applicant demonstrates the ability to immediately operationalize the proposed approach upon receipt of the award.

Staffing Plan (9 points)

- The extent to which the applicant provides a clear and coherent staffing plan that includes all of the information for each proposed project staff member as requested in Section IV's Organizational Information – "Staffing Plan."
- The extent to which the staffing plans identifies a Project Director with at least 0.25 FTE who meets the requirements as specified in Section IV's Organizational Information – "Staffing Plan."
- The extent to which the applicant designates individuals to fulfill the required positions in the project, as described in the Section IV's Organizational Information – "Staffing Plan."
- The extent to which the staffing plan has a direct link to the activities proposed in the work plan.
- The extent to which all proposed staff members have the appropriate qualifications and expertise to fulfill their roles and responsibilities on the award, as described in their biographical sketches.
- If there are any positions that are vacant at the time of application, the extent to which the applicant includes in the staffing plan a clear timeline and specific, actionable process for rapidly filling these positions, as well as a projected start date

Partner Organizations (8 points)

- The extent to which the applicant clearly demonstrates partnerships with at least other entities that will support achievement of program goals.
- The extent to which the applicant includes a pharmacy as one of the two required partnerships. If the applicant did not include a pharmacy as one of the two required partnerships, the extent to which the applicant provides a strong,

reasonable justification for why a partnership with pharmacy could not be established, and clearly addresses how the project will ensure integration with pharmacy services.

- The extent to which the applicant provides the all of the required information for each proposed partner organization, as described in Section IV's Organizational Information – "Partner Organizations."
- The extent to which the applicant provides letters of support from, at a minimum, two partner organizations.
- The extent to which the letters of support include all of the information requested in Section IV's Organizational Information – "Letters of Support."

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

- The reasonableness of the proposed budget for each year of the period of performance in relation to the proposed work plan.
- The extent to which the proposed budget and budget narrative reflect a shift from capacity building activities to service delivery and sustainability over the course of the three-year period of performance.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

NOTE: HRSA will NOT fund proposals that do not demonstrate that they are a new MAT access point.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other

support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 30, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

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

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

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

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

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

1) **Behavioral Health Disparities Impact Statement.** This statement will build on the methods specified in the application and will describe how the recipient will reduce behavioral health care disparities in the target rural service area and continuously monitor and measure the project's impact on health care disparities to inform process and outcome improvements. This statement will be modeled from the Substance Abuse and Mental Health Services Administration (SAMHSA) Disparities Impact Statement (DIS), and will entail developing a plan to improve access to care, use of service and outcomes related to behavioral health care disparities of the identified subpopulation(s) within the target rural service area. If you are awarded, HRSA will provide additional guidance.

2) **Sustainability Plan**. The award recipient will submit a comprehensive sustainability plan to ensure the sustainability of project activities beyond the period of performance, including a business plan. HRSA will provide additional information during the period of performance.

3) **Performance Integrity Management System (PIMS) Reports**. The award recipient must submit quantitative performance reports on an annual basis. These data should reflect the performance of all partners, not just the applicant organization. If awarded, applicants will receive an Onboarding Package, which will include the performance measures for reporting in PIMS, as well as additional data collection and reporting guidance.

   Note: Applicants will be expected to provide baseline data 90 days after award receipt. HRSA will provide additional information during the period of performance.

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

5) **Federal Financial Report (FFR)**. Award recipients must submit the FFR (SF-425) no later than January 30 for each budget period. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through EHBs. HRSA will provide more detailed information in the NOA.

6) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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

VII. Agency Contacts

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

Eric Brown
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 945-9844
Email: ebrown@hrsa.gov

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

Anna Swanson
Public Health Analyst, Federal Office of Rural Health Policy
Attn: RCORP-MAT Access
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2398
Email: ruralopioidresponse@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled the following webinar:

Day and Date: Thursday, June 23, 2022
Time: 2 – 3 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1600963647

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1-833-568-8864
Participant Code: 160 096 3647

HRSA will record the webinar. For a recording of the webinar, please email ruralopioidresponse@hrsa.gov

Tips for Writing a Strong Application

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

Appendix A: Page Limit Worksheet

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

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

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – Enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment = ___ pages*
Attachments Form	Attachment 1: Work Plan	*My attachment = ___ pages*
Attachments Form	Attachment 2: Staffing Plan	*My attachment = ___ pages*
Attachments Form	Attachment 3: Staff Biographical Sketches	*My attachment = ___ pages*
Attachments Form	Attachment 4: List of Partner Organizations	*(Does not count against the page limit)*
Attachments Form	Attachment 5: Letters of Support from Two Partner Organizations	*My attachment = ___ pages*
Attachments Form	Attachment 6: Project Organizational Chart	*My attachment = ___ pages*
Attachments Form	Attachment 7: Letter of Commitment from Entity/Entities Serving as the New MAT Access Point(s) (if applicable)	*My attachment = ___ pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – Enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 8: Exceptions to Partner Location Requirements (if applicable)	*My attachment* = ___ *pages*
Attachments Form	Attachment 9: MAT Access Point Locations	*My attachment* = ___ *pages*
Attachments Form	Attachment 10: General Project Information	*My attachment* = ___ *pages*
Attachments Form	Attachment 11 –15: Other Relevant Documents	*My attachment* = ___ *pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment* = ___ *pages*
Project Narrative Attachment Form	Project Narrative	*My attachment* = ___ *pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment* = ___ *pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-22-165 is 80 pages		**My total = ____ pages**

Appendix B: Examples of Allowable Activities

1. **Establish new MAT access points to provide both medications and supportive services to individuals with SUD/OUD in rural communities;**
    a. Perform minor renovations to facilitate co-location of SUD, behavioral health, and primary care services. Note: please reference the Funding Restrictions section of the NOFO for more information of minor renovations.
    b. Advance telehealth direct care and consultation approaches to MAT. Note that the Drug Enforcement Agency (DEA) has issued a clarification of current law allowing the prescribing of MAT via telehealth under certain circumstances.
    c. Address other SUD-related needs of the target population, given that many individuals with OUD are polysubstance users or have co-occurring conditions.
2. **Enhance the MAT workforce through recruitment, training, and the development of peer mentorship networks;**
    a. Train providers on evidence based methods such as Motivational Interviewing, Cognitive Behavioral Therapy etc.
    b. Set up a Project ECHO site within the target rural service area.
3. **Build community capacity and infrastructure to support more effective and efficient MAT service provision; and,**
    a. Provide support for pregnant and postpartum women to enter and adhere to family centered OUD treatment, reduce the risk of relapse, and prevent, and reduce and manage medical complications in the newborn and other children, using approaches that minimize stigma and other barriers to care, and to support the long-term recovery of the women.
    b. Set up a family room at the new MAT access point where individuals can safely bring their children to MAT appointments, if needed
    c. Increase education access among the target population; job-readiness trainings; establishing a campaign to recruit or increase employers that hire people in recovery etc.
4. **Ensure sustainability of the new MAT access points through improved billing and coding, as well as enrollment of eligible individuals into health insurance.**
    a. Provide health navigators at relevant community events directed at persons in recovery to enroll eligible individuals into health insurance.
    b. Train staff on billing and coding for telehealth SUD services.
    c. Conduct reviews of reimbursement summaries at the new MAT access point to ensure most accurate billing and coding is being applied.

Appendix C: Potential Partner Organizations

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

- Community Members, such as:
    - Individuals in Recovery;
    - Youth;
    - Parents;
    - Grandparents;
    - Individuals who have historically suffered from poorer health outcomes, health disparities, and other inequities, as compared to the rest of the target population;
- Health care providers, such as:
    - Pharmacies;
    - Critical access hospitals or other hospitals;
    - Rural health clinics
    - Local or state health departments;
    - Federally qualified health centers;
    - Ryan White HIV/AIDS clinics and community-based organizations;
    - Substance abuse treatment providers;
    - Mental and behavioral health organizations or providers;
    - Opioid Treatment Programs;
- HIV and HCV prevention organizations;
- Entities that are owned or managed by people from minority groups;
- Single State Agencies (SSAs);
- Prisons;
- Primary Care Offices;
- State Offices of Rural Health;
- Law enforcement;
- Cooperative Extension System Offices;
- Emergency Medical Services entities;
- School systems;
- Primary Care Associations;
- Poison control centers;
- Maternal, Infant, and Early Childhood Home Visiting Program local implementing agencies;
- Universities;
- Healthy Start sites; and
- Other social service agencies and organizations.

