



Health Resources & Services Administration

Rural Communities Opioid Response Program

Rural Communities Opioid Response Program - Impact

Opportunity number: HRSA-24-014



MODIFIED on March 8, 2024:

Updated the list of Other required forms (page 39) to include 3 additional required forms.

MODIFIED on April 1, 2024:

Updated the Budget & budget narrative section (page 33) to include budget requirements.

MODIFIED on April 23, 2024:

Updated Application checklist (page 52) to clarify Project Abstract is not included in the page limit.



Contents

Before you begin	3
 Step 1: Review the Opportunity	<u>4</u>
Basic information	5
Eligibility	6
Program description	8
Funding policies & limitations	21
 Step 2: Get Ready to Apply	<u>23</u>
Get registered	24
Find the application package	24
Application writing help	24
 Step 3: Write Your Application	<u>25</u>
Application contents & format	26
 Step 4: Learn About Review & Award	<u>40</u>
Application review	41
Award notices	48
 Step 5: Submit Your Application	<u>49</u>
Application submission & deadlines	50
Application checklist	52
 Step 6: Learn What Happens After Award	<u>53</u>
Post-award requirements & administration	54
 Contacts & Support	<u>57</u>
Appendices	63
Endnotes	69



Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registration is active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by May 6, 2024

Applications are due by 11:59 p.m. Eastern Time on May 6, 2024.



Step 1:

Review the Opportunity

In this step

Basic information	5
Eligibility	6
Program description	8
Funding policies & limitations	21

Basic information

Federal Office of Rural Health Policy

Rural Communities Opioid Response Program



Have questions?
Go to [Contacts & Support](#).

Summary

The purpose of RCORP – Impact is to improve access to integrated, coordinated treatment and recovery services for substance use disorder (SUD), including opioid use disorder (OUD), in rural areas. Ultimately, RCORP-Impact aims to address the SUD/OUD crisis in rural communities and promote long-term, sustained recovery.

Funding detail

Application type: New

Expected total available FY 2024 funding: \$12,000,000

Expected number and type of awards: Up to 16 Grants

Funding range per award: up to \$750,000 per year

The program and estimated awards depend on the future appropriation of funds and are subject to change based on the availability and amount of appropriations.

We plan to fund awards in four 12-month budget periods for a four-year period of performance of September 1, 2024 – August 31, 2028.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac).

Key facts

Opportunity name:

Rural Communities Opioid Response Program - Impact

Opportunity number:

HRSA-24-014

Federal Assistance

Listing:

93.912

Statutory authority:

42 U.S.C. 912(b)(5) (§ 711(b)(5) of the Social Security Act)

Key dates

Application deadline:

May 6, 2024

NOFO issue date:

March 6, 2024

Expected award date:

by September 1, 2024

Expected start date:

September 1, 2024

Eligibility

Who can apply

Eligible applicants

All domestic public or private, non-profit, and for-profit, entities are eligible to apply. This includes:

Institutions of higher education

- Public institutions of higher education
- Private institutions of higher education

Nonprofit entities

- Nonprofits having a 501(c)(3) IRS status
- Nonprofits with an IRS status other than 501(c)(3)

Private for-profit entities

- For-profit organizations
- Small businesses

Public entities

- State governments, including the District of Columbia, domestic territories, and freely associated states
- County governments
- City or township governments
- Special district governments
- Independent school districts

Tribes & tribal organizations

- Native American tribal governments
- Native American tribal organizations

Note: “Domestic” means the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Other eligibility criteria

To be reviewed and scored, your application must:

- Specify a target rural service area that contains only counties and/or census tracts that are designated rural per the [Rural Health Grants Eligibility Analyzer](#).
- Specify the RCORP-Impact supported direct treatment and/or recovery services that your network will deliver in every rural and partially rural county included in your target rural service area.
- Specify (in [Attachment 2](#)) at least four separately owned entities (three entities plus the applicant organization) that will serve as members of your Network.
- Demonstrate that at least 50% of the Network members are located within the target rural service area.
- Be complete, including all required attachments and narrative sections.
- Include MOUD as an RCORP-Impact supported direct treatment service.

Additionally, we may not consider an application for funding if it contains any of the following non-responsive criteria:

- Exceeds the funding ceiling amount (\$750,000 per year)
- Fails to satisfy the [deadline requirements](#).

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

Program description

Purpose

The purpose of RCORP – Impact is to improve access to integrated and coordinated treatment and recovery services for substance use disorder (SUD), including opioid use disorder (OUD), in rural areas. Ultimately, RCORP-Impact aims to address the SUD/OUD crisis in rural communities and promote long-term, sustained recovery.

Program Goals

Goal 1: Service Delivery

Establish and/or expand coordinated and comprehensive substance use disorder (SUD) treatment and recovery services.

Goal 2: Workforce

Develop a responsive SUD workforce, which includes both peers and clinical providers with diverse scopes of practice.

Goal 3: Supportive Services

Establish and/or enhance coordination with supportive social services to ensure that rural individuals and families impacted by SUD have the greatest opportunity possible for sustained, long-term recovery.

Goal 4: Sustainability

Develop innovative, multi-sectoral approaches to ensure the continued availability of RCORP-Impact supported services in the target rural service area.

Target Population

The target population for RCORP-Impact includes:

- Individuals living in HRSA-designated rural areas who are:
 - At risk for SUD.
 - Experiencing symptoms of SUD.
 - In treatment for SUD.
 - In recovery for SUD.
- Their families and/or caregivers.
- Impacted community members who reside in HRSA-designated rural areas.

Program Highlights

- You are required to provide Medication for Opioid Use Disorder (MOUD) as a part of your RCORP-Impact project.
- You cannot require abstinence or detoxification as a prerequisite for MOUD treatment except as medically necessary according to evidence-based approaches. You cannot limit the duration of MOUD treatment.
- You must deliver RCORP-Impact supported direct treatment and/or recovery services in every rural and partially rural county included in your target rural service area.
 - These services must be physically located in every rural and partially rural county included in the target rural service area.
 - Across your entire service area, you must provide both direct treatment and recovery services.
- You must have a mechanism in place to engage individuals in RCORP-Impact funded treatment, recovery, and supportive social services.
- You must work towards engaging Peer Recovery Specialists to support service delivery in your program.
- You are expected to account for populations within your target rural service area that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population.
- We strongly encourage you to incorporate at least one data focus area(s) into your approach and work plan.
 - The data focus areas for RCORP-Impact include justice-involved populations, children and adolescents, and evolving/emerging threats related to SUD/OD (e.g., fentanyl and xylazine).
- You must collaborate with a network of at least 4 organizations that represent different aspects of SUD care, including your organization.
 - At least 50% of the organizations in the network must have a physical presence in the target rural service area.
- If awarded, you will participate in the RCORP-Impact learning collaborative, facilitated by the RCORP technical assistance provider.
- Required staff roles include a project director, data coordinator, healthcare navigator, and learning collaborative point of contact.

Additionally, FORHP strongly encourages applicants to consider implementing innovative activities in the following areas:

- Achieving sustainability, including through utilizing new reimbursement mechanisms (e.g., Incident-to billing to support services provided by non-physician providers).
- Securing meaningful employment for people in recovery.
- Establishing new access points for SUD treatment and recovery services, where none previously existed.

Background

The Rural Communities Opioid Response Program (RCORP) is a multi-year Health Resources and Services Administration (HRSA) initiative aimed at reducing disease and death related to substance use disorder (SUD), including opioid use disorder (OUD), in high-risk rural communities.

The RCORP initiative has supported over 1,900 rural communities across 47 states and 2 territories. In 2021 alone, RCORP provided services to over 2 million individuals. RCORP is administered through HRSA's Federal Office of Rural Health Policy, which is charged with supporting activities related to improving health care in rural areas. RCORP also supports the President's National Mental Health Strategy.

