U.S. Department of Health and Human Services

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Policy Research Division

Rural Residency Planning and Development (RRPD) Program

Funding Opportunity Number: HRSA-23-037

Funding Opportunity Type(s): New

Assistance Listings Number: 93.155

Application Due Date: January 27, 2023

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: October 5, 2022

Sheena Johnson, MPH
Health Insurance Specialist
Federal Office of Rural Health Policy
Phone: (301) 945-9639
Email: ruralresidency@hrsa.gov

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) 2023 Rural Residency Planning and Development (RRPD) Program. The purpose of this program is to improve health care in rural areas by developing new, sustainable rural residency programs or rural track programs (RTPs) that are accredited by the Accreditation Council for Graduate Medical Education (ACGME) to support expansion of the physician workforce pipeline in rural communities. For the purposes of this funding opportunity, rural residencies are allopathic and osteopathic physician residency programs that primarily train residents in rural clinical settings for greater than 50 percent of their total time in residency, and focus on producing physicians who will practice in rural communities. This includes ACGME RTP designation Types 1 and 2.

There are two pathways for this program: *General Primary Care and High Need Specialty Pathway* and *Maternal Health and Obstetrics Pathway*.

General Primary Care and High Need Specialty Pathway: This pathway supports the development of new rural residency training programs in family medicine, internal medicine, preventive medicine, psychiatry, and general surgery.

Maternal Health and Obstetrics Pathway: This pathway supports the development of new rural residency programs with a focus on obstetrical training to broaden residents' training and scope of practice to provide high quality, evidence-based maternity care and obstetrical services in rural areas: (1) obstetrics-gynecology rural residency program or RTP, or (2) family medicine rural residency program or RTP with enhanced obstetrical training. Enhanced obstetrical residency training must provide family medicine residents with extensive clinical experience in comprehensive maternity care, including dedicated training on labor and delivery and operative obstetrics. These programs must have the faculty clinical expertise to prepare family medicine residents for the independent practice of obstetrics in rural communities.

This grant program and the RRPD-Technical Assistance Program are complementary and seek to expand the number of new rural residency training programs and subsequently increase the number of physicians choosing to practice in rural areas. Funding will support planning and development costs accrued while achieving program accreditation.

Funding Opportunity Title:	Rural Residency Planning and Development (RRPD) Program
Funding Opportunity Number:	HRSA-23-037
Due Date for Applications:	January 27, 2023
Anticipated FY 2023 Total Available Funding:	$11,250,000
Estimated Number and Type of Award(s):	Up to 15 grants
Estimated Annual Award Amount:	Up to $750,000 over the 3-year period of performance, subject to the availability of appropriated funds. Award recipient will receive the full award amount in the first year of the period of performance and is required to allocate across all three years.
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2023 through July 31, 2026 (3 years)
Eligible Applicants:	Eligible applicants are domestic public, nonprofit, or private organizations, including faith-based and community-based organizations, tribes and tribal organizations. Specifically, these organizations may include, but are not limited to: 1) rural hospitals; 2) rural community-based ambulatory patient care centers, including Rural Health Clinics; 3) health centers operated by a tribe or tribal organization, or an urban Indian organization; 4) graduate medical education consortiums, including institutions of higher education, such as, schools of allopathic medicine or osteopathic medicine or Historically Black Colleges and Universities (HBCUs); and 5) faith-based and community-based organizations.

	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:

Thursday, November 3, 2022
1– 2:30 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1609902793?pwd=MmdGRWJaMHFPWm5VOFd2cXF5SVViQT09

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

Call-In Number: 1-833-568-8864
Meeting ID: 40608316

HRSA will record the webinar.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Health Resources and Services Administration (HRSA) Rural Residency Planning and Development (RRPD) Program. The purpose of this program is to improve and expand access to health care in rural areas by developing new, sustainable rural residency programs or rural track programs (RTPs) that are accredited by the Accreditation Council for Graduate Medical Education (ACMGE), to address the physician workforce shortages and challenges faced by rural communities. This program provides start-up funding to RRPD award recipients to create new rural residency programs that will ultimately be sustainable long-term through viable and stable funding mechanisms, such as, Medicare, Medicaid, and other public or private funding sources.

For the purposes of this notice of funding opportunity, rural residencies are accredited allopathic and osteopathic physician residency programs that primarily train residents in rural training sites for greater than 50 percent of their total time in residency, and focus on producing physicians who will practice in rural communities. This includes ACGME RTP designation Types 1 and 2.

There are two pathways for this program: *General Primary Care and High Need Specialty Pathway* and *Maternal Health and Obstetrics Pathway*.

General Primary Care and High Need Specialty Pathway: This pathway supports the development of new rural residency training programs in family medicine, internal medicine, preventive medicine[1], psychiatry, and general surgery.

Maternal Health and Obstetrics Pathway: This pathway supports the development of new rural residency programs with a focus on obstetrical training to broaden residents' training and scope of practice to provide high quality, evidence-based maternity care and obstetrical services in rural areas: (1) obstetrics- gynecology rural residency program or RTP, or (2) family medicine rural residency program or RTP with enhanced obstetrical training. Enhanced obstetrical residency training must provide family medicine residents with extensive clinical experience in comprehensive maternity care, including dedicated training on labor and delivery and operative obstetrics. These programs must have the faculty clinical expertise to prepare family medicine residents for the independent practice of obstetrics in rural communities.

[1] For the purposes of this NOFO, eligible preventive medicine specialties include Public Health and General Preventive Medicine and Occupational Medicine. Refer to program definitions for more information.

Program Goals

The goal for the RRPD program is for each recipient to establish a new rural residency program or RTP by the end of the period of performance that is accredited by the ACGME and will be sustainable long-term through viable and stable funding mechanisms, such as, Medicare, Medicaid, and other public or private funding sources. All RRPD program recipients must be capable of effectively training physicians to practice in and meet the clinical needs of rural populations. As a result, we expect that the proportion of graduates from these programs entering careers in practices primarily serving rural populations will markedly exceed that seen in other programs across the nation.

Program Objectives

Objective 1: Residency Program Development

- 1.1 Appoint a residency program director or identify a residency program director in development by the start of year 2 of the grant (August 1, 2024).
- 1.2 Submit ACGME application for the new rural residency program or RTP by the start of year 3 of the grant (August 1, 2025).
- 1.3 Establish a new rural residency program or RTP in eligible specialties that is ACGME accredited by the end of the period of performance (July 31, 2026).
- 1.4 Matriculate first resident class no later than the academic year (AY) immediately following the end of the RRPD period of performance (AY 2027).

Objective 2: Program Sustainability

- 2.1 Solidify a clearly defined, factual, and validated sustainability plan that includes ongoing funding stream(s) to sustain long-term resident training once the program is established through the following options:
  - 2.1.1 Qualifying under current regulatory authority for Medicare graduate medical education (GME) payments in rural hospitals starting a new residency training program. Specifically, the applicants:
    - 2.1.1.1 Either have a viable direct GME Per Resident Amount or are eligible to establish one after training residents for the first time in new program; and
    - 2.1.1.2 Are eligible for viable indirect medical education (IME) and/or direct GME (DGME) resident cap adjustment.
  - 2.1.2 Creating an RTP program in accordance with Medicare regulations;
  - 2.1.3 Establishing state or other public and/or private support; or
  - 2.1.4 Combining multiple funding streams (e.g., a hospital may have a mix of Medicare and other public funding).
- 2.2 Finalize a detailed pro forma for program sustainability by the start of year 2 of the grant (August 1, 2024).

Note: *The Consolidated Appropriations Act (CAA) of 2021 authorized changes to Medicare GME regulations that expanded indirect and direct GME payment policies for Rural Track Programs (RTPs). Refer to the implementation of the CAA in the FY22 Inpatient Prospective Payment System (IPPS) Final Rule with Comment Period and Section IV.2.ii. Program Sustainability for more information.*

Objective 3: Graduate Tracking Plan

3.1 Develop a structured plan to track and publicly report on resident career outcomes after graduation for a period of at least 5 years after the first graduating class to determine retention in rural communities.

3.2 Identify and establish data collection elements for the graduate tracking plan. Examples of information collected may include, but are not limited to, practice specialty/sub-specialty and location, patient population served, service time committed to the care of safety net patients, part/full-time clinical practice status, services offered, proportion of clinical time in inpatient and outpatient settings, and any additional training opportunities pursued after residency completion.

2. Background

This program is authorized by 42 U.S.C. § 912(b)(5) (§711(b)(5) of the Social Security Act) and administered by the HRSA's Federal Office for Rural Health Policy (FORHP), in consultation with the Bureau of Health Workforce (BHW).

National trends show the demand for physicians will continue to worsen outpacing the projected supply. The National Center for Health Workforce Analysis (NCHWA) projects that the total demand for primary care physicians will grow by 38,320 FTEs between 2013 and 2025. Estimates project that there will be a shortage of 23,640 primary care physician FTEs by 2025.[2] More recent data from the Association of American Medical Colleges (AAMC) projects an estimated shortage of between 37,800 and 124,000 physicians across primary care and non-primary care specialties by 2034.[3] Contributing to the overall shortages is the maldistribution of the physician workforce highly saturated in urban area, with rural and underserved communities experiencing the greatest need for health care providers.

Approximately 20 percent of the population, roughly 61 million individuals, live in rural communities. [4] People living in rural communities experience higher rates of chronic conditions, preventable hospitalizations, and lack of access to timely care than their urban counterparts. Studies show that higher primary care physician densities and access to high-quality primary care correlate with reduced rates of hospitalization and

---

[2] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA. "National and Regional Projections of Supply and Demand for Primary Care Practitioners: 2013-2025" Retrieved from https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/primary-care-national-projections-2013-2025.pdf

[3] IHS Markit Ltd. The Complexities of Physician Supply and Demand: Projections From 2019 to 2034. Washington, DC: AAMC. 2021.Retrieved from https://www.aamc.org/media/54681/download

[4] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA Defining Rural Population. Retrieved from https://www.hrsa.gov/rural-health/about-us/what-is-rural

better health outcomes across multiple domains. [5] However, nearly 97 percent (1,904) of all non-metro counties in the United States are entirely or partially designated as a primary care health professional shortage area (HPSA).[6]

Primary care physicians who practice in rural areas often have a broader scope of practice than their urban counterparts, yet lack clinical support from specialty care providers to treat patients with more complex conditions. For instance, the declining access to rural obstetrical services where more than half of all rural counties lack hospital obstetrical services indicates an increasing challenge to provide reproductive and maternal care to the more than 28 million women of reproductive age living in rural communities.[7,8] Similar to primary care providers, access to specialists is associated with lower preventable hospitalizations and mortality rates.[9] Recent data shows that there is a dearth of obstetricians (77 percent)[10], psychiatrists (80 percent)[11] and general surgeons (60 percent)[12] in rural counties.

