***SFY 2020 Rural Hospital Flexibility Program***

**NOTIFICATION OF GRANT FUNDING**

The Rural Hospital Flexibility Program (Flex Program) is a federal grant program directed to State Offices of Rural Health to support:

* Improving the quality of health care provided in communities served by Critical Access Hospitals (CAHs)
* Improving the financial and operational performance of CAHs
* Developing collaborative regional and local delivery systems in CAH communities to improve Population Health

The purpose of these Flex Program funds is to improve the quality of care provided by CAHs by focusing on improvement of financial and operational implementation, quality metrics, and management of population health according to performance measures as defined by the Federal Office of Rural Health Policy. Specifically, these funds will support a hybrid technical assistance model that includes both group and individual CAH support.

This one-year grant will be awarded to an organization or organizations that create a plan to perform the following activities:

* Conduct, manage, and facilitate meetings of CAH executives to share best practices, receive technical assistance on quality, financial and operational areas of interest, population health and investigate primary care capacity, innovative model ideas and workforce concerns. Project anticipates up to six statewide and/or regional meetings per year.
* Develop individualized projects with select CAHs or groups of CAHs to identify opportunities for and initiate improvement in quality, financial and operational and population health.
* Conduct ongoing productivity, financial and operational benchmarking performance for review and educational opportunities for CAHs.
* Engage CAHs in submitting quality performance data as required by the Medicare Beneficiary Quality Improvement Program (MBQIP).
* Organize collaborative networks for CAHs to share best practices and work together on various quality initiatives.
* Support ongoing network needs and activities by providing technical assistance when necessary.

The aforementioned activities will be performed with intent to improve CAH performance in the following areas:

* Key financial indicators identified by the Flex Monitoring Team (FMT)
* Improvement of Population Health Management
* Inpatient core measures as defined by MBQIP
* Outpatient core measures as defined by MBQIP
* Patient satisfaction / Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores

During the grant period, the Office of Rural Health will monitor and provide technical assistance to the grantee to support the activities mentioned above.

The grantee will receive up to $335,000 during the grant period. ***The maximum total grant award cannot exceed $335,000.*** All funding must be expended by August 31, 2020.

Only one grant application per organization will be accepted for review. Grant applications must be electronically received by the individual listed below by 5:00 PM Friday, June 14, 2019. Only electronic copies will be accepted. **Incomplete applications and applications not completed in accordance with the following instructions will not be reviewed. Applications received after the 5:00 PM deadline on Friday, June 14, 2019 will not be reviewed.**

Questions regarding the grant application may be directed to Nick Galvez at nick.galvez@dhhs.nc.gov. No phone calls will be fielded for questions, only in writing

by email.

**S*FY 2020 Rural Hospital Flexibility 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***, Friday, June 14, 2019***. Hard copies will not be accepted. Applications 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 if applicable.

**Funding Cycle**

It is anticipated that notification of grant awards will be made by July 31, 2019. Regardless of application or approval date, grant funds must be expended by August 31, 2020.

**Organizational Information Sheet**

This should be the first page of your grant application.

Grant Request: The total request cannot exceed $335,000.

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 Critical Access Hospitals (CAHs) quality of care by focusing on improvement in the following areas: quality, population health and finance and operations.

PART II - Project Description and Ability to Improve CAH Performance in Finance and Operations, Quality and Population Health areas (up to 6 pages)

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

* Conduct, manage, and facilitate meetings of CAH executives to share best practices, receive technical assistance on quality, financial and operational areas of interest, population health and investigate primary care capacity, innovative model ideas and workforce concerns. Project anticipates up to six statewide and/or regional meetings per year.
* Develop individualized projects with select CAHs or groups of CAHs to identify opportunities for and initiate improvement in quality, financial and operational and population health.
* Conduct ongoing productivity, financial and operational benchmarking performance for review and educational opportunities for CAHs.
* Engage CAHs in submitting quality performance data as required by the Medicare Beneficiary Quality Improvement Program (MBQIP).
* Organize collaborative networks for CAHs to share best practices and work together on various quality initiatives.
* Support ongoing network needs and activities by providing technical assistance when necessary.

Detail how your proposed project will improve or assess CAH performance in the following areas:

* Improve number of CAHs reporting one Core MBQIP measure in three of the four required domains.
* Improve number of CAHs attending meetings each agreement year.
* Improve number of CAHs with positive operating margins.
* Improve number of CAHs that show improved operating margins in at least 2 of 4 quarters.
* Initiate projects to improve statewide Emergency Department (ED-2) measure that is currently below national median. ED-2 measures the time CAHs decide to admit to the ED.
* Provide support to develop action plans to CAHs to improve patient experience and hospital staff responsiveness.
* Provide support to CAHs for communication tools for discharge.
* Assess CAHs ability to operate provider-based services or other non-acute services.
* Assess CAHs ability to operate rural health clinic or other outpatient services.
* Assess Population Health recommendations based on community health needs assessments.
* Assess CAHs ability to implement a global budget payment.

During the grant period, The Office of Rural Health will provide technical assistance to the grantee to support the activities mentioned above. Since the CAHs will be in various statewide locations, please explain how your organization will outreach to these locations and provide services.

List the number of FTEs who will work in-house with each hospital. Include an implementation timeline for your project, assuming funding is received in September 2019. Project timeline must align with the budget. Budget to include all meeting expenses.

PART III - Project Evaluation (1 page)

Describe how you will evaluate your project, including how you will evaluate its influence on CAH 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.

**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 September 2019 through August 2020. 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 Flex 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  |  |