



Announcements from the Federal Office of Rural Health Policy

June 27, 2019

NOTE: We'll take a brief break for the Fourth of July holiday and return to our regular schedule on Thursday, July 11.

What's New

[Next Round of Support for Rural Hospitals](#). In response to the increasing number of rural hospital closures, the Federal Office of Rural Health Policy administers the Small Rural Hospital Transition Project (SHRT). The program provides technical assistance (TA) through comprehensive onsite consultations to **eligible hospitals** that have 49 beds or less and located in a federally designated persistent poverty county. **Core areas** of technical assistance include: 1) financial operational assessment (FOA) and 2) quality improvement (QI) projects. A total of nine hospitals will be selected based on a competitive process. A minimum of three FOA projects and three QI projects will be selected in each core area. Interested applicants that meet SRHT **readiness requirements and project expectations** must submit the required **Letter of Intent** by September 15th. If a sufficient number of applications is not received, SRHT on-site TA may be extended to small rural hospitals (49 beds or less) residing in non-persistent poverty counties. Should this option become available, additional information will be provided. Please stay tuned for more details.

[CDC Reports on Suicide Rates; Largest Increase Among Native American Women](#). The Centers for Disease Control and Prevention (CDC) has identified suicide as one of the leading cause of death in the U.S. Suicide rates increased by 33 percent between 1999 and 2017, but the largest increase occurred for non-Hispanic American Indian or Alaska Native women, up 139 percent.

Funding Opportunities

[DOJ Funding for Children and Youth Victims of the Opioid Crisis](#) – July 11. The U.S. Department of Justice will make 24 awards of up to \$750,000 each for direct services to children and youth who are crime victims as a result of the opioid crisis. Eligible applicants are limited to nonprofit and for-profit organizations (including tribal nonprofit and for-profit organizations), faith- and community-based organizations, colleges and universities (including tribal institutions of higher education), public agencies, state agencies, and federally recognized Indian tribal governments.

[DOJ Programs for Tribal Crime Victim Services](#) – July 24. The U.S. Department of Justice (DOJ) will invest \$8 million to support victims of crime and to bridge gaps in services to victims in tribal communities. Applicants may apply for one or more of the following purpose areas: 1) Innovative Programs to Fill Gaps in Tribal Crime Victim Services; 2) Innovations in Telehealth, 3) Improving Responses to Victims of Burglary, 4) Improving the Ordering & Collecting of Restitution for Victims, and 5) Other Innovative Programs to Fill Gaps in Crime Victim Services.

[NIFA Farm and Ranch Stress Assistance Network](#) – July 25. The National Institute of Food and Agriculture (NIFA) at the U.S. Department of Agriculture is establishing a network that connects individuals who are engaged in farming, ranching, and other agriculture-related occupations to stress

assistance programs. Eligible applicants are state departments of agriculture, state cooperative extension services, and nonprofit organization with the ability to carry out programs to address farmer stress and suicide.

[Capital Magnet Fund for Community Development Financial Institutions – July 26.](#) The U.S. Department of Treasury will make 34 awards ranging from \$500,000 to \$19.6 million for community development projects in low-income communities. Eligible applicants are Treasury-certified [Community Development Financial Institutions](#) that combine federal and private sector funds to revitalize disadvantaged communities. Because the Capital Magnet Fund primarily invests in housing, eligibility also extends to nonprofit organizations that have development of affordable housing as a primary purpose. Homelessness is generally thought to be a challenge for urban areas, but a recent survey found that [one in three rural Americans say homelessness is a problem in their local community](#).

[Mini-Grants for Research Into Children’s Agricultural Health and Safety – August 19.](#) The National Children’s Center for Rural and Agricultural Health and Safety will make small grants of up to \$20,000 for small-scale projects and pilot studies that address prevention of childhood agricultural disease and injury. Funds are allocated to support projects that: a) test innovative strategies; b) develop new partnerships beyond safety professionals (e.g. insurers, bankers, equipment dealers, media); c) address persistent patterns of childhood injury in agriculture (e.g. extra riders on tractors, children and skid steers); and d) translate research findings into practical applications.

