U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Office of Rural Health Policy
Hospital State Division

Medicare Rural Hospital Flexibility Program

Funding Opportunity Number: HRSA-19-024
Funding Opportunity Type: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.241

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: March 29, 2019

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, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: January 24, 2019

Sarah Young
Flex Program Coordinator, Hospital State Division
Federal Office of Rural Health Policy
Telephone: (301) 443-5905
Email: syoung2@hrsa.gov

Authority: Title XVIII, §1820(g)(1) and (2) of the Social Security Act (42 U.S.C. 1395i-4(g)(1) and (2)), as amended.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Medicare Rural Hospital Flexibility Program (Flex Program). The purpose of this program is to enable state designated entities to support critical access hospitals in quality improvement, quality reporting, performance improvement, and benchmarking; to assist facilities seeking designation as critical access hospitals; and to create a program to establish or expand the provision of rural emergency medical services. Flex Program objectives include quality, operational, financial, and population health improvement with the goal of supporting access to necessary health care services in rural communities. State Flex programs will act as resources and focal points for these activities within their respective states.

Funding Opportunity Title:	Medicare Rural Hospital Flexibility Program
Funding Opportunity Number:	HRSA-19-024
Due Date for Applications:	March 29, 2019
Anticipated Total Annual Available FY 2019 Funding:	Approximately $27,000,000
Estimated Number and Type of Awards:	Up to 45 cooperative agreements
Estimated Award Amount:	Varies by state per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2019 through August 31, 2024 (5 years)
Eligible Applicants:	States with certified critical access hospitals. 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 HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, January 31, 2019
Time: 3-4 p.m. ET
Call-In Number: 1-800-369-1834
Participant Code: 6679055
Web link: https://hrsa.connectsolutions.com/flex_ta_19_024/
Playback Number: 1-402-998-0601
Passcode: 5905

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Medicare Rural Hospital Flexibility Program (Flex Program). The purpose of this cooperative agreement is to enable state Flex programs to support critical access hospitals (CAHs) in quality improvement, quality reporting, performance improvement, and benchmarking; to assist facilities seeking designation as CAHs; and to create a program to establish or expand the provision of rural emergency medical services (EMS).

The aim of the Flex Program is to provide training and technical assistance to build capacity, support innovation, and promote sustainable improvement in the rural health care system. The overall goal of the Flex Program is to ensure that high quality health care is available in rural communities and aligned with community needs. Health care services include appropriate preventative, ambulatory, pre-hospital, emergent, and inpatient care. High quality rural health care will deliver high value to patients and communities and result in healthier rural people.

The long-term objectives of the Flex Program are to enable CAHs, including CAH-owned clinics, and rural EMS agencies to:

- Show and improve quality of care;
- Stabilize finances and maintain services;
- Adjust to address changing community needs; and
- Ensure patient care is integrated throughout the rural health care delivery system.

State Flex funding for this period of performance will act as a resource and focal point to address needs and demonstrate outcomes in the following six program areas with an emphasis and priority on quality, operational, and financial improvement in CAHs:

Program Area 1: CAH Quality Improvement (required)
Program Area 2: CAH Operational and Financial Improvement (required)
Program Area 3: CAH Population Health Improvement (optional)
Program Area 4: Rural EMS Improvement (optional)
Program Area 5: Innovative Model Development (optional)
Program Area 6: CAH Designation (required if assistance is requested by rural hospitals)

Flex Program Requirements and Priorities:

The six program areas are expansive groups of Flex work that are further divided into specific activity categories. The activity categories in turn organize activities and interventions to identify similar projects, define allowable activities, and structure Flex performance reporting via the Performance Improvement and Measurement System (PIMS). For more detailed examples of potential Flex interventions and activities, refer to the *Medicare Rural Hospital Flexibility Program Structure for FY 2019 – FY 2023*.

CAHs that wish to participate in any Flex-funded activity must participate and report in the Medicare Beneficiary Quality Improvement Project (MBQIP) core quality measures.[1] CAH participation in MBQIP for the FY 2019 budget year will be assessed when data is available in early 2019 in a separate process from this notice. See the *FY 2019 Flex Eligibility Criteria for MBQIP Participation*. In future years, FORHP will continue a phased approach to achieve 100 percent reporting of MBQIP core quality measures in all four domains. We highly encourage CAHs to continue reporting as many measures as possible, regardless of what the minimum requirements are for the year.

