American Recovery and Reinvestment Act of 2009:
Advance Interoperable Health Information Technology Services to Support Health Information Exchange

Legislative Authority: American Recovery and Reinvestment Act of 2009, Subtitle B—Incentives for the Use of Health Information Technology, Section 3013, State Grants to Promote Health Information Technology

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Opportunity Overview

Funding Opportunity Announcement Title**:** Advance Interoperable Health Information Technology (Health IT) Services to Support Health Information Exchange (HIE)

Federal Funding Agency**:** Office of the National Coordinator for Health Information Technology (ONC), U.S. Department of Health and Human Services (HHS)

Announcement Type**:** New Award

Funding Opportunity Number**:** IX-IX-15-001

Catalog of Federal Domestic Assistance (CFDA) Number**: 93.719**

Statutory Authority: American Recovery and Reinvestment Act of 2009 (ARRA or Recovery Act), Subtitle B—Incentives for the Use of Health Information Technology, Section 3013, State Grants to Promote Health Information Technology

Approximate amount of funding available**:** $28,000,000

Anticipated number of awards**:** Ten (10) – Twelve (12) awards

Approximate Range of funding per award: $1,000,000 - $ 3,000,000

Period of Performance: Two (2) years or 24 months

Important Dates: The table below sets out the required submission and other useful target dates related to the Funding Opportunity Announcement (FOA).

Item	Date
Public FOA release	February 3, 2015
Notice of Intent to Apply Due	March 2, 2015 at 11:59 p.m.
Applications Due	April 6, 2015 at 11:59 p.m.
Estimated Award Announcements	June 12, 2015
Anticipated Project Start Date	June 12, 2015

Executive Summary

This Funding Opportunity Announcement (FOA) uses funds remaining from the State Health Information Exchange Program (State HIE Program) to increase the adoption and use of interoperable health IT tools and services to support the interoperable exchange of health information and enable send, receive, find, and use capabilities in a manner that is appropriate, secure, timely, and reliable for both senders and receivers [1]. This FOA will be a full and open competition. Ten (10) to twelve (12) new awards will be made in the form of cooperative agreements to states[2] territories, or state designated entities (SDE)[3] to continue under the same intent as the original State HIE Program of enabling nationwide health information exchange across the care continuum and improving care coordination and transitions of care. This new FOA will allow grantees to leverage the existing operational HIE infrastructure to expand the use of interoperable exchange tools and services to improve transitions of care and care coordination, thus furthering federal, state, and/or community health reform efforts. Information exchange is both critical to enabling care coordination and other improvements to health care quality and efficiency). This opportunity is authorized under section 3013 of the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Total federal funding available under this FOA is approximately $28,000,000. Under this program, the applicant's match requirement is $1 for every $3 Federal dollars. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project's total cost. This "three to one" ratio is reflected as a formula in the Appendix A. Budget Detail section of this FOA which applicants may use to calculate the minimum required match. In preparing the application budget, applicants should consider these cost-sharing requirements and account for a match on their best estimate of expenditures for each period. Demonstration of this match must be shown in quarterly financial reports.

Award decisions will be made according to the following thresholds: 15% for programmatic planning, requirements, and reporting; 20% for the adoption of health information exchange technology, tools, or services; 30% for send, receive, find, and use of a common clinical data set that complies with national content and format standards; and 35% for interoperability and integration of data from external sources. States, territories and/or SDEs may apply as designated by the state. Applicants are encouraged, but not required, to enter into multi-state agreements or engage in regional partnerships; however one state or SDE must act as the responsible fiscal agent and submit the application on behalf of all the partners. Per the HHS

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[1]   Connecting Health and Care for the Nation: A 10-Year Vision to Achieve an Interoperable Health IT Infrastructure,

[2]   For the purposes of the FOA, "state" shall be understood to mean any of the 50 United States, the District of Columbia, Puerto Rico, US Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

[3]   For purposes of this program, to be a qualified State-designated entity, with respect to a State, an entity shall—
''(1) be designated by the State as eligible to receive awards under this section;
''(2) Be a not-for-profit entity with broad stakeholder representation on its governing board;
''(3) Demonstrate that one of its principal goals is to use information technology to improve health care quality and efficiency through the authorized and secure electronic exchange and use of health information;
''(4) adopt nondiscrimination and conflict of interest policies that demonstrate a commitment to open, fair, and nondiscriminatory participation by stakeholders; and
''(5) conform to such other requirements as the Secretary may establish.

Grants Policy Statement[4], the prime recipient or awardee must enter into a formal written agreement with each sub-recipient that addresses the arrangements for meeting the programmatic, administrative, financial, and reporting requirements of the grant, including those necessary to ensure compliance with all applicable Federal regulations and policies.

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[4]   http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf

I.   Funding Opportunity Description

A.   Background and Purpose

On February 17, 2009, the President signed the American Recovery and Reinvestment Act of 2009 (ARRA or Recovery Act). This statute includes the HITECH Act that, among other things, sets forth a plan for advancing the meaningful use (MU) of health information technology (health IT) to improve the quality and efficiency of care. HITECH also codified the Office of the National Coordinator for Health Information Technology (ONC) within the Department of Health and Human Services (HHS). ONC serves as the principal federal entity charged with coordinating the overall effort to implement a nationwide health information technology infrastructure that allows for the electronic use and exchange of health information.

The Recovery Act included an estimated $167 billion over ten years for programs at HHS. The Recovery Act activities support efforts to increase access to health care, protect those in greatest need, expand educational opportunities, and modernize the Nation's health IT infrastructure. A strong, flexible health IT ecosystem will support achievement of this goal and will help transform care into a model that enhances access and addresses health beyond the confines of the health care system. The Advance Interoperable Health IT Services to Support Health Information Exchange FOA will build on previous efforts to rapidly build capacity for exchanging health information across the health care system both within and across states while moving toward nationwide interoperability. Grantees will be responsible for increasing connectivity of disparate data sources and systems to enable send, receive, find, and use capability to improve care coordination and transitions of care.

Through this funding opportunity, grantees will leverage the investments and lessons learned from the original State HIE Program to advance the standardized, secure, and interoperable movement of health information across organization, vendor, and geographic boundaries. Through the expansion and use of operational health information exchange infrastructure, grantees will seek to address workflow challenges and technical issues and improve the meaningful use of clinical data from external sources. In addition, this funding announcement will promote the use of health information exchange through interoperable health IT to move towards a robust learning health system where data may be leveraged securely and effectively to improve care coordination. Our ultimate goal is to have a learning health system where accurate and evidence-based information helps ensure the right individual receives the right care at the right time to increase health care quality, lower health care costs, and improve population health[5]. Grantees will be expected to engage care providers from across the entire care continuum, including those who are not eligible for the EHR Incentive Programs, to enable the send, receive, find, and use capabilities of health IT both within and outside their care delivery system.

B.   Purpose

ONC's ARRA-funded programs invested in a standardized, nationwide health IT infrastructure, and prepared the workforce to enable care providers to improve health care. Five years since ARRA's passage, ONC's critical work continues as new care delivery and payment programs seek to improve health outcomes, enhance patient satisfaction, and generate cost savings. Health IT also allows for innovations in

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[5] http://www.healthit.gov/buzz-blog/from-the-onc-desk/developing-shared-nationwide-roadmap-interoperability/

care delivery to improve the efficiency and experience of care across the entire care continuum. As health care delivery and payment shifts from volume-to-value-based care, interoperable health IT is integral to effective care coordination and achieving the three-part aim of better healthcare, better health, and reduced costs.

There are many potential opportunities for the use of electronic health information within interoperable health IT to improve the delivery of care, particularly related to transitions between settings and across healthcare providers.

Transitions between care settings commonly occur, and the need for enhanced information exchange to facilitate seamless care coordination is acute. In 2010, there were 35.1 million hospital discharges.[6] Opportunities for medical errors increase during hand-offs between settings. Approximately 1 in 5 discharged patients suffer an adverse event and approximately half of patients experience a medical error post-discharge.[7] Electronic sharing of health information during transitions has the potential to promote greater continuity of care by addressing information gaps. Yet, as of 2012, less than half of physicians reported they received discharge summaries (whether in paper or electronic format).[8]

There is a similar need for greater care coordination within ambulatory settings. In 2010, over 90 million ambulatory care patients were referred to another health care provider.[9] Furthermore, the typical primary care physician has to coordinate care with 229 other physicians working in 117 practices.[10] Care providers need to know how they will be able to work with other care providers, care givers, patients, and organizations across the entire care continuum to facilitate health information exchange and integrate information from external sources into their workflow. In many cases, transitions or referral to another provider or care setting are poorly coordinated, disrupting continuity of care. Communication between primary care providers and specialists during the referral process is often inadequate both in terms of quality and timing. Physicians are dissatisfied with the process and have identified several important barriers to communication.[11]

All levels of health professionals, such as physicians, nurses, pharmacists, health care managers, front desk staff, and other allied health professionals, will continue to require some level of training, education, and hands-on technical assistance with incorporating health information exchange tools and services into their clinical workflows in order for practice transformation to occur.

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[6] National Hospital Discharge Survey, 2010

[7] Kriplani et. al. Deficits in Communication and Information Transfer Between Hospital-Based and Primary Care Physicians, *JAMA*, 2007.

[8] ONC-NCHS analysis of 2012 NAMCS EMR Supplement survey.

[9] 2010 NAMCS summary table. http://www.cdc.gov/nchs/data/ahcd/namcs_summary/2010_namcs_web_tables.pdf

[10] Pham HH, O'Malley AS, Bach PB, Saiontz-Martinez C, Schrag D. Primary care physicians' links to other physicians through Medicare patients: the scope of care coordination. Ann Intern Med. 2009; 150:236-42

[11] Gandhi, T. K., Sittig, D. F., Franklin, M., Sussman, A. J., Fairchild, D. G. and Bates, D. W. (2000), Communication Breakdown in the Outpatient Referral Process. Journal of General Internal Medicine, 15: 626–631. doi: 10.1046/j.1525-1497.2000.91119.x

Grantees will seek to improve care coordination and enhance communication among care providers across the care continuum by: (1) expanding the adoption of health information exchange technology, tools, services, and policies that enable interoperable exchange; (2) facilitating and enabling send, receive, find, and use capabilities to access health information from external sources to incorporate into the care provider's clinical and non-clinical workflows and interactions with patients; and (3) increasing the integration of health information in interoperable health IT to support care processes and decision-making (e.g. filtering, subscription, alerting) that will improve health and health care (e.g. population management, patient engagement, care coordination, and data analytics).

Through the use of interstate and intrastate funding grantees will engage both clinical and non-clinical care providers (e.g., long-term and post-acute care providers, behavioral health, care support services, social service case workers, emergency medical services) and individuals[12]in health information exchange by providing technical assistance, training, education, exchange services, and resources to enable care providers to send, receive, find, and use health information in a manner that is appropriate, secure, timely, and reliable for both senders and receivers

This funding is intended to focus programmatic efforts on the following populations and care settings: including rural, underserved and other communities where health IT adoption and use lags behind national trends. This project is utilizing categories of eligibility defined in the EHR Incentive programs to identify, in part, providers and hospitals with whom grantees will work. For the purposes of this FOA, however, the general term "care providers" is broadly inclusive of the care continuum, reflecting primary care providers, specialists, nurses, pharmacists, physical therapists and other allied care providers, hospitals, mental health and substance abuse services, long- term and post-acute care facilities, home and community-based services, other support service providers, care managers, and other authorized individuals and institutions. Grantees must select at least one (1) eligible care provider and at least two (2) non eligible care providers for their target population from the list below in order to meet the funding requirements.

Eligible Care Providers	Non-eligible Care Providers
• Eligible Professionals (EPs) (as defined by the EHR Incentive Programs) • Critical Access Hospital (CAHs) (as defined by the EHR Incentive Programs)	• Long-Term and Post-Acute Care (LTPAC) • Behavioral Health (BH) • Individuals • Other care settings and care providers (e.g. safety net providers, public health, social services, emergency medical services) are recognized stakeholders that grantees are encouraged to engage. This provides flexibility for grantees to work with other clinical and non-clinical care providers across the entire care continuum.