Appendix D: Resources for Applicants

Several sources offer data and information that may help you in preparing the application. You are especially encouraged to review the reference materials available at the following websites. Please note HRSA is not affiliated with all of the resources provided. Inclusion of a non-federal resource on this list does not constitute endorsement by HRSA, or a guarantee that the information provided in the non-federal resource is accurate:

HRSA Resources:

- **HRSA Rural Communities Opioid Response Program (RCORP) Website**
  Provides information regarding HRSA's RCORP initiative.
  Website: https://www.hrsa.gov/rural-health/rcorp
  RCORP Technical Assistance website: https://www.rcorp-ta.org/
  RCORP-Rural Centers of Excellence on Substance Use Disorder: https://www.hrsa.gov/rural-health/rcorp/rcoe

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

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

- **Ending the HIV Epidemic: A Plan for America**
  Learn how HRSA—in conjunction with other key HHS agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA)—is supporting the President's new initiative to reduce new HIV infections by 75 percent in the next five years and by 90 percent in the next 10 years.
  Website: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

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

- **National Health Service Corps (NHSC)**
  HRSA's Bureau of Health Workforce administers the NHSC Loan Repayment Program, which is authorized to provide loan repayment to primary health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area.

- For general information about NHSC, please visit: https://nhsc.hrsa.gov/
- For state point of contacts, please visit here: https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf

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

Other Resources:

- **American Society of Addiction Medicine (ASAM)**
  Offers a wide variety of resources on addiction for physicians and the public.
  Website: https://www.asam.org/resources/the-asam-criteria/about

- **Case Study: Medication Assisted Treatment Program for Opioid Addiction**
  Learn about Vermont's Hub & Spoke Model for treating opioid addiction here: http://www.astho.org/Health-Systems-Transformation/Medicaid-and-Public-Health-Partnerships/Case-Studies/Vermont-MAT-Program-for-Opioid-Addiction/

- **Centers for Disease Control and Prevention (CDC)**
  Offers a wide variety of opioid-related resources, including nationwide data, state-specific information, prescription drug monitoring programs, and other useful resources, such as the *Guideline for Prescribing Opioids for Chronic Pain*.
  Website: https://www.cdc.gov/drugoverdose/opioids/index.html
  - ***Linking People with Opioid Use Disorder to Medication Treatment: A Technical Package of Policy, Programs, and Practices:***
    This package offers guidance for developing and implementing effective linkage to care strategies for health care professionals and community leaders in public health, education, criminal justice, social services, business, and government who are working to increase access and linkage to MOUD, **https://www.cdc.gov/drugoverdose/pdf/pubs/Linkage-to-Care_Edited-PDF_508-3-15-2022.pdf**

  - ***Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs: A Guide for State and Local Health Departments (March 2018):***
    https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf

  - **National Center for Health Statistics**
    Provides health statistics for various populations.
    Website: http://www.cdc.gov/nchs/

  - **Syringe Services Programs**
    For more information on these programs and how to submit a Determination of Need request visit here: https://www.cdc.gov/hiv/risk/ssps.html

- **Community Health Systems Development Team at the Georgia Health Policy Center**
  Offers a library of resources on topics such as collaboration, network infrastructure, and strategic planning.

  Website: http://ruralhealthlink.org/Resources/ResourceLibrary.aspx

- **Legal Services Corporation**
  Legal Services Corporation (LSC) is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans.

  Website: https://www.lsc.gov/

- **National Area Health Education Center (AHEC) Organization**
  The National AHEC Organization supports and advances the AHEC Network to improve health by leading the nation in recruitment, training and retention of a diverse health work force for underserved communities.