According to the National Institute on Drug Abuse, more than 106,000 persons in the U.S. died from drug-involved overdose in 2021, including illicit drugs and prescription opioids. This represents a 14% increase in overdose deaths from the previous year. Of these overdose deaths, over 75% involved an opioid.^[1]

From 2020 to 2021, overdose deaths were slightly lower in rural areas compared to urban areas (29.4 vs. 32.6 deaths per 100,000). However, drug overdose deaths increased at a faster rate in rural areas (67.6% increase in rural vs. 54.2% increase in urban).^[2] Compounding the challenge, rural counties are nearly 3 times more likely than metropolitan counties to be a low-dispensing county for naloxone^[3]. Additional challenges associated with SUD/OUD program delivery in rural areas include facility limitations, greater distances to care, and transportation coordination.^[4]

Strong evidence and multiple clinical guidelines support treatment that includes access to medication for opioid use disorder (MOUD)^[5]. Despite the effectiveness of MOUD, a recent study found that only 1 in 5 adults with OUD in the past year received any MOUD. The study found that those in nonmetropolitan areas were significantly less likely to receive MOUD.^[6] Another recent study found that, compared to more urban counties, counties with a higher percentage of residents in rural areas were less likely to have an opioid treatment clinic that accepted Medicare - even though the SUPPORT for Patients and Communities Act generally mandated that all states cover Opioid Treatment Programs (OTP) in their Medicaid programs effective October 1, 2020. The

estimated average drive time to an OTP for people living in rural areas is 6 times greater than for those living in urban areas.^[7]

Program Guidance

General Project Requirements

All services supported by RCORP-Impact must be:

- Responsive to the needs of the target rural service area, as they relate to the purpose of RCORP-Impact.
- Culturally and linguistically appropriate for the target rural population that you will serve.
- Easily accessible and available to the target rural population, for example offering extended treatment hours (e.g., nights and weekends), or providing transportation to appointments.
- Available to all individuals regardless of ability to pay. You may not deny services due to an inability to pay.
- Integrated and coordinated.
 - We strongly encourage you, if possible, to establish services in a “one stop shop” model, or otherwise ensure that a variety of services are easily accessible from each location where care is provided through RCORP-Impact funding. Additional guidance can be found in the [Six Levels of Collaboration/Integration](#).
- Comprehensive, meaning your project should take a “whole person” approach to care.
 - You should provide a complete suite of services to meet the needs of the target population and provide the best opportunity for long-term, sustained recovery.
 - We strongly encourage you to coordinate with other local resources and service providers to achieve this comprehensive approach.
- Scoped to align with your budget.

Additionally, you must:

- Address all 4 RCORP-Impact goals.
- Have a mechanism in place to engage individuals in treatment, recovery, and supportive social services.
 - This may include, but is not limited to, engaging patient navigators, conducting street-outreach, and providing active follow-up and reminders about appointments.

While your project should take a comprehensive approach to SUD-related treatment and recovery in your target rural service area, we strongly encourage you to incorporate at least one data focus area into your project approach. See [Performance Reporting](#) for more details.

Target rural service area requirements

RCORP-Impact supported services may only be delivered in HRSA-designated rural counties and rural census tracts, as defined by the [Rural Health Grants Eligibility Analyzer](#). Within partially rural counties, services supported by this award may only be delivered within HRSA-designated rural census tracts. If your target rural service area contains any counties or census tracts that are NOT designated rural per the [Rural Health Grants Eligibility Analyzer](#), your application will not be reviewed or scored.

RCORP evaluation data indicates that programs are more successful when individuals can access services locally. To this end, you must provide RCORP-Impact supported treatment and/or recovery services in every rural and partially rural county you select. Do not select a county/partially rural county as part of your target rural service area if you do not plan to provide RCORP-Impact services there. If you include any rural or partially rural counties in your service area where you will NOT be delivering RCORP-Impact supported services, your application will not be reviewed or scored.

Requirements for achieving RCORP Impact goals

Goal 1: Service Delivery

Establish and/or expand coordinated and comprehensive substance use disorder (SUD) treatment and recovery services.

Overall guidance

- Establish new and/or significantly expand SUD treatment **and** recovery service line(s) in the target rural service area.
 - You must provide direct treatment and/or recovery services in every individual rural county included within your target rural service area.
 - Across the entire target rural service area, you must provide both direct treatment and recovery services (e.g., you may provide treatment services in one rural county and recovery services in another rural county, but you cannot only provide treatment services or only recovery services.)
- All services must target opioid use disorder and may also address other substance use disorders where there is **demonstrated need**.
- Services should be operational as soon as possible, ideally within the first year of the program.

- Throughout the remainder of the period of performance, you must increase the number of individuals receiving each service. You may also, but are not required to, expand the scope of SUD services you are providing, for example:
 - Adding locations where individuals can receive MOUD or recovery support services.
 - Coordinating with primary care providers to offer SUD services in their practices.
 - Performing minor renovations on an existing space to accommodate more providers and patients.

Guidance for Delivery of Treatment Services

- RCORP-Impact supported treatment services must be evidence-based and include Medication for Opiate Use Disorder (MOUD).
- You must provide MOUD as a part of your RCORP-Impact project.
 - If you do not include MOUD in your approach and work plan, your application will be considered non-responsive, and it **will not** be reviewed or scored.
- Treatment services must include a shared decision-making process for all individuals with SUD, including those who are pregnant or have chronic medical conditions, about receiving MOUD.
- For patients who choose MOUD, you must make all reasonable efforts to provide access to, at a minimum:
 - Methadone and/or buprenorphine
 - Injectable naltrexone
- Please note that Buprenorphine is available for purchase in the [340B Drug Pricing Program](#) by eligible covered entities.
- **You cannot** require abstinence/detoxification as a prerequisite for MOUD treatment except as medically necessary according to evidence-based approaches.
- **You cannot** limit the duration of MOUD treatment.
 - Long-term retention in MOUD treatment is a measure of success for RCORP-Impact and is part of the required performance reporting for award recipients.
- Examples of establishing new and/or significantly expanding SUD/OD treatment services include, but are not limited to:
 - Purchasing a mobile health unit to provide SUD treatment (including MOUD) at easily accessible locations or after work hours.

- Performing minor renovations to an existing structure to create space for a new access point that provides SUD treatment. Note: please reference the [Minor Alteration and Renovation \(A/R\) Costs](#) section of the NOFO for more information about minor renovations.
- Expanding the capacity of a primary care practice to provide MOUD.

Guidance for Delivery of Recovery Services

- Ensure coordination between recovery services and other services supported by RCORP-Impact, including treatment and supportive social services.
- Whether or not an individual is receiving MOUD cannot impact their being considered for recovery services.
- Examples of establishing new and/or significantly expanding SUD/ODU recovery services include, but are not limited to:
 - Working with local businesses to create meaningful, supportive employment opportunities for individuals in recovery.
 - Renovating an existing structure to create a new recovery home.
 - Establishing a new recovery community organization to provide support to individuals in recovery.

Goal 2: Workforce

Develop a responsive SUD workforce, which includes both peers and clinical providers with diverse scopes of practice.

- Plan activities related to recruiting, hiring, training, and retaining an SUD workforce in the target rural service area.
- Your specific activities should reflect the SUD workforce needs in your target rural service area.
- As a part of this goal, you will work with the RCORP technical assistance provider to ensure that local clinicians are able to connect with their peers for support related to treating individuals with SUD.
- You must work towards engaging Peer Recovery Specialists to support service delivery. RCORP evaluation data indicates that the use of Peer Recovery Specialists improves MOUD delivery.
- You may use RCORP-Impact funding to help [qualify rural clinical locations](#) for loan repayment programs, such as HRSA's [Substance Use Disorder Treatment and Recovery Loan Repayment Program](#) (STAR LRP) or National Health Service Corps [Rural Community Loan Repayment Program](#) (NHSC).
- Examples of activities under Goal 2 include, but are not limited to:

- Hiring a new provider through STAR LRP or NHSC to provide SUD treatment services, including MOUD.
- Training primary care providers to offer MOUD and providing access to peer clinical mentorship.
- Working with a behavioral health practice to integrate peer recovery specialists into provision of SUD treatment services.

Goal 3: Supportive Services

Establish and/or enhance coordination with supportive social services to ensure that rural individuals and families impacted by SUD have the greatest opportunity possible for sustained, long-term recovery.

- Establish new supportive social services and/or collaborate with existing social services that are not currently connected with SUD treatment services.
 - Food access, housing support and employment training and opportunities are all examples of new supportive services you can establish.
 - An example of collaborating with existing social services is coordinating with an existing transportation company to offer rides to and from appointments.
- You must ensure that supportive social services directly address the needs of the target rural population and are easily accessible and integrated with RCORP-Impact supported SUD services.
- Examples of activities under Goal 3 include, but are not limited to:
 - Working with local transportation resources to provide free transport to SUD treatment appointments and recovery services.
 - Coordinating with childcare providers to offer childcare for parents and caregivers, so that they can attend treatment appointments.
 - Coordinating with a local food bank to ensure that individuals impacted by SUD have consistent and reliable access to healthy food.
- You may also include evidence-based services to prevent individuals from beginning substance use in the first place.
 - Prevention services are not required as part of RCORP-Impact but are allowable if they are evidence based and there is a specific need in the target rural service area.
- Examples of allowable prevention services may include (but are not limited to):
 - Implementing an evidence-based prevention curriculum in local schools.
 - Training providers on non-opioid pain management approaches.
 - Providing mental health services.
 - Developing infrastructure for sustainable and strategic naloxone distribution

Goal 4: Sustainability

Develop innovative, multi-sectoral approaches to ensure the continued availability of RCORP-Impact supported services in the target rural service area. It is critical to ensure that all grant-funded services (established under Goals 1, 2, and 3) remain available after RCORP-Impact funding ends, so that individuals impacted by SUD can continue receiving treatment, recovery, and social services support.

