



Delta Regional Authority – FY17 Notice of Funding Opportunity

**Delta Region Community Health Systems Development –
Technical Assistance Pilot Program**

Federal Agency: Delta Regional Authority (DRA) in collaboration with the Health Resources & Services Administration (HRSA), U.S. Department of Health and Human Services (HHS)

Funding Opportunity Title: Delta Region Community Health Systems Development – Technical Assistance Pilot Program

Announcement Type: Notice of Funding Opportunity

Catalog of Financial Assistance (CFDA) Number: 90.201

Due Date: Submit applications to DRA via e-mail at bhenson@dra.gov by 5:00pm U.S. Central Standard Time on September 29, 2017.

Anticipated Date of Notification of Selection Decisions: 4th Quarter of 2017

Beginning Date of Period of Performance: No earlier than September 30, 2017

II. PROGRAM DESCRIPTION

A. Purpose of the Delta Region Community Health Systems Development – Technical Assistance Program

This NOFO solicits applications to participate in the Delta Region Community Health Systems Development – Technical Assistance Program. The purpose of this program is to enhance health care delivery in the Delta Region through intensive technical assistance to providers in select rural communities, including critical access hospitals, small rural hospitals, rural health clinics, and other healthcare organizations.

In-depth and long-term technical assistance to a select number of identified communities in the Delta Region shall be provided for, but is not limited to, the following;

- Improving hospital or clinic financial operations; and
- Implementing quality improvement activities to promote the development of an evidence-based culture leading to improved health outcomes; and
- Increasing use of telehealth to address gaps in clinical service delivery and improve access to care; and
- Enhancing coordination of care; and
- Strengthening the local health care system to improve population health; and
- Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.); and
- Ensuring access to and availability of emergency medical services (EMS); and
- Identifying workforce recruitment and retention resources targeted to rural communities; and
- Other areas to be determined in consultation with HRSA and DRA.

Through the Delta Region Community Health Systems Development Cooperative Agreement (HRSA-17-117), HRSA will provide funding in the form of a cooperative agreement to their chosen technical assistance provider to work with a select number of communities in the Delta Region to make in-depth health system enhancements through the provision of intensive technical assistance for up to three years. The chosen technical assistance provider will implement a phased approach that:

- Selects a process for gathering the data to identify high need communities in the Delta Region, for DRA and HRSA determination

- of final selection;
- Conducts an objective community analysis and assessment of financial status, quality indicators, locally available human services and gaps, and locally available clinical services and gaps;
 - Assesses how telehealth can help address the identified clinical service gaps and the availability of affordable broadband services;
 - Develops a community assets and needs assessment;
 - Develops and implements a strategic plan for the provision of technical assistance for the local hospital and other rural providers in the selected communities;
 - Provides technical assistance based on the strategic plan for finance, quality, and telehealth and population health service coordination; and
 - Evaluates the impact of the technical assistance.

B. Program Background

HRSA's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services. FORHP accomplishes its mission and supports rural health through a broad range of policy and program activities related to quality improvement, financial viability, access to care, and telehealth. In addition, FORHP is authorized to provide technical assistance and other activities as necessary to support activities improving health care in rural areas. For additional information about FORHP, please see www.hrsa.gov/ruralhealth.

The Delta Region includes eight states – Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee – that together have a population of almost 10 million people living in 252 counties and parishes. Of the 252 counties and parishes, 184 (73 percent) are rural (non-metropolitan area), and 41 percent of the total population in the Delta resides in one of these rural counties. Additionally, these counties and parishes served by DRA are considered to be among the most distressed areas of the country.