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

- **National Association of County and City Health Officials (NACCHO)** NACCHO created a framework that demonstrates how building consortiums among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.
  Website: http://archived.naccho.org/topics/infrastructure/mapp/

- **National Institutes of Health (NIH)**
  - **HEALing Communities Study:** Learn about the multi-site implementation research study launched by NIH and SAMHSA to test the impact of an integrated set of evidence-based practices across health care, behavioral health, justice, and other community-based settings.
    Website: https://heal.nih.gov/research/research-to-practice/healing-communities

  - **National Institute on Drug Abuse (NIDA):** NIDA advances science on the causes and consequences of drug use and addiction and applies that knowledge to improve individual and public health.
    Website: https://www.drugabuse.gov/about-nida

- **National Opinion Research Center (NORC) at the University of Chicago—Overdose Mapping Tool**
  NORC and the Appalachian Regional Commission have created the Overdose Mapping Tool to allow users to map overdose hotspots in Appalachia and overlay them with data that provide additional context to opioid addiction and death.
  Website: http://overdosemappingtool.norc.org/

- **National Organization of State Offices of Rural Health (NOSORH)—Toolkit**
  NOSORH published a report on lessons learned from HRSA's Rural Opioid Overdose Reversal Grant Program and compiled a number of tools and resources communities can use to provide education and outreach to various stakeholders.
  Website: https://nosorh.org/rural-opioid-overdose-reversal-program/

- **Providers Clinical Support System**
  PCSS is a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) created in response to the opioid overdose epidemic to train primary care providers in the evidence-based prevention and treatment of opioid use disorders (OUD) and treatment of chronic pain.
  Website: https://pcssnow.org/

- **Primary Care Associations (PCAs)**
  To locate contact information for all of the PCAs, visit here:
  http://www.nachc.org/about-nachc/state-affiliates/state-regional-pca-listing/

- **Rural Health Information Hub – Community Health Gateway**
  Offers evidence-based toolkits for rural community health, including systematic guides, rural health models and innovations, and examples of rural health projects other communities have undertaken.
  Website: https://www.ruralhealthinfo.org/community-health

    - **Rural Health Information Hub – Rural Response to Opioid Crisis**
      Provides activities underway to address the opioid crisis in rural communities at the national, state, and local levels across the country.
      Website: https://www.ruralhealthinfo.org/topics/opioids

    - **Rural Health Information Hub - Rural Prevention and Treatment of Substance Abuse Toolkit**
      Provides best practices and resources that organizations can use to implement substance abuse prevention and treatment programs.
      Website: https://www.ruralhealthinfo.org/toolkits/substance-abuse

- **Rural Health Research Gateway**
  Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present, including projects pertaining to substance use disorder.
  Website: http://www.ruralhealthresearch.org/

- **Substance Abuse and Mental Health Services Administration (SAMHSA)** Offers a wide variety of resources on the opioid epidemic, including data sources, teaching curriculums, evidence-based and best practices, and information on national strategies and initiatives.
  Website: https://www.samhsa.gov/

    - **SAMHSA Evidence-Based Practices Resource Center**
      Contains a collection of scientifically based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.
      Website: https://www.samhsa.gov/ebp-resource-center

    - **SAMHSA State Targeted Response to the Opioid Crisis Grants**
      This program awards grants to states and territories and aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment

need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD.
List of individual grant award activities: https://www.samhsa.gov/sites/default/files/grants/pdf/other/ti-17-014-opioid-str-abstracts.pdf

- **SAMHSA State Opioid Response Grants**
  The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs)
  Website: https://www.samhsa.gov/grants/grant-announcements/ti-18-015
  List of awarded states: https://www.hhs.gov/about/news/2019/09/04/state-opioid-response-grants-by-state.html

- **SAMHSA Peer Recovery Resources**
  - https://www.samhsa.gov/brss-tacs
  - https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

- **Other Opioid Use Disorder Resources**
  - "TIP 63: Medications for Opioid Use Disorder" https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006
  - "The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder – 2020 Focused Update" https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline

- **State Offices of Rural Health (SORHs)**
  All 50 states have a SORH. These offices vary in size, scope, organization, and in services and resources, they provide. The general purpose of each SORH is to help their individual rural communities build health care delivery systems.
  List of and contact information for each SORH: https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/

- **State Rural Health Associations (SRHAs)**
  To locate contact information for all of the SRHAs, visit here: https://www.ruralhealthweb.org/programs/state-rural-health-associations

- **U.S. Department of Agriculture (USDA)**
  Provides information and resources—including relevant USDA funding opportunities such as the Community Facilities Loan and Grant Program—for rural communities that want to address the opioid epidemic. Visitors can also share feedback on what prevention, treatment and recovery actions have been effective in addressing the opioid epidemic in their rural communities.
  Website: https://www.usda.gov/topics/opioids and https://www.outreach.usda.gov/USDALocalOffices.htm

- **U.S. Department of Labor**
  - **Federal Bonding Program:** The U.S. Department of Labor established The Federal Bonding Program in 1966 to provide Fidelity Bonds for "at-risk," hard-to-place job seekers. The bonds cover the first six months of employment at no cost to the job applicant or the employer.
    Website: https://nicic.gov/federal-bonding-program-us-department-labor-initiative

  - **Work Opportunity Tax Credit:** The Work Opportunity Tax Credit (WOTC) is a federal tax credit available to employers for hiring individuals from certain target groups who have consistently faced significant barriers to employment.
    Website: https://www.doleta.gov/business/incentives/opptax/

- **U.S. Department of Health and Human Services (HHS)**
  - **National Opioids Crisis Help and Resources**: Provides resources and information about the opioid epidemic, including HHS' 5- point strategy to combat the opioid crisis.
    Website: https://www.hhs.gov/opioids/

  - **Healthy People 2030 (HP2030)**: HP2030 establishes national health objectives with targets and monitors and catalyzes progress over time to measure the impact of research and prevention efforts. RCORP encourages applicants to integrate the HP2030 objectives and targets into RCORP-MAT Access efforts to improve health outcomes
    Website: https://health.gov/healthypeople

  - **Healthy Rural Hometown Initiative**: the HHS Rural Health Task Force developed the "Healthy Rural Hometown Initiative" (HRHI). The HRHI is an effort that seeks to address the underlying factors that are driving growing rural health disparities related to the five leading causes of avoidable death (heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke).
    Website: https://www.hhs.gov/sites/default/files/hhs-rural-action-plan.pdf

Appendix E: National Health Service Corps Information

HRSA encourages award recipients to leverage National Health Service Corps funding to strengthen the SUD workforce in rural communities. The Further Consolidated Appropriations Act, 2022 (H.R. 2471) appropriated funding to the NHSC for the purpose of expanding and improving access to quality Opioid Use Disorder (OUD) and other SUD treatment in underserved areas nationwide. A portion of the NHSC's funding will be used for rural workforce expansion to combat the opioid epidemic, which has had a particularly significant impact on rural communities. Accordingly, the NHSC Rural Community LRP will make loan repayment awards in coordination with the Rural Communities Opioid Response Program (RCORP) initiative within the Federal Office of Rural Health Policy (FORHP).

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

The NHSC will make awards of up to $100,000 for three years of full-time service to eligible providers under the NHSC Rural Community LRP. HRSA seeks providers with Drug Addiction Treatment Act of 2000 (DATA) waivers (authorized under 21 U.S.C. § 823(g)(2)) and SUD-licensed or SUD-certified professionals to provide quality evidence-based SUD treatment health care services at SUD treatment facilities located in Health Professional Shortage Areas (HPSAs). The NHSC Rural Community LRP expanded access to substance use disorder (SUD) treatment by adding several new disciplines to include pharmacists, registered nurses, SUD counselors and nurse anesthetists. The NHSC will provide a funding preference for applicants serving at rural NHSC-approved SUD treatment facilities that are RCORP Consortium member sites.

Eligibility

To be eligible for NHSC service, a provider must:

- Be a U.S. citizen or national;

- Currently work, or have applied to work by July 18 of the current year, at an NHSC-approved site;

- Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts; and

- Be licensed to practice in state where the employer site is located.

