

OPPORTUNITY OVERVIEW

Department of Health and Human Services (HHS)

Office of the National Coordinator for Health Information Technology (ONC)

Funding Opportunity Title: *American Recovery and Reinvestment Act of 2009, Health Information Technology Extension Program: Regional Centers*

Announcement Type: *Expansion Supplement*

Funding Opportunity Number: 2010-ONC-REC-S

Catalog of Federal Domestic Assistance (CFDA) Number: 93.718

Key Dates and Submission Information: The application, selection and funding process are outlined in the table below. Only existing Regional Extension Center (REC) awardees and REC applicants who were successful in their pre-applications due December 22nd, 2009, and were invited to submit a full application will be eligible for this limited competition. Interested RECs and eligible REC applicants will be required to submit an application by April 30th, 2010.

Number CAHs and Rural Hospitals in Nation	Supplemental Funding Available for 2 years	Request to Participate Due	Award Date
There are an estimated 2,073 Critical Access Hospitals (CAH) and Rural Hospitals with less than 50 beds	Approximately \$25 million (2,073 hospitals x \$12,000/	April 30th, 2010	June 15 th 2010

I. Funding Opportunity Description

Background and Purpose:

The purpose of this supplemental funding is to ensure the provision of services to Critical Access Hospitals (CAH) and Rural Hospitals already defined within the scope of the cooperative agreements funded under FOA No. EP-HIT-09-003. CAHs and Rural Hospitals are vital components of the rural health care system in the United States. These hospitals are included on the priority list for the Regional Extension Centers (RECs). ONC recognizes the unique needs of these hospitals and is funding this project as a supplement to the REC funding (Funding Opportunity Number: EP-HIT-09-003). The intent of the CAH/Rural Hospital Project is to provide additional support for staffing and expertise to assist rural CAHs and Rural Hospitals with less than 50 beds in selecting and implementing meaningful electronic health record (EHR) systems. These additional staff will work in coordination with other REC staff that will be supporting the primary care providers in the REC Service Areas.

Scope of Services

Each applicant has already developed a plan for supporting priority primary care providers in their service area to achieve meaningful use of an EHR system as part of their original application. This supplement project is designed to provide support to the RECs, to ensure they can provide assistance to CAH and Rural Hospitals in their service area. In their original application, REC stated that they were planning to work with CAH and Rural Hospitals. Each REC will plan and implement the outreach, education, and technical assistance programs necessary to meet the objective of assisting CAHs and Rural Hospitals with less than 50 beds in its geographic service area to improve the quality and value of care they furnish by attaining or exceeding meaningful use criteria established by the Secretary. On-site technical assistance will be a key service. RECs are expected to work with both CAHs and Rural Hospitals who have not yet adopted EHR systems, and those with existing EHR systems, to assist them in achieving meaningful use of certified EHR technology. The milestones for this work will be the same as those identified in the original REC FOA(Funding Opportunity Number: EP-HIT-09-003) (for direct assistance. Selected RECs will modify their operating plan to include specific plans for the CAH and Rural Hospital projects and will report their activities through the quarterly reporting process

Subject to the limitations of eligible applicants described below in Section III, there are two types of CAHs and Rural Hospital organizations that are eligible for support through this application: (1) acute care hospitals (as defined in the SSA Section 1886(d)) with 50 or fewer beds located in a rural area and (2) a critical access hospital as defined in the SSA Section 1820(c) of the Social Security Act.

Statutory Authority

The statutory authority for supplements under this Funding Opportunity Announcement is contained in Section 3012 of the Public Health Service Act (PHSA) as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L 111-5) (ARRA), and ARRA Division A.

II. Award Information

Summary of Funding

Type of Award	Expansion Supplement
Total Amount of Funding Available in FY2010	\$ 24,876,000
Award Floor	\$ 50,000
Award Ceiling	\$ 1,600,000
Approximate Number of Awards	70
Project Period Length	two-year project period
Estimated Start Date	June 15 th 2010

Funding Description

The two-year expansion supplement will be available to recipients of the REC awards and is intended to ensure the provision of services to CAHs and Rural Hospitals in the REC's service area. This award will be supplemental to the REC's existing award, and the plans, metrics and reporting requirements will be included in the REC's cooperative agreement. It is anticipated that each REC will need an additional

\$12,000 per CAH and Rural Hospital that it supports through this program. The supplemental funds will be used to ensure the delivery of the support services for CAH and Rural Hospitals and will be tied to the same milestones that are identified in the original REC FOA (EP-HIT-09-003). As with other funding milestones identified in the original FOA, recipients will be required to use the customer relationship management tool to help in meeting the milestones associated with this project.