Supporting existing CAHs and rural hospitals converting to CAH status is a top priority for state Flex programs. In addition to CAHs, state Flex programs may also assist rural EMS organizations. Assistance provided to other types of organizations, for example rural hospitals not converting to CAH status, must be clearly justified and secondary to CAH assistance.

CAHs and state Flex programs have identified data collection, analysis, and interpretation as an ongoing challenge and a barrier to participation in value-based payment programs. State Flex programs may consider ways to develop statewide data collection infrastructure to address identified gaps in data related to CAHs and rural EMS, including opportunities to leverage partnerships and share resources for data collection.

In addition to data collection, the state Flex program may support analysis and interpretation of both current data (for example Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) and MBQIP) and new data (if proposed) to provide added value to CAHs in understanding and using data to improve their performance. This may include, but is not limited to, analyzing and developing actionable insights based on quality, financial, market, community, and/or population health data.

States will continue to report on Flex Program outcomes in PIMS and collect core quality measures through MBQIP. Over this next period of performance, HRSA will continue to use those data to track trends, determine best practices, and set quality improvement benchmarks in consultation with state Flex programs and other key stakeholders.

We encourage recipients to collaborate within and across states to improve their impact and effectiveness. States must consult with state hospital associations and rural hospitals to identify appropriate projects. In addition to hospital associations, we encourage states to work with Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs), Health Information Exchanges (HIEs), Hospital Improvement Innovation Networks (HIINs), CDC-funded Healthcare Associated Infections and Antibiotic Resistance prevention programs, State Rural Health Associations, and others concerned with the future of rural health care.

[1] For a full list of the current measures in each quality domain see the latest MBQIP Measures list at https://www.ruralcenter.org/resource-library/mbqip-measures

2. Background

This program is authorized by Title XVIII, § 1820(g)(1) and (2), of the Social Security Act (42 U.S.C. 1395i-4(g)(1) and (2)), as amended. The Balanced Budget Act of 1997 (Public Law 105-33, codified in 42 U.S.C. 1395i-4) created the CAH designation to improve access to hospital and other health services for rural residents. The Act also authorized state Flex programs to facilitate CAH designations and support CAHs and rural EMS.

The Flex Program provides a platform and resources for states to strengthen rural health care by supporting improvement initiatives with CAHs and rural EMS. The previous period of performance included program areas of quality improvement (the Medicare Beneficiary Quality Improvement Project [MBQIP]); financial and operational improvement; population health management and emergency medical services integration, designation of CAHs, and integration of innovative health care models. The Flex Program has been able to demonstrate its value in many of these areas by improving quality and performance in CAHs; strengthening CAHs and their communities; and ensuring rural communities have access to high-quality, necessary health care. For example, from the most recent data in PIMS, 76 percent of CAHs participating in one of the required quality improvement activities improved in one or more of the quality domains.

Faced with a rapidly changing landscape moving toward quality improvement, value-based payment, and population health initiatives, for the upcoming period of performance the Flex Program will focus on activities that assist CAHs in demonstrating their value and prepare rural health organizations for the continuing changes in our health care system so that they can increase participation in alternative payment models.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program involvement will include:

- Collaborating with award recipients to review and provide input on the Work Plan in alignment with HRSA priorities, state needs, and changes in the rural health care environment through such activities as identifying and prioritizing needs to be addressed using federal funds;
- Monitoring and supporting implementation of the Work Plan through progress report reviews;

- Identifying opportunities to coordinate activities with other federally-funded projects;
- Providing guidance and assistance in identifying key changes in federal health care policies and the rural health care environment that impact state Flex programs (e.g., changes to national Medicare quality reporting program measures that impact the Flex Program); and
- Collaborating with technical assistance providers that are developing tools and resources for state Flex program use.