The distress of the counties and parishes in the Delta Region has been well documented, with regards to both health and economic conditions. The population has been decreasing, and 20 percent of the region's population has incomes below the poverty rate, compared with the national rate of 14 percent. Further, poverty is much more persistent in the region than nationally. Rural (non-metropolitan) counties with a high incidence of poverty are largely concentrated in the Southern region, with the most severe poverty found in the historically poor areas such as the Delta Region. Other research has indicated that Delta residents tend to have

more complex health issues and chronic conditions. One study found Delta residents are 1.16 times more likely to die of cancer and 1.45 times more likely to die of injury than the nationwide rate, with higher blood pressure, diabetes rates, body mass index, and likelihood of smoking. Recent research by the Centers for Disease Control and Prevention assessed factors contributing to health outcomes and found Delta counties and parishes were 22 percent worse than the rest of the United States.

Furthermore, a disproportionately high percentage of the rural hospitals that closed between 2010 and 2016 are located in the Delta Region. Moreover, recent analysis found that multiple Delta states are among those determined to have the highest number of rural hospitals at risk of financial distress.

These areas, like rural areas in general, also often have limited broadband capacity. The Federal Communications Commission (FCC) reported that 39 percent of rural Americans (23 million individuals nationwide) lacked access to benchmark (25 Mbps/3 Mbps) service. Telehealth depends on broadband capacity, so technical assistance is needed to assess local capacity, affordability, and methods to enhance usage of the resources for Delta.

Rural communities in the Delta region would benefit from technical assistance that helps strengthen small rural hospitals, focuses on improving quality of care, and increasing access through expanded use of telehealth.

Maintaining a robust health care workforce is a challenge throughout the United States, although maldistribution of qualified health professionals is particularly acute in rural areas. In addition to rural economic and health disparities, lower patient density, inadequate availability of rural health professional training sites, and lower reimbursement levels make it challenging to recruit physicians to rural communities.

Provision of intensive technical assistance in these areas will aid in enhancing health care delivery to rural communities in the Delta Region.

C. Selection Priorities

The Delta Region Community Health Systems Development – Technical Assistance Program is designed to assist rural health facilities (see Program Description) to improve the overall health offerings to the citizens in which serves to alleviate health gaps in these areas. Selection priorities include, but are not limited, to:

- Overall financial position of the applicant or need of technical assistance related to finance and administration;
- Overall health disparities of the communities served by the applicant;
- Overall poverty and economic distress of the communities served by the applicant;
- Other needs as specified in the narrative of the application; and
- A letter of commitment from the applicant’s governing body and/or principal to work closely with HRSA’s technical assistance provider(s) to achieve the objectives of the program.

D. Performance Measurement

The Delta Region Community Health Systems Development – Technical Assistance Program will commence no earlier than September 30, 2017, for a period of up to 3 years.

DRA’s specific intent is to select applicants who are committed to achieving optimal health care outcomes for residents located in communities throughout the Delta Region. This will require intensive collaboration between the selected communities and the technical assistance providers to successfully implement the recommendations resulting from the provided consultation services of the Delta Region Community Health Systems Development – Technical Assistance Program.

III. ELIGIBILITY INFORMATION

A. Eligible Applicants

Eligible applicants include critical access hospitals, small rural hospitals, rural health clinics, and other healthcare organizations located in the 252 counties and parishes of the [DRA Region](#).

B. Eligible Areas of Need

In-depth and long-term technical assistance to a select number of identified communities in the Delta Region shall be provided for, but not limited to, the following:

- Improving hospital or clinic financial operations;
- Implementing quality improvement activities to promote the

development of an evidence-based culture leading to improved health outcomes;

- Increasing use of telehealth to address gaps in clinical service delivery and improve access to care;
- Enhancing coordination of care;
- Strengthening the local health care system to improve population health;
- Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, child care, energy assistance, access to healthy food, elderly support services, job training, etc.);
- Ensuring access to and availability of emergency medical services (EMS);
- Identifying workforce recruitment and retention resources targeted to rural communities; and
- Other areas to be determined in consultation with HRSA and the DRA.