Biennial Evaluation

The evaluation of the CAH/Rural Hospital program will be included in the REC's biennial evaluation. A separate report (or report section) will be required for those activities covered by supplemental funding.

III. Eligibility Information

Eligible Applicants

Eligible applicants are limited to (a) recipients of a Regional Extension Center cooperative agreement; and (b) REC applicants who were successful in their pre-applications due December 22nd, 2009, and were invited to submit a full application. As explained in Section I above, CAHs and Rural Hospitals are vital components of the rural health care system in the United States. In recognition of their vital roles, the purpose of this supplemental funding is to ensure the provision of services to CAH and Rural Hospitals by the RECs that will be funded under FOA No. EP-HIT-09-003. Accordingly, this competition is limited to those organizations that have been or will be selected to receive an REC cooperative agreement under FOA No. EP-HIT-09-003. Funds can only be used to assist CAH and Rural Hospitals that the REC intended to serve in their original application.

Cost-Sharing

The cost share requirements for the expansion supplements are the same as the first two years of the REC award:

YEAR	FEDERAL AMOUNT OF COSTS	RECIPIENT AMOUNT OF COSTS
1	90 percent	10 percent
2	90 percent	10 percent

It is expected that RECs will generate resources to support cost sharing in ways that demonstrate hospital and community commitment to the project and its goals of supporting adoption and meaningful use of health IT. Such sources of funding to support the project's cost share obligation under the cooperative agreement could include per-provider participation fees. This statement does not preclude recipients using other legal sources of cost sharing contributions as governed by 45 CFR Part 74. All of the funds for this supplement should be spent during the base award's first budget period including the match described above.

Fees and other funds generated by the project are considered program income under 45 CFR Part 74. Program income generated by the recipient shall be retained by the recipient and first used to finance the non-federal share of the project. To support sustainability, ONC places no limits on the accrual of program income. After the federal cost sharing requirement is met, program income generated shall be added to funds committed to the project by the federal government and used to further eligible project or

program objectives. In other words, all funds generated using federal funds, including fees for services, will be used to meet the cost sharing requirement of the program. All funds generated after that requirement is met can be retained by the recipient and used for the same purposes for which the project was funded.

Other:

Proposed costs that exceed the maximum amount of \$12,000 per CAH and Rural Hospitals will not be accepted.

Application Submission Information

Address to Request Application Package

Application materials will be available for download at <http://www.grants.gov>. Please note that ONC is requiring applications for all announcements to be submitted electronically through <http://www.grants.gov>. For assistance with <http://www.grants.gov>, please contact them at support@grants.gov or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time. At <http://www.grants.gov>, applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website.

Applications submitted via <http://www.grants.gov> :

- You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number (2010-ONC-REC-S) or CFDA number (93.718).
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. ONC strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time delay.
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Central Contractor Registry (CCR). You should allow a minimum of five days to complete the CCR registration.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the Grants.gov compatibility information and submission instructions provided at <http://www.grants.gov> (click on "Vista and Microsoft Office 2007 Compatibility Information").
- Your application must comply with any page limitation requirements described in this Program Announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from <http://www.grants.gov> that contains a grants.gov tracking number. ONC will retrieve your application form from grants.gov.
- After ONC retrieves your application form from <http://www.grants.gov>, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by <http://www.grants.gov>.

- Each year organizations registered to apply for Federal grants through <http://www.grants.gov> will need to renew their registration with the Central Contractor Registry (CCR). You can register with the CCR online and it will take about 30 minutes (<http://www.ccr.gov>).

APPLICATIONS CANNOT BE ACCEPTED THROUGH ANY EMAIL ADDRESS. FULL APPLICATIONS CANNOT BE ACCEPTED THROUGH ANYWEB SITE OTHER THAN <http://www.grants.gov> . FULL APPLICATIONS CANNOT BE RECEIVED VIA PAPER MAIL, COURIER, OR DELIVERY SERVICE.