The cooperative agreement recipient's responsibilities will include:

- Collaborating with HRSA on refining and implementing the Work Plan according to HRSA priorities, state needs, and changes in the rural health care environment;
- Negotiating with HRSA to update Work Plans at least annually, or more frequently as needed (e.g., in response to identified challenges or to establish new activities in response to environmental changes);
- Collaborating with HRSA to develop quality improvement benchmarks for the Flex Program and set state and national targets;
- Developing and implementing a state Flex program as described in this notice;
- Identifying a state Flex coordinator and staffing at least one full time equivalent position (may be met by multiple people) dedicated to managing and implementing the state Flex program;
- Ensuring program staff have appropriate training, including attending a Flex Program Workshop within one year of start date of new staff directly responsible for executing the duties of the Flex award;
- Annually attending the national Flex Program meeting and one other regional or national meeting each year related to the administration of the Flex award, as a part of ensuring program maintenance and integrity;
- Participating in information sharing and program improvement activities coordinated by designated Flex Program technical assistance providers; and
- Participating in the national evaluation of the Flex Program.

2. Summary of Funding

HRSA expects approximately $27,000,000 to be available annually to fund 45 recipients. You may apply for a ceiling amount of up to the state funding level noted in the Appendix as the total cost (includes both direct and indirect, facilities and administrative costs) per year for the primary Flex award. HRSA expects to receive 45 applications and make 45 Flex awards to Governor-designated state organizations. The period of performance is September 1, 2019, through August 31, 2024 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Medicare Rural Hospital Flexibility Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Limitation on indirect cost rates

Authorizing legislation (Title XVIII, §1820(g)(4) of the Social Security Act (42 U.S.C. 1395i-4(g)(4)), as amended) limits indirect costs under the Flex Program. Indirect costs will be budgeted and reimbursed at the lesser of 15 percent of total direct costs or the applicant's negotiated Indirect Cost Rate Agreement (ICRA). The 15 percent limit comes to approximately 13.04 percent of the Total Project Costs, inclusive of direct and indirect costs. This limitation on indirect cost rates is a requirement of this federal award and, as required in 45 CFR § 75.351-353, the limitation includes subrecipients.

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

III. Eligibility Information

1. Eligible Applicants

Only states (current Medicare Rural Hospital Flexibility Program award recipients in states with certified critical access hospitals) are eligible to apply for funding under this notice. HRSA will accept only one application from each state. The Governor designates the eligible applicant from each state.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the state funding level for primary Flex awards listed in the Appendix non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

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 NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

If you are reading this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **50 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is 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. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachment 7: Other Relevant Documents**.

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

i. Project Abstract

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

The project abstract must be single-spaced and limited to one page in length.

Please include the following information at the top of the abstract:

- Project Title
- Applicant Organization Name
- Applicant Organization Address
- Applicant Organization Web Site Address, if applicable
- Project Director Name (if applicable, state that the Project Director is also the State Flex Coordinator)
- State Flex Coordinator Name (if different from Project Director)
- State Flex Coordinator Contact Phone Number(s)
- State Flex Coordinator E-Mail Address(es)

In addition, please include the following:

- A brief description of the project including the needs to be addressed, the proposed services, and the population to be served; and
- Goals and specific measurable objectives of the proposed project.

ii. Project Narrative

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

All applicants must address the program areas of (1) CAH Quality Improvement and (2) CAH Operational and Financial Improvement, as these are priority areas for addressing need. The program areas of (3) CAH Population Health Improvement, (4) Rural EMS Improvement, and (5) Innovative Model Development are optional. Program Area (6) CAH Designation is required only if hospitals in the applicant's state seek help in conversion to CAH status. States considering work in an optional program area (3, 4, or 5) must demonstrate that existing needs of CAHs and rural hospitals in the three required program areas have been or will be addressed and additional resources are available to work in the optional areas.

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 (Need)* Provide a brief overview of the purpose of the proposed project, the vision of your state Flex program, and your goals for the five-year period of performance. Indicate which, if any, of the program areas you will include in addition to the required program areas 1 and 2 (program areas noted above).

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 (Need)* Describe the collective needs of CAHs, rural EMS agencies, and rural communities in the state. This section outlines the high-level needs for all of the CAHs in your state from a program-wide perspective, and you will use this information to prioritize needs and guide program activities. Assess needs in the areas of quality, operational, financial, and population health improvement for CAHs, rural EMS agencies, and other stakeholders, as applicable. This section should help reviewers understand the state context and environment and the state's rural hospitals and communities that will be served by proposed state Flex program activities.