- Throughout the period of performance, you should work with your network (see [Network Requirements](#)) to make RCORP-Impact supported services sustainable.
- You must engage a Healthcare Navigator to help enroll eligible individuals into health insurance and maximize opportunities for your network to bill for services.
 - This will help ensure the sustainability of clinical services after the RCORP-Impact project ends.
- Examples of activities under Goal 4 include, but are not limited to:
 - Leveraging other funding streams available within the community to enhance and sustain SUD services.
 - Ensuring effective and efficient billing for third party reimbursement (see [Appendix B](#) for Third Party Payor guidance).
 - Assisting individuals with health insurance enrollment and providing benefits counseling.
 - Demonstrating the collective impact of the network to secure durable community buy-in.
 - Establishing new partnerships beyond the network to further support RCORP-Impact services.
- You will also receive personalized technical assistance throughout your project, to help plan for the sustainability of RCORP-Impact funded services.

Network requirements

Individuals often need access to a variety of different resources and services to successfully enter long-term recovery from SUD. This can be especially challenging in rural communities where such resources and services may be less available or separated by significant distances. Therefore, you must implement your RCORP-Impact project as part of a network of organizations that represent different aspects of SUD care.

Network-specific guidance

- You must specify the organizations that will be in your network. Your network must consist of at least 4 separately owned entities (your organization plus 3 additional organizations).

- Your network must represent a diversity of sectors relevant to SUD in your target rural service area.
- Applications with fewer than 4 network members, including the applicant organization, will be deemed non-responsive and **will not** be reviewed or scored.
- Additionally, at least 50% of your network members must have a physical location (either a headquarters or a satellite site) within the target rural service area. If you don't meet this requirement, we will deem your application non-responsive and it **will not** be reviewed or scored.
- Each member of your network must be fully integrated into the RCORP-Impact project and have clear roles and responsibilities in your work plan.
- At a minimum, network members should commit to:
 - Meeting regularly (at least once a quarter).
 - Coordinating with other network members on RCORP-Impact activities.
 - Sharing aggregate data for performance reporting to HRSA.
 - Sustaining services after the period of performance ends.
 - Developing approaches to ensure continuity of operations to minimize the impact of potential service disruptions such as staffing changes, clinician turnover, public health emergencies, severe weather.
- **We strongly encourage** you to consider engaging at least some the following sectors in your network, as well as any sectors relevant to your Data Focus area, if applicable:
 - Primary Care
 - Crisis Care (including first responders and hospital emergency departments)
 - Mental Health Care
 - Pharmacy
 - Justice-Involved
 - Transportation
 - Education
- **We strongly encourage** you to consider budgeting RCORP-Impact funds to support network members' participation in the project.
- You must provide a letter of support from each organization that will participate as a member of your network (see [Attachment 3](#)).
 - If awarded, you must submit a single letter of commitment signed by each network member within 90 days of the project start date.

Learning Collaborative

If awarded, you will participate in the RCORP-Impact learning collaborative, facilitated by the HRSA-funded RCORP technical assistance provider. The learning collaborative will offer the opportunity to network, share best practices, address challenges, and receive targeted technical assistance for your project.

- You must designate one individual to serve as the point of contact for the learning collaborative.
- We anticipate that the Learning Collaborative will begin meeting no later than 6 months into the period of performance.

Performance Reporting

As a requirement of RCORP-Impact, you will report annually on a variety of broad, community-based performance measures to track your progress towards achieving the RCORP-Impact goals. In addition, you will also report on performance measures in the following Data Focus Areas, if applicable:

Data Focus #1: Justice-Involved Populations

Brief Background: Compared to the general population, in the 2 weeks after release from incarceration, individuals are 129 times more likely to overdose, and 13 times more likely to die from an overdose.^[8] Providing access to medication for opioid use disorder during incarceration reduces the risk of opioid overdose upon release.

Measures: You will report on 1 – 3 measures that reflect delivery of services to individuals at risk of incarceration, currently incarcerated, or recently released from incarceration. Measures have not been finalized, but will likely reflect the number of individuals in this population receiving services, the types of services being provided, etc.

Data Focus #2: Children and Adolescents

Brief Background: According to the 2021 National Survey of Children's Health, 23.3% of children aged 3-17 have experienced a mental, emotional, developmental, or behavioral health problem.^[9] Moreover, in 2020, 546 adolescents aged 12-17 died of a drug overdose – nearly double the number of deaths in 2019.^[10]

Measures: You will report on 1 – 3 measures that reflect delivery of services to children and adolescents ages 5 – 17. Measures have not been finalized, but will likely reflect the number of individuals in this population receiving services, the types of services being provided, etc.

Data Focus #3: Evolving and emerging threats related to SUD & OUD

Brief Background: From 2012 through 2019, rates of drug overdose deaths involving psychostimulants with abuse potential (drugs such as methamphetamine, amphetamine, and methylphenidate) were 1.4 times higher in rural counties than in urban counties.^[11] In April 2023, the Biden-Harris administration designated fentanyl adulterated or associated with xylazine as an “emerging threat to the United States.”^[12]

Measures: You will report on 1 – 3 measures that reflect delivery of services related to substances other than opioids. Measures have not been finalized but will likely reflect your network’s needs and activities around non-opioid substances of concern in your community.

The RCORP Evaluation Provider will provide guidance and support for data collection and reporting. We strongly encourage you to incorporate at least one of the data focus areas into your project approach, and to include organizations in your network that represent your chosen data focus area(s).

Staffing Requirements

To achieve RCORP-Impact goals and meet the program requirements, you must include the following roles in your project. Individuals may fulfill more than one role:

Project Director

- Primary point of contact and leadership for the award.
- Directs project activities.
- Makes staffing, financial, or other adjustments to align project activities with the project outcomes.
- Engages community members and key stakeholders to implement project activities.
- Must attend monthly calls with HRSA program staff and the HRSA-funded RCORP technical assistance team.
- You may decide the job qualifications and percentage of effort needed to effectively fulfill these duties, but we strongly recommend a minimum time commitment of at least .25 FTE for the Project Director.
- List the designated Project Director in Box 8f of the SF-424 Application Page.

Healthcare Navigator

- Helps enroll eligible individuals into health insurance to maximize opportunities to bill for services.
- Assists with post-enrollment activities, such as requesting pre-authorization for services, appealing coverage decisions, etc.
- You may decide the job qualifications and percentage of effort needed to effectively fulfill these duties.

Learning Collaborative Point of Contact

- Participates in monthly learning collaborative meetings.
- Should be a key staff member with the authority to speak on behalf of your project.
- You may decide the job qualifications and percentage of effort needed to effectively fulfill these duties.

Data Coordinator

- Coordinates with your network members to collect, aggregate, track, and report quantitative and qualitative data and information to fulfill HRSA's reporting requirements.
- You may decide the job qualifications and percentage of effort needed to effectively fulfill these duties.

Diversity, Equity, and Inclusion

You are expected to account for populations within your target rural service area that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population.

Examples of these populations include, but are not limited to, racial and ethnic minorities, LGBTQ+ individuals, socioeconomically disadvantaged populations, new immigrants, people who are homeless, and individuals with disabilities.

Upon award, the HRSA-funded RCORP technical assistance provider and your project officer will provide guidance on identifying these populations and incorporating them into your work plan. However, we encourage you to consider these populations as you write your application.

Funding policies & limitations

Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
 - Appropriation of funds
 - Satisfactory progress in meeting the project's objectives
 - A decision that continued funding is in the government's best interest
- We may reduce funding or take other actions after the first year if you are not making reasonable progress on achieving the goals of your application.
- See [Appendix B](#) for guidance and requirements on Third Party Payor Guidance.

Limitations

- For guidance on some types of costs we do not allow or restrict, see Budget in section 4.1.iv of the [Application Guide](#). You can also see 45 CFR part 75, [General Provisions for Selected Items of Cost](#).
- For-profit organizations cannot earn profit from the federal award. See [45 CFR 75.216\(b\)](#).

You cannot use funds under this notice for the following:

- To acquire real property.
- To purchase syringes.
- For construction, except minor alteration and renovation as described in [Minor Alteration and Renovation \(A/R\) Costs](#).
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded.
- To pay down bad debt. Bad debt is debt that has been determined to be uncollectible, including losses (whether actual or estimated) arising from uncollectible accounts and other claims. Related collection and legal costs arising from such debts after they have been determined to be uncollectible are also unallowable.

- To pay the difference between the cost to a provider for performing a service and the provider's negotiated rate with third-party payers (i.e., anticipated shortfall).
- To supplant any services/funding sources that already exist in the service area(s).