Retaining and recruiting physicians continues to remain a critical issue for rural hospitals, especially amidst the COVID-19 pandemic workforce challenges. One proven successful strategy to increase the rural physician supply is associated with residency training. Studies have shown that enrolling trainees with rural backgrounds and training residents in rural settings increases the likelihood that graduates will stay and practice

---

[5] Streeter RA, Snyder JE, Kepley H, Stahl AL, Li T, et al. The geographic alignment of primary care Health Professional Shortage Areas with markers for social determinants of health. PLOS ONE 24 April 2020 15(4): e0231443. Retrieved from https://doi.org/10.1371/journal.pone.0231443

[6] Rural Health Information Hub. Health Professional Shortage Areas: Primary Care, by County, 2022, January 2022. Retrieved from https://www.ruralhealthinfo.org/charts/5

[7] Hung P, Henning-Smith CE, Casey MM, Kozhimannil KB. Access To Obstetric Services In Rural Counties Still Declining, With 9 Percent Losing Services, 2004- 14. Health Aff (Millwood). 2017 Sep 1;36(9):1663- 1671. Retrieved from https://doi.org/10.1377/hlthaff.2017.0338

[8] National Rural Health Association. Revealing the scope of rural OB unit closures. Rural Health Voices. December 2017. Retrieved from https://www.ruralhealth.us/blogs/ruralhealthvoices/december-2017/revealing-the-scope-of-rural-ob-unit-closures

[9] Johnston KJ, Wen H, Joynt Maddox KE. Lack Of Access To Specialists Associated With Mortality And Preventable Hospitalizations Of Rural Medicare Beneficiaries. Health Aff (Millwood). 2019 Dec;38(12):1993-2002. Retrieved from https://doi.org/10.1377/hlthaff.2019.00838

[10] Patterson DG, Andrilla CHA, Garberson LA. The Supply and Rural-Urban Distribution of the Obstetrical Care Workforce in the U.S. Policy Brief #168. WWAMI Rural Health Research Center, University of Washington, June 2020. Retrieved from https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2020/06/RHRC_PB168_Patterson.pdf

[11] Larson EH, Patterson DG, Garberson LA, Andrilla CHA. Supply and Distribution of the Behavioral Health Workforce in Rural America. Data Brief #160. Seattle, WA: WWAMI Rural Health Research Center, University of Washington, Sep 2016. Retrieved from https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2016/09/RHRC_DB160_Larson.pdf

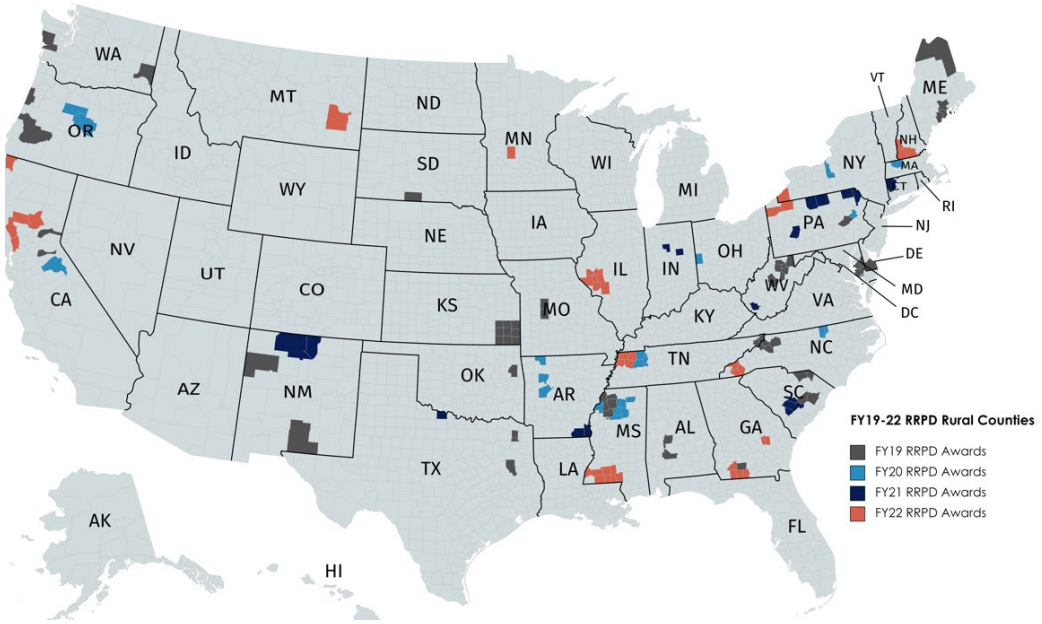
[12] Larson EH, Andrilla CHA, Kearny J, Garberson LA, Patterson DG. The Distribution of the General Surgery Workforce in Rural and Urban America in 2019. Policy Brief. WWAMI Rural Health Research Center, University of Washington, March 2021. Retrieved from https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2021/03/RHRC_PBMAR2021_LARSON.pdf

in rural settings.[13] However, the current GME landscape provides limited opportunities for residents to train in rural communities. The Government Accountability Office estimates that only 2 percent of training occur in rural areas between 2014-2015 and 2019-2020, with the majority of residency programs highly concentrated in urban areas, particularly in the southern and northeastern regions.[14]

Rural programs often face financial, human resource and organizational capacity constraints, such as lack of sustainable financing, faculty support, and recruiting residents. In order to secure institutional recognition and support, rural residency programs need both academic partnerships and rural community faculty champions. There are also specific accreditation challenges, such as lacking sufficient specialty and subspecialty preceptors willing to sponsor residents for clinical rotations and meeting the appropriate level of scholarly activity required for busy community faculty.

The urgent need to address these challenges in developing new rural training opportunities resulted in the conception of the HRSA RRPD program. In FY18 and again in FY21, HRSA funded the RRPD-Technical Assistance Program, a cooperative agreement to establish the RRPD-TA Center to identify and share resources with RRPD applicants and support RRPD Program award recipients.

HRSA funded its inaugural RRPD cohort in FY19 and additional cohorts in FY20-22. HRSA awarded 58 RRPD Program awards across 32 states developing rural residencies or RTPs in family medicine (46), internal medicine (5), psychiatry (8), general surgery (1), and obstetrics-gynecology (1).[15] They consist of rural hospitals, including



[13] Davis G. Patterson, C. Holly A. Andrilla, Lisa A. Garberson; Preparing Physicians for Rural Practice: Availability of Rural Training in Rural-Centric Residency Programs. J Grad Med Educ 1 October 2019; 11 (5): 550–557. doi: https://doi.org/10.4300/JGME-D-18-01079.1

[14] United States Government Accountability Office. Graduate Medical Education: Programs and Residents Increased during Transition to Single Accreditor; Distribution Largely Unchanged. GAO-21-329. April 2021. Retrieved from https://www.gao.gov/products/gao-21-329

[15] HRSA funded 58 programs with one program developing multiple specialties under one award.

critical access hospitals and sole community hospitals, tribal entities, Historically Black Colleges and Universities (HBCU), federally qualified health centers (FQHC), and graduate medical education consortiums.

As of July 1, 2022, 26 RRPD Programs have achieved ACGME accreditation for a total of 350 approved residency positions at full complement and 22 programs have enrolled 188 residents. To navigate the complex and intensive process of accreditation and developing a new rural residency program, all RRPD Program award recipients are required to collaborate with the RRPD-TA Center and attend a 2-day Annual RRPD meeting throughout the duration of the period of performance. To learn more about the RRPD-TA center, visit www.ruralgme.org.

Program Definitions
The following definitions apply to the RRPD Program for the Fiscal Year 2023.

1. **Centers for Medicare & Medicaid Services (CMS) Rural** – CMS defines rural in accordance with Medicare regulations at 42 CFR 412.62(f)(iii); that is, a rural area is any area outside of an urban area. This excludes hospitals that are physically located in an urban area, but reclassify to a rural area under 42 CFR 412.103 which are treated as rural for indirect medical education purposes, but not for direct GME. To determine if a hospital is located in a county that is rural for Medicare payment purposes, refer to the FY 2023 "County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on the FY23 IPPS Final Rule Homepage. Applicants must confirm rural status and examine past Medicare cost reports to determine eligibility status for Medicare GME payment.

   Note: *Applications proposing a sustainability plan that includes Medicare GME funding must meet CMS requirements* ***and*** *FORHP's definition of rural.*

2. **HRSA Federal Office of Rural Health Policy (FORHP) Rural** – FORHP accepts all non-metropolitan counties as rural and uses an additional method to determine rural census tracts within metropolitan counties. FORHP considers census tracts inside Metropolitan counties with the Rural-Urban Commuting Area (RUCA) codes 4-10 to be rural and makes additional adjustments for very large tracts with low population density and for counties with no population living in Census-defined Urbanized Areas.[16] Use the Rural Health Grants Eligibility Analyzer to determine whether FORHP considers a geographical area to be rural. HRSA's definition of rural may differ from CMS, which is an important distinction to understand if developing a financial sustainability plan based on Medicare GME funding.

3. **Graduate Medical Education Consortium** – An association between two or more organizations (e.g., academic medical centers, rural hospitals, universities and/or medical schools) to form an entity that serves as the institutional sponsor

[16] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA Defining Rural Population. Retrieved from https://www.hrsa.gov/rural-health/about-us/what-is-rural

and operator of an accredited residency program. At least one consortium member must be a rural primary clinical training partner. The relationship between the consortium members must be legally binding and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

4. **National Provider Identifier (NPI)** – The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identification number for covered health care providers. You can find additional information about NPIs at the following site: https://nppes.cms.hhs.gov/#/.