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[12] For the purposes of this FOA, the term "individual" includes care providers and others including family members authorized to act on the patient's behalf.

Grantees will also be encouraged to engage communities that have been successful and can serve as scalable models to advance other replicable health IT efforts across the country.

Grants awarded under this funding opportunity will have a period of performance of two years. Grantees will support continued widespread adoption of interoperable health information exchange tools and services to increase the number of new exchange participants by conducting outreach efforts around recruitment, education, enrollment, training, technical assistance provision, and workflow redesign. Grantees will engage new exchange participants and as applicable continue to support existing exchange participants with ongoing hands-on technical assistance and workflow redesign support to incorporate the use of data from external sources into daily workflows and interactions with patients.

In addition, grantees will support both eligible and non-eligible care providers and care settings with their adoption and use of health information exchange technology and services. At the end of the program, grantees will have reporting mechanisms in place to demonstrate improvements in clinical and/or process outcomes measures (both qualitative and quantitative) and reduced costs.

C.   Scope of Services

This funding opportunity announcement will leverage the investments and lessons learned from the original [State HIE Program](#) and accelerate the widespread adoption and use of health information exchange infrastructure, including the following transport mechanisms, Direct secure messaging, query-based exchange, and/or consumer mediated exchange. The awards will fund efforts to provide training, education, and technical assistance services to minimize barriers and support care providers with incorporating health information exchange into their existing workflows to improve care coordination, population management, and measurement reporting. Grantees will utilize interstate and intrastate partnerships to enable care providers to send, receive, find, and use a common clinical data set across unaffiliated organizations to improve care coordination and promote a learning environment. Grantees working with individuals will similarly leverage interstate and intrastate partnerships to offer secure access to an individual's online health information where they live/work and plan to support self-management and the ability to view, download, and/or transmit to a destination of their choice. ONC is strongly encouraging applications that provide individuals standards-based exchange tools and services to easily and securely access, download, and transport their health information. To support this objective, ONC is interested in understanding consumer outreach and engagement strategies, consumer mediated exchange technology capabilities, and how these efforts support View, Download, & Transmit (VDT) capabilities of health IT in health information exchange.

Applicants applying for funding to leverage Direct secure messaging transport protocols and query-based exchange to support transitions of care and care coordination, must clearly describe their current and future plans to address workflow challenges and the integration of health information from external sources. ONC is interested in organizations supporting notification, alerting, data segmentation, filtering, and/or subscription services that route, filter, and highlight information in increasingly meaningful ways.

Supporting clinical and non-clinical workflow changes that may be required to maintain increased health information exchange activity and use of data within interoperable health IT will be critical. Another important component that grantees should focus on is increasing the utility of data itself so that health care providers and individuals find value in and can easily use the information to support their decision-making and care processes. Through guidance issued for care providers that are ineligible for the Medicare and

Medicaid EHR Incentive Programs,[13] ONC suggests that health IT can support other types of functions that would promote interoperability, including but not limited to clinical decision support, transmission of data to public health agencies, and clinical quality measurement in addition to capabilities required by the EHR Incentive Programs.

All grantees are expected to participate in communities of practices, workgroups, and/or other peer learning health collaborations to identify best practices, address challenges in executing program requirements, and support critical building blocks (e.g., privacy, security, governance, standards) to enabling exchange. Grantees will partner with ONC to synthesize learnings, solutions, and best practices to ensure that they are scalable and replicable across the country.

The table below provides additional details on the care providers, individuals, and care settings that applicants are expected to focus on as well as additional details on the scope of services to be addressed by applicants under this program. As previously mentioned, grantees must select at least two non-eligible care providers for their target population and at least one eligible care provider from the list below in order to meet the funding requirements.

Target Population and Care Settings	Scope of Services
Eligible Care Providers	
Eligible Professionals (EP)	Grantees will provide technical assistance services to help educate and train EPs and administrative staff on how to send, receive, find, and use a common clinical data set that aligns with national standards. This will enable an EP to incorporate relevant data from external sources into their existing workflows and their day-to-day interactions with patients to improve care transitions. Where not yet achieved, grantees must assist EPs with meeting the Stage 2 MU TOC Measure 2 criteria and improve the ability of EPs to report on this measure.
	To accomplish programmatic goals, grantees must work collaboratively with federal partners, care providers, vendors, and other health IT community stakeholders to ensure alignment with national format, content, and transport standards. For example, providing technical assistance support to a health information exchange entity to increase the ability to accept, parse, and integrate consolidated clinical document architecture (C-CDA).
	Grantees will also support sharing of essential[14] health information such as clinical summaries, care plans, or medication lists with the entire care team to improve care coordination.

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[13] http://www.healthit.gov/sites/default/files/generalcertexchangeguidance_final_9-9-13.pdf

[14] The basic set of essential health information that builds from the common meaningful use (MU) data set incorporated into ONC's HIT Certification Program as part of the 2014 Edition EHR Certification Criteria and currently used to support three MU objectives included in the Medicare and Medicaid EHR Incentive Programs.

Target Population and Care Settings	Scope of Services
Eligible Care Providers, continued	
Critical Access (CAH)/Rural Hospitals (RH)	Grantees will provide technical assistance services to help train and educate CAH/RHs and their clinical and administrative staff on how to send, receive, find, and use, a common clinical data that aligns with national standards.
	To accomplish programmatic goals, grantees must work collaboratively with federal partners, care providers, vendors, and other health IT community stakeholders to ensure alignment with national format, content, and transport standards. For example, providing technical assistance support to a health information exchange entity to accept, parse, and integrate a C-CDA.
Non-Eligible Care Providers	
Long Term and Post-Acute Care (LTPAC)	Support the adoption and use of technology and services that enable interoperable health information exchange. Such support would provide technical assistance, training, education, workflow redesign, and other supports to increase adoption and use of technology, tools, services, and policies that enable exchange. Grantees will support sharing of essential health information such as clinical summaries, care plans, and medication lists with the entire care team to improve care coordination.
Behavioral Health (BH)	Support the adoption and use of technology, tools, and services that enable interoperable health information exchange. Such support would provide technical assistance, training, education, workflow redesign, and other supports to enable exchange and increase the availability of health information from primary care providers to behavioral health providers.
	Grantees will also support the use of health IT to integrate behavioral health information into primary care settings so that primary care physicians may holistically understand and more effectively coordinate patient care.
	• Grantees will utilize methods of electronically capturing and persisting patient consent during integration and exchange of information from primary care and behavioral health providers as described above using technical methods that are built on Data Segmentation 4 Privacy (DS4P) work [in 2013-2014]. Data Segmentation 4 Privacy (DS4P) work [in 2013-2014]. ONC is particularly interested in solutions to electronically obtain an individual's consent to disclose mental health or substance abuse information per 42 CFR Part 2 and the technical specifications for persisting an individual's choice in sharing such information. 42 CFR Part 2 information applies to data that would identify a patient as an alcohol or drug abuser either directly, by reference to other publicly available information, or through verification of such identification by another person. For more information about the 42 CFR Part 2 Substance Abuse and Mental Health Services Administration's (SAMHSA) federal substance abuse (alcohol and drug) confidentiality regulation and how it relates to health information exchange please see http://www.integration.samhsa.gov/operations-administration/confidentiality

Target Population and Care Settings	Scope of Services
Non-Eligible Care Providers, continued	
Individuals	Increase consumer demand for consumer-mediated exchange tools and services and the proportion of individuals offered, registered, educated, trained, and enrolled in access to individual-facing technology such as patient health records (PHRs), patient portals, or mobile health applications that operate with a provider's certified EHR. Grantees will seek to increase view, download, and transmit MU levels, particularly download and transmit, and will train patients on how to upload and share their data with their provider to increase patient-provider data exchange. Grantees will also support provider efforts to share a summary of care record with patients per episode of care or care transition. Note: "Individuals" include care providers and others including family members authorized to act on the patient's behalf.
Other Settings and Care providers	Care providers and settings (e.g. safety net providers, public health, social services, emergency medical services, learners, researchers) in this category are recognized stakeholders that grantees are encouraged to engage. This provides flexibility for grantees to work with other clinical and non-clinical care providers across the care continuum to support a more comprehensive, integrated patient record or care plan. Grantees will help facilitate exchange to improve care coordination and will support sharing of essential health information such as clinical summaries, care plans, or medication lists with the entire care team.

D. Program Structure and Approach

This program will fund efforts to address all of the eligible and non-eligible care settings described in the scope of services section, with particular focus on integrating non-eligible care providers into health information exchange to improve care transitions and the closure of referral loops. Grantees will work with participating clinical and administrative staff and individuals to integrate a set of common clinical data from external sources into their clinical workflows to improve care coordination, transitions of care, population health management, and quality measurement reporting.

ONC will award up to twelve (12) cooperative agreements to states, territories, or state designated entities (SDEs), however intrastate, interstate, and regional partnerships are encouraged. Applicants must select at least one (1) eligible care provider and at least two (2) non eligible care providers for their target population from the list provided in the Scope of Services in Section I.C. in order to meet the funding requirements and accomplish an adequate spread/distribution of the defined target populations.

E. Program Milestones

The milestones described below identify the performance-based payment structure and describes the technical assistance services that grantees will perform in order for milestone-based payments to occur. Based on this payment structure and program focus, grantees will (1) increase adoption of health information exchange technology, tools, and services; (2) increase the movement of electronic, secure, and standardized patient health information to improve care transitions, and; (3) increase the interoperability of health information exchange from external data sources used by individuals and care providers from unaffiliated organizations. Payments will be directly tied to these three milestones and they need not be sequential; however grantees must establish a current baseline and set a target goal for each milestone. For example, an applicant may have robust adoption across the EP population, and therefore elects to focus primarily on advancing exchange and interoperability to enable more effective care transitions. This applicant may elect to only focus on the exchange and interoperability milestones due to successful adoption efforts. Once awarded, the grantee will work with ONC to establish an appropriate process for validating each core programmatic milestone achievement.

Grantees will work with clinical and non-clinical care providers and individuals to establish reporting mechanisms, set goals, and track progress on the health information exchange milestones, including tracking the rates of send, receive, find, and use of available health information and the interoperable uses of this data downstream to improve health and health care. This system of reporting on health information exchange and interoperability may be created to generate individual level reports for internal use and aggregated reports for ONC. This will also allow for piloting and testing of measures on health information exchange and interoperability that can be used at the national level for reporting on progress related to these measures.

Grantees will partner with ONC to establish reporting mechanisms to track and monitor individual exchange participant and aggregate progress towards process outcomes (qualitative and quantitative data). Grantees will work with ONC to set process outcome improvement goals throughout the program.

A brief description of the three milestones is listed below:

- **Adoption** – This milestone promotes widespread adoption and recruitment efforts for using health information exchange, technology and services that enable exchange of common clinical data. Transport mechanisms include Direct secure messaging, query-based exchange, and/or consumer-mediated exchange. Grantees must describe in detail current adoption baselines and the supporting exchange infrastructure, approaches, and processes that exist to meet programmatic goals. This may include, but is not limited to, education, outreach, on-boarding activities, vendor engagement and management, and the administrative or legal aspects related to participation agreements. This means each applicant will identify their current adoption and exchange participation baseline by transport mechanism where applicable, and set a goal for the *net* new number of participants across the selected care provider groups that they will target over the program. Grantees will need to attest that each new exchange participant is subscribed or enrolled in services and has at least logged in once. Applicants should plan to conduct widespread adoption and recruitment efforts for care providers above their determined baseline.
- **Exchange of Health Information** – This milestone ensures that after a care provider or individual has subscribed or enrolled for services under this program, actual exchange of health information is enabled and actively used. Grantees will ensure that the care provider or individual is receiving the appropriate level of support to increase the % of care transitions (e.g. transfers, discharges,

referrals) that include an electronic summary of care record and the common clinical data set that complies with national content and format standards. For example, a grantee may set a threshold for exchange participants that for 50% of all their care transitions (e.g. transfers, discharges, and referrals), a summary of care record is included. Another example would be that for 50% of all episodes of care for exchange participants, a signed note automatically triggers the summary of care record to be sent to an end point that the individual designates. This would become an automated process that would facilitate the exchange of information that is consumable for individual- based applications, and contributes to a software ecosystem in which care providers, hospitals, and individuals may access and exchange data regardless of their EHR vendor.