IV. APPLICATION AND SUBMISSION INFORMATION

Eligible applicants shall adhere to the following guidelines in submitting applications to the Delta Region Community Health Systems Development – Technical Assistance Program:

Submission Date and Time

L 1RWLFHRI,WHO WRSSO\Submission Deadline

The deadline for 1RWLFHRI,WHO WRSSO\ will be **Wednesday, September 29, 2017 at 5:00pm Central Standard Time**. For more information about the application process, visit www.dra.gov/deltahealth. Applications shall be submitted to DRA via e-mail at bhenson@dra.gov. Subject line: Application for Technical Assistance. Applicants will receive an email confirming that DRA is in receipt of their application. Selection notifications will be made in the 4th Quarter of 2017.

% Other Submission Guidelines

Prospective respondents will have the opportunity to submit written questions via e-mail to clarify any uncertainties that may exist. All questions must be submitted via e-mail to bhenson@dra.gov and aholland@dra.gov. All questions shall be marked “Delta Region Community Health Systems Development – Technical Assistance

Program” in the e-mail subject line.

V. APPLICATION REVIEW INFORMATION

Applications will be reviewed and selected based on the description of needs outlined by the applicant that are in line with the aforementioned Eligible Areas of Need and Selection Priorities.

A. Review and Selection Process

The assessment of applications involves a wide range of considerations. DRA will engage external (HRSA) and internal (DRA staff) reviewers with relevant knowledge and expertise to provide insight and input on the eligible applications. Ultimately, the review and selection process will produce a diversified set of high-quality projects that represent the selection factors described in this NOFO.

Project Selection Announcements – Successful applications and denials will be provided on or after September 30, 2017.

VI. FEDERAL AWARD ADMINISTRATION INFORMATION

A. Federal Award Notices

DRA anticipates announcing the results in the 4th Quarter of 2017. Applicants will be notified of selection decisions via e-mail. This notification is not an authorization to begin activities. Unsuccessful applicants will also receive a notification that their application was not approved for funding.

B. Other Information

Appropriate portions of successful proposals may be incorporated into the contract between the applicant and DRA and shall be a matter of public record subject to disclosure under the provisions of the Freedom of Information Act, 5 U.S.C.A. § 552, As Amended By Public Law No. 104-231, 110 Stat. 3048.

DRA shall not, under any circumstances, be responsible for any cost, or expenses associated with this proposal including, but not limited to,

research, investigation, development, preparation, duplication, production, collation, packaging, delivery, transmittal, or presentation of the proposal or any related information, data documentation and material. Costs for developing any proposal will be the sole responsibility of the respondent whether or not any award results from this solicitation. DRA will not provide reimbursement for such costs.

The respondent is prohibited from making multiple proposals.

DRA may withdraw or cancel this NOFO any time prior to the award of a contract. DRA may amend this NOFO by issuing a notice of amendment prior to the opening of proposals. In unusual circumstances, DRA may postpone a proposal opening in order to give sufficient time to respond to an amendment.

DRA reserves the right to request necessary amendments, reject any or all proposals received, or cancel this NOFO, according to the best interest of DRA. DRA also reserves the right to waive minor irregularities in proposals provided such action is in the best interest of DRA.

Where DRA may waive minor irregularities, such waiver shall in no way modify the NOFO requirements or excuse the respondent from full compliance with the NOFO specifications and other contract requirements if the respondent is selected.

Institutions must warrant that no sums or anything of value has been or will be paid directly or indirectly to any officer or employee of DRA such as wages, compensation, or gifts in exchange for acting as officer, agent, employee, subcontractor, or consultant to the institutions in connection with any work compensated or performed.

DRA cannot and does not make any representatives or warranties with regard to the information, data, documentation, and material conveyed in this NOFO or otherwise provided by DRA. Institutions shall conduct their own independent investigations and analysis and make their own assessments, judgments, and decisions regarding this opportunity.

Some of the contents of this NOFO and the response submitted may be incorporated by reference in any final selection resulting from this NOFO.