See [Manage Your Grant](#) for other information on costs and financial management.

Indirect costs

Indirect costs are those incurred for a common or joint purpose across more than one project and that cannot be easily separated by project (like utilities for a building that supports multiple projects). Learn more at [45 CFR 75.414](#), Indirect Costs.

You determine indirect costs using one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 – De minimis rate. [Per 45 CFR 75.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a de minimis rate.

This rate is 10% of modified total direct costs (MTDC). See [45 CFR 75.2](#) for the definition of MTDC. You can use this rate indefinitely. If you use this rate, you must use it for all federal awards unless you negotiate a rate.

Program income

Program income is money earned as a result of your award-supported project activities. You will have to use those funds to add to approved project activities. Find more about program income at [45 CFR 75.307](#).



Step 2:

Get Ready to Apply

In this step

Get registered	24
Find the application package	24
Application writing help	24

Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-24-014.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS [Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

Join the webinar

For more information about this opportunity, join the webinar on March 21, 2024, at 1pm ET. You can join the webinar through [HRSA's Zoom](#).

If you are not able to join through your computer, you can call in at 833-568-8864 with meeting ID 82197459.

We will record the webinar. If you are not able to join live, you request a recording by emailing ruralopioidresponse@hrsa.gov.

Need Help? See [Contacts & Support](#).



Step 3:

Write Your Application

In this step

Application contents & format

26

Application contents & format

Applications include 5 main components. This section includes guidance on each.

There is a 60 page limit for the overall application.

Submit your information in English and express budget figures using U.S. dollars.

Make sure you include each of these:

Components	Submission Format	Included in the page limit?
Project abstract	Use the Project Abstract Summary form	No
Project narrative	Use the Project Narrative Attachment form	Yes
Budget narrative	Use the Budget Narrative Attachment form	Yes
Attachments	Insert each in the Other Attachments form.	Yes, unless otherwise marked.
Other required forms	Upload using each required form.	No

Required format

You must format your narratives and attachments using our required formats for fonts, size, margins, etc. See the formatting guidelines in section 4.2 of the [Application Guide](#).

Project abstract

Complete the information in the Project Abstract Summary Form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see section 4.1.ix of the [Application Guide](#).

Project narrative

In this section, you will describe all aspects of your project.

Use the section headers and the order below.

Background

See merit review criterion 1: [Background](#)

- State the objective(s) of your proposed project.
- Briefly describe the target rural service area.
- Briefly describe target rural population.
- Briefly summarize the needs you are planning to address with your project.
- State the data focus area(s) that you are addressing in your project, if applicable.

Organizational information

See merit review criterion 2: [Organizational information](#)

Overview

- Describe how the mission of your organization and the scope of current organizational activities align with the purpose and goals of RCORP-Impact.
- Describe your organization's connections and partnerships within the target rural service area and target rural population.
- Describe how the leadership of your organization will support the implementation of your proposed RCORP-Impact project.
- Describe how the different components of your organization, apart from leadership, will support the implementation of your proposed RCORP-Impact project and the effective management of HRSA funds.
- Describe how you will ensure that implementation of the project can begin on the project period start date.
- Describe how your organization will work with your network to manage staff and clinician turnover and ensure continuity of the project's operations and services.
- In [Attachment 8](#), provide an organizational chart.

Staffing Plan

- Describe how you will manage your proposed project and ensure that the work plan is implemented effectively.
- Provide a high-level summary of your proposed staffing plan.
- For positions that are currently vacant, describe how you will quickly fill the position if awarded, to avoid any delays in implementing the work plan.
- In [Attachment 5](#), provide a staffing plan.

Staff Biosketches

- For each staff member reflected in the staffing plan, provide a brief biographical sketch in [Attachment 6](#) that clearly demonstrates the staff member has appropriate and applicable experience for their role on the project.
 - If an individual is fulfilling multiple roles in the proposed project, you may use a single biographical sketch to address their qualifications for each role.
 - The names reflected in the staffing plan must align with the names identified in the biographical sketches.

Network

- Describe how the network will be structured and managed.
- Describe how you will engage network members to ensure effective and productive collaboration.
- Describe how the network members represent the sectors that are necessary to support a coordinated, comprehensive, and sustainable approach to SUD services in the target rural service area.
- Describe how you will ensure that all network members have the capability and agree to share aggregate data to meet HRSA performance reporting requirements.
- In [Attachment 2](#), include information for all organizations that will serve in the network.
- In [Attachment 3](#), include a letter of support from each individual network member.
- In [Attachment 7](#), attest that the network will meet at least quarterly.

Approach

See merit review criterion 3: [Approach](#)

Goal 1: Service Delivery

Establish and/or expand coordinated and comprehensive substance use disorder (SUD) treatment and recovery services.

Justification of Need

- Use recent, reliable quantitative data to justify the need for new or expanded SUD treatment and recovery services in the target rural service area.
- Describe how the target population is currently accessing SUD treatment and recovery services (both within and outside of the target rural service area) and why these services are insufficient to meet the need and demand.

- Demonstrate that the estimated number of individuals in need of treatment and recovery services is proportional to the scope of treatment and recovery services you plan to implement.

Approach

PART A: SUD Treatment and Recovery Services

As a reminder, you must provide direct treatment and/or recovery services in every county/partially rural county included within your target rural service area. You must provide both treatment and recovery services across the entire target rural service area.

- Describe in detail how you will establish new SUD treatment service lines and/or significantly expand existing SUD treatment service lines.
- For each proposed SUD treatment service line:
 - Describe in detail the treatment service(s) you will provide with RCORP-Impact funds. Include the physical address(es) where you will provide the treatment service(s), and the specific population that you anticipate will receive the treatment service(s).
 - State whether the treatment service(s) is being newly established, or significantly expanded.
 - For new treatment service(s), provide an estimate of the number of individuals you expect to serve with each service.
 - For expanding existing treatment services, describe in detail the scope of the expansion, including the current capacity of the service, the magnitude of your planned expansion, and the number of additional individuals you plan to serve.
- Describe how you will increase the number of individuals receiving the RCORP-Impact treatment service(s) throughout the project period.
- Describe in detail how you will establish new SUD recovery service lines and/or significantly expand existing SUD recovery service lines in the target rural service area.
- For each proposed SUD recovery service line:
 - Describe in detail the recovery service(s) you will provide with RCORP-Impact funds. Include the physical address(es) where you will provide the recovery service(s), and the specific population that you anticipate will receive the recovery service(s).
 - State whether the recovery service(s) is being newly established, or significantly expanded.
 - For new recovery service(s), provide an estimate of the number of individuals you expect to serve with each service.

- For expanding existing recovery services, describe in detail the scope of the expansion, including the current capacity of the service, the magnitude of your planned expansion, and the number of additional individuals you plan to serve.
- Describe how you will increase the number of individuals receiving the RCORP-Impact supported recovery service(s) throughout the project period.
- In [Attachment 4](#), include information about each physical location where you will deliver RCORP-Impact supported treatment and/or recovery services.

PART B: Access to SUD Treatment and Recovery Services

- Describe how you will ensure that the RCORP-Impact supported treatment and recovery services are integrated, coordinated, comprehensive, and easily accessible.
- Describe how you will engage individuals in the RCORP-Impact supported treatment and recovery services described above and ensure they are supported in accessing these services over the long term.
- Describe how you will ensure that RCORP-Impact supported treatment and recovery services are culturally and linguistically appropriate for your target rural population.
 - Include how you will work to make services accessible to populations in the target service area that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population.

In [Attachment 7](#), attest that:

- **You will not** require abstinence/detoxification as a prerequisite for RCORP-Impact supported MOUD treatment except as medically necessary according to evidence-based approaches.
- **You will not** limit the duration of MOUD treatment.
- For patients who choose MOUD, you will make all reasonable efforts to provide access to, at a minimum both:
 - Methadone and/or buprenorphine
 - Injectable naltrexone
- No individuals will be denied services due to an inability to pay.
- You will work with the HRSA-funded RCORP-TA coordinator to identify populations in the target service area that have historically suffered from poorer health outcomes and incorporate them into your work plan.

Goal 2: Workforce

Develop a responsive SUD workforce, which includes both peers and clinical providers with diverse scopes of practice.

Justification of Need

- Use recent, reliable quantitative data to specifically describe the SUD workforce needs in the target rural service area.
- Include a description of the existing SUD workforce in your target rural service area, its current capacity to serve individuals impacted by SUD, and why this is not sufficient to meet the need and demand.