[NRHA Rural Health Fellows Program – August 27.](#) The National Rural Health Association (NRHA) selects 10 to 15 people each year to undergo intensive leadership and advocacy training. The fellows meet in person three times throughout the year, join monthly conference calls to supplement their training, and participate in a mentorship program with members of the NRHA’s Board of Trustees.

[Drinking Water State Revolving Fund – Ongoing.](#) Through this program, the U.S. Environmental Protection Agency provides funds to each of the 50 states to help water systems achieve the standards of the Safe Drinking Water Act. States may use the funds for set-aside programs that ensure safe drinking water, but two-thirds go into [a dedicated revolving loan fund to improve drinking water](#) treatment, fix old pipes, replace or construct water storage tanks, or other infrastructure projects needed to protect public health. In rural areas, it is estimated that [at least 15 percent of the population is not served by approved public water system](#), instead relying on individual wells and very small drinking water systems not covered by the Safe Water Drinking Act.

Policy Updates

Visit the [FORHP Policy page](#) to see all recent updates and send questions to ruralpolicy@hrsa.gov.

[Comments Requested: Methodology for FCC Broadband Fund – July 15.](#) The Federal Communications Commission (FCC) seeks feedback from the public on its proposed rule establishing a cap for the Universal Service Fund (USF) or methods for evaluating the financial impact of USF’s 4 programs: Connect America Fund, the Lifeline program, the schools and libraries program, and the Rural Health Care program. These programs support access to high-speed broadband.

[CMS ET3 Model RFA Preview and Webinar Archive Now Available.](#) On June 11, the Centers for Medicare & Medicaid Services (CMS) hosted an overview webinar on the Emergency Triage, Treat, and Transport (ET3) Model Request for Applications (RFA), which was released for preview on May 22. The ET3 Model is a voluntary five-year payment model that provides greater flexibility for ambulance care teams to implement alternate models of emergency medical services (e.g., telehealth treatment and transport to alternative destinations) that appropriately address the needs of Medicare beneficiaries following a 911 call. The recorded webinar is now available online and includes key components of the

RFA (i.e., eligibility requirements, application timelines, and necessary information required for a complete application). The application portal for the RFA will open later this summer and the anticipated start date for the ET3 Model is January 2020.

Resources, Learning Events and Technical Assistance

Hospital Co-location Listening Session — **Thursday, June 27 at 2:00 pm ET.** The Centers for Medicare & Medicaid Services (CMS) is holding a listening session on June 27 to hear your feedback on new **draft guidance** for Appendix A of the **State Operations Manual**. Under the Medicare Conditions of Participation, hospitals may co-locate with other hospitals or health care entities, meaning they share certain common areas on the same campus or building. CMS is seeking your input on staffing, contracted services, emergency services, and distinct and shared spaces. You may email comments/questions in advance of the listening session to **HospitalSCG@cms.hhs.gov** with June 27 in the subject line. These may be addressed during the listening session or used for other materials following the session. After the call, CMS will continue to seek comment on these draft revised policies until July 2.

Help for Tribal Applicants of SAMSHA Grants – **Thursday, June 27 at 2:00 pm ET.** The 90-minute webinar is specifically designed for tribes, tribal organizations, and urban Indian organizations with guidance for developing a budget when applying for grants from the Substance Abuse and Mental Health Services Administration (SAMSHA). In addition, the webinar will provide FY 2019 Tribal Opioid Response grant applicants an opportunity to ask questions about preparing or submitting the application.

Auto-HPSA Portal Training for Rural Health Clinics – **Thursday, June 27 at 2:00 pm ET.** Rural Health Clinics (RHCs) are among facilities automatically designated as **Health Professions Shortage Areas** (auto-HPSAs). This two-hour online session will provide training for the updated process for HPSA scoring.