Eligible Occupations

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

Primary Care:
- Physician (MD or DO)
- Nurse Practitioner
- Certified Nurse Midwife
- Physical Assistant
- Substance Use Disorder Counselors
- Pharmacists
- Registered Nurses
- Certified Registered Nurse Anesthetists (RCORP NHSC LRP only)

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

Eligible Site Criteria
NHSC-approved sites must:
- Be located in and serve a federally designated HPSA;
- Located in a Rural-Urban Commuting Area (RUCA) Census Tract and operates as a health care facility providing comprehensive outpatient services to populations residing in HPSAs;
- Be an outpatient facility providing SUD services;
- Utilize and prominently advertise a qualified discounted/sliding fee schedule (SFS) for individuals at or below 200 percent of the federal poverty level;
- Not deny services based on inability to pay or enrollment in Medicare, Medicaid, and Children's Health Insurance Program (CHIP);
- Ensure access to ancillary, inpatient, and specialty care;
- Have a credentialing process that includes a query of the National Practitioner Data Bank; and
- Meet all requirements listed in the NHSC Site Agreement.

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

For a list of current NHSC-approved sites, please see HRSA's Health Workforce Connector.

Eligible Site Types
1. Certified Rural Health Clinics;
2. State or Local Health Departments;
3. State and Federal Prisons;
4. Community Mental Health Centers;
5. School-Based Clinics;
6. Mobile Units/Clinics;
7. Free Clinics;
8. Critical Access Hospitals (CAH);

9. Community Outpatient Facilities; and
10. Private Practices
11. Opioid Treatment Program (OTP);
12. Office-based Opioid Agonist Treatment (OBOT); and
13. Non-Opioid SUD treatment sites.

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

Please note that all NHSC sites must deliver comprehensive mental/behavioral health on an outpatient basis, with the exception of CAHs and IHS hospitals. NHSC-approved sites must provide services for free or on a SFS to low-income individuals, and:
1. Offer a full (100 percent) discount to those at or below 100 percent of the federal poverty level
2. Offer discounts on a sliding scale up to 200 percent of the federal poverty level;
3. Use the most recent HHS Poverty Guidelines;
4. Utilize family size and income to calculate discounts (not assets or other factors); and
5. Have this process in place for a minimum of 6 months.

Note:
• A health care organization of a consortium must receive NHSC site approval prior to members of their workforce applying for NHSC Rural Community Loan Repayment Program.
• Consortium members do not receive auto-approval based on their RCORP status. Consortium members must meet all NHSC site eligibility criteria. All NHSC sites, except SUD treatment facilities, Critical Access Hospitals and Indian Health Service Hospitals, are required to provide an appropriate set of services for the community and population they serve. NHSC-approved sites must provide services for free or on a sliding fee schedule to low-income individuals. More information can be found here.

Appendix F: Third-Party Payer Guidance

Award recipients should ensure that all services covered by reimbursement are be billed and every reasonable effort is made to obtain payment from third-party payers. Only after award recipients receive a final determination from the insurer regarding lack of full reimbursement can the RCORP-MAT Access grant be used to cover the cost of services for underinsured individuals.

RCORP-MAT Access grant funds can also be used to cover the cost of services for uninsured patients. **No individuals should be denied services due to an inability to pay.**

*RCORP-MAT Access funds **cannot** be used for the following purposes:*

- To supplant existing funding sources;
- To pay down bad debt. Bad debt is debt that has been determined to be uncollectable, including losses (whether actual or estimated) arising from uncollectable accounts and other claims. Related collection and legal costs arising from such debts after they have been determined to be uncollectable are also unallowable.
- To pay the difference between the costs to a provider for performing a service and the provider's negotiated rate with third-party payers (i.e., anticipated shortfall).