5. **New Medical Residency Training Program** – per 42 CFR 413.79(l), CMS defines a new medical residency program as one that is, "a medical residency that receives initial accreditation by the appropriate accrediting body or begins training residents on or after January 1, 1995".[17]

6. **Preventive Medicine** – ACGME defines Preventive Medicine as the medical specialty in which physicians focus on health promotion and the prevention of disease, disability and premature death of individuals in defined populations.[18] Preventive medicine focus areas include aerospace medicine, occupational medicine, and public health and general preventive medicine. For the purpose of this NOFO, only occupational medicine and public health and general preventive medicine are eligible focus areas.

7. **Rural Residency Programs** – Rural residency programs are ACGME-accredited physician residency training programs that place residents in rural training sites for greater than 50 percent of their total time in residency training and focus on producing physicians who will practice in rural communities.

8. **Rural Track Program (RTP)** – Per 42 CFR 413.75 (b) CMS defines RTP as, "an ACGME-accredited program in which residents… gain both urban and rural experience with more than half of the education and training for a resident… taking place in a rural area as defined at 42 CFR 412.62(f)(iii)" effective for cost reporting periods starting on or after October 1, 2022. There are two ACGME RTP designation types: a) Type 1 for separately accredited programs and b) Type 2 for expansion of an existing program with a new rural site.

---

[17] CMS's criteria for determining if a program is new are in the FY2010 IPPS/LTCH PPS Final Rule, 74 FR 43908-43917: http://www.gpo.gov/fdsys/pkg/FR-2009-08-27/html/E9-18663.htm. In determining whether a program is new, CMS will consider the accrediting body's characterization of the program as new and whether the program existed previously at another hospital, as well as factors such as (but not limited to) whether there are new program directors, new teaching staff, and whether there are only new residents training in the program.

[18] Accreditation Council for Graduate Medical Education. Preventive Medicine. Retrieved at https://www.acgme.org/Specialties/Preventive-Medicine/Overview

Note: *Historically, the terminology for this program model was referred to as Rural Training Track (RTT) which were limited to separately accredited residency programs with more than half of the training taking place in a rural area.*

9. **Target Area** – A target area is the specific rural geographic location(s) and communities you plan to serve with the proposed rural residency program.

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 $11,250,000 to be available to be available to fund approximately 15 recipients for the 3-year period of performance. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to $750,000 total cost (reflecting direct and indirect, facilities and administrative costs) for the entire 3-year period of performance. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is August 1, 2023 through July 31, 2026 (3 years). Award recipients will receive the full award amount in the first year of the three-year period of performance, and must allocate the award funding across each of the three years. Additionally, recipients must submit a budget and budget narrative for each of the three years of the period of performance. While you must distribute the funding across each of the three years, the budget does not need to be evenly split across the three-year period of performance, and can vary based on your community's needs.

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

Indirect costs under this program have a maximum rate of 10 percent, if you have not established a negotiated indirect cost rate.

III. Eligibility Information

1. Eligible Applicants

Applicants must meet all of the following criteria in order to be considered eligible for RRPD funding. HRSA will not consider applicants that fail to meet any eligibility criteria for funding under this notice.

Eligible Entities

Eligible entities are domestic public, nonprofit, or private organizations, including faith-based and community-based organizations, tribes and tribal organizations. Specifically, these organizations may include, but are not limited to:

1) rural hospitals;
2) rural community-based ambulatory patient care centers, including Rural Health Clinics;
3) health centers operated by a tribe or tribal organization, or an urban Indian organization;
4) graduate medical education consortiums, including institutions of higher education, such as, schools of allopathic medicine or osteopathic medicine or Historically Black Colleges and Universities (HBCUs); and
5) faith-based and community-based organizations.

Rural Status

The applicant organization or the primary rural training partner(s) where greater than 50 percent of rural training will occur must be located in a rural location as defined by CMS and/or FORHP:

- For applications proposing a sustainability plan that relies on Medicare GME funding, the applicant organization or primary rural training partner(s) must meet both CMS **and** FORHP definitions of rural.
- For applicants proposing sustainability plans with no Medicare GME funding, the applicant organization or primary rural training partner(s) must at the minimum meet FORHP's definition of rural

In the case of a RTP, where the applicant organization is located in an urban area, the GME consortium must include **at least one** rural primary clinical training partner. The relationship between the consortium members must be legally binding and the agreement establishing the relationship must describe the roles and responsibilities of each entity. Applicants must submit Letters of Agreement in **Attachment 4**.

Refer to Section I.2. Program Definitions for more information on how to confirm rural eligibility. You must attach proof of CMS and/or FORHP rural status in **Attachment 6**.

New Rural Programs & Eligible Specialties

Applications must propose to develop a new, sustainable rural residency program or RTP in family medicine or family medicine with enhanced obstetrics training, internal

medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology that is accredited by ACGME. Entities who have already achieved ACGME accreditation for the proposed rural residency program by the application closing date are not eligible.

For the purposes of this grant and alignment with current Medicare GME payment policy, if an urban program with an existing RTP adds an additional (new) rural participating site to an existing RTP of the same specialty, they will be eligible to apply for this funding opportunity to expand the RTP and develop rural residency training at the new site. However, expanding an existing RTP by simply adding additional resident FTE at an existing site without an additional (new) RTP site will not meet eligibility criteria for this funding opportunity. Entities who have already applied for the ACGME RTP designation Type 2 and received a complement increase for the additional new RTP site by the application closing date are not 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 of $750,000 total costs (includes direct, indirect, facilities and administrative costs)
- Fails to satisfy the deadline requirements referenced in Section IV.4

Recipients of awards under the RRPD-TA Program (HRSA-21-102), RRPD Grant Program (HRSA-19-088, HRSA-20-107, and HRSA-22-094), and the Teaching Health Center Planning and Development (THCPD) Program (HRSA-22-107) with active grants by the application closing date will not be eligible to receive funding under this RRPD program notice.

Eligible applicants may apply to both this HRSA-23-037 Rural Residency Planning and Development Program and the HRSA-23-015 Teaching Health Center Planning and Development Program, however HRSA will only make one award.

NOTE: Multiple applications from an organization are not allowed. Although, we anticipate that most awards will be for one rural residency program, you may apply for funding to support developing multiple rural residency programs under one award, but you must clearly demonstrate in the application your ability to establish more than one. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

Notifying your State Office of Rural Health

You are required to notify the State Office of Rural Health (SORH) of your intent to apply to this program. A list of the SORHs can be accessed at https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/. You must include in **Attachment 8** a copy of the letter or email sent to the SORH and any response received to the letter you sent to the SORH describing your project.

Each state has a SORH, and HRSA recommends making every effort to contact the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide some consultation to you regarding model programs, data resources, and technical assistance for consortiums, evaluation, partner organizations, or support of information dissemination activities. If you do not receive a response, please include the original letter of intent requesting the support.

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-23-037 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 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.v 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. If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-037, it may 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.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-037 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 **Attachment 10-15: Other Relevant Documents**.

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

Program-Specific Instructions

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

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.*

The abstract is often distributed to provide information to the public and Congress, so prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

In addition to the SF-424 Application Guide requirements, the project abstract must contain the following information below:

Abstract Header Content:

- Eligible Entity/Facility Type (e.g., rural hospital, refer to Section III.1 Eligible Entities)
- Project Director (PD) Name & Contact Information
- Residency Program Director Name & Contact Information (if applicable)
- Program Pathway *(select one)*: *General Primary Care and High Need Specialty Pathway Residency* ***or*** *Maternal Health and Obstetrics Pathway Residency*
- Residency Specialty Area
- Residency Format *(select one)*: *Rural residency program (non-RTP), Separately Accredited Rural Track Program (ACGME RTP Type 1),* **or** *"New" Rural Track Program (ACGME RTP Type 2)*
- Sponsoring Institution Organization & Location
- Rural Target Area (s)
- Funding Amount Requested
- Program Sustainability Option (refer to Section IV.2.ii. Program Sustainability)
- Projected Total Number of Residents
- Expected ACGME Accreditation and Residency Matriculation Dates
- Funding Priority Points Requested (refer to Attachment 9 and Section V.2 Review and Selection Process)

Abstract Body Content:

- Brief overview of the project including description of geographic area (e.g., rural counties served), target patient population and needs, consortium partners (if applicable) and clinical partnerships (e.g., training partners and types of clinical facilities); and
- Specific measurable objectives and expected outcomes of the project, how the proposed project for which funding is requested will be accomplished (i.e., the "who, what, when, where, why and how" of a project). Please also include a listing of recent HRSA awards received relevant to the project (e.g., health workforce, rural, or training awards).

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) Purpose and Need
Needs Assessment	(1) Purpose and Need
Methodology	(2a) Response: Methodology
Work Plan	(2b) Response: Work Plan
Resolution of Challenges	(2c) Response: Resolution of Challenges
Evaluation & Technical Support Capacity	(3a) Impact: Evaluation & Technical Support Capacity
Program Sustainability	(3b) Impact: Program Sustainability
Organizational Information	(4) Resources/Capabilities
Budget and Budget Narrative	(5) Support Requested

ii. *Project Narrative*

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

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1 "Purpose and Need"*

  Briefly describe the purpose of the proposed project and clearly identify specific project goals, objectives, and expected outcomes. Summarize how the proposed project will address the population health needs and expansion of family medicine or family medicine with enhanced obstetrics, internal medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology care and access for the proposed target area(s).

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 "Purpose and Need"*

  Provide an overview of the health workforce and health care needs of the target area(s) served by the proposed project. This section should primarily focus on describing the needs of the community, the organization and facility(s) needs to develop a new rural residency program, and an assessment of the current health care infrastructure, including the graduate medical education landscape and other residency programs serving the community. You must use and cite demographic data (e.g., local, state, federal) whenever possible to support the information provided.

