**S*FY 2020 Small Rural Hospital Improvement Program***

***RFA Instructions***

All required forms may be found on The Office of Rural Health website ([www.ncdhhs.gov/orhcc](http://www.ncdhhs.gov/orhcc)). Forms are not included in this document.

**Application Deadline**

Grant applications must be submitted electronically by 5:00 pm, January 5th, 2021. Hard copies will not be accepted. Only electronic applications will be accepted. Access to the electronic application is a two-step process:

1 - You must submit your organization name and contact information through the following link: <https://ncruralhealth.az1.qualtrics.com/jfe/form/SV_en5nKrYpuZ2BwNL>

2 - Once you submit your contact information in the link above, you will receive an email with a personalized link specific to your organization. The link in the e-mail will give you access to the electronic application.

Questions should be emailed to Nick Galvez at nick.galvez@dhhs.nc.gov. No phone calls will be fielded for questions, only in writing by email.

**Eligible Applicants**

Eligible applicants must demonstrate organizational capacity to manage the projects, including the ability to employ or contract with professionals credentialed in hospital financial, operational, quality and/or population health improvement, as applicable to the grant proposal scope. Applicants may focus on one area of improvement or one project if applicable.

**Funding Cycle**

The Grant Funding Cycle is January 15th, 2021 to May 31st, 2021. Regardless of application or approval date, grant funds must be expended by May 31st, 2021. Awards will depend on the availability of funds.

**Organizational Information Sheet**

This should be the first page of your grant application.

Grant Request: The total request cannot exceed $60,000.

Summary of Proposal: Provide a very brief (1 paragraph) description of your project.

Contact Person: Enter the name and contact information for the person best able to answer questions about the grant application.

Grant Application Submitted By: This form should be signed by a person authorized to enter into contracts for your organization.

**Grant Narrative**

The grant narrative section should not exceed six pages and sections may be either paragraph or bulleted.

PART I - Overview of Organization (1-2 paragraphs)

Provide 1-2 paragraphs describing your organization and its ability to positively affect small rural hospitals quality of care and financial improvement by focusing on swing bed programs and telehealth development between the large health care systems and rural hospitals. Organizations may focus on one area of improvement if applicable.

PART II - Project Description(s)

1. Improve Small Rural Hospital quality, financial, and population health status by working with large health systems to provide education and financial analysis on the use of North Carolina’s swing beds. (up to 3 pages) (Up to $45,000)
2. Improve Small Rural Hospital quality, financial and population health status by coordinating and developing a telehealth program for small rural hospitals in NC. (up to 2 pages) (Up to $15,000)

Describe your proposed project or initiative. Create a plan to perform the following activities:

1. Ensure all SHIP hospitals implement and/or participate in approved activities.
2. Work with North Carolina’s large health care hospital systems to provide education and financial analysis on the use of swing beds with surrounding small rural hospitals.
3. Provide training and facilitate communication to engage NC’s large health systems in the strategies and benefits of transferring patients to rural communities.
4. Provide cost savings and readmission penalty reduction analysis to the large health system hospitals to create the relative value of a Swing Bed Program for their rural hospitals.
5. Provide cost benefits to small rural hospitals for patients served by telehealth specialists.
6. Assess specialty needs assessment for rural hospitals (as it relates to telehealth capability).
7. Connect specialists to rural hospitals and facilitate the development of programs.
8. Assist academic health systems to support rural communities with telehealth specialists.
9. If needed, purchase necessary SHIP eligible equipment and deploy to the pilot sites. (Ineligible equipment are IPADS for patient use)
10. Conduct quarterly performance assessments tracking hospitals’ progress in achieving the agreed-upon deliverables.
11. Track and report each participating hospital’s status. Report successful completion of performance measures and achievements of target goals.
12. Share findings and projects to disseminate information during SHIP Annual Meeting
13. Submit monthly expense reports that document technical assistance activities provided to each SHIP hospital.