Content and Form of Application Submissions

All applicants will be required to submit electronically a full application by April 30th 2010. The application will include a narrative on their approach to serve the CAHs and Rural Hospitals and a list of CAHs and Rural Hospitals that it will be serving in their territory. Applicants are encouraged to partner with relevant associations and other organizations that have in-depth knowledge of CAHs and Rural Hospital health information technology needs.

Project narratives should be no more than 5 pages in length. Applicants are encouraged to refer to their regional extension center application, where appropriate, to help them describe the core services they will provide with supplemental funding. The applicant should describe the additional services they will provide to assist the CAHs and Rural hospitals in their area to achieve meaningful use by 2012.

In addition to the narrative, the applicant should provide an additional document that lists the CAH and Rural Hospitals that it will be serving through this application, the address of its primary location, the estimated total number of primary care providers that it employs, and the estimated total number of non-primary care providers that it employs. Applicants must select the CAH and Rural Hospitals they are planning on serving from the list of CAH and Rural Hospitals attached to the FOA (Attachment A). The applicant should note whether any of these primary care providers were not included in the applicant's original REC application as providers that would receive support through the REC.

Funded applicants will be required to verify the number of providers at each CAH and Rural Hospital when they obtain participation agreements. They must also comply with the other rules related to milestones, which are identified in the original funding opportunity announcement (EP-HIT-09-003) in order to access the funding. Requested funding must be based on the formula indicated in the Key Dates and Submission Information section (# of hospitals x \$12,000/hospital). The amount of \$12,000 per hospital is an all inclusive amount—it covers all allowable direct and indirect costs. Applicants may not request more or less than that amount per hospital. Applicants can use the attached spreadsheet (Attachment B), to document their funding request. Budget information must be submitted on an SF424A Budget Information form. Letters of Support from relevant organizations may also be included, but are not required.

Submission Dates and Times

Applications must be submitted via <http://www.grants.gov> no later than 11:59 p.m. EST on April 30th, 2010.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration.

IV. Application Review Information

Applications will be reviewed administratively by ONC program and grants management staff with expertise relevant to the supplement request. Awards will be determined on the basis of how the application relates to the original work proposed in the applicant's response to Funding Opportunity Number EP-HIT-09003, the ability of the supplement to ensure the original work, and the availability of funds. Applicants will be notified regarding the review outcome. Selection factors will ensure that this is consistent with the work proposed in the original FOA No. EP-HIT-09-003. The independent review will evaluate the following criteria:

- The applicant must have been selected to receive a REC cooperative agreement.
- Relevance of the proposed activities to the approved project, and determination that the proposed activities are within the existing objectively reviewed and approved scope of the project.
- Number of existing CAH/Rural hospital providers that will receive support to achieve meaningful use
- CAH and Rural Hospital is listed on Attachment A
- Appropriate and well-described plan to accomplish the goals within the timeframe proposed.
- Funding request based on formula described in the Key Dates and Submission Information section (# of hospitals x \$12,000/hospital).

V. Award Administration Information

If supplemental funds are awarded, all of the terms and conditions of the initial REC award will apply to the supplemental funds award, including the following:

1. American Recovery and Reinvestment Act of 2009

HHS Standard Terms and Conditions

HHS award recipients must comply with all terms and conditions outlined in their award, including policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, unless they conflict or are superseded by the following terms and conditions implementing the American Recovery and Reinvestment Act of 2009 (ARRA) requirements below. In addition to the standard terms and conditions of award, recipients receiving funds under Division A of ARRA must abide by the terms and conditions set out below. The terms and conditions below concerning civil rights obligations and disclosure of fraud and misconduct are reminders rather than new requirements, but the other requirements are new and are specifically imposed for awards funded under ARRA. Recipients are responsible for contacting their HHS grant/program managers/project officers for any needed clarifications.

Awards issued under this Funding Opportunity Announcement are also subject to the requirements set forth in Section 3012 of the PHSA, as added ARRA.