  Specifically, all applicants must include the following information:

  1. Description of the geographic target area where the residency program will be located, the justification for selecting this area, and the problem that your residency program is working to solve. To the extent possible, include data and describe the population demographics, social determinants of health, health disparities faced by, and health care needs of the population served, barriers to access and care, and any other unmet needs. Indicate the presence of Medically Underserved Communities (MUC) and/or Health Professional Shortage Areas (HPSA).
  2. Description of health workforce shortages and need for primary care and other high need physicians in the specialty for which you are applying for funding, including current (within 3 years) information and data demonstrating needs for the proposed specialty in the target area(s) and identify specific reasons for this shortage.
  3. Description of the rural health care delivery system and the specific needs of the facility(s) hosting the rural residency program. Include information on the organization's structure and the clinical and faculty capacity needed to support a new rural residency program.
  4. Description of any residency programs (existing or in development) in the specialty area for which you are applying for funding, that serve the target area(s) where the proposed new rural residency program will be located.
  5. Description of any progress that has already been made towards developing a rural residency program.
  6. Characteristics of existing residency program partners that align with the purposes of this project and assessment of the need for strengthening of academic and community linkages/partnerships with private sector or safety net providers for development of clinical training sites for residents, preceptor development and retention, and well-trained, culturally competent health care providers.
  7. Description of any consultations with the State Office of Rural Health related to the planning and development of the new rural residency program.

Applicants pursuing the **Maternal Health and Obstetrics Pathway** must also include:

1. Data on demographics, social determinants of health and health disparities faced by the population served and their maternal health needs, including prevention and treatment of risk factors such as diabetes, heart disease, hypertension, obesity, depression, and OUD and SUD in pregnancy.
2. Description of gaps in the obstetrics services and maternal health surveillance outcomes including resources available to care for individuals and families with high risk factors.

The following section below corresponds to Section V's Review Criterion 2 "Response" which includes three sub-sections – (a) Methodology, (b) Work Plan, and (c) Resolution of Challenges.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2(a)* ***"Response: Methodology"***

  Propose methods that you will use to address the stated needs and meet each of the previously described program goals and objectives in Section I.1 Purpose of this NOFO. Clearly specify how the proposed methods will overcome challenges and barriers in developing the new rural residency program and bridge any gaps identified in the "Needs Assessment" section above. Specifically, this section must include how you plan to achieve:

  1. ACGME accreditation for the new rural residency program or RTP (Types 1 and 2) no later than the end of the program performance period (i.e., July 31, 2026). Applicants must describe:
     a. Clinical capacity to meet ACGME accreditation requirements including sufficient numbers of dedicated supervisory faculty, adequate patient care volume, and appropriate resident training time in relevant medical specialties and subspecialties (e.g., obstetrics training). You may achieve this through clinical training partnerships. In this case, you must submit Letters of Agreement in **Attachment 4**.
     b. Current organizational structure and plan to meet ACGME requirements, including governance structure and the capacity of the organization to meet ACGME sponsoring institution requirements. This may also include acquiring access to electronic health records, library services, learning management systems, etc.
     c. Plan to appoint a residency program director by the start of year 2 of the grant (if not already hired) and a faculty recruitment and development plan to support the new rural residency program, including recruiting specialty faculty to meet ACGME requirements for the proposed specialty.
     d. Curriculum and training plan, including incorporation of interprofessional training and development, culturally and linguistically appropriate care, and training to address the health needs and disparities of patients from the

proposed target areas(s). The curriculum plan should be high quality, leading to successful board certification of graduates and readiness for clinical practice following completion of training.

2. Resident matriculation no later than the AY immediately following the end of the program period of performance (i.e., AY 2027). Applicants must describe a plan to:
    a. Recruit and support a diverse cohort of high-quality residents, including outreach to medical students with a rural background.
    b. Recruit and train at least the minimum number of residents required to achieve and maintain accreditation for the proposed specialty.
    c. Promote retention of resident graduates to practice in rural communities.
3. Tracking residents' career outcomes for a period of at least 5 years post-graduation from the rural residency program. Applicants must describe a plan to:
    a. Develop a tracking tool/mechanism or leverage an existing graduate tracking system to track and publicly report on graduates' career outcomes and retention in rural and underserved areas.
    b. At a minimum, the graduate tracking plan should be equipped with the ability to accurately collect the following graduate outcomes:
        i. National Provider Identifier (NPI)
        ii. Practice location(s)
        iii. Medical Specialty/Sub-specialty
        iv. Employment Status (i.e., Part-time or full-time)
    c. Describe a plan to disseminate reports, products, and/or project outputs so project information may inform other rural residency programs to pursue this model as a strategy for recruiting and retaining physicians.

***Note**: Award recipients should consider adding tracking performance measures related to accredited positions, admissions, and residents by year of training, by age, gender, race, ethnicity, location of training, new curriculum development, and faculty development, to the plan for tracking characteristics of graduates, practice locations, and intent to be employed in rural areas. HRSA will request award recipients to report on selected characteristics of residents and graduates during the period of performance. Refer to https://grants4.hrsa.gov/WebBPMHExternal/Interface/ProgramManualHTML.aspx?FormCode=1&IsPM=True&EHBActivityCode=p13 for examples of performance data.*

Applicants pursuing the **Maternal Health and Obstetrics Pathway** must also include:

1. Description of the type(s) of training sites for obstetrics training, number of anticipated vaginal deliveries and C-sections, along with the range of services at the clinical training sites including ambulatory care for maternal health in the locality of the program.
2. If applicable, describe how you plan to enhance the family medicine residency program in maternal health and obstetrical training, referencing current ACGME

requirements and how you plan to exceed these requirements in order to train family medicine residents for the independent practice of obstetrics in rural communities.
3. Describe the number of preceptors and faculty members that provide maternal health care and the types of maternity and obstetrics services they perform in the sites where the residents will train.
4. Clearly identify the percentage of time and types of maternal health/obstetrics services the residents will experience training in rural communities.

Additionally, all applicants should include any innovative approaches or unique program characteristics, also explaining why the project is innovative, that would enhance the quality of rural residency training to meet the needs of the targeted rural area(s), such as:

- Emerging patient care or health care delivery strategies (e.g., patient centered medical homes, telehealth, etc.)
- Integration of interprofessional education and practice
- Integration of oral health and/or mental health and substance use disorder treatment
- Incorporation of public health emergency preparedness and response training

- *WORK PLAN -- Corresponds to Section V's Review Criterion 2(b)* ***"Response: Workplan"***

  Provide a clear and detailed work plan in **Attachment 1** that you will use to achieve each of the program goals and objectives listed under Section I.1 Purpose. Refer to a sample work plan at the following link: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/workplantemplate.pdf . You must:

  1. Describe activities or steps you will use to achieve each of the program goals and objectives proposed during the entire period of performance identified in the "Methodology" section.
  2. Describe timeframes and deliverables and identify faculty/staff and key partners responsible for executing each activity during the three-year period of performance.
  3. Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of the grant.
  4. Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the populations and communities served.

  Note*: Identified key faculty/staff in the work plan must correspond with the staffing plan in* ***Attachment 2****. Key partners or GME consortium members must correspond with the Letters of Agreement in* ***Attachment 4****.*

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2(c)* ***"Response: Resolution of Challenges"***

  Discuss challenges that you are likely to encounter in planning and developing a new rural residency program, and approaches that you will use to resolve these challenges. Clearly specify how the proposed methods in the "Methodology" section will overcome challenges and barriers identified. You must:

  1. Discuss challenges and barriers in implementing activities described in the work plan to achieve program goals and objectives, and propose reasonable strategies to address these challenges. Some examples may include inadequate clinical obstetrics/maternal health and pediatric experiences or patient volumes for residents, recruiting specialty and subspecialty preceptors, and financial sustainability issues.
  2. Discuss any anticipated internal challenges (e.g., managing expectations among clinical training partners and sponsoring institution) and external challenges (e.g., regulatory changes, public health emergencies) that may directly or indirectly affect the development of the rural residency program and provide strategies for how these will be resolved.
  3. Describe challenges with incorporating interprofessional health care, innovative approaches, and culturally and linguistically appropriate care in the program curriculum and propose resolutions to these challenges.
  4. Describe strategies for recruiting a diverse cohort of high-quality residents, faculty and/or preceptors or adjunct faculty in the rotation sites to meet ACGME requirements.

  Note: *Include references to ACGME program requirements wherever possible when addressing any challenge related to meeting accreditation requirements.*

  The following section below corresponds to Section V's Review Criterion #3 "Impact" which includes two sub-sections – (a) Evaluation and Technical Support Capacity and (b) Program Sustainability.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3(a) "****Impact: Evaluation and Technical Support Capacity****"*

  This section describes your proposed plan to monitor ongoing processes and progress towards meeting project goals, objectives, and expected outcomes. You must:

  1. Describe the plan for the program performance evaluation that will meet ACGME accreditation requirements and promote continuous quality improvement. Propose clearly defined, viable metrics, including descriptions of the inputs (e.g., key personnel, collaborative partners, and other resources), key processes, and meaningful expected outcomes of the funded activities.

2. Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data in a way that allows for accurate and timely reporting of performance outcomes.
3. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Award recipients will submit annual performance reports throughout the period of performance. Please provide anticipated values for the following initial outputs in your application:

1. Number and type (i.e., model and specialty) of newly established rural residency program(s)
2. Number of residents each rural residency program can support at the onset
3. Number of residents each rural residency program will support once fully established (longer-term goal)
4. Number and type of existing clinical training sites for residents
5. Number and type of newly established clinical training sites for residents
6. Number of faculty and staff trained to teach, support, and administer the curriculum at each rural residency program site
7. Number and type of existing partnerships (e.g., non-clinical training site) that support the rural residency program
8. Number and type of newly established partnerships (e.g., non-clinical training site) that support the rural residency program

- PROGRAM SUSTAINABILITY -- Corresponds to Section V's Review Criterion 3(b) *"**Impact: Program Sustainability**"*

  Applicants must propose a clearly defined, fact-based, validated sustainability plan to support the long-term financial sustainability for the new rural residency program beyond the RRPD period of performance. You must:

  1. Describe a financial sustainability plan for supporting the costs of your rural residency program, including financial investments you have already made. The financial sustainability plan must describe funding sources other than clinical revenue that are available or projected for the long term. For example, a Critical Access Hospital or Sole Community Hospital must obtain additional sustainability funding sources beyond solely clinical revenue to financially sustain a rural residency program.
  2. Discuss the long-term financial outlook of all clinical training sites involved in the new rural residency program.
  3. Discuss any foreseeable challenges and barriers (e.g., reliability of state or private funding sources) to your proposed sustainability plan, and how you will address these challenges and barriers. For instance, hospitals that either do not qualify for Medicare GME funding or receive partial GME funding (e.g., Critical Access

Hospitals, Medicare Dependent Hospitals or Sole Community Hospitals) must describe a strong sustainability plan that includes other ongoing funding stream(s) to sustain long-term resident training once the program is established.