  Note: This application needs assessment is separate from the CAH and EMS assessment activities identified within the Flex program areas.

  This section should identify and analyze relevant data including quality data (MBQIP), financial data (the CAHMPAS or a justified alternative such as a state-specific database that collects more timely financial data from hospitals), and, as applicable, community and population health data (such as the Population Health Portal and CAHMPAS). The Flex Monitoring Team (FMT) produces annual state quality reports using Hospital Compare data that can provide additional information on CAH quality and compiles annual community benefit/community health improvement data in CAHMPAS using American Hospital Association data, County Health Rankings, and other sources to provide information on CAH community-focused activities.

  Clearly identify data sources and data timeframes to show that the needs assessment is based on the most recent information available. We understand that available data may be several years old in some cases, but can be utilized to establish trends or baseline targets.

  The assessment should answer the following questions related to CAHs and rural communities:
  - What is the environment for CAHs in your state – current status and trends?
    - Include the total number of CAHs in your state and note any newly certified CAHs or CAHs that closed or converted to a different facility type within the past year.
  - Where are the challenges that limit the ability of CAHs to provide high quality care to communities?
  - What are the challenges that make financial stability difficult for CAHs?

- Which CAHs in your state are vulnerable (financially or otherwise) and most in need of state Flex program assistance?
- What resources and enabling factors are available to help CAHs succeed?
- What other stakeholders are engaged in supporting CAH efforts and how are they supporting CAHs?
- What additional stakeholders could be sought out and engaged in your state?
- What are the gaps in data related to CAHs in your state?
- What are the population health needs challenging rural communities in your state?

If including optional Program Area 4, Rural EMS Improvement, the assessment should also answer the following questions related to rural EMS:

- What is the environment for rural EMS in your state – current status and trends?
    - Include the total number of rural EMS agencies in your state and estimate the number of agencies that may participate in Flex projects.
- Where are the challenges that limit the ability of rural EMS agencies to provide high quality care to communities?
- What are the challenges that make financial stability difficult for rural EMS agencies?
- Which rural EMS agencies in your state are vulnerable (financially or otherwise) and most in need of state Flex program assistance?
- What resources and enabling factors are available to help rural EMS agencies succeed?
- What other stakeholders are engaged in supporting rural EMS and how are they supporting rural EMS?
- What additional stakeholders could be sought out and engaged in your state?
- What data is available on rural EMS in your state? What are the gaps in data related to rural EMS in your state?

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 (Response) and 4 (Impact)*

  Use this section to describe the methods that you will use to address the identified needs of CAHs, rural EMS, and rural communities in the state. Explain how you will meet the Flex Program requirements and achieve the program purpose of quality, operational, financial, and population health improvement with the goal of supporting access to necessary health care services in rural communities. Specific improvement projects can be for one to five years. Project outcomes will be assessed for improvement at the state level at the end of each budget year as well as over the course of the 5-year period of performance. Certain measures and data reporting will be required based on the activity(ies) selected.

  Describe how proposed projects and interventions were selected to achieve program goals and the evidence base supporting those projects and interventions.

Identify project objectives and explain how program activities will achieve those objectives and the associated outcomes. Explain the conceptual framework that supports the specific activities selected in each program area and how the activities will lead to successful realization of the project objectives, including intermediate and final outcomes. The key to this explanation is to describe how activities will drive change at the hospital, EMS agency, and community level and lead to the desired improvement. Use this section to explain *how* and *why* the planned activities described in the work plan will be undertaken. If applicable, include your plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information. Describe and reference the tabular work plan as needed to strengthen the methodology narrative and avoid duplication of information in the application package.

Describe your process for prioritizing CAHs and how training, technical assistance, and other supports will be targeted to CAHs with high needs and capacity to benefit from assistance. We recognize that the funding provided through Flex is not sufficient to meet all needs of CAHs within each state. The number of CAHs per state varies from three to 85. Therefore, states with more CAHs may need to prioritize which needs to address and which group(s) of CAHs to work with. In order to efficiently use Flex funding and maximize program impact, we encourage recipients to consider funding cohorts of CAHs with similar challenges.