Approach

- Describe in detail how you will develop a responsive SUD workforce in your target rural area.
 - Include how you will engage and support both peer recovery specialists and clinical providers with diverse scopes of practice to ensure comprehensive SUD service delivery.
- Describe how your approach will support coordinated, comprehensive, and accessible delivery of SUD services in the target rural service area, including the provision of MOUD.
- State your commitment to work with the HRSA-funded RCORP-technical assistance provider to ensure that local clinical providers can connect with their clinical peers for support in treating individuals with SUD.

Goal 3: Supportive Services

Establish and/or enhance coordination with supportive social services to ensure that rural individuals and families impacted by SUD have the greatest opportunity possible for sustained, long-term recovery.

Justification of Need

- Use recent, reliable quantitative data to specifically describe the need for supportive social services among individuals impacted by SUD in the target rural service area.
- Describe how the target population is currently accessing supportive social services (both within and outside of the target rural service area) and why these services are insufficient to meet the need and demand.
- If you are undertaking any evidence-based prevention activities as a part of this goal, clearly justify the need for the specific activities you are proposing. **As a reminder,** evidence-based prevention services (e.g., mental health counseling, alternative pain management approaches, life skills trainings) are not required

under RCORP-Impact but are allowable if there is a **demonstrated need** in the target rural service area.

Approach

- Describe in detail the supportive social services that you will engage as a part of your project.
- Describe how you will actively engage individuals and their families in supportive social services.
- Describe how these supportive social services will be integrated with SUD treatment and recovery services and made easily accessible to the individuals that need them.
- Describe how your approach will ensure that rural individuals and families impacted by SUD have the greatest possible opportunity for sustained long term recovery.
- If you are choosing to also implement evidence-based prevention services under Goal 3, describe the specific services you will support with RCORP-Impact funding, provide the evidence base, and justify how these services will meet address the needs of the target rural service area.

Goal 4: Sustainability

Develop innovative, multi-sectoral approaches to ensure the continued availability of RCORP-Impact supported services in the target rural service area.

Justification of Need

- Specifically describe the need for funding to support sustainable, cross sector collaboration in the target rural service area.
- Describe existing collaborations or networks that are currently supporting individuals impacted by SUD in the target rural service area, and why these efforts are insufficient and/or not sustainable.

Approach

- Describe how the network will work towards ensuring the continued availability of all RCORP-Impact supported services implemented under Goals 1, 2, and 3, so that individuals continue receiving care and support after the period of performance.
- Describe how the network will ensure continuity of operations to minimize the impact of potential service disruptions, such as staff/clinician turnover, public health emergencies, severe weather, etc.

Work plan

See merit review criteria 4: [Work plan](#)

In [Attachment 1](#), provide a work plan that includes the specific activities and action steps that you will take to implement each of the approaches described in the previous section. Please see [Appendix A](#) for an Optional Work Plan Template that you may use as a resource and adjust as needed. The Optional Work Plan Template is not required.

Data and reporting

See merit review criteria 5: [Data and reporting](#)

- Describe how you will ensure that the network effectively collects, shares, and reports required HRSA performance measures.
- Describe how you will use data, including but not limited to required HRSA performance measures, for the continuous improvement of RCORP-Impact supported services.

Budget & budget narrative

See merit review criterion 6: [Support Requested](#)

Your **budget** should follow the instructions in section 4.1.iv of the [Application Guide](#) and any specific instructions listed in this section. Your budget should show a well-organized plan.

The scope of your proposed services, the number of individuals you plan to serve, and the size of your target rural service area must adequately justify your RCORP-Impact budget request.

Travel: You must budget travel funds for up to two (2) program staff to attend a three-day program meeting in Washington, DC, once in every project year. You may also propose additional meetings and conferences that are directly related to the purpose of the program and will complement your project's objectives.

Sustainability: Your work plan and budget/budget narrative should reflect a shift from capacity-building activities to service delivery and sustainability over the course of the four-year period of performance.

Network Members: We encourage you to consider budgeting RCORP-Impact funds to support network member participation in the project.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award

and non-federal funds used to satisfy any matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. See [other required forms](#). The merit review committee reviews both.

It includes added detail and justifies the costs you ask for. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See funding policies & limitations.

To create your budget narrative, see detailed instructions in section 4.1.v of the [Application Guide](#).

Specific Instructions

Minor Alteration and Renovation (A/R) Costs

Minor alteration and renovation (A/R) costs to enhance the ability of the recipient to deliver behavioral health care services are allowable but must not exceed \$150,000 per year over the four-year period of performance.

- Additional post-award submission and review requirements apply if you propose to use RCORP-Impact funding toward minor A/R costs.
- **You cannot** begin any minor A/R activities or purchases until you receive HRSA approval.
- You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your minor A/R plans do not affect your ability to execute work plan activities on time.

Examples of minor A/R include, but are not limited to:

- Renovating an existing space to establish a new access point for SUD treatment delivery.
- Reconfiguring space to facilitate co-location of behavioral health and primary care services teams.
- Adapting office space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures confidentiality.
- Adapting office spaces and meeting rooms for individuals to participate in counseling and group visit services, and to access and receive training in self-management tools.

- Adapting a community space to serve as an after-school program for children and adolescents in recovery from behavioral health disorders.
- Renovating an existing space to establish a recovery community organization.

The following activities are not categorized as minor A/R, and the costs of such activities are unallowable:

- Construction of a new building.
- Installation of a modular building.
- Building expansions.
- Work that increases the building footprint.
- Significant new ground disturbance.

RCORP-Impact award funds for minor renovations cannot be used to supplement or supplant existing renovation funding; funds must be used for a new project.

Pre-renovation costs (Architectural & Engineering costs prior to 90 days before the budget period start date) are unallowable.

Mobile Units or Vehicles

Mobile units or vehicles purchased with RCORP-Impact award funds must be reasonably priced and used in accordance with [2 CFR 200.313](#). Additional post-award submission and review requirements apply if you propose to use RCORP-Impact funding toward mobile units or vehicles. You cannot begin any purchases until you receive HRSA approval.

You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your mobile unit or vehicle purchase do not affect your ability to execute work plan activities on time.

Attachments

Place your attachments in order in the Other Attachments form. **Be sure to include the required content described for each attachment.**

Attachment 1: Work plan

Counts toward page limit.

Provide a work plan that includes the specific activities and action steps that you will take to implement each of the approaches described in the previous section. Please see [Appendix A](#) for an Optional Work Plan Template that you may use as a resource and adjust as needed. The Optional Work Plan Template is not required.

In the work plan, you must:

- Address all four RCORP-Impact goals, and each approach that you describe in the previous section.
- Reflect a 4-year period of performance.
- Include the names of the individuals/network members who are responsible for implementing each specific activity.
- Include specific time frames for each activity (please do not list a time frame as ongoing. There should be a specific beginning and end date for each activity).

Attachment 2: Network members

Counts toward page limit.

Provide the following information for all organizations that will serve in the network.

- Organization name
- Organization's physical address
- Sector represented (e.g., education, health, transportation, etc.)
- Point of contact, including name, position title, and email

Attachment 3: Letters of Support

Counts toward page limit.

Provide a letter of support from each individual network member.

The letter should include:

- An overview of the organization's anticipated role in the proposed RCORP-Impact project
- A description of the organization's ties to the target rural service area.
- A commitment to share performance data as needed with HRSA.

Attachment 4: Service Delivery Sites

Counts toward page limit.

Provide the following information about each physical location where you will deliver RCORP-Impact supported treatment and/or recovery services:

- Location name.
- RCORP-Impact supported services offered.
- Physical address, including county.

Attachment 5: Staffing plan

Counts toward page limit.

See Section 4.1.vi of the [Application Guide](#).

Provide a staffing plan that includes the following information for each project staff member:

- Name (if not yet hired, state “TBH”).
- Title.
- Organizational affiliation.
- Full-time equivalent (FTE) devoted to the project (Note: You cannot bill more than 1.0 FTE across federal awards).
- List of roles and responsibilities on the project.
- Job function (e.g., project director, a health care navigator, a data coordinator, individual assigned to the Learning Collaborative.)
- Timeline and process for hiring/onboarding, if applicable.

Attachment 6: Biographical sketches

Does not count towards the page limit.

For each staff member reflected in the staffing plan, provide a brief biographical sketch that clearly demonstrates the staff member has appropriate and applicable experience for their role on the project. If an individual is fulfilling multiple roles in the proposed project, you may use a single biographical sketch to address their qualifications for each role. The names reflected in the staffing plan must align with the names identified in the biographical sketches.

Attachment 7: Attestations

Counts toward page limit.

Please attest that:

- **You will not** require abstinence/detoxification as a prerequisite for RCORP-Impact supported MOUD treatment except as medically necessary according to evidence-based approaches.
- **You will not** limit the duration of MOUD treatment.
- No individual will be denied services due to an inability to pay.
- You will make all reasonable efforts to provide access, at a minimum, to methadone and/or buprenorphine, and injectable naltrexone, for patients who choose MOUD.