4. Provide all required documentation (see options below) that demonstrates that the proposed sustainability plan is reasonable and feasible, and will result in long-term financial sustainability.

Rural residency programs and RTPs may employ different financial strategies utilizing various funding sources to ensure long-term sustainability suitable for their program, including, but not limited to, qualifying under current regulatory authority for Medicare GME and/or other public or private support.

Medicare GME Options

The Centers for Medicare & Medicaid Services (CMS) provides Medicare GME payments to qualifying hospitals to support the indirect (IME) and direct (DGME) costs of an approved medical residency program. CMS calculates both IME and DGME payments based in part on the number of full time equivalent (FTE) residents a hospital trains. The Balanced Budget Act (BBA) of 1997 established a limit on the number of allopathic and osteopathic FTE residents for which each hospital can receive IME and DGME payment. This limitation, one for IME and one for DGME, is based on the number of such FTE residents the hospital trained in its most recent cost report ending on or before December 31, 1996. It is referred to as the "1996 Base Year Resident Cap."

The DGME payment is also based in part on a hospital-specific Per Resident Amount (PRA). Establishment of a hospital's PRA is triggered when the hospital trains a resident or residents in an approved GME program for the first time, regardless of whether those residents are part of a new approved program or an existing approved program and regardless of whether or not the hospital is the sponsor of the approved program, and regardless of whether or not the hospital incurs costs for the resident(s). The regulations at 42 CFR 413.77 provide additional background on the establishment of PRAs.

On December 27, 2020, Congress passed the Consolidated Appropriations Act (CAA), 2021 (P.L. 116-260) that included major GME provisions that promote physician residency training opportunities and closing the health equity gap in rural communities. CMS finalized provisions to implement sections 126, 127 and 131 of the CAA in the FY22 Inpatient Prospective Payment System (IPPS) Final Rule with Comment Period published on December 27, 2021:

- Section 126 – authorizes the distribution of 1,000 new Medicare-funded GME residency positions to qualifying hospitals in 4 statutorily-specified categories, including hospitals located (or treated as being located) in a rural area starting in FY2023 through FY2025 with not more than 200 slots being distributed per fiscal year.

- Section 127 – statutorily removes the "separate accreditation" requirement for RTPs and allows both the urban and/or rural hospitals to qualify to receive a rural track FTE adjustment if greater than 50 percent of the training takes place in a rural area, regardless of specialty, as long as the entire program is accredited by ACGME.
- Section 131 – authorizes the resetting of low or zero GME PRAs and low IME and DGME FTE resident caps for certain hospitals starting December 27, 2020 through December 26, 2025. It also requires hospitals to report residents on their Medicare cost reports when they train at least 1.0 FTE in an approved program (in the absence of a Medicare GME affiliation agreement).

For the purposes of this HRSA-23-037 NOFO, applicants proposing any sustainability plan that relies on Medicare GME must select from the following option(s):

Option 1 – Establishing a Medicare FTE Resident Cap

- Rural hospitals that have not yet triggered their PRA and do not yet have GME FTE resident caps set ("never claimers") are eligible to select this option. To demonstrate that the PRA has not yet been triggered, rural hospitals must demonstrate that no prior residency training has taken place in their hospital and no previous caps have been set through a careful examination of past cost reports since 1996.
- Rural hospitals that are eligible to qualify for a PRA and/or FTE recalculation per Medicare regulations implementing Section 131 of the CAA of 2021 under either Category A or Category B Hospital described below:
    a. Category A Hospital – as of December 27, 2020, has a PRA and GME FTE cap that was established based on less than 1.0 FTE in any cost reporting period beginning before October 1, 1997. These hospitals may establish a new PRA when they train at least 1.0 FTE in an existing or new program in the earliest cost reporting period beginning on or after December 27, 2020 and before December 26, 2025. Hospitals may be eligible to reset their GME FTE resident caps if they start a new residency program training at least 1.0 FTE between December 27, 2020 and December 26, 2025.
    b. Category B Hospital – as of the date December 27, 2020, has a PRA that was established based on training no more than 3.0 FTEs in any cost reporting period beginning on or after October 1, 1997. These hospitals may establish a new PRA when they train more than 3.0 FTEs in an existing or new program in the earliest cost reporting period beginning on or after December 27, 2020 and before December 26, 2025. Hospitals may be eligible to set their GME FTE resident caps if they start a new residency program training at least 3.0 FTEs between December 27, 2020 and December 26, 2025.

Option 2 – Rural Hospital "New" Residency Program Specialty

Rural hospitals may be eligible to receive an increase in their Medicare FTE resident cap if they start a new medical residency training program in a specialty that has not previously trained in the rural hospital. For example, a rural hospital with an accredited family medicine residency program may be eligible for an increase in their resident cap if they start training residents in a new psychiatry program. Current Medicare regulations do not provide cap increases when a rural hospital expands the number of FTE residents in an existing program or if an existing residency program is transferred to a new training site.

Option 3 – Medicare FTE Resident Cap Expansion for RTPs

Authorized under Section 127 of the CAA of 2021, urban and/or rural hospitals that establish an RTP or add an additional site to a RTP that is accredited by the ACGME may qualify for an adjustment to their FTE resident caps. Effective for cost reporting periods on or after October 1, 2022, an RTP is an ACGME accredited program in which residents train for greater than 50 percent of their residency training in a rural area as defined at 42 CFR 412.62(f)(iii).This statutory change removed the separate accreditation requirement previously applied to RTTs, providing greater flexibilities for urban hospital and rural hospitals to receive Medicare GME funding for new RTPs and new RTP sites regardless of specialty.

For any sustainability plan that relies on Medicare GME payments, you must provide documentation that:

1. Demonstrates that the rural hospital is physically located in a rural area in accordance with FORHP **and** CMS's definition of "rural" in **Attachment 6**. Hospitals located in an urban county that have reclassified as rural under 42 CFR 412.103 are rural for indirect medical education (IME), but not direct graduate medical education (DGME). To determine if a hospital is located in a county that is rural, review the FY 2023 IPPS Final Rule's "County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on FY 2023 IPPS Final Rule Homepage.
2. Demonstrates that the rural hospital and/or the urban hospital in the case of an RTP is eligible for Medicare GME funding by providing the following attestation documentation in **Attachment 7**:
    a. Letter from hospital's Chief Executive Officer or other leadership confirming through careful examination of past Medicare cost reports since 1996 that the proposed new rural residency program or RTP is eligible to qualify for Medicare GME funding for one of the following reasons:
        i. the hospital has not hosted pre-planned and scheduled residency training in past cost reports that are settled, but are within the 3-year reopening period, and that the hospital does not have a Medicare FTE cap set for the proposed new rural residency program or RTP (new or additional rural site); or

ii. the hospital is eligible for a PRA and/or FTE reset based on HCRIS data and plans to start training residents in the proposed new rural residency program within the 5-year reset period of December 27, 2020 through December 26, 2025.

b. Applicants may evaluate Medicare eligibility using the two HCRIS data files posted on the CMS website which contains hospital Medicare cost report GME data. You may use as a starting point the RRPD-TAC state-by-state analysis on the HCRIS report files posted on National Organization of State Offices of Rural Health website. The RRPD-TAC analysis is for information purposes only. You must include additional documentation including your own analysis of the hospital's records to determine Medicare GME eligibility for the purpose of this application.

Other Funding Options

Rural residency programs may also be supported by funds from sources other than Medicare. Examples include funding from Medicaid, state, or other public and private funding. For the purposes of this NOFO, if you propose a sustainability plan that relies on funding sources other than Medicare, you must select the option below:

Option 4: Other public or private funding

If you propose a sustainability plan that relies on public funding sources other than Medicare, you must demonstrate the long-term viability of the funding and clearly describe the funding mechanism in **Attachment 7**:

- Application process (competitive vs. noncompetitive);
- How your program qualifies for the funding; and
- The anticipated award date and the expected duration and availability of the funding.

If you propose a sustainability plan that includes private funding for ongoing support of your residency program, you must demonstrate the long-term viability of the funding and must provide a letter of agreement from the funder in **Attachment 7**, including:

- The level of commitment to the sustainability of the program;
- Funding amount and duration of funding; and
- Potential future funding support (if applicable).

Program Sustainability Options Cross-Reference Table

In addition to describing the program sustainability within the project narrative, attachments are required for each of the program sustainability options. Below is a recap of the required documents.