For all applicants (regardless of charity care or sliding fee policy):

- RCORP-MAT Access funds can be used to pay the co-insurance, out-of-pocket expenses, and/or co-payment for patients who are unable to pay for prevention, treatment, and recovery services provided by the RCORP-MAT Access grant.
- Applicants must include a line item(s) in the RCORP-MAT Access budget under “Other” for subsidized care with a detailed description of how the estimate was derived. For each project year, the justification should include the anticipated number of patients and encounters that would be covered by the grant; the payer mix of the patient population; the type and average cost of services that would be subsidized; and a rationale for why grant funds are needed to subsidize the cost of services.
- If the funds will be used by partners that are subcontractors on the RCORP-MAT Access grant to subsidize care, then applicants must include line item(s) under “Contractual” for these costs. The budget narrative must provide a detailed justification for how each consortium member arrived at their estimate based on the above guidance.

For providers that have a charity care policy—i.e., a policy to provide health care services free of charge (or where only partial payment is expected not to include contractual allowances for otherwise insured patients) to individuals who meet certain financial criteria:

- You must include the provider’s documented charity care policy as an attachment to the application.

For Federally Qualified Health Centers (FQHCs): FQHCs must adhere to health center requirements around Sliding Fee Discounts.

Appendix G: MAT Access Point Examples

RCORP-MAT Access funds must be used to establish a **new** MAT access point(s), and **not** for expanding an existing MAT access point(s). MAT cannot currently be a clinical service offered at the proposed access point(s).

HRSA will NOT fund proposals that do not demonstrate that they are a new MAT access point.

Please see below for illustrative examples what does and does not constitute a new MAT access point for the purposes of this program. Note that this is **not** an exhaustive list; there may be additional examples of entities that do and do not qualify as new MAT access points. If you are unsure of whether your entity will qualify as a new MAT access point for the purposes of this program, please reach out Kiley Diop: kdiop@hrsa.gov.

Examples of new MAT Access Points:

- A clinic located in a HRSA-designated rural area which does not offer MAT, and plans establish new MAT services available both in-person and via telehealth.
- A brick and mortar health facility which currently offers MAT, and is planning to establish new MAT access points via mobile units. The mobile units will exclusively provide services in a HRSA-designated rural area where MAT is not readily available.
- A hospital located in a HRSA-designated rural area that is part of a larger hospital system. Other locations within the hospital system offer MAT, but the hospital applying for the program, does **not** offer any SUD/OUD treatment including MAT.
- A rural clinic currently provides counseling services for people with SUD/OUD, and is planning to expand to provide MAT.

Example of an entity that is NOT a new MAT access point:

- A health facility that provides only one type of MAT (i.e., Methadone) and would like to expand MAT services to include other MAT medications.

  Note: HRSA will ONLY fund new access points. This is **not** a new access point because the facility currently provides MAT.

Appendix H: Application Completeness Checklist

- ✓ Have I read this NOFO thoroughly and referred to the SF424 Application Guide where indicated?
- ✓ Do I have two partners with letters of support?
- ✓ If the applicant organization is not the entity that will be physically serving as the new MAT access point(s), have I provided a signed letter of commitment from the entity/entities that will be serving as the new MAT access point(s) in Attachment 7?
- ✓ Are all of my proposed partners physically located in HRSA-designated rural areas?
    - If not, have I included an exception request in Attachment 9 and attested that the partner is a primary service provider for the target rural service area and that the partner will directly contribute to building health service delivery infrastructure within the target rural service area?
- ✓ Does my budget total $1,000,000 (or less) per year, inclusive of direct and indirect costs?
- ✓ Have I submitted a budget and budget narrative for each of the three years of the period of performance?
- ✓ Do my "Work Plan" and "Methodology" sections reflect all four program goals outlined in the Program-Specific Instructions section of the NOFO?
- ✓ Does my work plan reflect a three-year period of performance?
- ✓ Have I designated roles for Project Director, Data Coordinator, Healthcare Navigator, and Learning Collaborative participant in the staffing plan?
- ✓ Have I completed all forms and attachments as requested in Section IV of this NOFO and in the SF-424 Application Guide?
- ✓ Will I apply at least 3 calendar days before the deadline to accommodate any unforeseen circumstances?
- ✓ Have I confirmed that my application does not exceed the 80-page limit?