- You will work with the HRSA-funded RCORP-TA coordinator to identify populations in the target service area that have historically suffered from poorer health outcomes and incorporate them into your work plan.
- That your network will meet at least once a quarter.

Attachment 8: Project organizational chart

Counts toward page limit.

Provide a one-page diagram that shows the project's organizational structure.

Attachment 9: Proof of nonprofit status

Does not count in the page limit.

If your organization is a non-profit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is a non-profit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a non-profit.

Any of the above for a parent organization. Also include a statement signed by an official of the parent group that your organization is a non-profit affiliate.

Attachments 10–15: Other Relevant Documents (no more than 6) [Optional]

You may include any other documents that are relevant to the application.

Other required forms

You will need to complete some other standard forms. Upload the standard forms listed below at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Project/Performance Site Location(s)	With application.
Grants.gov Lobbying Form	With application.
Key Contacts	With application.



Step 4:

Learn About Review & Award

In this step

Application review	41
Award notices	48

Application review

Initial review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).
- Is over the page limit.
- Is not complete, including all required attachments and narrative sections.
- Does not specify a target rural service area that contains only counties and/or census tracts that are designated rural per the [Rural Health Grants Eligibility Analyzer](#).
- Does not specify the RCORP-Impact supported direct treatment and/or recovery services that your network will deliver in every rural and partially rural county included in your target rural service area. Services must be physically located in every rural and partially rural county included in the target rural service area.
- Does not Include MOUD as an RCORP-Impact supported direct treatment service.
- Does not specify at least four separately owned entities (three entities plus the applicant organization) that will serve as members of your Network.
- Does not demonstrate that at least 50 percent of the Network members are located within the target rural service area.

Multiple Applications

- We will only review your last validated application before the Grants.gov [due date](#).

Merit review

A panel reviews all applications that pass the initial review. The members use the criteria below.

Criterion	Total number of points = 100
1. Background	5 points
2. Organizational information	25 points
3. Approach	50 points
4. Work plan	10 points
5. Data and reporting	5 points
6. Support requested	5 points

Criterion 1: Background

5 points

See Project Narrative [Background](#) section.

The panel will review your application for how well it demonstrates:

- Extensive knowledge and understanding of the target rural service area and target population.
- The objectives of the proposed project are closely aligned with the goal and purpose of RCORP-Impact.
- The needs of the target population are closely aligned with the purpose of RCORP-Impact.

Criterion 2: Organizational information

25 points

See Project Narrative [Organizational Information](#) section.

Overview (7 points)

The panel will review your application for how well it demonstrates:

- The mission and activities of the applicant organization are closely aligned with the mission and goals of the proposed RCORP-Impact Project. In other words, the proposed project fits well within the applicant organization.

- Strong connections and relationships with the target rural service area and the target rural population.
- Strong support from organizational leadership to implement the proposed project.
- Strong support from other components of the applicant organization, apart from leadership, to implement the proposed project and ensure effective use of RCORP-Impact funds.
- The ability to begin implementing the project on the project period start date.
- The ability to manage any staff or clinician turnover, so that if these changes occur, the project's administrative operations and services **will not** be disrupted.

Staffing Plan (5 points)

The panel will review your application for how well it describes a staffing plan that:

- Will be effective and support achievement of the RCORP-Impact goals.
- Closely aligns with the project approach and work plan.
- Includes all required roles (project director, health care navigator, learning collaborative point of contact, data coordinator)
- Includes a plan for hiring vacant positions that is feasible and likely to avoid project delays if awarded.

Staff Biosketches (3 points)

The panel will review your application for how well it demonstrates:

- Biosketches for all the individuals fulfilling key roles on the proposed project.
- Project staff are qualified to effectively fulfill their specific roles on the proposed project.

Network (10 points)

The panel will review your application for how well it describes a Network that:

- Will collaborate effectively and productively, with engagement from all members.
- Has the capacity and agrees to report HRSA-required performance data.
- Represents a diversity of sectors that will support a comprehensive approach to SUD treatment and recovery.
- Meets at least once a quarter (per attestation in [Attachment 7](#)).
- Thoroughly understands their roles on the project and has strong ties to the target rural service area, as demonstrated in the letters of support.

Criterion 3: Approach

50 points

See Project Narrative [Approach](#) section.

Goal 1 PART A: SUD Treatment and Recovery Services (10 points)

The panel will review your application for how well it describes an approach that:

- Addresses significant, demonstrated need for the proposed treatment and recovery services in the target rural service area.
- Establishes at least one new or significantly expanded SUD treatment service line.
- Provides Medication for Opioid Use Disorder in manner that will retain individuals in treatment and support progress towards long-term recovery. (**Applicants must provide MOUD as a part of this award**).
- Establishes at least one new or significantly expanded recovery service line.
- Is proportional to the size of the RCORP-Impact award, in terms of scope of services and anticipated number of individuals to be served.
- Increases the number of individuals receiving RCORP-Impact supported services during each year of the project.
- Clearly reflects at least one data focus area(s), if applicable.
- Has distinct, planned service delivery sites, per the required information in [Attachment 4](#).

Goal 1 PART B: Access to SUD Treatment and Recovery Services (10 points)

The panel will review your application for how well it describes an approach that:

- Supports coordinated, comprehensive treatment and recovery services that are easy to access and connected with supportive social services to support long term recovery.
- Effectively engages individuals in treatment and recovery services.
- Provides services that are culturally and linguistically appropriate for the target rural population and reaches populations in the target rural service area that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population.
- Per [Attachment 7](#):
 - **Does not** require abstinence/detoxification as a prerequisite for RCORP-Impact supported MOUD treatment except as medically necessary according to evidence-based approaches.

- **Does not** limit the duration of MOUD treatment.
- **Does not** deny any individual services due to an inability to pay.
- Will make all reasonable efforts to provide access, at a minimum, to methadone and/or buprenorphine, and injectable naltrexone, for patients who choose MOUD.
- Will work with the HRSA-funded RCORP-TA coordinator to identify populations in the target service area that have historically suffered from poorer health outcomes and incorporate them into the work plan.

Goal 2: Workforce (10 points)

The panel will review your application for how well it describes an approach that:

- Addresses demonstrated, significant need for SUD workforce development in the target rural service area.
- Effectively engages and supports both clinicians and peer recovery specialists with diverse scopes of practice.
- Supports coordinated, comprehensive, and accessible SUD service delivery in the target rural service area.

Goal 3: Supportive Services (10 points)

The panel will review your application for how well it describes an approach that:

- Addresses demonstrated, significant need for the proposed supportive social services.
- Ensures supportive social services are easily accessible to individuals and their families impacted by SUD.
- Seamlessly integrates supportive social services with SUD treatment and recovery services.
- Effectively engages SUD-impacted individuals and families in supportive social services.
- Ensures rural individuals and families impacted by SUD have the greatest opportunity possible for sustained, long-term recovery.
- Implements prevention services that are evidence-based, likely to address the need of the target rural service area, and likely to effectively prevent individuals from beginning substance use (only if applicable – note that prevention services are optional)

Sustainability (10 points)

The panel will review your application for how well it describes an approach that:

- Ensures the continued availability of all RCORP-Impact supported services under Goals 1, 2, and 3, so that individuals continue receiving care and support after the period of performance.
- Ensures continuity of operations for the network and minimizes the impact of potential service disruptions.

Criterion 4: Work plan

10 points

See Project Narrative [Work Plan](#) section.

The panel will review your application for how well the work plan:

- Demonstrates the ability to achieve the project's objectives within the four-year period of performance.
- Includes all the required elements:
 - Reflects all RCORP-Impact goals and proposed project approaches.
 - Reflects a 4-year period of performance.
 - Includes the names of the individuals/network members who are responsible for implementing each specific activity.
 - Includes specific time frames for each activity (There should be a specific beginning and end date for each activity; activities should not be listed as "ongoing").

Criterion 5: Data and reporting

5 points

See Project Narrative [Data and Reporting](#) section.

The panel will review your application for how well it describes an approach that:

- Effectively collects, shares, and reports required HRSA performance measures.
- Effectively uses data to continuously improve RCORP-Impact services and support accessible, comprehensive, and quality care.

Criterion 6: Support Requested

5 points

See Project Narrative [Budget Narrative](#) section.

The panel will review your application for how well:

- The number of individuals the applicant plans to serve, the size of the target rural service area, and the scope of proposed services justify the RCORP-Impact budget request.

Risk review

Before making an award, we review the risk that you will not manage federal funds in prudent ways. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We:

- Review any applicable past performance
- Review audit reports and findings
- Analyze the cost of the budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The amount of available funds.
- Assessed risk.

- The larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See Section 5.4 of the [Application Guide](#) for more information.