Option Types (select one or more)	Entity	Program Sustainability Required Documents
Option 1: Establishing a Medicare FTE Resident Cap	Rural Hospital	**Attachment #6** – Provide proof of rural designation that meets both CMS definition of rural and FORHPdefinition of rural.
		Attachment #7 • **New** – Applicants must demonstrate Medicare GME eligibility for establishing a new Medicare FTE resident cap and no prior residency training in the hospital through a careful and complete examination of past Medicare cost reports since 1996. An attestation letter must be submitted from the CEO or other leadership confirming that a) the proposed rural residency program is new for purposes of Medicare GME funding, and b) the hospital has not hosted pre-planned and scheduled residency training in past cost reports that are settled but within the 3-year reopening periods and the hospital does not have previously set Medicare resident FTE caps or previously triggered DMGE PRA. • **Reset** – Applicants must demonstrate Medicare GME eligibility for resetting Medicare FTE resident caps through a careful and complete examination of past Medicare cost reports since 1996. An attestation letter must be submitted from the CEO or other leadership confirming that a) they are eligible for a FTE and/or PRA reset based on HCRIS data; and (b) plan to start training residents in the proposed new rural residency program within the 5-year reset period of December 27, 2020 through December 26, 2025.
Option 2: Rural Hospital "New" Residency Program Specialty	Rural Hospital	**Attachment #6** – Provide proof of rural designation that meets both CMS definition of rural and FORHPdefinition of rural.
		Attachment #7 – Applicants must demonstrate Medicare GME eligibility for establishing a "new" residency program in a new specialty and no prior training in the proposed specialty in the hospital through a careful and complete examination of past Medicare cost reports since 1996. An attestation letter must be submitted from the CEO or other leadership confirming that a) the proposed rural residency program is a new specialty for purposes of Medicare GME funding, and b) the hospital has not hosted pre-planned and scheduled residency training in the proposed specialty in past cost reports that are settled but within the 3-year reopening periods and the hospital does not have previously set Medicare FTE resident caps for the proposed specialty.
Option 3: Medicare FTE Resident Cap Expansion for RTPs	Rural hospital, community-based ambulatory patient care	**Attachment #6** – Provide proof of rural designationfor the rural training partners that meets both CMS definition of rural and FORHP definition of rural.
		Attachment #7 – Applicants must demonstrate Medicare GME eligibility for establishing a new RTP or adding a "new" RTP site through careful examination of past

	centers, public or private non-profitgraduate medical education consortiums	Medicare cost reports since 1996. An attestation letter must be submitted from the CEO or other leadership confirming that a) proposed RTP (new or additional rural site) is eligible for Medicare GME funding, and b) the hospital has not hosted pre-planned and scheduled residency training in past cost reports that are settled but within the 3-year reopening periods and the hospital does not have previously set Medicare FTE resident caps for the proposed RTP.
Option 4: Other Public or Private Funding	All Eligible Entities	**Attachment #6** – Provide proof of rural designation that meets FORHP definition of rural.
		Attachment #7 - Documentation that demonstrates eligibility for public funding (e.g., description of funding mechanism and award process) or private funding (i.e.,letter of agreement from funder) indicating the amount awarded and duration; **and** documentation from organization's leadership demonstrating that this is a new rural residency program or RTP (new or additional rural site).

Note: *HRSA encourages applicants to select more than one option to strengthen their sustainability plan, as appropriate. However, you must identify and provide all required documentation for all options selected.*

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 4 "**Resources and Capabilities**"*

  In this section, you must demonstrate your capacity to carry out the proposed project activities and ability to meet program expectations (e.g., reporting requirements and other grant administrative activities). Specifically, you must:

  1. Succinctly describe your organization's current mission and structure, scope of current activities, and how these elements all contribute to the organization's ability to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.
  2. Provide an organizational chart in **Attachment 5** that identifies the applicant organization, the residency program sponsoring institution, and all relevant partners, including clinical training partners involved in the development of the new rural residency program. Letters of Agreement with all primary training partners must be included in **Attachment 4**.
  3. Describe how you will routinely assess and improve the unique needs of target populations and of the communities served.
  4. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
  5. If your organization is applying as part of a GME consortium, you must list out all members of the GME consortium, key personnel, responsibilities of each

consortium member involved with the grant, and explain the flow of grant funds between members of the consortium (if applicable).

6. If funds will be sub-awarded or expended on contracts, explain how your organization will ensure these funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 2** (Staffing Plan and Job Descriptions for Key Personnel). Include biographical sketches for each person occupying the key positions, not to exceed two pages in length each in **Attachment 3**. If you include a biographical sketch for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations served by their programs.

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

- Key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
    - Institution and location
    - Degree (if applicable)
    - Date of degree (MM/YY)
    - Field of study
- Section A (required) Personal Statement. Briefly describe why the individual's experience and qualifications make him/her particularly well suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (required) Positions and Honors. List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order). You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (optional) Other Support. List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with

any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

iii. *Budget*

The 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, RRPD award recipients may use funds for the following grant activities:

1. **Achieve accreditation**. You may use funding to support planning and development costs of establishing new rural residency programs or RTPs at eligible facilities that demonstrate specific needs for family medicine or family medicine with enhanced obstetrical training, internal medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology. Allowable expenses include costs associated with achieving program accreditation, including initial ACGME accreditation fees and travel to partner clinical sites of practice. RRPD recipients supported by this funding opportunity must obtain ACGME accreditation prior to the end of the RRPD period of performance and will be required to submit the appropriate ACGME documentation confirming application submission before the start of the third year of the award.

   Note: *The RRPD award may cover the cost of ACGME initial accreditation fee. Subsequent fees, such as annual program and appeal fees, are not allowable.*

2. **Faculty recruitment, development, and retention**. You may use funding to support planning and development costs for building faculty and staff capacity through recruitment, training, and retention efforts (e.g., travel costs and conferences/training registration). Allowable expenses during the development stage include salaries for staff members such as program directors and other faculty involved in resident training.

3. **Curriculum development**. You may use funding to support curriculum development activities to meet ACGME program requirements and innovative approaches that would enhance the quality of rural residency training and address the health care needs of the rural community.

4. **Resident recruitment**. You may use funding to support costs associated with the recruitment of new residents. Applicants are encouraged to recruit and support a diverse cohort of high-quality residents. As such, funds may be used to promote the rural residency program or RTP to medical students and/or to establish pipeline activities that encourage local youth to ultimately train in the applicant's program. Costs for resident recruitment may include advertising, travel reimbursement, or staff time dedicated to recruitment
5. **Graduate tracking plan development**. You may use funding to support costs associated with developing a structured plan to track residents at least 5 years after graduation on career outcomes (e.g., fellowship, specialty/sub-specialty, and hospitalist), location of employment and retention in rural communities.
6. **Annual RRPD Meeting**. You may use funding to support travel costs for the RRPD Project Director and up to one key staff to attend a mandatory 2-day Annual RRPD Meeting for each year within the period of performance. The RRPD Project Director at minimum is required to attend the Annual RRPD Meetings.

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.

iv. *Budget Narrative*

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

In addition, the RRPD program requires the following:

The budget justification narrative must describe all line-item federal funds (including subawards) proposed for this project for each year of the period of performance. The budget narrative does count towards the page limit.

If your program proposal includes hiring new personnel, awarding contracts, or making subawards, then you must take into account the processes and time needed to put these parts of your plan in place. Awarded applicants shall work to ensure that new hires are on-board within three months of the planned start date. If your program proposal includes using consultant services, list the total costs for all consultant services for each year. In the budget narrative, identify each consultant, the services they will perform the total number of hours, travel costs, and the total estimated costs.

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 (Required)

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (**Required**)

Refer to Section 4.1. of HRSA's SF-424 Application Guide. Include a staffing plan outlining roles and responsibilities and the percentage of time each staff person will dedicate to the program. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel (Required)

Include biographical sketches for persons occupying the key positions described in **Attachment 2**, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training and experience working with the cultural and linguistically diverse populations served by their programs. Refer to Section IV.2.ii Organizational Information for biographical sketch format.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (Required)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal (e.g., clinical training sites). Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart (Required)

Provide a one-page figure that depicts the organizational structure of the project, including sponsoring institution, clinical training partners, GME consortium members (if applicable), or other key partnerships.

Attachment 6: Rural Status Designation (Required)

Provide a table of all proposed training sites and locations that includes the following key information:

1. Site name and address
2. County name and state
3. County rural or urban status in the FY 2023 IPPS Final Rule
4. Site rural status in the Rural Health Grants Eligibility Analyzer
5. Projected Percentage of resident training time at each site

Include an attestation that the program will train residents in rural areas for greater than 50 percent of the total residency training time. All applicants must provide proof of rural designation for all rural training sites that meets the FORHP definition of rural by using the Rural Health Grants Eligibility Analyzer. Include a screenshot or printout of the Eligibility Analyzer result for each rural training site. In some cases, a location may qualify for rural health grant eligibility that is not in a rural county according to CMS. If an applicant proposes a sustainability plan that includes Medicare GME funding, you must demonstrate that the rural clinical training site(s), where greater than 50 percent of the training will occur, is in a rural county according to CMS. To determine if a hospital or other training site is located in a county that is rural for CMS IPPS wage index purposes, download and review the FY 2023 "County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on the FY 2023 IPPS Final Rule Homepage. Note: Counties without a CBSA or CBSA Name listed in Columns D and E are considered rural for CMS purposes.

Attachment 7: Program Sustainability Documents (Required)

Provide documentation that supports the residency program sustainability plan during and after grant funding, for example, qualifying under current regulatory authority for Medicare GME and/or other public or private support. Refer to Section IV.2.ii Program Sustainability for required documentation for all program sustainability options.

Attachment 8: State Office of Rural Health Letter of Intent (Required)

Applicants are required to notify their SORH early in the application process of their intent to apply. Provide a copy of the letter or confirmation of contact. In the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH. A list of the SORHs can be accessed at https://nosorh.org/ nosorh-members/ nosorh-members-browse-by-state/.

Attachment 9: Request for Funding Priority (if applicable)

To receive a funding priority, include a statement that you qualify for a funding priority and identify the priority. See Section V.2 Review and Selection Process.

Attachments 10–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including other letters of support, proof of non-profit status, or indirect cost rate agreements.

Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is ***January 27, 2023 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

The RRPD Program 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 $750,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

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 and other restrictions will apply in following fiscal years, as required by law.

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

- Resident salaries and benefits;
- Ongoing support for resident training (e.g., as a program sustainability plan);
- Acquiring or building real property; and
- Major construction or major renovation of any space. Note: Minor renovations or alterations are allowable.

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.

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

Criterion	Points
1. Purpose and Need	15
2. Response	35
3. Impact	35
4. Organization Resources/Capabilities	10
5. Support Requested	5
Total	**100**

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

The extent to which the application demonstrates the problem and associated contributing factors to the problem. Reviewers will evaluate the quality and extent to which the application:

- Describes the purpose of the proposed rural residency program, how it will address the rural workforce needs and likeliness to improve the health of population served.
- Demonstrates a significant workforce need and shortage in the proposed specialty among a high need rural population, including the use of appropriate data sources in the analysis of the limited health resources and burden of diseases and/or conditions among rural residents within these communities (e.g., demographics, health outcomes, health disparities/inequities, barriers to access, etc.).