- **Interoperability of data systems** – This milestone addresses the need for electronic health information exchange from outside care providers and individuals to be integrated and incorporated into health IT systems for population management, measurement reporting, and improvements in clinical care. Grantees must describe in detail the necessary changes or updates to existing, operational exchange infrastructure to ensure the ability of patient information to securely move between interoperable health information technology tools and services and how the applicant will work with exchange participants to digest relevant information to support quality improvement efforts. Examples of measures might include rates of sending and receiving electronic health information from outside sources (e.g. proportion of direct messages received that contain electronic health information; proportion of messages sent that contain electronic health information); rates of integrating electronically received information from outside sources within EHRs (e.g. proportion of TOC summary of care records received that were integrated within an EHR); and characterizing the downstream usage of data that is integrated from outside sources.

The table below provides additional details on each of these milestones and the payment-based structure.

Proposed Milestone	Milestone Achievements To Be Met by Grantees[15]
Adopt technology and services that enable health information exchange	• Grantees will engage new clinical and non-clinical care provider prospects through marketing, outreach, education, and digital health literacy resources and work with them to enroll or subscribe to health information exchange technology, tools, and services. In addition to onboarding new exchange participants, grantees will provide technical assistance services to establish new user accounts and provide training on health information exchange technology. • Milestone achievement and payment occurs when each individual participant adopts an exchange mechanism (Direct secure messaging, query-based exchange, or consumer mediated exchange). Grantees will need to attest that each new exchange participant is subscribed or enrolled in services and has at least logged in once. • Grantee will work with ONC to establish an audit-appropriate process for validating adoption achievement with ONC. • Each applicant will identify their current adoption and exchange participation baseline by transport mechanism where applicable, and set a goal for the net new number of participants across the selected care provider groups that they will support during the program. As part of the application review process, reviewers will need to examine how ambitious and realistic the applicant's targets are. If the targets are too modest, the applicant is at risk of not receiving the grant. If the targets are too ambitious, the applicant is at risk of not getting paid during the period of performance.

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[15] Other examples of instances where milestone achievement and payment will occur may be found in the Advancing Interoperable Health Information Technology Services to Support Health Information Exchange Frequently Asked Questions (FAQ) document located at http://healthit.gov/newsroom/advance-interoperable-health-information-technology-services-support-health-information#faqs

Proposed Milestone	Milestone Achievements To Be Met by Grantees
Exchange of Health Information	• Grantees will work with new and existing clinical or non-clinical care providers to demonstrate electronic send, receive, find, and use of essential health information capabilities across unaffiliated organizations to improve care coordination. Where not yet achieved, grantees will work with MU eligibles to increase rates of access and exchange transactions in order to meet the Stage 2 MU TOC Measure 2 criteria. • Grantees will provide hands-on technical assistance services, trainings, resources, and educational opportunities, and will support workflow redesign efforts. • Grantees are strongly encouraged to use filtering, subscription, and notification tools to increase the use of health information exchange technology, tools, and services. • Grantees engaging individuals (or the designated caregiver or family member) to support use of online information to enable individuals to better manage their healthcare, will need to support their preferences to share health information with the designee of their choice • For example, grantee could identify a 50% threshold that for 50% of all care transitions (e.g. discharges, referral), technical assistance support will promote the sharing of a summary of care record with the patient. • For example, a grantee could identify a threshold that for 50% of all episodes of care for exchange participants, a signed note automatically triggers the summary of care record to be sent to an end point that the individual designates. • Grantee will work with ONC to establish an audit-appropriate process for validating exchange achievement with ONC.
Interoperability of health IT	• Grantees demonstrate that provider organizations are integrating the information they have received from external sources into their EHRs and using it for clinical care, population management, or measurement reporting. • Grantees will provide hands-on technical assistance and support workflow redesign and the use of applications that leverage data that is exchanged (e.g., summary of care record) so that the information is useful and is used by care providers. • For example, grantee may set a threshold that for 50% of all transitions of care, an electronic summary of care record exchange occurs that complies with the common MU clinical data set and national standardized data formats. • Grantee will work with ONC to establish an audit-appropriate process for validating interoperability achievement of its provider organizations' health IT with ONC.

The payment structure will vary based upon the population and varying starting points or baselines. For example, given that LTPAC and BH providers were largely not eligible for the EHR Incentive programs, adoption and exchange of health information milestones may be the focus. In contrast, the focus for EPs and CAHs will be weighted towards exchange of health information and interoperability of health IT. As mentioned previously, milestone payments for these three categories need not be sequential.

II. Award Information

A. Summary of Funding

Type of Award:	Cooperative Agreement
Total Amount of Funding Available:	$28,000,000
Number of Awards:	Ten (10) – Twelve (12) awards
Period of Performance:	Two (2) years or 24 months
Estimated Start Date:	June 12, 2015

ONC reserves the right to make additional awards under this announcement, consistent with Agency policy, if additional funding becomes available after the original selections are made. Any additional selections for awards are expected to be made no later than 12 months after the original selection decisions.

Funding Description:

The two-year cooperative agreements will be awarded to states, territories, and/or SDEs the beginning of June. For the purposes of this FOA, "state" shall be understood to mean any of the 50 United States, the District of Columbia, Puerto Rico, US Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. While applicants are encouraged to enter into multi-state agreements or engage in regional partnerships, ONC does not anticipate awarding any HIE cooperative agreement for a geographic service area that overlaps with another HIE cooperative agreement. Each award will be made for a defined geographic area that does not overlap or otherwise duplicate any other award under this FOA.

For the two-year cooperative agreement, grantees will use federal funding across two categories:

I. **Program Support and Engagement Funding:** (approximately 15% of total award) this funding may be used to meet initial programmatic needs; ; travel to and from ONC meetings; peer learning and collaboration efforts (participation in CoPs); documentation of initial challenges and bright spots; tweaking existing infrastructure; establishing evaluation processes; ; establishing financial and programmatic reporting requirements; and developing resources to conduct initial outreach, education, and/or implementation. Funding will be released pursuant to milestones established by each award.

II. **Direct Technical Assistance Funding:** Grantees will increase the adoption and use of interoperable health IT tools and services to support the interoperable exchange of health information and enable send, receive, find, and use capabilities in a productive manner for both senders and receivers. Awards will be made according to the following key milestone thresholds:
   a. Milestone 1 – Adoption of health information exchange technology or services (20%): For example, the adoption of transport mechanisms such as Direct secure messaging, query-based exchange, and/or consumer mediated exchange. Education, outreach, recruitment, training, enrollment, and subscription to program services.
   b. Milestone 2 - Exchange (30%): This milestone ensures that the care provider or individual is receiving the appropriate level of support to demonstrate send, receive, find and use of a common clinical data set that complies with national content and format standards.

Grantees will provide technical assistance to increase the % of care transitions (e.g. transfers, discharges, referrals) that include an electronic summary of care record.

c. Milestone 3 – Interoperability of health IT and integration of data from external sources (35%): This milestone addresses the need for electronic health information from outside care providers and individuals to be integrated and incorporated into health IT systems for population management, measurement reporting, and improvements in clinical care.

While this is a cost-based reimbursable award, it is important to note that progress must be made towards achieving the milestone as outlined in grantee's approved budget and project narrative/work plan.

Materials developed through this funding will be made publicly available at the end of the project period.

B. Performance Evaluation

The grantee's performance will be evaluated on a quarterly basis by ONC to ensure that the project is meeting program objectives (milestones vs. projections), criteria described within the Scope of Services, including the gap analysis and convening of subject matter experts. The grantee shall submit semi-annual progress reports related to its projects and overall project performance. A specific Performance Report format will be finalized by ONC following the award date.

C. Award Type

The funding instrument used for this program will be the cooperative agreement, an award type in which substantial ONC programmatic involvement with the grantee is anticipated during the performance of the activities. Under the cooperative agreement, ONC's purpose is to support and stimulate each grantee's activities by involvement in and otherwise working jointly with the awarded grantees in a partnership role; it is not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with each grantee for the project as a whole, although specific tasks and activities may be shared among a grantee and the ONC.

III. Eligibility Information

A. Eligible Applicants

Eligible applicants will be States, (including territories) or their non-profit SDE's who may apply as designated by the State. Either a state or a SDE may apply for cooperative agreements under this program. Multi-state or regional partnership efforts may apply; however one state or SDE must act as the primary grantee. States may also designate entities other than previous SDEs that were identified during the previous State HIE program

Any entity applying for a cooperative agreement must satisfy the following criteria:

- Be either:
  - A component of state government, or
  - A not-for-profit entity
- Be designated by the state through a letter from the Governor (See Appendix B). For multi-state applications, a letter from the Governor (or equivalent) designating the partnering state or SDE must be received on behalf of each state participating in the proposed project.

- As applicable, applicants should submit a letter from the State HIT Coordinator (or equivalent) indicating plans to partner with the grantee and support the achievement of the programmatic goals of this FOA, while driving alignment across other federally funded HIT programs (See Appendix C).
- The applicant must demonstrate that the program includes a multidisciplinary board or commission in an advisory or governing capacity with broad stakeholder representation that:
  - Represents a public/private partnership
  - Represents state and local needs
- One of the principal goals of the of the applicant organization is to use information technology to improve health care quality and efficiency through the authorized and secure electronic exchange and use of health information
- The applicant certifies that it has adopted nondiscrimination and conflict of interest policies that demonstrate a commitment to transparent, fair, and nondiscriminatory participation by stakeholders.

Funds may be used to expand upon work already conducted under EP-HIT-09-001 and will build off of existing operational HIE infrastructure to expand adoption and use of interoperable exchange tools and services for targeted populations thus furthering federal, state, and/or community health reform efforts. This is an open competition to expand on the current investments of the original award to increase the adoption and use of interoperable health IT tools and services to support the interoperable exchange of health information and enable send, receive, find, and use capabilities in a productive manner for both senders and receivers.

B. Cost-Sharing or Matching

ONC and Congress, as evidenced by the stated objectives in ARRA through the HITECH Act, recognize the urgency in expanding the use and availability of electronic health information on a nationwide scale. The HITECH Act requires a match to federal monies awarded to states for the duration of the project period of performance. ONC and Congress also recognize that securing commitment and funding from other sources will strengthen a state's sustainability plan and lead to greater success.

The applicant's match requirement is $1 for every $3 federal dollars. In other words, for every three dollars received in federal funding, the applicant must contribute at least one dollar in non-federal resources toward the program's total cost. This "three-to-one" ratio is reflected in the following formula that can be used to calculate minimum required match:

$$\frac{\textbf{Federal Funds Requested}}{\textbf{3}} = \textbf{Minimum Match Requirement}$$

For example, if $100,000 in federal funds is requested for the period of performance, then the minimum match requirement is $100,000/3 or $33,333. In this example the program's total cost would be $133,333. If the required non-federal share is not met by the grantee, ONC will disallow any unmatched federal dollars. Demonstration of this match will be shown in annual federal financial reports. In preparing the application budget, applicants should consider these cost-sharing requirements and account for a match on their best estimate of expenditures.

IV. Application and Submission Information

A. Address to Request Application Package

Application materials will be available for download at http://www.grants.gov. ONC requires full applications for all announcements to be submitted electronically through http://www.grants.gov. Applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application electronically via: http://www.grants.gov.