Step 5:

Submit Your Application

In this step

Application submission & deadlines	50
Application checklist	52

Application submission & deadlines

See [Find the Application Package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants. Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See [Get Registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

Application

You must submit your application by May 6, 2024, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

Submission method

Grants.gov

You must submit your application through Grants.gov. [See Get Registered](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

See [Contacts & Support](#) if you need help.

Other submissions

Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the [list of state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, [45 CFR 75.113](#).

To tell us about a violation, write to us:

HRSA via attachment as part of your application

AND

Office of Inspector General at grantdisclosures@oig.hhs.gov.

For full details, visit [HHS OIG Grant Self Disclosure Program](#).

Application checklist

Make sure that you have everything you need to apply:

Component	How to Upload	Included in page limit?
☐ Project abstract	Use the Project Abstract Summary Form.	No
☐ Project narrative	Use the Project Narrative Attachment form.	Yes
☐ Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in a single Other Attachments form.	
☐ Work plan		Yes
☐ Network members		Yes
☐ Letters of support		Yes
☐ Service delivery sites		Yes
☐ Staffing plan & job descriptions		Yes
☐ Biographical sketches		No
☐ Attestations		Yes
☐ Project organizational chart		Yes
☐ Proof of non-profit status		No
Other required forms	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL)		No
☐ Project/Performance Site Location(s)		No
☐ Grants.gov Lobbying Form		No
☐ Key Contacts		No



Step 6:

Learn What Happens After Award

In this step

Post-award requirements & administration

54

Post-award requirements & administration

Administrative & national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award.
- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- The termination provisions in 45 CFR 75.372. No other specific termination provisions apply.
- The HHS [Grants Policy Statement](#) (GPS). This document is incorporated by reference in your Notice of Award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- See the requirements for performance management in [2 CFR 200.301](#).

Health information technology interoperability

If you receive an award, you must agree that where your activities involve implementing, acquiring, or upgrading health IT, you, and all your subrecipients will:

- Meet the standards and specifications in [45 CFR part 170, subpart B](#), if those standards support the activity.
- If the activities relate to activities of eligible clinicians in ambulatory settings or hospitals under Sections 4101, 4102, and 4201 of the HITECH Act, that you will use only health IT certified by the [ONC Health IT Certification Program](#).

If standards and implementation specifications in [45 CFR part 170, subpart B](#) cannot support the activity, we encourage you to use health IT that meets non-proprietary standards and specifications of consensus-based standards development organizations. This may include standards identified in the [ONC Interoperability Standards Advisory](#).

Non-discrimination & assurance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Reporting

If you are successful, you will have to follow the reporting requirements Section 6 of the [Application Guide](#). The NOA will provide specific details.

Program-specific requirements

You must also follow these program-specific reporting requirements:

- **Performance Integrity Management System (PIMS) Reports:** The award recipient must submit quantitative performance reports on an annual basis. These data should reflect the performance of all network members, not just the applicant organization. HRSA will provide additional information during the period of performance. Baseline Data: Recipients must provide baseline data 90 days after award receipt. HRSA will provide additional information during the period of performance.
- **Copy of RCORP-Impact Application:** Award recipients must submit a copy of their RCORP-Impact application to the HRSA-funded RCORP technical assistance provider and evaluator to provide them with background and context for the proposed project. Recipients may redact information that they do not wish to share with the technical assistance provider or evaluator from the copy of the application that is submitted to them. HRSA will provide additional information during the period of performance.
- **Non-Competing Continuation Progress Report (NCC):** Award recipients must submit a Non-Competing Continuation Progress Report to HRSA on an annual basis. Submission and HRSA approval of the NCC triggers the budget period renewal and release of subsequent year funds. This report demonstrates award

recipient progress on program-specific goals. Further information will be provided in the NOA.

- **Federal Financial Report:** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.
- **Integrity and Performance Reporting:** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3.](#) and [45 CFR part 75 Appendix XII](#) require.



Contacts & Support

In this step

Agency contacts	58
Grants.gov	58
SAM.gov	58
Helpful websites	59

Agency contacts

Program & eligibility

Sarah O'Donnell

Team Lead for Program Development
Rural Strategic Initiatives Division
Federal Office of Rural Health Policy
Health Resources and Services Administration
301-443-0298
ruralopioidresponse@hrsa.gov

Financial & budget

Beverly Smith

Sr. Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
301-443-7065
bsmith@hrsa.gov

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Helpful websites

- [HRSA's How to Prepare Your Application page](#)
- [HRSA Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)

HRSA is not affiliated with all of the following, and inclusion of a non-federal resource on this list does not constitute endorsement by HRSA, but you are especially encouraged to review these resources:

- [HRSA Rural Communities Opioid Response Program \(RCORP\)](#) - Provides information regarding HRSA's RCORP initiative.
- [RCORP Technical Assistance](#)
- [RCORP-Rural Centers of Excellence on Substance Use Disorder](#)
- [HRSA Opioids Website](#) - Offers information regarding HRSA-supported opioid resources, technical assistance, and training.
- [HRSA Data Warehouse](#) - Provides maps, data, reports, and dashboard to the public. The data integrate with external sources, such as the U.S. Census Bureau, providing information about HRSA's grants, loan and scholarship programs, health centers and other public health programs and services.
- [Ending the HIV Epidemic: A Plan for America](#) - Learn how HRSA—in conjunction with other key HHS agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA)—is supporting the President's new initiative to reduce new HIV infections by 75 percent in the next five years and by 90 percent in the next 10 years.
- [UDS Mapper](#) - The UDS Mapper is a mapping and decision-support tool driven primarily from data within the Uniform Data System. It is designed to help inform users about the current geographic extent of U.S. federal (Section 330) Health Center Program award recipients and look-alikes. Applicants can use this resource to locate other collaborative partners.
- [National Health Service Corps \(NHSC\)](#) - HRSA's Bureau of Health Workforce administers the NHSC Loan Repayment Program, which is authorized to provide loan repayment to primary health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area.
 - [For state point of contacts](#)

- [National Health Service Corps \(NHSC\), state specific contacts](#)
- [Primary Care Offices \(PCOs\)](#) - The PCOs are state-based offices that provide assistance to communities seeking health professional shortage area designations and recruitment assistance as NHSC-approved sites. To locate contact information for all of the PCOs.
- [American Society of Addiction Medicine \(ASAM\)](#) - Offers a wide variety of resources on addiction for physicians and the public.
- [Case Study: Medication Assisted Treatment Program for Opioid Addiction](#) - Vermont's Hub & Spoke Model for treating opioid addiction.
- [Centers for Disease Control and Prevention \(CDC\)](#) - Offers a wide variety of opioid-related resources, including nationwide data, state-specific information, prescription drug monitoring programs, and other useful resources, such as the Guideline for Prescribing Opioids for Chronic Pain.
- [Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs: A Guide for State and Local Health Departments \(March 2018\)](#)
- [National Center for Health Statistics](#) - Provides health statistics for various populations.
- [Syringe Services Programs: For how to submit a Determination of Need request](#)
- [Community Health Systems Development Team at the Georgia Health Policy Center](#) - Offers a library of resources on topics such as collaboration, network infrastructure, and strategic planning.
- [Legal Services Corporation](#) - Legal Services Corporation (LSC) is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans.
- [National Area Health Education Center \(AHEC\) Organization](#) - The National AHEC Organization supports and advances the AHEC Network to improve health by leading the nation in recruitment, training, and retention of a diverse health work force for underserved communities.
- [National Association of County and City Health Officials \(NACCHO\)](#) - Created a framework that demonstrates how building networks among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.
- [National Institutes of Health \(NIH\)](#) - Learn about the multi-site implementation research study launched by NIH and SAMHSA to test the impact of an integrated set of evidence-based practices across health care, behavioral health, justice, and other community-based settings.