- Describes the rural health care delivery system and provides details on the specific needs of the organization and facility(s) to successfully establish the proposed rural residency program.
- Assesses the current graduate medical education landscape for the proposed target rural area(s), including existing or developing rural residencies programs, to determine the need for a new rural residency program. If there are existing rural residency programs, the application describes and demonstrates significant need for a new program.
- Describes progress towards planning and developing a new rural residency program, including characteristics of existing residency program partners and any consultations with the State Office of Rural Health.
- Additionally, reviewers will evaluate the quality and extent to which a ***Maternal Health and Obstetrics Pathway*** application:
    - Describes the need for increased number of obstetrics-gynecology and family medicine physicians with expertise in managing maternal health care in rural areas, and who are capable of improving maternal health outcomes with limited resources.
    - Describes the social determinants of health and health disparities faced by the targeted population and their maternal health needs, including the need for training residents to prevent and treat certain high risk factors in pregnancy (e.g. diabetes, heart disease, hypertension, obesity, depression, OUD/SUD).

Criterion 2: "RESPONSE (35 points) – Corresponds to Section IV's sub-sections – (a) "Methodology", (b) "Work Plan", and (c) "Resolution of Challenges".

Criterion 2(a): RESPONSE: METHODOLOGY (15 points) – Corresponds to Section IV's "Methodology"

The quality and extent to which the application describes activities likely to successfully achieve the program goals and objectives stated in Section I.1 Purpose and establish a new rural residency program or RTP that is accredited by ACGME. Specifically, the application:

- Demonstrates clinical capacity to meet ACGME accreditation requirements by the end of the RRPD grant program period of performance (i.e., July 31, 2026), including dedicated supervisory faculty, adequate patient care volume, and appropriate resident training time in relevant medical specialties and subspecialties (e.g., adequate obstetrics training).
- Describes the organizational and program structure needed to meet ACGME requirements, including governance structure and the capacity of the organization to meet ACGME sponsoring institution requirements, hiring non-faculty staff, and acquiring access to electronic health records, library services, learning management systems, etc.

- Describes plan to appoint a residency program director by the start of year 2 of the grant (if not already hired) and a faculty recruitment and development plan, including recruiting faculty with specialty expertise to meet ACGME requirements for the proposed residency specialty.
- Describes a residency program education that will deliver high-quality training and curriculum (e.g., innovative approaches, health equity, emerging patient care strategies, interprofessional education) that will prepare residents to provide high-quality and culturally and linguistically appropriate care in rural communities.
- Describes a strategic recruitment plan to recruit a diverse cohort of high-quality residents (to begin training no later than AY 2027) committed and willing to develop competencies to practice in rural communities.
- Describes a feasible graduate tracking plan that will track and publicly report residents' practice locations and retention in rural communities post-graduation for the new rural residency program.
- Proposes a residency education program that will lead to successful board certification and readiness for clinical practice, including competencies and training in key specialty areas upon completion of training.
- Describes a plan to disseminate reports, products, and/or project outputs so project information may inform other programs to pursue this model. Explains why the project is innovative and provides the context for the project's innovation
- Describes any unique program characteristics or innovative approaches that would enhance the quality of rural residency training that address emerging rural population health needs (e.g., public health emergency response, infectious diseases, COVID-19), particularly among the health care safety net of the community it is serving.
- Additionally, reviewers will evaluate the quality and extent to which a ***Maternal Health and Obstetrics Pathway*** application:
    - Describes how the clinical training sites will support maternal health and obstetrics training, including the number of vaginal deliveries and C-sections, along with the range of services needed to develop competency among residents.
    - Describes how the proposed family medicine program will exceed maternal health and obstetrical training beyond current ACGME requirements in order to train family medicine residents for the independent practice of obstetrics in rural communities.
    - Describes a plan to provide adequate maternal health/obstetrics clinical experience at a rural site capable of supporting the resident complement.
    - Describes sufficient number of preceptors and faculty members with maternal health and obstetrics expertise that will train family medicine residents or obstetrics and gynecology residents to practice in rural areas.

Criterion 2(b): RESPONSE: WORK PLAN (10 points) – Corresponds to Section IV's "Work Plan"

The extent to which the proposed work plan will support the successful accreditation and establishment of a new rural residency program or RTP that will start training residents no later than the academic year immediately following the final year of the RRPD period of performance (i.e., AY 2027). Reviewers will consider the extent to which the application:

- Provides a detailed and logical work plan that is capable of achieving program goals and objectives identified in the "Methodology" section of your project narrative.
- Provides a clear and complete work plan in **Attachment 1** describing timeframes, deliverables and key faculty/staff and partners required to execute each activity during the three-year period of performance.
- Clearly identifies key faculty and/or staff member responsible for each activity in the work plan, which should correspond with the staffing plan in **Attachment 2**.
- Clearly identifies activities requiring collaboration with relevant partners (including sub-award recipients) in the planning, designing, and implementation of the new rural residency program, which should correlate with letters of agreements and/or memorandum of understanding provided in **Attachment 4**.

Criterion 2(c): RESPONSE: RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV's "Resolution of Challenges"

Reviewers will evaluate the quality and extent to which the application:

- Demonstrates an understanding of the challenges and obstacles of establishing a new rural residency program or RTP and proposes reasonable strategies to address these challenges. Some examples may include inadequate obstetrics/maternal health and pediatric services or patient volume, recruiting specialty and subspecialty preceptors, and financial sustainability issues.
- Describes challenges with incorporating interprofessional health care, innovative approaches, and culturally and linguistically appropriate care in the program curriculum and proposes resolutions to these challenges.
- Describes and demonstrates an understanding of additional challenges both internal and external to your organization that may directly or indirectly affect the development of the program and provide a plan on how these will be resolved.
- Provides strong strategies for recruiting a diverse cohort of high quality residents, faculty/preceptors or adjunct faculty to meet program requirements.

Criterion 3: "IMPACT (35 points) – Corresponds to Section IV's sub-sections – (a) "Evaluation and Technical Support Capacity" and (b) "Program Sustainability".

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

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

Reviewers will evaluate the quality and extent to which the application:

- Demonstrates a strong plan to report on the measurable outcomes requested to achieve program goals and objectives, which includes both HRSA's performance reporting measures and the applicant's performance evaluation process dedicated to achieving ACGME accreditation.
- Proposes a clearly defined performance evaluation plan that will contribute to continuous quality improvement.
- Demonstrates adequate technical support capacity to conduct performance management and evaluation.
- Proposes reasonable solutions for overcoming potential obstacles for implementing program performance evaluation.
- Includes logical and well-supported anticipated values for the following outputs measures:
    1. Number and type (i.e., model and specialty) of newly established rural residency programs
    2. Number of residents each rural residency program can support at the onset
    3. Number of residents each rural residency program will support once fully established (longer-term goal)
    4. Number and type of existing clinical training sites for residents
    5. Number and type of newly established clinical training sites for residents
    6. Number of faculty and staff trained to teach, support, and administer the curriculum at each rural residency program site
    7. Number and type of existing partnerships (e.g., non-clinical training site) that support the rural residency program
    8. Number and type of newly established partnerships (e.g., non-clinical training site) that support the rural residency program

Criterion 3(b): IMPACT: PROGRAM SUSTAINABILITY (25 points) – Corresponds to Section IV's "Program Sustainability".

The extent to which the application describes a clearly defined, fact-based, reasonable, and validated sustainability plan for the proposed rural residency program to support the residency after the period of federal funding under this award ends. Applications that lack a clear program sustainability plan narrative and the required supporting

documentation in **Attachments 6** and **7** for the chosen sustainability option(s) will receive zero points for this section.

The reviewers will assess the quality and extent to which the application:

- Describes a plan for supporting the financial and programmatic sustainability of the new rural residency program. This must include funding sources other than clinical revenue and one (or a combination) of the funding options presented in Section IV.2.ii. Program Sustainability.
- Identifies challenges and barriers to the proposed sustainability plan and proposes strong resolutions to address these issues to sustain the new rural residency program long-term. For instance, hospitals that do not qualify for adequate Medicare GME funding must describe additional funding sources that demonstrate the ability to sustain the residency program long-term.
- Describes financial investments already made for the new rural residency program.
- Demonstrates a stable future financial outlook for the institutional and training sponsors.
- In addition to the program sustainability narrative, the applicant provides strong supporting documentation validating the proposed sustainability plan in **Attachments 6** and **7**.

The reviewers will consider the following for each of the program sustainability options presented in the IV.2.ii. Program Sustainability Cross-Reference Table:

- For **Medicare Options 1, 2, and 3**, reviewers will consider the quality and extent to which the application describes a strategy to qualify for Medicare GME (i.e., DGME and IME payments) and the viability of the proposed strategy. Additionally, reviewers will consider the strength of all required supporting documentation provided in **Attachments 6** and **7** demonstrating eligibility for Medicare GME:
    1. Attachment 6 – Rural Status Designation:
        - Documentation demonstrating that the applicant organization and/or rural clinical training partner(s) is located in an area that meets both CMS **and** FORHP definitions of rural. Note: Applications that do not clearly provide documentation demonstrating both CMS **and** FORHP rural status will not meet this requirement and will be scored appropriately.
    2. Attachment 7 – Program Sustainability Documentation:
        - Letter from hospital's Chief Executive Officer or other responsible leadership confirming through careful examination of past Medicare cost reports since 1996 that the proposed new rural residency program or RTP is a) eligible to qualify for Medicare GME funding and b) eligible for sufficient Medicare GME funding as described in Section IV.2.ii Program Sustainability.
- For **Other Public or Private Option 4**, reviewers will consider the quality and extent to which the application demonstrates, through letters of agreement, that the proposed program is located in a FORHP rural area and will be permanently

supported from sources other than Medicare (e.g., Medicaid, state, or other public or private funding). Reviewers will consider the degree to which the applicant explains the funding mechanism(s) and how the proposed program qualifies for the funding. Reviewers will also consider whether the proposed funding source would sufficiently sustain a rural residency program or RTP for the long term. For example, historically it is highly improbable that a critical access hospital or sole community hospital can financially sustain a residency program on clinical revenue alone, therefore such a situation would require additional sustainability funding sources to be identified other than clinical operating revenue.