APPLICATIONS WILL NOT BE ACCEPTED THROUGH ANY WEBSITE, AND WILL NOT BE ACCEPTED THROUGH PAPER MAIL, COURIER, OR DELIVERY SERVICE.

APPLICANTS ARE STRONGLY ENCOURAGED TO COMPLETE AND SUBMIT APPLICATIONS AS FAR IN ADVANCE OF THE SUBMISSION DEADLINE AS POSSIBLE. THE APPLICATION INCLUDING ALL REQUIRED ATTACHMENTS AND INCLUDED FILES FOR POTENTIAL CONSIDERATION IN THE REVIEW PROCESS MUST BE RECEIVED BY 11:59 PM EASTERN TIME ON APRIL 6, 2015.

B. Content and Form of Application Submission

B.1. Project Abstract:

Applicants must include an abstract of the application of no more than two pages single spaced and 500 words. This abstract is often distributed to provide information to the public and Congress and represents a high-level summary of the project. Applicants should prepare a clear, accurate, and concise abstract that can be understood without reference to other parts of the application and which gives a description of the proposed project, including: the project's goal(s), objectives, overall approach (including partnerships), anticipated outcomes, products, and duration.

The Project Abstract must have a font size of not less than 11 point font.

The applicant must place the following information at the top of the Project Abstract (this information is not included in the 500 word maximum):

• Project Title

• Applicant Name

• Address

• Contact Name

• Contact Phone Numbers (Voice, Fax)

• E-Mail Address

• Web Site Address, if applicable

The application will include a narrative on the approach to using the funds to increase adoption, interoperable exchange, and use, and the integration of data by care providers across unaffiliated organizations to meet the criteria described under the Purpose and Scope of Services section. The narrative must provide the reader with an understanding of who the applicant intends to work with and how the applicant will support eligible and non-eligible care providers and individuals with the technical assistance necessary to align with the three key milestone areas identified in the FOA: adoption of technology and services that enable health information exchange; exchange of health information; and interoperability of health IT. Applicants must also describe how they plan to report on the milestone measures and provide evidence of the capabilities to be able to report on the types of measures described. Examples of reports that can currently be produced should be included. Additionally, a letter of support from entities that will enable the reporting of this information will be helpful in providing evidence of such capabilities. Applicants will also be required to clearly outline how these activities and measures will be sustained post-funding and how their best practices and successes will be disseminated via informal learning networks, communities of practices, or learning health collaboratives to spread learning across like organizations and other states/regions.

The Project Narrative must be double-spaced, on 8 ½" x 11" pages with 1" margins on both sides, and a font size of not less than 11. Smaller font sizes may be used to fill in the Standard Forms and Sample Formats. Project narratives should be no more than 20 pages. ONC will not review Project Narrative pages beyond the 20 pages allowed. The Project Abstract will not be counted as part of the narrative. Key Staff Resumes / Curriculum Vitae (CV) are required and should be referenced in the Project Narrative. The components of the Project Narrative counted as part of the 20 page limit include:

- Problem Statement (<1 page)

- Targeted Population Areas (2-3 pages)

- Proposed Approach (5-6 pages)

- Collaborator Involvement (1-2 pages)

- Project Management (1-2 pages)

- Work Plan (1-2 pages)

- Process for Dissemination of Learning Resources (1-2 pages)

- Budget Justification (<1 page)

The Project Narrative is the most important part of the application because it will be used as the primary basis to determine whether or not the application meets the minimum requirements for funding under the HITECH Act, and will serve as a primary basis for the review. The Project Narrative must provide a clear and concise description of your goals, objectives, strategy, and outcomes.

B.3. Problem Statement:

This section should describe, from the applicant's perspective, the benefits of adoption and use of interoperable health IT tools and services (including standards) to facilitate health information exchange in support of federal, state, and/or community health reform efforts and a clear assessment of the challenges that exist. (<1 page)

B.4. Targeted Population Areas:

This section should describe which of the six clinical and non-clinical care provider populations the applicant is prepared to address. The applicant's subject matter expertise, current experience with technical assistance support, and provision for these target populations should be discussed. This should include detailed information on baseline adoption numbers and use/exchange transactions, queries, or other relevant information. Applicants should propose to support at least two non-eligible care providers for their target population and at least one eligible care provider. (2-3 pages)

B.5. Proposed Approach:

This section should provide a clear and concise description of the approach the applicant proposes to use to facilitate widespread adoption, use, and/or enabling of interoperable health IT tools and services to increase health information exchange in support of federal, state, and/or community reform efforts and address the challenges described in the "Problem Statement." This should consist of a detailed development plan that clearly describes, but is not limited to, future technical assistance support, marketing, outreach, enrollment, evaluation, and workflow efforts. It is our expectation that this development plan and proposed approach will continuously align with the ONC 10 Year Vision Paper as well as the most current MU requirements. The applicant should also describe the current exchange mechanisms, exchange infrastructure, and standards that exists in their service area to achieve the proposed milestones of the program.

The applicant should also address workflow challenges and apply notification or subscription services with sophisticated clinical decision support or utilize data integration tools that route, filter, and highlight information in increasingly meaningful ways. Applicants must also demonstrate that provider organizations are integrating applicable or relevant information they have received from external sources into their electronic health records (EHRs) (as appropriate) and using it to support care coordination, transitions of care, population health management and quality measurement reporting.

Applicants must also describe how they plan to report on the milestone measures and provide evidence of the capabilities to be able to report on the types of measures described. (5-6 pages)

B.6. Collaborator Involvement:

This section should describe the role and makeup of any strategic collaborators the applicant plans to involve in implementing the approach, including, but not limited to, interstate and intrastate partnerships, regional partnerships, health IT community partners, State Health IT Coordinators, State Innovation Model grantees, current and former HITECH grantees, medical professional societies, public health, social services, EMS, federal partners, and state level health and human services systems. Close coordination and collaboration should help drive statewide or regional alignment across federally funded HIT programs

and ensure that HIT initiatives are working together to support care coordination to improve health and healthcare. Collaborator involvement to support the reporting of metrics for the milestones should be specifically described. (1-2 pages)

B.7. Project Management:

This section should include a clear delineation of the roles and responsibilities of project staff, consultants and collaborating organizations, and how they will contribute to the technical assistance support necessary to achieve the project's outcomes. It should specify who would have day-to-day responsibility for key tasks such as leadership of the project, project monitoring of tasks and objectives, and conducting outreach efforts around recruitment, education, enrollment, technical assistance provision, adoption, and workflow redesign. Project management that is focused on data collection and reporting should also be outlined. This section should also be used to demonstrate the types of reporting or tracking mechanisms that exist or will be developed to report clinical and/or process improvements to ONC and other appropriate stakeholders. Grantees will be required to use a Customer Relationship Management (CRM) tool. The CRM will be used to track program information and performance. Post-award, ONC will provide the grantee with access to an instance of the CRM. Additional instructions for the CRM tool will also be provided.

- Applicants planning to engage behavioral health care providers must demonstrate how proposed tools and solutions will use health IT consistent with applicable laws, to permit electronic capture and processing of a patient privacy choice to disclose or not disclose any behavioral health information that is specially protected by state and federal laws other than HIPAA

- Applicants planning to engage behavioral health care providers will ensure appropriate exchange of information that is not specially protected (data segmentation by the clinical category of mental health)

- Demonstrate ability of proposed tools and solutions to address issues of care providers who do not have an interoperable health IT system

- By the end of the program, grantees that are using Direct to achieve program goals must have participating Health Information Service Providers (HISPs) participate in a trust community (such as Direct Trust or the National Alliance for Trust Exchange [NATE]). This includes joining the community trust bundle, becoming accredited, and participating in other agreements or services that the community offers that will further enable the exchange of health information

- Applicants must provide baseline measurements and propose performance metrics to demonstrate successful support of health IT adoption and facilitation of health information exchange. Metrics may include how the applicant would set goals and track progress on improvement of adoption and use measures back to ONC

- Applicants must assess their current state of EHR readiness and demonstrate their understanding of the specific technologies being contemplated and implemented to advance interoperable health IT systems and support exchange.

- Applicants must describe in detail current adoption baselines, supporting exchange infrastructure and standards, adoption goals/targets and supporting strategies, and approaches and processes for meeting those goals/targets. Clearly outline the data sources that will be used to establish credible baselines and why these data sources are to be trusted as reliable to establish achievement goals. Applicants must cite the data source and its location (i.e., university, federal, state or local government agency, or independent non-profit organization) which collects data specific to the population being served. See Appendix E. for a sample table to illustrate current baselines.

- Applicants must describe in detail proposed modifications or upgrades to existing, operational exchange infrastructure to ensure the ability of patient information to securely move between interoperable systems. Applicants will also detail how they will work with exchange participants to digest relevant information (as appropriate) to support quality improvement efforts.

B.8. Work Plan:

The Project Work Plan should reflect and be consistent with the project narrative and budget and should cover both years of the project period. The work plan should identify important milestones and each major task or action step needed to reach those milestones. For each major task or action step, the work plan should identify timeframes involved, including start- and end-dates. (1-2 pages)

B.9. Process for Dissemination of Learning Resources:

This section should include the approach in which the applicant will facilitate the rapid dissemination and spread of scalable best practices through information sharing, learning collaboratives, webinars, partnership development, mentoring, and communities of practices throughout their region and in like-communities. As part of the dissemination process, applicants will be expected to partner with ONC and participate in ONC-led workgroups, communities of practice, and other peer learning collaboratives. (1-2 pages)

B.10. Budget Forms:

All applicants are required to fill out the following budget forms to include the costs associated with the proposed project activities. These forms will be submitted through grants.gov as part of the application package and will include the following:

- Application for Federal Assistance SF-424

- Budget Information for Non-Construction Programs SF-424A

- Assurances for Non-Construction Programs SF-424B

- Disclosure of Lobbying Activities SF-LLL

Please note that these forms do not replace program-specific guidance provided in this funding opportunity announcement. Additional instruction regarding budget forms can be found in Appendix A.

B.11. Budget Narrative/Justification:

All applicants are required to provide a detailed proposed budget that includes the costs that would be incurred in support of the project activities. The budget narrative/justification must include the allowable costs that will be incurred in support of the cooperative agreement. Costs may not be incurred until the beginning date of the award, as indicated on the official Notice of Grant Award. Whether direct or indirect, costs must be allowable, allocable, reasonable and necessary under the applicable OMB Cost Circulars: (See, http://www.whitehouse.gov/omb/circulars and based on programmatic requirements for administering the program as outlined in the Recovery Act). (<1 page)

The duration of this award is for a maximum of 24 months (2 Years). The budget and justification must reflect the costs for the entire project period. The budget narrative must not exceed 1 page in length.

- An explanation of how the proposed budget supports the proposed program and is reasonable to meet the program's needs and is as cost-efficient as possible.
- How proposed costs support program activities.
- A description of how the proposed expenditures align with work plan.
- Allocate funding specifically for Program Support and Engagement and Direct Technical Assistance as outlined under Award Information in Section II. Part A. Summary of Funding

Please see the Budget Detail in Appendix A for instructions for completing the SF424, Budget (SF424A), Budget Narrative, Justification, and other required forms.

B.12. Letters of Commitment/Support:

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. For example, letters should be included for each interstate, intrastate, or regional partner. Signed letters of commitment should be scanned and included as attachments. In the transmission, the applicant must include the funding opportunity number and the organization's name. At a minimum this section must explain the demonstrated commitment on the part of the state government and how the state and project coordinate with critical stakeholders. See Appendix B. for example letter of support.

Applicants will also provide a letter of support from entities that would be responsible for generating reports based on transactional data (e.g. health information service providers, technology vendors, or others). These entities should have the capacity and resources to produce required reports on adoption and use in a timely manner. See Appendix C. for example letter of support.

