**S*FY2023-2024 Rural Hospital Flexibility Grant 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 systems in CAH communities to improve Population Health management.

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 measures, and management of population health according to the measures from the Federal Office of Rural Health Policy. These funds will support a technical assistance model that includes group and individual CAH projects.

This 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 for quality, financial and operational areas of interest, population health; investigate primary care capacity, develop innovative model ideas and assist with workforce recruitment and retention.
* The statewide and/or regional meetings that will require contractor attendance and participation.
* Individual projects with CAHs or a network of CAHs to identify opportunities for and initiate improvement in quality, financial and operational measures.
* 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 activities will be performed with intent to improve CAH performance in the following areas:

* Key financial indicators identified by the Flex Monitoring Team (FMT)
* 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

***The maximum total per grant year not to exceed* $403,400*.*** All funding must be expended by August 31, 2024. (Funding is dependent on federal allocation). The application must be completed in full at: <https://ncorh.ncdhhs.gov/redcap/surveys/?s=3N3DA9NKX99LLKJF>

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***RFA Instructions***

All required forms may be found on the ORH website [www.ncdhhs.gov/divisions/orh](http://www.ncdhhs.gov/divisions/orh). Applications must be complete, and agencies must respond to all application requirements. Incomplete applications, or applications not completed in accordance with the instructions, will not be reviewed.

**Application Deadline**

Grant applications must be submitted electronically by 5:00 pm***,*** May 26th, 2023. Hard copies will not be accepted. Only electronic applications will be accepted. All applicants will receive a confirmation notice after an application has been successfully submitted.

**Eligible Applicants**

Any organization that is staffed to provide quality and operational technical assistance to Critical Access Hospital is eligible to apply. All eligible applicants must submit a complete grant application to be considered for funding.

**Funding Cycle**

It is anticipated that notification of grant awards will be made by August 20, 2023. Funding Period is September 1, 2023, through August 31, 2024. Regardless of application or approval date, grant funds must be expended by August 31, 2024.

**Organizational Information Sheet**

Grant application

* Grant Request: This grant is reflective of a one-year cycle, each year maximum amount total is $403,400. (Funding amount is dependent on federal allocation)
* Summary of Proposal: Provide a very brief (1 paragraph) description of the 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 the organization.

**Grant Narrative**

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

Provide 1-2 paragraphs describing the 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/operations.

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

Describe the 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 for quality, financial and operational areas of interest, population health; investigate primary care capacity, develop innovative model ideas and assist with workforce recruitment and retention.
* The statewide and/or regional meetings that will require contractor attendance and participation.
* Individual projects with 2-3 CAHs or a network of CAHs to identify opportunities for and initiate improvement in quality, financial and operational measures.
* Engage all 20 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 the proposed project to improve or assess CAH performance with the following:

* Improve number of CAHs attending meetings each agreement year.
* Improve number of CAHs with positive operating/total margins.
* Provide support to develop action plans to CAHs to improve patient experience.
* 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.
* Develop a health equity project for at least one CAH
* Develop health equity measures for the NC CAHs (Biannual meetings)
* Identify health disparities to address for the FLEX 2024-2025 project year

Since the CAHs are across the state, please explain the organization’s outreach to these locations and plans to serve statewide, regional and individual engagements.

List the number of FTEs working on each of the project objectives. Include an implementation timeline for the project(s), for funding in September 2023. The project timeline must align with the budget and include all meeting expenses.

PART III - Project Evaluation (1 page)

Describe how to evaluate effect on CAH improvement(s), outcome/behavior changes and the measurable output. Describe potential factors that could negatively affect the organization’s ability to reach targets and describe how the factors will be mitigated.

Report the following to ORH annually:

* Number of CAHs with an improvement in one Outpatient Core Measure
* Number of CAHs with an improvement in one HCAHPS Measure
* Number of CAHs with an improvement in ED Transfer Communication Measure
* Number of CAHs participating in the Financial and Operational Network
* Number of CAHs with an improvement in operating margin/total margin
* Number of CAHs participating in a learning project or collaborative network

Report the following to ORH quarterly:

* Number of CAHs reporting any MBQIP measures
* Number of CAHs reporting any Outpatient Core Measures
* Number of CAHs reporting any HCAHPS Measures
* Number of CAHs reporting any ED Transfer Communication Measures

PART IV - Project Budget

Complete the Program Budget Template using the file Flex SFY 2023-2025 Budget Template. The 2023-2024 Budget must include at least two in person statewide meetings/conferences and at least 3 regional meetings (virtual, onsite or hybrid).