Note: *HRSA encourages applicants to select more than one sustainability option to strengthen their sustainability plan. Reviewers will consider the quality and extent to which an application selecting a combination of the four options above demonstrates meeting the criteria of each applicable option.*

Criterion 4: RESOURCES AND CAPABILITIES (10 points) – Corresponds to Section IV's "Organizational Information"

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

Reviewers will assess the quality and extent to which the application:

- Describes the organization's current mission, structure, and scope of current activities for the applicant organization and other key partnerships.
- Describes how the program organizational structure and resources will contribute to the organization's ability to effectively manage the programmatic, fiscal, and administrative aspects of the grant.
- Provides an organizational chart in **Attachment 5** that clearly identifies the applicant organization, the sponsoring institution, and all relevant partners, including clinical training partners required for the rural residency program. Corresponding Letters of Agreement with all primary training partners are included in **Attachment 4**.
- Demonstrates the aptitude and expertise required of faculty and staff needed to implement the proposed work plan, including biographical sketches of key personnel (i.e., grant Project Director (PD)/Principal Investigator (PI), residency program director, coordinator, and other key personnel) in **Attachment 3**.
- Provides a staffing plan in **Attachment 2** including short paragraphs on each key faculty or staff member identified in the work plan, with a brief description of staffs' relevant background and qualifications, role and responsibilities, and percentage of time they will dedicate to the program.
- For an application that consists of a GME consortium, the applicant organization describes the members of the GME consortium, key personnel, responsibilities of each consortium member involved with the grant, and explains the flow of grant funds between members of the consortium (if applicable).

Criterion 5: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's "SF-424A Budget Form" and "Budget Narrative"

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives, notably the project director. Note: The residency program director is not required to be the project director for the grant.
- A reasonable budget justification that clearly describes and outlines anticipated program costs, including planning and development costs, resident recruitment costs, graduate resident tracking, RRPD annual meeting, consultant services, sub-recipients, and data collection.

***Note:** Refer to the corresponding Section IV.2.iii. Budget, Section IV.6. Funding Restrictions sections for more guidance on budget requirements and funding restrictions.*

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. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

For this program, HRSA will use:

Funding Priorities
A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. The RRPD Program has 2 funding priorities:

Priority 1: Geographic Distribution (2 Points)

The RRPD Program has a funding priority to improve the geographical distribution of rural residency programs for states where HRSA has not previously awarded an RRPD grant. The maldistribution of residency training across the nation is a key contributing

factor for physician workforce shortages and access in rural areas.[19] Several studies have found that training residents in rural areas increases the likelihood of graduates practicing in rural settings.

You will be granted a funding priority if you propose to develop a new rural residency program that trains residents for greater than 50 percent of total training time in rural counties located in one or more of the following states where HRSA has not previously awarded an RRPD grant: AK, AZ, CO, FL, HI, IA, ID, KY, LA, MI, ND, NE, NJ, NV, RI, SD, UT, VA, VT, WI, and WY.

Note: If you propose to develop a new rural residency program in one of these priority states, but your organizational address is not in a priority state, you will be eligible for this priority if you clearly demonstrate qualifying training time in rural counties in a priority state. You must clearly list the state and county of your training sites in your abstract and in **Attachment 9**.

Priority 2: Maternal Health (2 Points)

Rural counties experience higher infant, neonatal and postnatal mortality rates than large urban counties.[20] The declining access to obstetrical services in rural areas due to obstetric unit closures and lack of practicing obstetricians present an evolving challenge to providing high-quality maternal health services to meet the demands of rural communities.

You will be granted a funding priority if you clearly identified in your application that you are applying to develop a program in the Maternal Health and Obstetrics Pathway and you demonstrate that you meet the criteria for this pathway: (1) obstetrics-gynecology rural residency program or RTP, or (2) family medicine rural residency program or RTP with enhanced obstetrical training that will train residents for the independent practice of obstetrics in rural communities.

Note: All applicants in the General Primary Care and High Need Specialty Pathway **and** the Maternal Health and Obstetrics Pathway will be reviewed and scored together during the ranking and selection process.

If requesting funding priorities, indicate which qualifier(s) is being met in the **Project Abstract** and **Attachment 9**. HRSA highly recommends that the applicant include this language to identify their funding priority request(s):

---

[19] Council on Graduate Medical Education. Special Needs in Rural America: Implications for Healthcare Workforce Education, Training, and Practice. July 2020. Accessed https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/publications/cogme-rural-health-issue-brief.pdf

[20] Ely D, Hoyert D. Differences Between Rural and Urban Areas in Mortality Rates for the Leading Causes of Infant Death: United States, 2013-2015. NCHS Data Brief No. 300. 2018. https://www.cdc.gov/nchs/data/databriefs/db300.pdf

For Priority 1*: "[Applicant's organization name] is requesting funding priority 1 for geographic distribution. Our proposed new rural residency program or RTP will train residents in [rural county Y] in [state Z] not previously awarded an RRPD grant."*

Clearly explain the applicable location(s) if your rural training site is in a different state from the applicant organization's primary address.

For Priority 2: "[*Applicant's organization name] is requesting funding priority 2 for maternal health. The proposed new rural residency program will train residents for the independent practice of obstetrics in rural communities through (select one):*

- ☐ *(1) an obstetrics- gynecology rural residency program or RTP*
- ☐ *(2) family medicine rural residency program or RTP with enhanced obstetrical training. Note: applicants must describe in the* ***Project Narrative*** *and in* ***Attachment 9*** *how the residency program will train residents for the independent practice of obstetrics in rural communities.*

You may request one or both funding priorities as applicable. If you request funding priorities for both geographic distribution and for maternal health, you must ensure that your application and **Attachment 9** clearly demonstrate that you are requesting both priorities and your eligibility for both priorities.

Funding Special Considerations and Other Factors

This program includes special considerations. A special consideration is the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

When two or more applicants propose to train residents in the same medical specialty and target area, HRSA will only fund one recipient in a residency specialty for that target area. If we receive multiple applications for the same specialty and target area, then only the highest ranked application in the target area will receive consideration for award within available funding ranges. Additionally, HRSA will not consider applications proposing a new residency program in a target area currently served by a previously or currently funded RRPD recipient in the same specialty as the proposed program. Applicants can review the target areas of previous RRPD recipients in the Rural Residency Planning and Development Grantee Summary Reports.

Recipients of awards under the RRPD-TA Program (HRSA-21-102), RRPD Grant Program (HRSA-19-088, HRSA-20-107, and HRSA-22-094), and the Teaching Health Center Planning and Development (THCPD) Program (HRSA-22-107) with active grants by the application closing date will not be eligible to receive funding under this RRPD program notice.

Eligible applicants may apply to both this HRSA-23-037 Rural Residency Planning and Development Program and the HRSA-23-015 Teaching Health Center Planning and

Development Program, however HRSA will only make one award. In order to achieve the funding special considerations above, HRSA may need to fund out of rank order.

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 August 1, 2023. 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.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

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

3. Reporting

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

1) **Quarterly Progress Reports**. The recipient must submit a progress report to HRSA on a quarterly basis to ensure applicants' proposed objectives are accomplished during each quarter of the project. The fourth quarterly report will include an annual progress update that requires the recipient to provide a comprehensive overview of their overall progress in meeting the project goals, as well as plans for grant activities in the upcoming budget year(s). More information will be available in the NOA.

2) **Annual Performance Report**. The recipient must submit a performance report to HRSA on an annual basis. The performance report will address grant activities and outcomes during each year of the period of performance. More information will be provided in the NOA.

3) **Final Report**. A final report is due within 90 calendar days after the period of performance ends. This report is designed to provide HRSA with information required to close out a grant after completion of project activities. The final report will collect information related to program-specific goals and progress; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered and resolutions; and responses to summary questions regarding the recipient's overall experiences during the entire period of performance (e.g., publications, resident NPIs, changes to objectives, etc.). Recipients will submit the final report in the HRSA EHBs system.

4) **ACGME Application**. The recipient must submit an application in the ACGME Accreditation Data System (ADS) to initiate the ACGME accreditation process. The recipient must submit to HRSA the appropriate ACGME documentation confirming application completion and submission before the start of year 3 of the period of performance (i.e., before August 1, 2025).

5) **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:

Beverly Smith
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-7065
Email: bsmith@hrsa.gov

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

Sheena Johnson, MPH
Health Insurance Specialist, Policy Research Division
Federal Office of Rural Health Policy
Health Resources and Services Administration
Phone: (301) 945-9639
Email: ruralresidency@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
Phone: 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
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

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

Appendix: Resources

Several sources offer information that will help you in preparing the application. Please note HRSA is not affiliated with all of the resources provided, however, you are encouraged to visit the following websites:

Health Resources and Services Administration Resources

- Federal Office of Rural Health Policy
  https://www.hrsa.gov/rural-health/index.html
- Bureau of Health Workforce
  https://bhw.hrsa.gov/
- National Health Service Corps (NHSC)
  https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf
- Teaching Health Center Graduate Medical Education (THCGME) Program
  https://bhw.hrsa.gov/grants/medicine/thcgme
- Council on Graduate Medical Education
  https://www.hrsa.gov/advisory-committees/graduate-medical-edu/index.html
- HRSA Data Warehouse
  https://datawarehouse.hrsa.gov/

Rural Residency Planning and Development Technical Assistance (RRPD-TA)

- RuralGME.org: https://www.ruralgme.org/

Accreditation Council for Graduate Medical Education

- Common Program Requirements: https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements/
- ACGME Rural Track Program Designation: https://www.acgme.org/what-we-do/accreditation/medically-underserved-areas-and-populations/rural-tracks
- Institutional Application Process: https://www.acgme.org/designated-institutional-officials/institutional-review-committee/institutional-application-process/
- Program Application Information: https://www.acgme.org/what-we-do/accreditation/program-application-information/
- General Accreditation Questions: accreditation@acgme.org

Other Resources

- Rural Training Track (RTT) Collaborative: https://rttcollaborative.net/
- Rural Health Research Gateway: http://www.ruralhealthresearch.org/
- Rural Health Information Hub (RHI Hub): https://www.ruralhealthinfo.org
- National Area Health Education Center (AHEC) Organization:
  http://www.nationalahec.org/
- National Organization for State Offices of Rural Health (NOSORH):
  https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/