These letters should not be considered as part of the page limit. For applications submitted electronically via grants.gov, signed letters of commitment should be scanned and included as attachments.

C. Submission Dates and Times

Applications must be submitted electronically via http://www.grants.gov by 11:59 P.M. Eastern Standard Time April 6, 2015.

The Project Narrative Section of the application must be double-spaced, on 8.5" X 11", printable on plain white page with 1" margins on both sides, and use a font size of not less than 11 and using either Calibri or Times New Roman.

Total Project Narrative and presentation must not exceed 20 pages. Any pages over the limit will not be reviewed. NOTE: Project Abstracts do not count as part of the Project Narrative. Copies of Letters of Commitment may be included in Appendix A.

All of the applicants must provide signed letters of commitment or letters of support as appropriate and detailed budgets as part of the application.

Applications that fail to meet the application due date will **not** be reviewed and will receive **no** further consideration.

D. Application Responsiveness and Completeness Criteria

Applicants that do not meet the following completeness criteria will be administratively eliminated and will not be sent forward for merit review:

- The applicant meets the eligibility criteria.
- The application is received by the deadline required by 11:59 P.M. Eastern Time April 6, 2015 through http://www.grants.gov.
- The application meets the formatting and length requirements.

Defined core set of community-level population health management challenges and topics that the applicant understands.

Appendices and attachments are not used as a mechanism to exceed page limits of the Project Narrative.

E. Notice of Intent to Apply

Applicants are strongly encouraged to submit a non-binding e-mail notice of intent to apply for this funding opportunity to assist ONC in planning for the application review process by 11:59 P.M. Eastern Time March 2, 2015. Only the primary applicant should submit this notice. This notice should simply identify the name of the applicant organization, the city and state in which located and identify the Funding Opportunity Announcement number # IX-IX-15-001 and Title: Advance Interoperable Health Information Technology Services to Support Health Information Exchange.

Notices of Intent should be sent to HealthInformationExchangeFOA@hhs.gov by 11:59 P.M. Eastern Time March 2, 2015.

V. How to Apply Information

A. Application procedures

- Applicants must access the electronic application for this program via http://www.grants.gov. Search the downloadable application page by the Funding Opportunity Number IX-IX-15-001or CFDA number (93.719).
- Applicants should have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Systems for Award Management (SAM). Allow a minimum of five (5) days to complete the registration.
- Submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Ensure that the application complies with any page limitation requirements described in this FOA Guidance.
- After ONC reviews the submission, a return receipt will be emailed to the lead awardee contact indicating the files that were received and able to be successfully opened and read. Organizations applying for federal grants will need to be registered with the System for Award Management (SAM). You can register with the SAM online at http://www.sam.gov.

- If you have already registered with SAM but have not renewed your registration in the last 12 months, you will need to renew your registration at http://www.sam.gov.

B. Grants.gov Registration

Registration with Grants.gov can take several days. Applicants are strongly encouraged to locate and test current logins and passwords for this system well in advance of the deadline date. For assistance with Grants.gov, please contact them at support@Grants.gov or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Standard Time.

B.1. Intergovernmental Review

This program is excluded from Executive Order 12372

B.2. Funding Restrictions

Funds under this announcement cannot be used for the following purposes:

- To supplant or replace current public or private funding
- To supplant on-going or usual activities of any organization involved in the project
- To purchase or improve land, or to purchase, construct, or make permanent improvements to any building
- To reimburse pre-award costs
- Costs that are directly prohibited by the Recovery Act

VI. Application Review Information

A. Criteria

Selection factors ensure consistency with work provided for in the original FOA No. EP-HIT-09-001.

The applicant must be a state or qualified state designated entity (SDE).

Applications must be submitted electronically via **http://www.grants.gov** by April 6, 2015.

The Project Narrative Section of the application must be double-spaced, on 8.5" X 11", printable on plain white paper with 1" margins on both sides, and use a font size of not less than 11 and using either Calibri or Times New Roman.

Total Project Narrative must not exceed 20 pages. Instructions or Support may be included in Appendix A.

All of the applicants must provide signed letters of commitment or letters of support as appropriate and detailed budgets as part of the application.

B. Merit Review Criteria

The proposed activities for this award should reflect the goal to engage both clinical and non-clinical partners (e.g. individuals, long-term care support services, social service case workers, EMS) in health information exchange by providing technical assistance, tools, and resources to enable send, receive, find,

and use in a manner that is appropriate, secure, timely and reliable. The description of such activities must include a plan to accomplish the programmatic milestones goals of adoption, exchange and use of health information, interoperability of data systems, and clinical and process improvements within the timeframe proposed.

Applications will be scored based on 100 available points. Reviewers will use the following criteria to evaluate applications received in response to this call for applications with a maximum total score of between 0 - 100 points.

The following criteria will be used to evaluate applications:

- 10 pts. Understanding of Project Purpose
- 30 pts. Approach, Work Plan, and Activities
- 30 pts. Applicant Capabilities
- 15 pts. Process of Dissemination of Learning Resources
- 15 pts. Budget/Narrative Justification

The following criteria will be used to evaluate applications:

Understanding of Project Purpose (10 points)

Extent to which the applicant presents a clear understanding of the purpose and scope of the proposal.

This section must include:

- The applicant's understanding of why enhanced or widespread adoption of Direct secure messaging, clinical alerting, and/or query-based exchange may improve healthcare and lower costs and promote better longitudinal tracking of patients and patient groups.

- The applicant's understanding of the health care system and the need to increase adoption, interoperable exchange, and the integration of relevant data from external sources or unaffiliated organizations.

- Applicants must describe in detail current adoption and exchange rates for each exchange infrastructure/technology (ex. Direct secure messaging transactions, patient record queries) and how those transactions and/or queries will be increased through workflow redesign efforts, application of notification or subscription services, or data integration tools that route, filter and highlight information.

- Applicant's understanding of the gaps in their region, community or state that will be addressed through this program.

- Applicant's understanding that their activities should support concerted efforts to align with other proposed care delivery and quality improvement activities at the state and community level

Approach, Work Plan and Activities (30 points)

- Extent to which the applicant outlines a clear knowledge of the resources and outcomes of the original HIE Cooperative Agreement.

- Clear, detailed strategy and approach on how the applicant will engage with and provides technical assistance to the target populations identified from the original list: Eligible Care

Providers, Eligible Hospitals, Long-Term and Post-Acute Care, Behavioral Health, Individuals, and other settings and care providers.

- Applicants focusing on the Behavioral Health population should describe plans to integrate behavioral health information into primary care settings to improve care coordination and accomplish the principal goals of secure exchange of protected behavioral health data. Applicants should also explain how they will utilize the [Data Segmentation 4 Privacy (DS4P)](#) initiative to enable sensitive electronic health information to flow more freely to care providers, individuals, and other authorized users. .

- The applicant must describe the strategies and processes used to support education, outreach, training, practice and workflow redesign, data integration, view, download, transmit, clinical alerting, Direct, query-based exchange.

- A clear and concise description of the approach the applicant is proposing to use to conduct the project, including identifying the major challenges that will be addressed. This should be outlined in a conceptual "logic model" tying project activities to expected impact and outcome goals. See Appendix D. for logic model example.

- Approach to address measurement gaps for milestones (e.g. how to report on integration and use of electronic health information from interoperable health IT).

- Clearly describe plans to support the use of filtering, subscription, and notification tools to enable care providers to easily integrate clinical data from external sources. The strategy and approach may vary based on the target population(s) that the applicant intends to focus on.

Applicant capabilities (30 points)

- Strength of evidence that the applicant brings the organizational and personnel capabilities needed for successful project implementation.

- Extent to which the applicant demonstrates support from key program partners and stakeholders including care providers.

- Applicants focusing on the Long-Term and Post-Acute Care (LTPAC) population must demonstrate proposed or existing infrastructure to work with long-term and post-acute care providers, nursing facilities, skilled nursing facilities, inpatient rehabilitation, long term acute care hospitals, hospice, and home health agencies

- Applicants focusing on the Behavioral Health population must demonstrate proposed or existing infrastructure to work with community mental health centers, behavioral health providers, psychologists, social workers, counselors and others supporting behavioral health patients

- Describe existing exchange infrastructure and plans to assess whether any new standards, modifications, or upgrades are needed to accomplish or support interoperability goals.

- Describe and provide evidence to support data collection and measurement reporting capabilities for adoption, use, and interoperability of data and system milestones.

- Demonstrate ability to report on adoption and use measures for various provider populations. Describe a process for capturing and cleaning data to provide this information. Applicants will provide a letter of support from entities that would be responsible for generating reports based on transactional data (e.g. health information service providers, technology vendors, or others). These entities should have the capacity and resources to produce required reports in a timely manner. See Appendix C. for example letter of support

- Describe sound interstate, intrastate, and/or regional partnerships that may be leveraged to adequately support both clinical and non-clinical care providers with interoperable exchange efforts

- Describe whether the applicant possesses technology that has been certified to, or supports standards and implementation specifications that provide specific functions supporting interoperability using national standards such as the ONC HIT CEHRT Program or Data Segmentation for Privacy, "DS4P." This includes but is not limited to, transitions of care, clinical information reconciliation, and privacy and security [Data Segmentation for Privacy, "DS4P"]. Refer to the table in Appendix F for example certification criteria that support interoperability.

Process for Dissemination of Learning Resources (15 points)
- Extent to which the applicant plans to openly share and offer for re-use the technologies, best practices, and infrastructure developed through this program.

- Extent to which the applicant plans to use and participate in an open, transparent process to develop the program and share implementation experience as the program develops, including both successes and failures.

Budget Narrative/Justification (15 points)
- Extent to which the proposed levels of effort of the project director, key personnel and consultants are adequate to advance the project in accordance with timelines.

- Extent to which the budget is justified with respect to the adequacy and reasonableness of resources requested, and the amount of the budget allocated to administration is minimized while still allowing coherent management of an integrated project.

- Adequate justification to support costs included in budget

C. Review and Selection Process

An independent review panel of at least three individuals will evaluate applications that meet the initial screening criteria (are found to contain the required application elements). These reviewers will be experts in their field, and will be drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. These reviewers are selected with regard to both their specialized expertise and the absence of conflict-of-interest issues. The applicant, by submitting its proposal consents to the use of non-federal reviewers/administrators. Non-Federal Reviewers will be required to sign a conflict of interest agreement before proceeding to review any application. Federal reviewers will be required to submit a Financial Disclosure form. All Non-Federal reviewers are also bound by appropriate obligations of conflict of interest and confidentiality prior to reviewing an application. Based on the

Application Review Criteria as outlined in this funding announcement, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

The final award decision will be made by ONC. In making this award, the ONC will take into consideration: the merit of the proposed project as determined by merit review; compliance with programmatic and grants management requirements; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; the relevance of the proposed project in relation to named program priorities; and the likelihood that the proposed project will result in the benefits expected.

D. Discussions and Award

The Government may enter into discussions with a selected applicant for any reason deemed necessary, including but not limited to the following: (1) the budget is not appropriate or reasonable for the requirement; (2) only a portion of the application is selected for award; (3) the Government needs additional information to determine that the recipient is capable of complying with the requirements in 2 CFR Part 200, Uniform Administrative Requirements and/or (4) special terms and conditions are required. Failure to resolve satisfactorily the issues identified by the Government will preclude award to the applicant.

E. Anticipated Announcement and Award Dates

It is anticipated that the award selection will be completed and awarded on June 12, 2015.

VII. Award Administration Information

Type of Award: Cooperative Agreement
Total Amount of Funding Available: $28,000,000
Number of Awards: Ten (10) – Twelve (12) awards
Period of Performance: Two (2) years or 24 months
Estimated Start Date: June 12, 2015

A. Award Notices

A letter of notification acknowledging that an award was funded, but does not provide authorization for the applicant to begin performance and expend funds associated with the award until the start date of the period of performance of the award, as indicated in the notice will be issued. All applicants will receive a summary of the merit review panel's assessment of the application's merits and weaknesses.