Explain your process for engaging key stakeholders in your project. Describe your methodology for CAH site visits, including planned annual number, content, participants, duration, and frequency. Discuss any significant collaborative activities between the state Flex program and other organizations—note that work completed under a contract or subaward paid by the state Flex program is not a collaborative activity, instead it is a Flex-funded activity.

Discuss initiatives planned to improve the effectiveness of the state Flex program. Describe how the state Flex program has incorporated the Core Competencies for State Flex Program Excellence, as applicable. Please do *not* report scores from the Core Competencies Self-Assessment because that is a tool designed for internal organizational self-improvement. Remember the core competencies are attributes of the state Flex program as a whole, including internal and external resources, and should not be used to assess an individual Flex Coordinator or other staff persons.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 (Response) and 4 (Impact)*
  The work plan is a separate document from the text-based Project Narrative. Include the work plan as **Attachment 1**. This section has instructions for the tabular work plan attachment.

  The work plan is the succinct overview of the program objectives, goals, activities, and projected outcomes in table format. The work plan is not a narrative. As needed, use the methodology section of this narrative to explain the tabular work plan. The written narrative provides space to elaborate on activities listed in the work plan and describe how and why they will be undertaken.

Organize the work plan by the program areas and activity categories listed in the introduction and described in detail in the document *Medicare Rural Hospital Flexibility Program Structure for FY 2019 – FY 2023*. Only include the program areas and activity categories that will be part of your state Flex program for this period of performance.

The tabular work plan will have a five-year period of performance section and an annual section. The period of performance section of the tabular work plan should include:

- Goal statement(s) for each program area;
- One to three clearly defined outcome measures for each program area with a clear, time-based target for each outcome measure; and
- A five-year timeline indicating project timespan at a high level, some projects will span all five years of the performance period while others will not.

For the first year of the period of performance, the tabular work plan should include:

- Succinct descriptions of activities planned in each activity category;
- Expected outputs (process measures) for each activity category;
- Timeline for activities with key milestones to track progress, identifying multi-year activities as appropriate;
- Responsible individuals including program staff and contractors; and
- Budget of funds allocated to each activity category.

In future years, recipients will provide updates to this section of the work plan as part of annual progress reports.

If including optional Program Area 5, Innovative Model Development, you must also include a logic model for designing and managing the project in that program area. This is not a logic model for the entire state Flex program and may be limited to the proposed innovative model. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 (Response)*
  Discuss challenges that you are likely to encounter in designing, implementing, and staffing the activities described in the methodology and work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 (Evaluative Measures) and 5 (Resources/Capabilities)*
  Describe the plan for ongoing program performance assessment that will contribute to continuous quality improvement of your state Flex program. Describe how you will assess the effectiveness of projects and interventions while underway and after they are completed, and how you will use appropriate qualitative and quantitative data to determine if activities should be continued, expanded, modified, or ended in future years.

  Identify the data you will collect and analyze to assess your progress and to measure your outputs (program process measures) and outcomes (measures of program impact). Explain how you will monitor ongoing processes and the progress towards the goals and objectives of the project. Describe the systems and processes that your organization will use to collect and manage data needed for accurate and timely performance reporting.

  Include a description of your monitoring and assessment processes for subrecipients, subawards, and/or contractors, if applicable. This section should show your capacity and planning for effective program management for the duration of the period of performance.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 (Resources/Capabilities)*
  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 conduct the program requirements and meet program expectations. Refer to **Attachment 4:** Organizational Chart and explain (as applicable) how the state Flex program fits within its larger parent organization.

  Describe relationships or contracts and subawards that contribute to the ability of the state Flex program to conduct program requirements and meet program expectations. HRSA recognizes that state Flex programs use multiple approaches to access appropriate expertise and complete projects including direct implementation by organization staff, engaging contractors and consultants, and providing subawards to subrecipients such as state hospital associations or CAHs. Describe the approaches (including staff, contractors, and subawards) you will use to achieve program objectives and how you will ensure coordination between staff, contractors, and subrecipients, as applicable. State Flex programs should have a strong oversight system in place for contracts and subawards (as applicable, describe this oversight system in the Evaluation and Technical Support Capacity section of the narrative).