Preference for Quick Start Activities

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of ARRA. Recipients shall also use funds in a manner that maximizes job creation and economic benefit. (ARRA Sec. 1602)

Limit on Funds

None of the funds appropriated or otherwise made available in ARRA may be used by any state or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (ARRA Sec. 1604)

ARRA: One-Time Funding

Unless otherwise specified, ARRA funding to existent or new recipients should be considered one-time funding.

Civil Rights Obligations

In conducting activities under any cooperative agreement executed as recipients have civil rights obligations under federal law, as referenced in the HHS Grants Policy Statement. Recipients and sub-recipients of ARRA funds or other federal financial assistance must comply with Title VI of the Civil Rights Act of 1964 (prohibiting race, color, and national origin discrimination), Section 504 of the Rehabilitation Act of 1973 (prohibiting disability discrimination), Title IX of the Education Amendments of 1972 (prohibiting sex discrimination in education and training programs), and the Age Discrimination Act of 1975 (prohibiting age discrimination in the provision of services). For further information and technical assistance, please contact the HHS Office for Civil Rights at (202) 619-0403, OCRmail@hhs.gov, or <http://www.hhs.gov/ocr/civilrights/>.

Disclosure of Fraud or Misconduct

Each recipient or sub-recipient awarded funds made available under ARRA shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at <http://www.oig.hhs.gov/fraud/hotline/>.

Responsibilities for Informing Sub-recipients

Recipients agree to separately identify each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the federal award number, any special CFDA number assigned for ARRA purposes, and amount of ARRA funds.

ARRA Transactions listed in Schedule of Expenditures of Federal Awards and Recipient Responsibilities for Informing Sub-recipients

(a) To maximize the transparency and accountability of funds authorized under ARRA as required by Congress and in accordance with 45 CFR 74.21 and 92.20 "Uniform

Administrative Requirements for Grants and Agreements", as applicable, and OMB A-102 Common Rules provisions, recipients agree to maintain records that identify adequately the source and application of ARRA funds.

(b) For recipients covered by the Single Audit Act Amendments of 1996 and OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," recipients agree to separately identify the expenditures for federal awards under ARRA on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by OMB Circular A-133. This shall be accomplished by identifying expenditures for federal awards made under ARRA separately on the SEFA, and as separate rows under Item 9 of Part III on the SF-SAC by CFDA number, and inclusion of the prefix "ARRA-" in identifying the name of the federal program on the SEFA and as the first characters in Item 9d of Part III on the SF-SAC.

(c) Recipients agree to separately identify each sub recipient, and document at the time of sub-award and at the time of disbursement of funds, the federal award number, CFDA number, and amount of ARRA funds. When a recipient awards ARRA funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental ARRA funds from regular sub-awards under the existing program.

(d) Recipients agree to require their sub-recipients to include on their SEFA information to specifically identify ARRA funding similar to the requirements for the recipient SEFA described above. This information is needed to allow the recipient to properly monitor sub-recipient expenditure of ARRA funds as well as oversight by the federal awarding agencies, Offices of Inspector General and the Government Accountability Office.

Recipient Reporting

Reporting and Registration Requirements under Section 1512 of ARRA.

(a) This award requires the recipient to complete projects or activities which are funded under ARRA and to report on use of ARRA funds provided through this award. Information from these reports will be made available to the public.

(b) The reports are due no later than ten calendar days after each calendar quarter in which the recipient receives the assistance award funded in whole or in part by ARRA.

(c) Recipients and their first-tier recipients must maintain current registrations in the Central Contractor Registration (<http://www.ccr.gov>) at all times during which they have active federal awards funded with ARRA funds. A Dun and Bradstreet Data Universal Numbering System (DUNS) Number (<http://www.dnb.com>) is one of the requirements for registration in the Central Contractor Registration.

(d) The recipient shall report the information described in section 1512(c) using the reporting instructions and data elements that will be provided online at <http://www.FederalReporting.gov> and ensure that any information that is pre-filled is corrected or updated as needed.

(e) Guidance for adhering to ARRA Reporting Requirements is addressed in an OMB Memorandum issued June 22, 2009: http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-21.pdf. Applicants are required to adhere to all of these reporting requirements, as well as future requirements as

issued by OMB. The current Office of Management and Budget (OMB) guidance regarding ARRA reporting is available at http://www.whitehouse.gov/omb/assets/memoranda_2010/m10-08.pdf.