The Notice of Grant Award (NGA) will include the amount of funds awarded, the terms and conditions of the cooperative agreement, the effective date of the award, any required match to be provided, the period of performance and the total approved budget. The NGA is then signed by the ONC Grants Management Officer. The successful applicants' Authorized Representatives will receive the NGA electronically from ONC. The NGA is considered the official authorizing award document.

In accepting an ONC award, the recipient assumes legal, financial, administrative, and programmatic responsibility for administering the award in accordance with the terms and conditions of the award, as well as applicable laws, rules, regulations, and Executive Orders governing HHS assistance awards, all of which are to be incorporated into the award by reference. Failing to comply with these requirements may result in suspension or termination of the award and/or ONC's recovery of award funds.

B. Public Material Use

Section 508-compliant materials developed through this funding will be made publicly available at the end of the project period if not released over the course of the two (2) year program.

C. Intellectual Property/Copyrights

The Government reserves all rights granted by, and the recipient agrees to be bound by, Uniform Administrative Requirements, Cost Principles, and audit requirements as codified in 2 CFR Part 200 regarding rights in intangible property, 2 C.F.R. § 200.315, which is specifically incorporated herein. Generally, the recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under this award. The Government reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. For any work owned by a third-party that was licensed by the recipient under this award, the recipient will assure that said license also reserves for the Government a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

D. Reporting

All reporting requirements will be provided to the applicant of a successful application, adherence to which is a required condition of any award. The Advance Interoperable Health Information Technology Services to Support Health Information Exchange program provides funding to states through two separate funding streams (interstate and intrastate). It is the grantees responsibility to determine and appropriately document expenditures and provide justification of how and why they have utilized allocated Intrastate and/or Inter-state funds.

Financial Status and Cash Transaction Reports

Semi-Annual expenditures must be submitted for each fiscal year during the period of performance (October 1 through September 30) using the SF-425, Federal Financial Report (FFR). Reports are due to HHS no later than April 30 of each year the award is active for funds expended between October and March, and no later than October 31 for funds expended between April and September. The semi-annual FFR will be submitted using the Online Data Collection (OLDC) system. ONC will not accept reports sent directly to the ONC Grants mailbox.

Please note that grantees are required to report on their funding streams expenditure in Section 12 of the Semi-Annual Federal Financial Report (FFR).

The FFR Cash Transaction Report is submitted via the Payment Management System (PMS) every calendar quarter for the life of the grant. The report must be submitted within 30 days after the end of the quarter (January 31, April 30, July 31, and October 31). Grantees are required to complete the FFR Cash Transaction Report via the Payment Management System each calendar quarter.

Performance Reports

The awardee's performance will be evaluated quarterly by ONC to ensure that the project is meeting program objectives.

ONC will work closely with the grantee through planning and implementation progresses in a collaborative way.

The grantee shall submit semi-annual progress reports related to its projects and overall project performance to include how the specific activities tie back to each funding streams. A specific Performance Report format will be finalized by ONC following the award date.

E.   Non-Disclosure Requirements

Because this cooperative agreement may require the grantee to have access to information relating to any and all aspects of grants management operations that may be of a technical, legal, sensitive and/or confidential nature and which may be the sole property of the U.S. Government, the grantee must ensure that all its personnel (to include chief executives, directors, any consultants, or sub recipients or any other personnel that are substantially involved in the performance of this cooperative agreement) who will be personally and substantially involved in the performance of this cooperative agreement execute and submit Non-Disclosure Agreements prior to the commencement of any work on the cooperative agreement; and

The grantee must put in place appropriate procedures for the protection of such information and must be liable to the Government for any misuse or unauthorized disclosure of such information by its personnel, as defined above.

F.   Potential for Organizational and Personal Conflicts of Interest (COI)

The term "organizational conflict of interest" means that the applicant (deemed to including the organizations chief executives, directors, any consultants, or sub recipients or any other personnel that are substantially involved in the performance of this cooperative agreement) has interests in which:

(i)	may diminish its capacity to give impartial, technically sound, objective assistance and advise in performing these tasks;
(ii)	may otherwise result in a biased work product under this cooperative agreement; or
(iii)	may result in an unfair competitive advantage to itself or others.

In accordance with 2 CFR 200.112 all applicants and Non-federal entities must disclose in writing any potential conflict of interest (COI) that they have with the HHS awarding agency and/or any other pass-through entities. The applicant must notify the HHS awarding agency and its respective grants management officer (GMO) when they believe a COI may exist. If after award, an awarded grantee discovers a COI, with respect to this cooperative agreement, it must make an immediate and full disclosure in writing to the grants management officer. The disclosure must include identification of the conflict, the manner in which it arose, and a description of the action the grantee has taken, or proposed to take, to avoid, eliminate, or neutralize the conflict.

In the event the grantee was aware of an organizational COI prior to award of the award of the cooperative agreement and did not disclose the conflict to the GMO or becomes aware of an organizational COI after award of this cooperative agreement and does not disclose the COI within ten (10) days of becoming aware of such conflict, the Government may terminate the cooperative agreement and the grantee will not be entitled to reimbursement of any cost incurred in performing the cooperative agreement or payment of any fee there under.

The rights and remedies of the Government provided in this clause must not be exclusive and are in addition to any other rights and remedies of the Government provided by law or under this cooperative agreement.

VIII. Agency Contacts

Program Contact:	Grant Management Contact:
Larry Jessup Program Analyst Office of the National Coordinator for Health Information Technology U.S. Department of Health and Human Services 330 C Street, S.W., Suite 1100 Washington, D.C. 20201	Carmel Halloun Grants Management Officer Office of the National Coordinator for Health Information Technology U.S. Department of Health and Human Services 330 C Street, S.W., Suite 2010 Washington, D.C. 20201

Inquiries can be made to ONC Staff at HealthInformationExchangeFOA@hhs.gov.

IX. Other Information

A. Restrictions

This funding announcement is subject to restrictions on oral conversations during the period of time commencing with the submission of a formal application by an individual or entity and ending with the award of the competitive funds. Federal officials may not participate in oral communications initiated by any person or entity concerning a pending application for a Recovery Act competitive grant or other competitive form of federal financial assistance, whether or not the initiating party is a federally registered lobbyist. This restriction applies unless:

- the communication is purely logistical;

- the communication is made at a widely attended gathering;

- the communication is to or from a federal agency official and another federal Government employee;

- the communication is to or from a federal agency official and an elected chief executive of a state, local, or tribal government, or to or from a federal agency official and the Presiding Officer or Majority Leader in each chamber of a state legislature; or

- the communication is initiated by the federal agency official. For additional information, see:http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-24.pdf

A.1. HHS Grants Policy Statement:

ONC awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to the grant/cooperative agreement based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award, as well as any requirements of Part I, II and IV of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hhs.gov/grants/grants/policies-regulations/hhsgps107.pdf . The general terms and conditions in

the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Grant Award).

A.2. Records Retention:

Grantees generally must retain financial and programmatic records, supporting documents, statistical records, and all other records that are required by the terms of a grant, or may reasonably be considered pertinent to a grant, for a period of three years from the date the final FFR is submitted. For awards where the FFR is submitted at the end of the competitive segment, the three-year retention period will be calculated from the date the final FFR for the entire competitive segment is submitted. Those grantees must retain the records pertinent to the entire competitive segment for three years from the date the final FFR is submitted. See 2 CFR 200.333 for exceptions and qualifications to the three-year retention requirement (e.g., if any litigation, claim, financial management review, or audit is started before the expiration of the three-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken). Those sections also specify the retention period for other types of grant-related records, including indirect cost proposals and property records. See 2 CFR 200.326 for record retention and access requirements for contracts under grants.

B.   Milestone Documentation

For adoption, the grantee should provide ONC with the names and detailed contact information for each provider they work with including provider type, practice size, etc. For exchange, they should provide us with log-audit data and other de-identified data queries upon request.

C.   Standard Terms and Conditions - ONC Grants

This award is issued under the authority of the Public Health Service Act, Sec. 3013, as added by the American Recovery and Reinvestment Act, 2009 (P.L. 111-5), Title XIII. By receiving funds under this award, the grantee assures that it will carry out the project/program as authorized and will comply with the terms and conditions and other requirements of this award.

This award is subject to the HHS-Approved Standard Terms and Conditions for the American Recovery and Reinvestment Act of 2009. The full set of terms and conditions will be provided upon award, as part of the Notice of Grant Award.

The terms and conditions of this Notice of Grant Award and other requirements have the following order of precedence if there is any conflict in what they require: (1) American Recovery and Reinvestment Act, 2009 (P.L. 111-5); (2) other applicable Federal statutes and their implementing regulations; (3) terms and conditions of award.

The grantee and any sub recipient must comply with the most recent version of the HHS Grants Policy Statement, Administrative Requirements, Cost Principles, and Audit Requirements. The grantee agrees that all allocations and use of funds under this award will be in accordance with the Funding Opportunity Announcement specific to this program.

The grantee understands and agrees to comply with 31 U.S.C. 1352, "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," and will not use any Federal funds, either

directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government.

This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.htm. If you are unable to access this link, please contact Office of Grants Management at ONCGrants@hhs.gov

Green Procurement: To mitigate the environmental impacts of acquisition of IT and other products/equipment, grantees are encouraged to: (1) participate in "Green procurement" based on the HHS Affirmative Procurement Plan (http://www.hhs.gov/asfr/ogapa/acquisition/10-2010_hhs_affirmative_procurement_plan.doc) and similar guidance from the Environmental Protection Agency (EPA) and the President's Council on Environmental Quality (CEQ); (2) use electronic products that are Energy Star® compliant and Electronic Product Environmental Assessment Tool (EPEAT) Silver registered or higher when available; (3) activate Energy Star® features on all equipment when available; (4) use environmentally sound end-of-life management practices, including reuse, donation, sale and recycling of all electronic products.

Requirements for the System for Award Management (SAM) and Data Universal Numbering System (DUNS) numbers: Unless your entity is exempt from the SAM requirement under 2 CFR 25.110, it is incumbent upon you, as the recipient, to maintain the accuracy/currency of your information in the CCR until the end of the project. Additionally this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.

If your entity is authorized to make sub awards under this award, you: 1) must notify potential direct sub recipients that no entity may receive a sub award from you unless the entity has provided its DUNS number to you. 2) May not make a sub award to an entity unless the entity has provided its DUNS number to you.

Semi-Annual expenditures must be submitted for each fiscal year during the period of performance(October 1 through September 30) using the SF-425, Federal Financial Report (FFR). Reports are due to HHS no later than April 30 of each year the award is active for funds expended between October and March, and no later than October 31 for funds expended between April and September. The semi-annual FFR will be submitted using the Online Data Collection (OLDC) system. ONC will not accept reports sent directly to the ONC Grants mailbox. The grantee indicates acceptance of the terms and conditions of the award and agrees to perform in accordance with the requirements of the award by requesting funds from the designated grant payment system.

Funding of future non-competing continuation awards is conditioned on the availability of funds, satisfactory progress by the recipient, and an awarding office determination that continued funding of the award is in the best interests of the Government.

D. Cooperative Agreement Terms and Conditions of Award

The following special terms of award are in addition to, and not in lieu of, otherwise applicable OMB administrative guidelines, HHS grant administration regulations at 2 CFR Part 200, Subpart B through D, and other HHS, , and ONC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism, in which substantial ONC programmatic involvement with the grantee is anticipated during the performance of the activities. Under the cooperative agreement, the ONC purpose is to support and stimulate the grantees' activities by involvement in and otherwise working jointly with the grantees in a partnership role; it is not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the grantee for the project as a whole, although specific tasks and activities may be shared among the grantees and the ONC as defined below. To facilitate appropriate involvement, during the period of this cooperative agreement, ONC and the grantee will be in contact monthly and more frequently when appropriate. Requests to modify or amend the cooperative agreement may be made by ONC or the recipient at any time. Modifications and/or amendments to the cooperative agreement must be effective upon the mutual agreement of both parties, except where ONC is authorized under the Terms and Conditions of award, 2 CFR Part 200, Subpart B through D, or other applicable regulation or statute to make unilateral amendments.