**Budget Template**

Applicants must submit the budget template provided with this RFA (see the attachment file *FLEX RFA Budget 2023-2024 Release.xls*); if the budget template is not used, zero points will be awarded for the budget feasibility section. The budget is September 1, 2023 through August 31, 2024. Budget information should be project specific, only for the projects and items listed.

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 project costs should be entered in Column B.

**Please use the guidelines below to align each project expense with the proper budget category.**

|  |  |
| --- | --- |
| **Project Expenses** | **Description** |
| Staffing |
| Employee Salary | Include separate descriptions of each position allocated to the grant, including position title, position duties relative to project activities, and part/full-time status. Include the total annual salary for each staff person in the project. List only staff members that will work on project activities. Only include hours worked (regular and overtime). Do not include bonuses.  |
| Employee Fringe Benefits | Include the employer part of health, dental and vision insurance, FICA (Social Security & Medicare tax) and 401k employer match. Indicate cost per category per staff person. Fringe cannot exceed 30% of total line item for salary allocated to the grant.  |
| Contracted Staff | Temporary workers or subcontractor staff. Include hours to be worked and hourly rate. |
| Facility Expenses |
| Rent | Office space, program meeting space |
| Rented Equipment | Rented or leased equipment, such as copier machine or phone system |
| Utilities (If not included in the rent) | Gas/Electric/Water expenses |
| Telephone/Internet | Phone/Internet/Wi-Fi expenses |
| Security | Security services in the form of personnel, such as a security guard retained by the Contractor. Purchase of a security system belongs under Other Operating Expenses – Other. |
| Repair and Maintenance | Custodial services or basic repair/maintenance not billed in the Professional Services line item. |
| General Supplies (Not Capital Equipment): |
| Office Supplies | Business cards, printer ink, paper, etc. |
| Medical Supplies | Masks, gloves, table paper, etc. |
| Patient Education Materials | Training manuals, handouts, one-pagers, information cards. List the specific materials |
| Postage and Delivery | Postage expenses |
| Other Operating Expenses (Not Capital Equipment) |
| Travel | Include purpose of travel (e.g. travel to visit patients, travel to conferences). Note that travel reimbursement cannot exceed current North Carolina State Government rates as defined by the NC Office of State Budget and Management  |
| Staff Development | Conferences and conference registration, training |
| Marketing/Community Awareness | Advertising, publications, PSAs, websites, and web materials. Marketing expenses shall not exceed 10% of the grant total |
| Professional Services | Legal services, IT related technical services, accounting, bookkeeping, payroll |
| Capital Expenses  |  |
| Capital Equipment | Any single item purchased outright exceeding $500.00 is considered capital equipment. Organizations must provide 2 (two) quotes for individual purchases over $5,000.00. |

**Scoring Criteria**

Complete applications will be reviewed and scored on the following criteria:

Part I – Overview of Organization 10 points

Part II – Project Description and Staffing 25 points

Part III – Project Description 20 points

Part IV – Project Evaluation 25 points

Part V – Project Budget 20 points

 **Total Available Points: 100 points**

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**ORGANIZATIONAL INFORMATION and SIGNATURE SHEET**

|  |  |
| --- | --- |
| Organization Name:  |  |
| Organization EIN:  |  |
| Mailing Address:Payment Remittance Address |  |
| Organization Fiscal Year  |  |
| Organization Type  |  |
|  |  |

Grant Amount Request:

|  |
| --- |
| **Summary of Request** – *Provide a brief one to two sentence description of your request*. |

|  |  |
| --- | --- |
| Contact Person: |  |
| Title: |  |
| Email Address: |  |
| Phone Number: |  |

Grant/Contract signatory:

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Organization Name: |  |
| Date:  |  |

**Application Packet Checklist**

* Application Information should be organized in the following order:
	+ Organizational Information and Signature Sheet
	+ Overview of Organization
	+ Overview of Staffing
	+ Project Description
	+ Project Evaluation
	+ Budget Template
* Provider Documents: If the following documents are not currently on file with the Office of Rural Health, all applicants must e-mail (as separate PDFs or include in the application package) the following signed information attachments. Please contact Renee Clark at renee.clark@dhhs.nc.gov for copies of these documents.
* [Federal Certification Forms](https://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_cZMMk9XiQOxxl7n) (including):
	+ Environmental Tobacco Smoke
	+ Lobbying
	+ Debarment
	+ Drug-Free Workplace
* North Carolina - Contractor Certifications Required by North Carolina Law

The following Provider Documents are required for nongovernmental entities only:

* + [No Overdue Tax Debt Certification](https://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_6eSU3cvTNvst1lj)
	+ [Conflict of Interest Acknowledgement and Current Policy](https://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_3PpSlegE5gYw1bT)
	+ [Conflict of Interest Annual Verification](https://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_bE3jSrFgH5q0wQd)