Explain how the organization will ensure that staffing of at least 1.0 full time equivalent (either one full time person or multiple part time people) is dedicated to managing and implementing the state Flex program, identify the individual(s) whose work will meet this requirement, and whether they are organization staff or contractors. Refer to **Attachment 2:** Staffing Plan, as needed.

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

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can 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) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

If indirect costs are included in the budget, attach a copy of the indirect cost rate agreement as **Attachment 5**.

Please review the multi-year award information and include the 5th year budget as **Attachment 6**.

As noted in Section 4.1.iv of HRSA's *SF-424 Application Guide* the costs of advisory councils are unallowable unless authorized by the HHS awarding agency. For state Flex programs, HRSA will authorize reasonable costs, e.g., travel and meeting expenses, for stakeholder groups convened to provide input to the state Flex program on improving program operations and meeting state needs. These groups may be called Flex advisory councils, committees, or other names.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, "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 year, as required by law.

Authorizing legislation (Title XVIII, §1820(g)(4) of the Social Security Act (42 U.S.C. 1395i-4(g)(4)), as amended) limits indirect costs under the Flex Program. Indirect costs will be budgeted and reimbursed at the lesser of 15 percent of total direct costs or the applicant's negotiated Indirect Cost Rate Agreement (ICRA). The 15 percent limit comes to approximately 13.04 percent of the Total Project Costs, inclusive of direct and indirect costs. This limitation on indirect cost rates is a requirement of this federal award and, as required in 45 CFR § 75.351-353, the limitation includes subrecipients.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*. This award will have a 5-year period of performance. The annual progress reports will include an annual update to the budget narrative.

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.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative in a concise, tabular format. Include process and outcome measures for program areas that are part of the state Flex program.

Attachment 2: Staffing Plan (see Section 4.1.vi. of HRSA's SF-424 Application Guide)

You must present a staffing plan and provide a justification for the plan that includes a rationale for each award-funded staff position. Include position descriptions with the roles, responsibilities, and qualifications of proposed project staff. Keep each position description to one page in length or less.

Include a brief 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

Include biographical sketches for Key Personnel, less than one page 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. Key Personnel are the Principal Investigator/Project Director (PI/PD), state Flex Coordinator, and other individuals who contribute to the programmatic development or execution of a project or program in a substantive, measurable way, whether or not they receive salaries or compensation under the award.

Attachment 4: Project Organizational Chart

Provide a one-page figure or diagram that depicts the organizational structure of the project. Include subrecipients and contractors that are integral to the success of the project in the figure.

Attachment 5: Indirect Cost Rate Agreement (NOT counted in page limit)

Provide the current federally negotiated indirect cost rate agreement used to substantiate indirect costs in the proposed budget.

Attachment 6: For Multi-Year Budgets--5th Year Budget (NOT counted in page limit)

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachments 7-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active

federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and 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 three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *March 29, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Medicare Rural Hospital Flexibility Program is not a program 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 5 years, at no more than the state funding amount noted in the Appendix per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal year, as required by law.

Program authorizing legislation (Title XVIII, §1820(g)(4) of the Social Security Act (42 U.S.C. 1395i-4(g)(4)), as amended) limits indirect costs under the Flex Program. Indirect costs will be budgeted and reimbursed at the lesser of 15 percent of total direct costs or the applicant's negotiated Indirect Cost Rate Agreement (ICRA). The 15 percent limit comes to approximately 13.04 percent of the Total Project Costs, inclusive of direct and indirect costs. This limitation on indirect cost rates is a requirement of this federal award and, as required in 45 CFR § 75.351-353, the limitation includes subrecipients.

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

- For direct patient care (including health care services, equipment, and supplies);
- To purchase ambulances and any other vehicles or major communications equipment;
- To purchase or improve real property; and/or
- For any purpose which is inconsistent with the language of this NOFO or Section 1820(g)(1, 2) of the Social Security Act (42 U.S.C. 1395i-4(g)(1) and (2)).