E.   Cooperative Agreement Roles and Responsibilities

E.1. Office of the National Coordinator for Health Information Technology:

ONC will have substantial involvement in program awards, as outlined below:

- Technical Assistance – This includes federal guidance on the evolution of interoperability and exchange in accordance with current and future ONC regulatory efforts, the ONC HIT Certification Program, and the EHR Incentive Programs or other programs established by the Secretary.

- ONC will also assist in meeting the strategic goals of initiative and overall program on a national level through ongoing support made available through other ONC/HHS funded programs.

- Collaboration – To facilitate compliance with the terms of the cooperative agreement and to more effectively support grantees, ONC will actively coordinate with critical stakeholders, such as:

- Medicaid and Medicare Administrators

- State Designated Entities (SDE)

- State Government HIT Leads

- Relevant Federal Agencies

- Project Officers – ONC will assign specific Project Officers to each cooperative agreement award to support and monitor grantees throughout the period of performance.

- Release of Funds Approval – ONC Project Officers will be responsible for requesting authorization for the release of funds for their assigned projects.

- Monitoring – ONC Project Officers in conjunction with the Grants Division will monitor, on a regular basis, progress of each grantee. This monitoring may be by phone, document review, on-site visit, other meeting and by other appropriate means, such as reviewing program progress reports and Federal Financial Reports (FFR 425). This monitoring will be to determine compliance with programmatic and financial requirements.

Grantees and assigned points of contact retain the primary responsibility and dominant role for planning, directing and executing the proposed project as outlined in the terms and conditions of the cooperative agreement and with substantial ONC involvement. Responsibilities include:

- Requirements – Grantees must comply with all current and future requirements of the project, guidance on the implementation of MU where applicable, certification criteria and standards (including privacy and security) specified and approved by the Secretary of HHS.

- Grantees are required to collaborate with the critical stakeholders listed in this Funding Opportunity Announcement and the ONC team, including the assigned Project Officer.

- Reporting – Grantees are required to comply with all reporting requirements outlined in this Funding Opportunity Announcement and the terms and conditions of the cooperative agreement to ensure the timely release of funds.

F.   Other Terms and Conditions

- These special terms and conditions of the award are in addition to and not in lieu of otherwise applicable OMB administrative guidelines, HHS grant administration regulations in 2 CFR Part 200, Subparts B through D, and other HHS and ONC policy statements.

- Cooperative agreements are for a period of two years. By accepting an award, recipients are required to abide by 2 CFR Part 200, Subparts B through D, and other HHS and ONC policy statements.

- Drawdown of funding for this cooperative agreement serves as official acceptance of this cooperative agreement. If you do not plan to accept the award, please send a letter of declination to the ONC Project Officer within 30 days of receipt of the Notice of Grant Award.

G.   Administrative and National Policy Requirements

- The award is subject to OMB Uniform Guidance as codified in 2 CFR Part 200, Subparts B through D, and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement located at http://www.hhs.gov/grants/grants/policies-regulations/hhsgps107.pdf

G.1. Audit Requirements

- The recipient must comply with audit requirements of Office of Management and Budget (OMB) Uniform Guidance as codified in 2 CFR Part 200, Subpart F. Information on the scope, frequency, and other aspects of the audits can be found at http://www.ecfr.gov/cgi-bin/text-idx?SID=ed90f54836feb6a994f657188eb05e33&node=2:1.1.2.2.1&rgn=div5

- The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DCa 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

X. Appendices and Other Information

This funding announcement is subject to restrictions on oral conversations during the period of time commencing with the submission of a formal application by an individual or entity and ending with the award of the competitive funds. Federal officials may not participate in oral communications initiated by any person or entity concerning a pending application for a Recovery Act competitive grant or other competitive form of federal financial assistance, whether or not the initiating party is a federally registered lobbyist. This restriction applies unless:

- The communication is purely logistical;

- The communication is made at a widely attended gathering;

- The communication is to or from a federal agency official and another federal Government employee;

- The communication is to or from a federal agency official and an elected chief executive of a state, local, or tribal government, or to or from a federal agency official and the Presiding Officer or Majority Leader in each chamber of a state legislature; or

- The communication is initiated by the federal agency official. For additional information, see: http:// www.whitehouse.gov/sites/default/files/omb/assets/memoranda_fy2009/m09-24

Appendix A. Budget Detail

Instructions for completing the SF 424, Budget (SF 424A), Budget Narrative, Justification, and Other Required Forms

> This section provides step-by-step instructions for completing the four (4) standard federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of federal grant programs, and federal agencies have the discretion to require some or all of the information on these forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

a. Standard Form 424

1. Type of Submission: (Required): Select one type of submission in accordance with agency instructions.

• Pre-application • Application • Changed/Corrected Application – If requested, check if this submission is to change or correct a previously submitted application.

2. Type of Application: (Required) Select one type of application in accordance with agency instructions.

• New • Continuation • Revision

3. Date Received: Leave this field blank.

4. Applicant Identifier: Leave this field blank.

5a. Federal Entity Identifier: Leave this field blank.

5b. Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award (grant) number.

6. Date Received by State: Leave this field blank.

7. State Application Identifier: Leave this field blank.

8. Applicant Information: Enter the following in accordance with agency instructions:

a. Legal Name: (Required): Enter the name that the organization has registered with the System for Award Management. Information on registering with SAM may be obtained by visiting the Grants.gov website.

b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.

d. Address: (Required) Enter the complete address including the county.

e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the project.

f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

9. Type of Applicant: (Required) Select the applicant organization "type" from the following drop down list.

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

10. Name Of Federal Agency: (Required) Enter U.S. Department of Health and Human Services

11. Catalog of Federal Domestic Assistance Number/Title: The CFDA number can be found on page one of the Program Announcement.

12. Funding Opportunity Number/Title: (Required) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.

13. Competition Identification Number/Title: Leave this field blank.

14. Areas Affected By Project: List the largest political entity affected (cities, counties, state).

15. Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project.

16. Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all.

17. Proposed Project Start and End Dates: (Required) Enter the proposed start date and final end date of the project. Therefore, if you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.

18. Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.

NOTE: Applicants should review matching principles contained in 2 CFR 200.306 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the upcoming budget period. For sub-item 18a, enter the federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3rd of the amount of federal funds being requested (the amount in 18a). For a full explanation of ONC's match requirements, see the information in the box below. For sub-item 18f, enter only the amount, if any, which is going to be used as part of the required match.

There are two types of match: 1) non-federal cash and 2) non-federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered matching funds. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-federal in-kind matching funds. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations. Examples of non-federal cash match include budgetary funds provided from the applicant agency's budget for costs associated with the project.

> **ONC's Match Requirement**
>
> Under this program, the applicant's match requirement is $1 for every $3 Federal dollars
> In other words, for every three (3) dollars received in Federal funding, the applicant must
> contribute at least one (1) dollar in non-Federal resources toward the project's total cost. This
> "three-to-one" ratio is reflected in the following formula which you can use to calculate your
> minimum required match:
>
> $$\underline{\textbf{Federal Funds Request}} = \textbf{Minimum Match Requirement}$$
> $$\textbf{3}$$
>
> For example, if you request $100,000 in Federal funds, then your <u>minimum</u> match
> requirement is $100,000/3 or $33,333. In this example the **project's total cost** would be
> $133,333.
>
> **If the required non-Federal share is not met by a funded project, ONC will disallow any
> unmatched Federal dollars.**

NOTE: **Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.**

19. Is Application Subject to Review by State Under Executive Order 12372 Process? Check c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent on any Federal Debt? (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)

b. Standard Form 424A

> NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a two year budget.

Section A Budget Summary

Line 5: Leave columns (c) and (d) blank. Enter TOTAL federal costs in column (e) and total nonfederal costs (including third party inkind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

Section B Budget Categories

Column 3: Enter the breakdown of how you plan to use the federal funds being requested by object class category (see instructions for each object class category below).

Column 4: Enter the breakdown of how you plan to use the non-federal share by object class category.

Column 5: Enter the total funds required for the project (sum of Columns 3 and 4) by object class category.

Separate Budget Narrative/Justification Requirement

You must submit a separate Budget Narrative/Justification as part of your application. When more than 33% of a project's total budget falls under contractual, detailed Budget Narratives/Justifications must be provided for each sub-contractor or sub-grantee. **Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.**

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: federal; non-federal cash; and non-federal in-kind. Cost breakdowns, or justifications, are required for any cost of $1,000 or more. The Budget Narratives/ Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

Line 6a: Personnel: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants; consultant costs should be included under 6h Other. In the Budget Narrative/ Justification: Identify the project director, if known. Specify the key staff, their titles, brief summary of project related duties, and the percent of their time commitments to the project in the Budget Narrative/ Justification.

Some Points to Consider:

- Is the basis for determining each employee's compensation described (annual salary and % time devoted)?

- Is each position identified by title/responsibility?

- Are time commitments and the amount of compensation stated and reasonable?

- Are salary increases anticipated during the grant period and are they justified (COLA, etc.)?

- Are any personnel costs unallowable?

  - Dual Compensation
  - Federal Employee

Line 6b: Fringe Benefits: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate. In the Justification: Provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, etc.

Some Points to Consider:

- Is the amount specified as a separate line item?

- Is each type of benefit indicated separately or does the organization have an approved fringe benefit rate?

- Are fringe increases contemplated during the grant period?

- Are any fringe costs unallowable?

Line 6c: Travel: Enter total costs of outoftown travel (travel requiring per diem) for staff of the project. Do not enter costs for consultant's travel - this should be included in line 6h. In the Justification: Include the total number of trips, destinations, purpose, and length of stay, subsistence allowances and transportation costs (including mileage rates).

Line 6d: Equipment: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is nonexpendable tangible personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. If the item does not meet the $5,000 threshold, include it in your budget under Supplies, line 6e. In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions; the equipment, or a reasonable facsimile, must not be otherwise available to the applicant or its subgrantees. The justification also must contain plans for the use or disposal of the equipment after the project ends.

Some Points to Consider:

- Are equipment items specified by unit and cost?

- Is the request reasonable and allowable under the project?

- Does the organization have a procurement policy in place?

- Is a lease vs. purchase study necessary (vehicles, large items of equipment)?

- Are purchases distinguishable from rentals?

Line 6e: Supplies: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d. In the Justification: Provide general description of types of items included.

Some Points to Consider:

- Are supplies listed separately?
    - Office
    - Training
    - Research
    - Other types of supplies
- How was cost determined?
- Is the basis for the cost reasonable?
    - Monthly estimates are sufficient
- Are costs consistently treated?

Line 6f: Contractual: Enter the total costs of all contracts, including (1) procurement contracts (except those, which belong on other lines such as equipment, supplies, etc.). Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals or consultants on this line. In the Budget Narrative/Justification: Attach a list of contractors indicating the name of the organization, the purpose of the contract, and the estimated dollar amount. If the name of the contractor, scope of work, and estimated costs are not available or have not been negotiated, indicate when this information will be available. **Whenever the applicant/grantee intends to delegate more than 33% of a project's total budget to the contractual line item, the applicant/grantee must provide a completed copy of Section B of the SF 424A Budget Categories for each sub-contractor or sub-grantee, and separate Budget Narrative/Justification for each sub-contractor or sub-grantee for each year of potential grant funding.**

Some Points to Consider:

- Is the type of each service to be rendered described?
- For Consultants/Individuals
    - Is an hourly, daily or weekly base rate given?
    - Are rates allowable, justified, reasonable and comparable to market?
- Is the total amount for any contract in excess of $150,000?
    - Is procurement method described?
    - If the contract is not competitively bid, has a sole source justification been provided?