PART III - Project Evaluation (1 page)

Describe how you will evaluate your project, including how you will evaluate its influence on small rural hospital/large healthcare system’s quality and financial and population health areas of improvement. Describe potential factors that could negatively affect your organization’s ability to reach your evaluation targets and describe how these factors will be mitigated.

PART IV - Project Budget

Complete the Program Budget Template using the file SFY 2020 Budget Template. The total request cannot exceed $60,000, which is up to $45,000 total for swing bed program development and $15,000 for telehealth program development.

**Budget Template**

You must use the budget template provided with this RFA (see SFY 2020 Budget Template); if the budget template is not used, zero points will be awarded for the budget feasibility section. The budget should be for the period of January 2021 through May 2021. This should be a project specific budget, NOT the budget for your entire organization.

Provide a detailed cost breakdown for the project and identify all sources of funding for the project. Clearly identify which project costs will be covered with SHIP Grant funds and enter these in Column A; all other related project costs should be entered in Column B.

Staff salaries and expenses for temporary/contract staff should be entered by position type (e.g. MDs, nurses, health educators, etc.) in the appropriate section. For employed staff, enter the total full-time equivalents (FTEs) for each position type. For temporary/contract staff, enter the average number of hours to be worked per month for each position type. At the bottom of the template, enter the total number of new FTEs who will be employed as a direct result of the proposed project (both employees and contract staff). Refer to Appendix A of this RFA for help in calculating number of FTEs.

**Scoring Criteria**

Application package will be reviewed and scored on the following criteria:

Part I – Overview of Organization 05 points

Part II – Project Description and Ability to Improve CAH

Quality/Financial/Population Health Performance

Project Narrative 25 points

Performance Measures Chart 25 points

Part III – Project Evaluation 15 points

Part IV – Project Budget Personnel tab & Budget tab (10 points)

Budget Narrative (20 points) 30 points

**Total Available Points: 100 points**

**All Applicants -- Application Checklist**

* One original application -- All applications should be in 12-point font with 1-inch margins. Subheadings should be used to identify each section of the grant. Pages should be numbered sequentially and include the applicant’s name on each page. The budget template does not count toward the page limit.
* Applications should not exceed the narrative page limit of six pages. Required forms do not count toward the page limit.
* The Organizational Information & Signature Sheet is the first page of each copy of the application.
* The Budget Template is placed after the narrative section.

APPENDIX A

**Table for proper conversion of hours to Full Time Equivalent (FTE)**

|  |  |  |
| --- | --- | --- |
| **# of FTE’s**  | **Conversion**  | **Logic when staff sustained from grant >1.00 FTE****Add 1.00 to fraction of part time.****Example: if there is a part time staff working 10 hours a week in addition to one full time, that converts to** **1.00+.25=1.25 FTE****Hint: for staff working odd number of hours (e.g., 3 hours per week) round up to next level or, in this case, to** **4 hours=10FTE.**  |
| 2 hours/week | .05 FTE |
| 4 hours/week  | .10 FTE  |
| 6 hours/week  | .15 FTE  |
| 8 hours/week  | .20 FTE  |
| 10 hours/week  | .25 FTE  |
| 12 weeks/week  | .30 FTE  |
| 14 hours/week  | .35 FTE  |
| 16 hours/week  | .40 FTE  |
| 18 hours/week  | .45 FTE  |
| 20 hours/week  | .50 FTE  |
| 22 weeks/week  | .55 FTE  |
| 24 hours/week  | .60 FTE  |
| 26 hours/week  | .65 FTE  |
| 28 hours/week  | .70 FTE  |
| 30 hours/week  | .75 FTE  |
| 32 hours/week  | .80 FTE  |
| 34 hours/week  | .85 FTE  |
| 36 hours/week  | .90 FTE  |
| 38 hours/week  | .95 FTE  |
| 40 hours/week  | 1.00 FTE  |  |