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 use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be 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 of applications and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The Flex Program has six review criteria for primary Flex awards:

Criterion	Number of Points
1. Need	10
2. Response	45
3. Evaluative Measures	15
4. Impact	10
5. Resources/Capabilities	15
6. Support Requested	5
Total Points	100

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment

The extent to which the Introduction:

- Clearly describes the focus of the state Flex program.
- Clearly identifies which program areas will be addressed.

The extent to which the Needs Assessment:

- Describes the vision of the proposed state Flex program, as informed by the needs assessment and expected outcomes.
- Thoroughly identifies and describes the collective needs of CAHs, rural EMS, and rural communities in the state.
- Identifies local, state, and national factors contributing these needs; partners who can help address these needs; and potential partners not yet engaged.
- Uses and cites data sources which support the discussion of needs in the state and explains why the selected data sources are used, including FMT and state-specific data sources, as applicable.
- Uses MBQIP data to assess quality improvement needs for CAHs.
- Identifies and explains current information gaps related to the state Flex program.
- Justifies inclusion of any optional program areas (population health, rural EMS, and innovation) based on identified needs.

- Describes the assessment techniques used to determine and prioritize the collective needs of CAHs to be addressed with Flex funds.

Criterion 2: RESPONSE (45 points) – Corresponds to Section IV's Methodology, Work Plan (Attachment 1), and Resolution of Challenges

The extent to which the Methodology, Work Plan, and Resolution of Challenges sections of the narrative: (30 points)

- Clearly describe appropriate projects and interventions to address identified need in the two required program areas (quality improvement and operational and financial improvement).
- Identify any CAHs not currently meeting MBQIP participation requirements and propose appropriate interventions to help them report MBQIP core quality measures.
- If optional program areas are included, clearly describe appropriate projects and interventions in optional program areas (population health, rural EMS, and innovation) that respond to identified needs.
- Clearly describe the evidence base supporting proposed projects and interventions and how and why the proposed projects were chosen.
- Explain the conceptual framework describing how the proposed projects will lead to the desired outcomes.
- Propose an appropriate process for prioritizing CAHs and other rural health organizations (as applicable) for training, technical assistance, and support.
- Clearly explain the process for engaging key stakeholders, conducting CAH site visits, and collaborating with other relevant organizations (as applicable).
- Establish a project management plan that will promote accountability and effective execution.
- Prioritize CAHs for Flex training, technical assistance, and support.
- Justify, where applicable, inclusion of non-CAH rural health organizations in Flex training, technical assistance, and support, including rural EMS agencies, CAH-owned rural health clinics, other CAH-owned health care sites, and other rural hospitals.
- Provide a process for conducting a self-assessment and continuing improvement of state Flex program products, projects, and services.
- Identify and discuss current and potential challenges that may be barriers to implementing the planned program and approaches to overcome these challenges.

The extent to which the work plan attachment: (15 points)

- Presents a concise picture of the complete proposed project in a tabular format with reference to the Narrative for explanation.
- Presents a clear timeline for the first year of the award and identifies projects extending into future years.
- Includes appropriate process measures for chosen program areas with clear, time-bound targets that can be used to monitor project execution.
- Includes one to three appropriate outcome measures for chosen program areas that include baseline data demonstrating the current state and defined targets for the end of the five-year period of performance.

- Aligns with the program areas and activity categories described in the work plan section.
- If applicable, includes a clear logic model presenting the conceptual framework and explaining the links among program elements for any projects in Program Area 5, Innovative Model Development.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

The extent to which the *Evaluation and Technical Support Capacity* section of the narrative:

- Proposes a self-assessment strategy through the course of the project to ensure project alignment with proposed goals, timely identification of problems, and course corrections as needed.
- Proposes an effective assessment processes for subrecipients, subawards, and contractors, if applicable.
- Clearly identifies data to be used to monitor progress and how those data will be collected and analyzed.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology and Work Plan (Attachment 1)

The extent to which the Narrative and Work Plan Attachment:

- Describe how projects are organized to use federal funds as effectively and efficiently as possible, including opportunities to achieve economies of scale by working with cohorts of CAHs with similar needs.
- Demonstrate a strong linkage between the proposed activities and the expected outcomes for CAHs, rural EMS agencies, rural communities, and other stakeholders.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information and Organizational Chart, Evaluation and Technical Support Capacity

Assess the extent to which the applicant organization and project personnel have the capabilities to fulfill the needs and requirements of the proposed project

Organization: The extent to which: (5 points)

- The Organizational Information section clearly describes the ability of the organization to meet award requirements including financial documentation.
- The Evaluation and Technical Support section demonstrates the ability of the organization to track performance outcomes through data collection and reporting.
- The applicant demonstrates the capacity and planning for effective program management, including management of contractors and subrecipients, as applicable.