2. Reporting

Until such time as HHS has migrated to the SF 425 FFR, award recipients will utilize the SF 269 FSR. All reporting requirements will be provided to applicants of successful full applications, adherence to which is a required condition of any award. In general, the successful applicant under this guidance must comply with the following reporting and review activities.

For purposes of Section 1512 of the Recovery Act, recipients will be required to combine these supplemental awards with their original base Regional Extension Center award. Award amount will then include the base award as well as this supplement. Jobs should be reported for all positions paid for with funds from the base award or this supplement.

For more information about the process for submitting a Section 1512 recipient report, please visit <http://www.federalreporting.gov>.

Audit Requirements

The recipient shall comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at <http://www.whitehouse.gov/omb/circulars>;

Financial Status Reports

The recipient shall submit an annual Financial Status Report. Failure to submit these timely could affect future funding.

Progress Reports

Progress Reports will be evaluated by ONC and are required to be submitted semi-annually. More specific information on this reporting requirement will be included in the Notice of Grant Award

ARRA-Specific Reporting

Quarterly Financial and Programmatic Reporting: Consistent with ARRA emphasis on accountability and transparency, reporting requirements under ARRA programs will differ from and expand upon HHS's standard reporting requirements for grants. In particular, section 1512(c) of ARRA sets out detailed requirements for quarterly reports that must be submitted within 10 days of the end of each calendar quarter. Receipt of funds will be contingent on meeting ARRA reporting requirements.

The information from recipient reports will be posted on a public website. To the extent that funds are available to pay a recipient's administrative expenses, those funds may be used to assist the recipient in meeting the time-frame and extensive reporting requirements of ARRA.

Additional instructions and guidance regarding required reporting will be provided as they become available. For planning purposes, however, all applicants shall be aware that ARRA section 1512(c) provides as follows:

Recipient Reports: Not later than 10 days after the end of each calendar quarter, each recipient that received recovery funds from a federal agency shall submit a report to that agency that contains—

- (1) the total amount of recovery funds received from that agency;
- (2) the amount of recovery funds received that were expended or obligated to projects or activities; and
- (3) a detailed list of all projects or activities for which recovery funds were expended or obligated, including--
 - (A) the name of the project or activity;
 - (B) a description of the project or activity;
 - (C) an evaluation of the completion status of the project or activity;
 - (D) an estimate of the number of jobs created and the number of jobs retained by the project or activity; and
 - (E) for infrastructure investments made by state and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made under this Act, and name of the person to contact at the agency if there are concerns with the infrastructure investment.

(4) Detailed information on any subcontracts or sub grants awarded by the recipient to include the data elements required to comply with the federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282), allowing aggregate reporting on awards below \$25,000 or to individuals, as prescribed by the Director of the Office of Management and Budget. OMB guidance for implementing and reporting ARRA activities can be found at http://www.whitehouse.gov/omb/recovery_default/

To assist in fulfilling the accountability objectives of ARRA, as well as the Department's responsibilities under the Government Performance and Results Act of 1993 (GPRA), Public Law 103-62, applicants who receive funding under this program must provide data that measure the results of their work. Performance measures include the number of jobs saved and jobs created due to ARRA Funding. Additionally, applicants must discuss their data collection methods in the application.

VI. Agency Contacts

Program Contact:

Health Information Technology Extension Program Implementation Team
Office of the National Coordinator for Health Information Technology

Email: regional-center-applications@hhs.gov

This funding announcement is subject to restrictions on oral conversations during the period of time commencing with the submission of a formal application by an individual or entity and ending with the award of the competitive funds. Federal officials may not participate in oral communications initiated by any person or entity concerning a pending application for a Recovery Act competitive grant or other competitive form of Federal financial assistance, whether or not the initiating party is a federally registered lobbyist. This restriction applies unless:

- (i) the communication is purely logistical;
- (ii) the communication is made at a widely attended gathering;
- (iii) the communication is to or from a Federal agency official and another Federal Government employee;
- (iv) the communication is to or from a Federal agency official and an elected chief executive of a state, local or tribal government, or to or from a Federal agency official and the Presiding Officer or Majority Leader in each chamber of a state legislature; or
- (v) the communication is initiated by the Federal agency official.

For additional information see http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-24.pdf.