Note: The competitive process must be used if goods and services will be provided through a contract (e.g., vendor or consultant). All costs associated with contracts should be included in this category. Sub awards are made to entities carrying out part of the program effort, goals and objectives. Sub awards are to be listed individually in the "Other" cost category.

Line 6g: Construction: Leave blank since construction is not an allowable cost under this program.

Line 6h: Other: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel

fringe benefits); non-contractual fees and travel paid directly to individual consultants; local transportation (all travel which does not require per diem is considered local travel); postage; space and equipment rentals/ lease; printing and publication; computer use; training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs. In the Justification: Provide a reasonable explanation for items in this category. For individual consultants, explain the nature of services provided and the relation to activities in the project. Describe the types of activities for staff development costs.

Some Points to Consider:

- Are items listed by major type (space rental, printing, phone, maintenance, etc.)?

- Are all costs justified, reasonable and allowable?

- Reasonable basis for costs?

- List each sub award and amount of award

- Provide description of activities to be performed

- Describe method used to select the sub award and type of agreement to be awarded

- Provide a separate budget and budget narrative for each sub award
  Note: Costs for contractual arrangements (vendors, consultants) should be budgeted in the "Contractual" cost category.

Line 6i: Total Direct Charges: Show the totals of Lines 6a through 6h.

Line 6j: Indirect Charges: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency.

Budget Narrative/Justification: State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. An applicant that will charge indirect costs to the grant **must enclose a copy of the current indirect cost rate agreement.** If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.

If the applicant organization is in the process of initially developing or renegotiating a rate, it should immediately upon notification that an award will be made, develop a tentative indirect cost rate proposal based on its most recently completed fiscal year in accordance with the principles set forth in the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. It should be noted that when an indirect cost rate is requested, those costs included in the indirect cost pool should not also be charged as direct costs to the grant. Also, if the applicant is requesting a rate which is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

Line 6k: Total: Enter the total amounts of Lines 6i and 6j.

Line 7: Program Income: As appropriate, include the estimated amount of income, if any, you expect to be generated from this project. Program Income must be used as additional program costs and cannot be used as match (non-federal resource).

*Section C NonFederal Resources-*Not applicable

Section D Forecasted Cash Needs - Not applicable.

Section E Budget Estimate of Federal Funds Needed for Balance of the Project

Line 20: Section E is relevant for multi-year grant applications, where the project period is 24 months or longer. This section does not apply to grant awards where the project period is less than 17 months.

Section F Other Budget Information

Line 22: Indirect Charges: Enter the type of indirect rate (provisional, predetermined, final or fixed) to be in effect during the funding period, the base to which the rate is applied, and the total indirect costs. Include a copy of your current Indirect Cost Rate Agreement.

Line 23: Remarks: Provide any other comments deemed necessary.

c. Standard Form 424B - Assurances

This form contains assurances required of applicants under the discretionary funds programs administered by the Assistant Secretary for Preparedness and Response. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

d. Certification Regarding Lobbying

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

e. Other Application Components

Survey on Ensuring Equal Opportunity for Applicants

The Office of Management and Budget (OMB) has approved an HHS form to collect information on the number of faith-based groups applying for a HHS grant. Non-profit organizations, excluding private universities, are asked to include a completed survey with their grant application packet. Attached you will find the OMB approved HHS "Survey on Ensuring Equal Opportunity for Applicants" form (Attachment F). Your help in this data collection process is greatly appreciated.

Proof of Non-Profit Status

Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.

- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency. This is optional for applicants that have not included indirect costs in their budgets.

Appendix B. Suggested Format for Letter from State Designating Official (Governor or Equivalent, for Territories)

Designating Official is the Governor. For territories and the District of Columbia, it is the Equivalent Official (i.e. Mayor). For multi-state applications, a letter from the Governor (or equivalent) designating the partnering state or SDE must be received on behalf of each state participating in the proposed project.

Lisa Lewis
Acting National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Date

Dear Ms. Lewis,

The official (State Agency/State Designated Entity) for the State Grants to Advance Interoperability Health IT, for the State/Commonwealth/Territory of _____is:

Name
Title
Agency
Division (if applicable)
State
Address
Phone
Fax Number
Email

Governor's (or equivalent) Signature

Appendix C. Suggested Format for Letter of Support from Critical Stakeholders, Vendors, or supporting entities who support efforts of applicant to achieve programmatic goals of this FOA

Lisa Lewis
Acting National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue S.W.
Washington, DC 20201

Date

Dear Ms. Lewis,

(Name of organization/group submitting the letter) is very interested in addressing (insert the issue being addressed by the grant application) and (state why the issue is a concern).

(State knowledge of proposal, knowledge of agency submitting proposal, and encouragement of funding entity to provide resources to address issue identified above).

(State that the need to address the issue is significant and how other resources to address the need are insufficient to address or impact the need).

(Specifically state how your organization will support this project-through assistance with meeting matching requirements, board/commission participation, advocacy).

For health information service providers, technology vendors, or others describe your capacity and resources to produce required reports for the applicant on adoption and use in a timely manner.
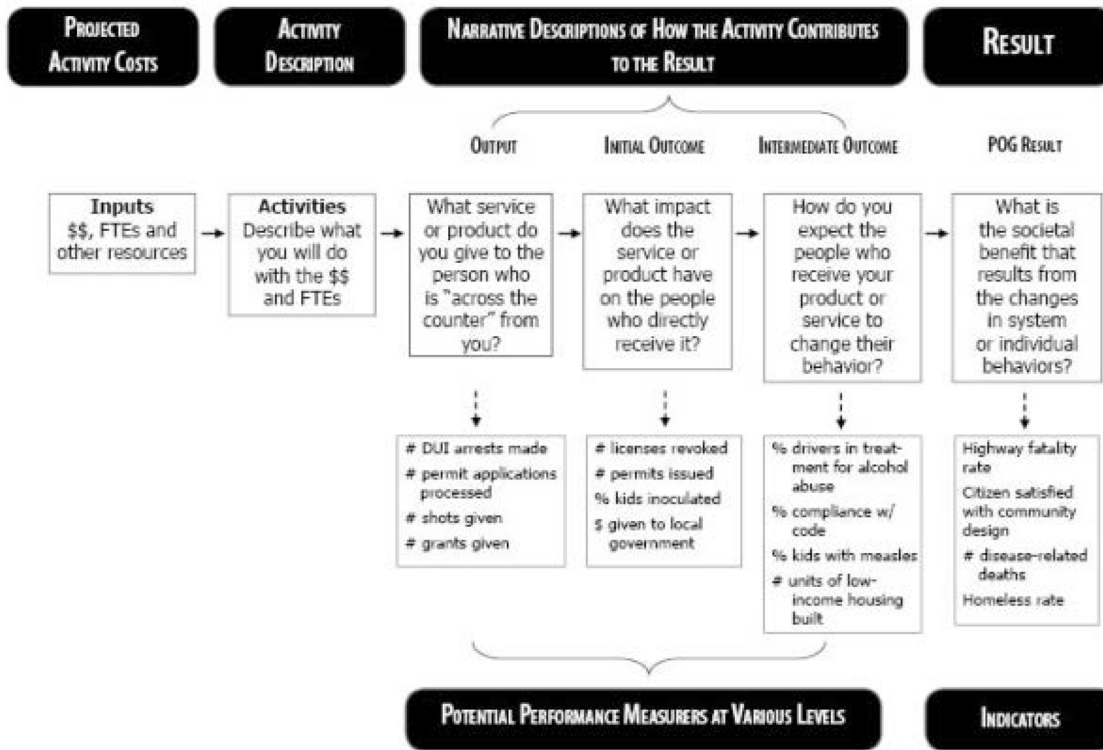
(State that the proposing organization would coordinate with appropriate partners to ensure efficient and effective use of grant funds).

(Conclude with general statement of confidence in and support for the organization seeking assistance, based on past experience with the applicant entity, reputation for effectiveness).

(Provide the following information for the point of contact in the supporting organization).

Name
Title
Agency
Division (if applicable)
State
Address
Phone
Fax Number
Email

Appendix D. Logic Model Example

Additional examples of logic model information can be found here:

- Department of Corrections Logic Model: http://www.ofm.wa.gov/budget/instructions/other/2009performancemeasureguide.pdf
- Logic Model Guidance provided at: http://ww2.wkkf.org/DesktopModules/WKF.00_DmaSupport/ViewDoc.aspx?LanguageID=0&CID=284&ListID=28&ItemID=2813669&fld=PDFFile

Appendix E. Sample Table to Establish Baseline

This table is intended to give ONC an understanding of the applicant's existing infrastructure and ensure they are aligning with national standards and are on a path toward interoperability. This table will allow us to screen applicant's capabilities to achieve interoperable health information exchange.

Applicant Capabilities Screening Chart					
Technical Services	Current Status, Planned Testing, Live/Operational	Supports Direct, Query, and/or other? Please Specify	Specify related standards supporting or enabling the technical service offering	Necessary tweaks to existing technical services and supporting standards to meet interoperability goals of this program	Notes
Electronic prescribing					
Prescription fill status and/or medication fill history (keep?)					
Clinical summary record exchange (human readable or computer readable). Applicant specifies which are supported					
CCDA translation (can you digest a CCDA…)					
Electronic laboratory results delivery (keep?)					
Electronic clinical laboratory ordering (keep?)					
Electronic submission of reportable lab results (public health)					
Electronic submission of syndromic surveillance data					
Electronic reporting of immunizations					
Patient matching (Master Patient Index)					
Alerting services (ex. ADT alerting, event notification, other subscription services)					
Direct Secure Messaging (specify edge protocol standards, declare whether or not enhanced MDNs are used)					
Provider directory services					
Organizational directory services (John may have better language)					
Claims transactions (leave in?)					
Electronic Eligibility (leave in?)					
Authenticating users					
Authorizing users					
Quality Reporting					
Personal health record					
Other consumer-facing tool?					
Centralized Data repository (somehow asking when it comes to query whether they are centralized or federated)					
Record Locator Service					

Appendix F. Example Certification Criteria That Support Interoperability

Name of Certification Criterion	Reference in 45 CFR
Criteria That Support Interoperable Summary Care Record Exchange	
Transitions of care	§ 170.314(b)(1) and (b)(2) or § 170.314(b)(8)
Clinical information reconciliation	§ 170.314(b)(4) or § 170.314(b)(9)
Criteria That Support Privacy & Security	
Authentication, access control, and authorization	§ 170.314(d)(1)
Auditable events and tamper-resistance	§ 170.314(d)(2)
Audit report(s)	§ 170.314(d)(3)
Amendments	§ 170.314(d)(4)
Automatic log-off	§ 170.314(d)(5)
Emergency Access	§ 170.314(d)(6)
End-User Device Encryption	§ 170.314(d)(7)
Integrity	§ 170.314(d)(8)
Accounting of Disclosures	§ 170.314(d)(9)
Criteria That Support Other Various Interoperability Functions	
Clinical decision support	§ 170.314(a)(8)
Patient-specific education resources	§ 170.314(a)(15)
Electronic prescribing	§ 170.314(b)(3)
Incorporate laboratory tests and values/results	§ 170.314(b)(5)
Transmission of electronic laboratory tests and values/results to ambulatory providers	§ 170.314(b)(6)
Data portability	§ 170.314(b)(7)
Clinical quality measures	§ 170.314(c)(1) and/or § 170.314(c)(2) and/or § 170.314(c)(3)
View, download, and transmit to 3rd party	§ 170.314(e)(1)
Clinical summary	§ 170.314(e)(2)
Criteria That Support Public Health Interoperability	
Transmission to immunization registries	§ 170.314(f)(2)
Transmission to public health agencies – syndromic surveillance	§ 170.314(f)(3) or § 170.314(f)(7)
Transmission of reportable laboratory tests and values/results	§ 170.314(f)(4)
Transmission to cancer registries	§ 170.314(f)(6)