Personnel: The extent to which: (10 points)

- The application's **Staffing Plan (Attachment 2)** provides sufficient detail about the role and responsibilities of each award-supported staff position.
- Project personnel are qualified by training and/or experience to implement and carry out their roles described in the Staffing Plan as evidenced by **Biographical Sketches (Attachment 3)** that document the education, experience, and skills necessary for successfully carrying out the proposed project.
- At least one full time equivalent position is dedicated to the state Flex program and that person(s) has appropriate skills and qualifications as evidenced by the biographical sketch/resume.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives 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.
- The extent to which the budget justification provides a detailed explanation as to the purpose of each contract or subcontract, how the costs were determined or estimated, and the specific contract deliverables.

2. Review and Selection Process

The independent review process provides an objective evaluation 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.

The primary Flex awards in this program do not have any funding priorities, preferences or special considerations.

3. Assessment of Risk and Other Pre-Award Activities

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.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed 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).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2019. 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*.

Requirements of Subawards
The terms and conditions in the Notice of Award (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. See 45 CFR § 75.101 Applicability for more details.

3. Reporting

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

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be available in the notice of award.

2) **Performance Improvement and Measurement System (PIMS) Report**(s). You will submit an annual PIMS report to HRSA that will be due 60 days after the end of each budget year. The required documentation will be uploaded into the HRSA Electronic Handbooks (EHBs). OMB Control Number: 0915-0363, expires 6/30/2019.

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

VII. Agency Contacts

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

Benjamin White
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10NWH04
Rockville, MD 20857
Telephone: (301) 945-9455
Email: bwhite@hrsa.gov

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

Sarah Young
Flex Program Coordinator, Hospital State Division
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 17W-59D
Rockville, MD 20857
Telephone: (301) 443-5905
Email: syoung2@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

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

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

VIII. Other Information

Logic Models

You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find information on how to develop a logic model at the following website: https://www.cdc.gov/dhdsp/docs/logic_model.pdf.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, January 31, 2019
Time: 3-4 p.m. ET
Call-In Number: 1-800-369-1834
Participant Code: 6679055
Web link: https://hrsa.connectsolutions.com/flex_ta_19_024/
Playback Number: 1-402-998-0601
Passcode: 5905

Tips for Writing a Strong Application

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

You are encouraged to review the Technical Assistance and Services Center website for application resources and more information at https://www.ruralcenter.org/content/flex-program-grant-and-cooperative-agreement-guidance.

Appendix: State Funding Levels

Projected annual state funding levels for primary awards under the Medicare Rural Hospital Flexibility Program. This does not include supplemental awards.

State	State Funding Level
AK	$611,422
AL	$364,358
AR	$602,319
AZ	$551,961
CA	$542,359
CO	$655,393
FL	$511,289
GA	$651,413
HI	$446,074
IA	$757,191
ID	$641,351
IL	$824,375
IN	$656,819
KS	$968,815
KY	$602,464
LA	$563,812
MA	$316,735
ME	$437,911
MI	$692,449
MN	$911,531
MO	$510,424
MS	$488,194
MT	$806,474
NC	$626,231
ND	$815,742
NE	$882,649
NH	$431,566
NM	$317,683
NV	$495,108
NY	$394,932
OH	$688,294
OK	$673,496
OR	$697,883
PA	$444,516
SC	$394,458
SD	$673,740
TN	$498,448
TX	$901,523
UT	$391,386
VA	$356,713
VT	$320,206

WA	$686,629
WI	$804,871
WV	$551,220
WY	$497,399
Total	$26,659,826