- [National Institute on Drug Abuse \(NIDA\)](#) - Advances science on the causes and consequences of drug use and addiction and applies that knowledge to improve individual and public health.
- [National Opinion Research Center \(NORC\) at the University of Chicago— Overdose Mapping Tool](#) – Allows users to map overdose hotspots in Appalachia and overlay them with data that provide additional context to opioid addiction and death.
- [National Organization of State Offices of Rural Health \(NOSORH\)—Toolkit](#) - Published a report on lessons learned from HRSA’s Rural Opioid Overdose Reversal Grant Program and compiled a number of tools and resources communities can use to provide education and outreach to various stakeholders.
- [Primary Care Associations \(PCAs\)](#) - Locate contact information for all of the PCAs.
- [Rural Health Information Hub](#) - Offers evidence-based toolkits for rural community health, including systematic guides, rural health models and innovations, and examples of rural health projects other communities have undertaken.
- [Rural Response to Opioid Crisis](#) - Provides activities underway to address the opioid crisis in rural communities at the national, state, and local levels across the country.
- [Rural Prevention and Treatment of Substance Abuse Toolkit](#) - Provides best practices and resources that organizations can use to implement substance abuse prevention and treatment programs.
- [Rural Health Research Gateway](#) - Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present, including projects pertaining to substance use disorder.
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) - Offers a wide variety of resources on the opioid epidemic, including data sources, teaching curriculums, evidence-based and best practices, and information on national strategies and initiatives.
- [Providers Clinical Support System](#) - Program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) created in response to the opioid overdose epidemic to train primary care providers in the evidence-based prevention and treatment of opioid use disorders (OUD) and treatment of chronic pain.
- [SAMHSA Evidence-Based Practices Resource Center](#) - Contains a collection of scientifically based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.
- [SAMHSA State Targeted Response to the Opioid Crisis Grants](#) - Awards grants to states and territories and aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related

deaths through the provision of prevention, treatment and recovery activities for OUD. List of individual grant award activities

- [SAMHSA State Opioid Response Grants](#) - Addresses the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs)
 - [List of awarded states](#)
- [SAMHSA Peer Recovery Resources](#)
- [“TIP 63: Medications for Opioid Use Disorder”](#)
- [“The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder – 2020 Focused Update”](#)
- State Offices of Rural Health (SORHs) - All 50 states have a SORH. These offices vary in size, scope, organization, and in services and resources, they provide. The general purpose of each SORH is to help their individual rural communities build health care delivery systems.
 - [List of and contact information for each SORH](#)
 - [To locate contact information for all of the SRHAs](#)
- U.S. Department of Agriculture (USDA) - Provides information and resources—including relevant USDA funding opportunities such as the Community Facilities Loan and Grant Program—for rural communities that want to address the opioid epidemic. Visitors can also share feedback on what prevention, treatment and recovery actions have been effective in addressing the opioid epidemic in their rural communities.
- [U.S. Department of Labor](#) - Federal Bonding Program: The U.S. Department of Labor established The Federal Bonding Program in 1966 to provide Fidelity Bonds for “at-risk,” hard-to-place job seekers. The bonds cover the first six months of employment at no cost to the job applicant or the employer.
- [Work Opportunity Tax Credit](#) - The Work Opportunity Tax Credit (WOTC) is a federal tax credit available to employers for hiring individuals from certain target groups who have consistently faced significant barriers to employment.
- [U.S. Department of Health and Human Services \(HHS\)](#) - Provides resources and information about the opioid epidemic, including HHS’ 5- point strategy to combat the opioid crisis.

Appendices

Appendix A: Optional Work Plan Template

As you develop your work plan, you may use this as a resource and adjust it as needed.

Table: GOAL 1: Service Delivery

Activity	Responsible Staff	Start Date	Projected Completion Date	Status Update
				To be completed once project period starts

Table: GOAL 2: Workforce

Activity	Responsible Staff	Start Date	Projected Completion Date	Status Update
				To be completed once project period starts

Table: GOAL 3: Supportive Services

Activity	Responsible Staff	Start Date	Projected Completion Date	Status Update
				To be completed once project period starts

Table: GOAL 4: Sustainable Networks

Activity	Responsible Staff	Start Date	Projected Completion Date	Status Update
				To be completed once project period starts

Appendix B: Third Party Payor Guidance

Award recipients should ensure that all services covered by reimbursement are billed and every reasonable effort is made to obtain payment from third-party payers. Only after award recipients receive a final determination from the insurer regarding lack of full reimbursement should the RCORP-Impact award be used to cover the cost of services for underinsured individuals.

RCORP-Impact grant funds can also be used to cover the cost of services for uninsured patients. **No individuals should be denied services due to an inability to pay.**

As a reminder, RCORP-Impact funds **cannot** be used for the following purposes:

- To supplant any services/funding sources that already exist in the service area(s);
- To pay down bad debt. Bad debt is debt that has been determined to be uncollectible, including losses (whether actual or estimated) arising from uncollectible accounts and other claims. Related collection and legal costs arising from such debts after they have been determined to be uncollectible are also unallowable.
- To pay the difference between the costs to a provider for performing a service and the provider's negotiated rate with third-party payers (i.e., anticipated shortfall).

For all applicants (regardless of charity care or sliding fee policy):

- RCORP-Impact funds can be used to pay the co-insurance, out-of-pocket expenses, or co-payment for patients who are unable to pay for prevention, treatment, and recovery services provided by the RCORP-Impact grant.
- Applicants must include a line item(s) in the RCORP-Impact budget under "Other" for subsidized care with a detailed description of how the estimate was derived.

For each project year, the justification should include:

- The anticipated number of patients and encounters that would be covered by the grant.
- The payer mix of the patient population.
- The type and average cost of services that would be subsidized.
- A rationale for why grant funds are needed to subsidize the cost of services.
- If the funds will be used by contractors of the RCORP-Impact applicant to subsidize care, then applicants must include line item(s) under "Contractual" for these costs. The budget narrative must provide a detailed justification for each line item network based on the above guidance.

For providers that have a charity care policy, i.e., a policy to provide health care services free of charge (or where only partial payment is expected not to include contractual allowances for otherwise insured patients) to individuals who meet certain financial criteria:

- You must include the provider's documented charity care policy as an attachment to the application.
- For Federally Qualified Health Centers (FQHCs): FQHCs must adhere to health center requirements around [Sliding Fee Discounts](#).

Appendix C: Direct Service Requirements: Illustrative Examples

Question:

Organization A's target rural service area includes Willamette and Sunflower Counties. Organization A is planning to implement a new MOUD access point in Willamette County and attend health fairs in Sunflower County.

Does this meet the requirements to provide direct treatment and/or recovery services in each county included in the target rural service area, and to provide both direct treatment and recovery services across the entire target rural service area?

Answer:

No. This plan does not meet the requirements for providing direct treatment and/or recovery services in each county included in the target rural service area, nor does it meet the requirement to provide both direct treatment and recovery services across the entire target rural service area.

Attending health fairs is not a direct treatment or recovery service.

This application would be considered non-responsive and would not be reviewed or scored.

Question:

Organization B's target rural service area includes Sequoia and Magnolia counties. In Sequoia County, Organization B plans to expand the MOUD services provided at a primary care by hiring a new nurse practitioner that can prescribe buprenorphine. In Magnolia County, Organization B plans to perform minor renovations on an old warehouse and use that space to establish a new recovery community organization.

Does this meet the requirements for providing direct treatment and/or recovery services in each county included in the target rural service area, and providing both direct treatment and recovery services across the entire target rural service area?

Answer:

Yes. This plan does meet the requirement for providing direct treatment and/or recovery services in each county included in the target rural service area. It also meets the requirement for providing both direct treatment and recovery services across the entire target rural service area.

Question:

Organization C's target rural service area includes Chocolate County and Mousse County. Organization C plans to purchase a mobile unit. On Mondays and Wednesdays, they will park the mobile unit outside a community center in Chocolate County and provide OUD treatment services including MOUD and mental health counseling after work hours. On Tuesdays and Thursdays, Organization C will park the mobile unit outside a library in Mousse County and provide the same treatment services.

Does this meet the requirements for providing direct treatment and/or recovery services in each county included in the target rural service area, and providing both direct treatment and recovery services across the entire target rural service area?

Answer:

No. This plan does meet the requirement for providing direct treatment and/or recovery services in each county included in the target rural service area.

However, per the requirements of the NOFO, Organization C must provide both treatment **and** recovery services across the entire target rural service area. If Organization C used the mobile unit to provide a recovery service in at least one of the counties, then they would meet the requirements of the NOFO.

Endnotes

Select the endnote number to jump to the related section in the document.

[1] <https://www.cdc.gov/drugoverdose/deaths/index.html>

[2] CDC WONDER Data File

[3] <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/media/releases/2019/p0806-naloxone.html>

[4] <https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2019/02/opioid-use-disorder-challenges-and-opportunities-in-rural-communities>

[5] [national-practice-guideline](#)

[6] [10.1001/jamanetworkopen.2023.27488](https://doi.org/10.1001/jamanetworkopen.2023.27488)

[7] <https://jamanetwork.com/journals/jama/fullarticle/2752051>

[8] <https://www.nejm.org/doi/full/10.1056/NEJMsa064115>

[9] <https://www.childhealthdata.org/browse/survey/results?q=9353&r=1>

[10] <https://www.kff.org/coronavirus-covid-19/issue-brief/recent-trends-in-mental-health-and-substance-use-concerns-among-adolescents/>

[11] <https://www.cdc.gov/nchs/data/databriefs/db403-H.pdf>

[12] <https://www.whitehouse.gov/ondcp/briefing-room/2023/04/12/biden-harris-administration-designates-fentanyl-combined-with-xylazine-as-an-emerging-threat-to-the-united-states/>