Using Telehealth to Treat Substance Use Disorder – **Friday, June 28 at 3:00pm ET.** Anyone may attend this online session for community health centers (CHC) and Federally Qualified Health Centers (FQHC), hosted by the HRSA/FORHP-supported **Telehealth Resource Centers**. Experts will discuss the types of substance use disorder (SUD) services that can be provided via telehealth, how they can be integrated into primary care, and the potential issues that may be encountered. Though recent reports have found that **telehealth adoption is slower in rural areas**, more federal programs and funding have been implementing telehealth to bring SUD treatment to remote areas.

Using Telehealth to Improve Children’s Access to Health Care - **Wednesday, July 10 at 3:00 pm ET.** The Health Resources and Services Administration (HRSA) will host this 60-minute webinar as part of its Telehealth Learning Series. Speakers from the University of Iowa Division of Child and Community Health and Child Health Specialty Clinics will discuss current telehealth models and initiatives to improve access to pediatric specialty care in Iowa. Their presentation will also include a discussion about leveraging partnerships and funding to implement telehealth programs and a review of telehealth visits and patient satisfaction data. The webinar will also include the participation of the Indiana Rural Health Association/Indiana Rural Schools Clinic Network Project Director who will discuss how to establish school-based telehealth clinics and will share best practices and lessons learned from the field. For more information, contact Nancy Rios at **NRios@hrsa.gov**.

Primary Care First - Seriously Ill Populations Webinar – **Wednesday, July 10 at 3:00 pm ET.** The **Primary Care First Model Options** team from the Center for Medicare & Medicaid Innovation will be hosting a webinar on the Primary Care First Model Seriously Ill Populations (SIP) Option. Primary Care First reflects a regionally-based, multi-payer approach to care delivery and payment. CMS will attribute SIP patients lacking a primary care practitioner or care coordination to Primary Care First practices that specifically opt to participate in this payment model option. Payment for SIP patients differs from that established under the general payment option for Primary Care First. The webinar will cover how eligible

practices can participate in the SIP payment model option of Primary Care First, eligibility requirements, quality measures, and payment. [Registration is now open](#) and is required for participation in the webinar.

Save the Date: 3RNet 2019 Annual Conference – September 24-26 in Wichita, KS. The [National Rural Recruitment and Retention Network \(3RNet\)](#) is a nonprofit that matches health care professionals to employers in rural and underserved areas. Attendees at their annual two-day conference will network with other 3RNet members, learn strategies for rural recruitment and retention, and get insight from experienced leaders in health professions staffing. Last year, [3RNet made more than 2,500 clinician placements](#) in rural, frontier, and underserved urban communities.

Resources of the Week

[Prescription Drug Monitoring Program Training and Assistance.](#) The website created at Brandeis University and funded by the U.S. Department of Justice provides comprehensive services and resources to help support the use and effectiveness of prescription drug monitoring programs in combating the misuse and diversion of prescription drugs. [Visit the resource center.](#) The department's [Comprehensive Opioid Abuse Program \(COAP\)](#) also offers training and TA around increasing PDMP efficiencies and facilitating coordination between PDMPs and state and national stakeholders.

[Resource for Clinicians: Health Workforce Connector.](#) The newly-updated site allows users to create a profile to be viewed by employers at more than 16,000 sites and healthcare facilities located in rural and underserved communities. Subscribe for updates on virtual job fairs, as well as loan repayment and scholarship opportunities from the Bureau of Health Workforce at the Health Resources and Services Administration.

[Management Methodologies and Value-Based Strategies: An Overview for Rural Health Care Leaders.](#) The [Rural Health Value](#) team recently released a new resource outlining eight commonly used change management methodologies that are rural-relevant. It is intended as a guide to help rural health care leaders identify which approaches might be most useful to them and their organizations.