

REQUEST FOR APPLICATIONS (RFA)

GRADUATE MEDICAL EDUCATION NEW PROGRAM GRANT

RFA # G-480-OPIB-16

**ISSUED BY:
STATE OF WISCONSIN
Department of Health Services
OFFICE OF POLICY INITIATIVES AND BUDGET**

**APPLICATIONS ARE DUE
NO LATER THAN 2:00 P.M. CT
ON OCTOBER 8, 2015**

**SEND AN ELECTRONIC COPY TO:
LINDA.McCART@WI.GOV**

**FOR QUESTIONS, CONTACT:
Linda McCart at Linda.McCart@wi.gov**

LATE APPLICATIONS WILL NOT BE ACCEPTED

**NEW GRADUATE MEDICAL EDUCATION PROGRAM GRANT
WISCONSIN DEPARTMENT OF HEALTH SERVICES**

**REQUEST FOR APPLICATIONS
#G-480-OPIB-16**

TIME LINE

AUGUST 11, 2105	COMPETITIVE APPLICATION RELEASED VIA DHS WEB SITE
AUGUST 19, 2015	QUESTIONS DUE BY NOON, 12:00 P.M. CT
AUGUST 24, 2015	RFA CONFERENCE CALL FOR APPLICANTS @ 1:00 P.M. CT
AUGUST 25, 2015	FAQS POSTED TO DHS WEB SITE
AUGUST 27, 2015	NOTICE OF INTENT TO APPLY DUE BY 2:00 P.M. CT
OCTOBER 8, 2015	APPLICATIONS/PROPOSALS DUE BY 2:00 P.M. CT
NOVEMBER 16, 2015	NOTIFICATION OF AWARDS
NOVEMBER 16, 2015	PUBLIC INSPECTION OF APPLICATIONS
JANUARY 1, 2016	CONTRACT START DATE

REQUEST FOR APPLICATIONS
WISCONSIN DEPARTMENT OF HEALTH SERVICES
NEW GRADUATE MEDICAL EDUCATION PROGRAM GRANT
RFA # G-480-OPIB-16

1. Introduction

Wisconsin Act 20 authorized the Department of Health Services (DHS) to develop a grant program to support development of new graduate medical education (GME) programs. The purpose of this document is to provide entities considering establishing a new GME program with information to assist in preparing and submitting applications for funding. The new program must be in one of the targeted specialties: family medicine, general internal medicine, general surgery, pediatrics or psychiatry.

The DHS GME Initiative is supported by the Division of Public Health (DPH), the Division of Health Care Access and Accountability (DHCAA) and the Office of Policy Initiatives and Budget (OPIB) and reflects the priorities of DHS. Numerous external stakeholders helped shape the framework for the Initiative and this Request for Applications (RFA). The effective date of contracts awarded under this funding opportunity will be January 1, 2016.

- 1.1 **Goal:** To increase access to quality health care by increasing the number of physicians practicing in rural and under-served areas of Wisconsin.
- 1.2 **Purpose:** To assist rural hospitals and groups of rural hospitals in developing accredited graduate medical education programs in family medicine, general internal medicine, general surgery, pediatrics and psychiatry.

2. Background

2.1 Legislation

Act 20 authorized annual appropriations for two new programs to support graduate medical education. The goal of both grant programs is to create new opportunities for medical school graduates to train in rural and under-served areas of Wisconsin.

Wis. Stat. 20, §1899, 146.63 authorizes DHS to provide grants to assist rural hospitals or groups of rural hospitals (consortia) to develop new GME programs. Up to \$1.75 million is allocated per year and limited to five (5) specialties – family medicine, general internal medicine, general surgery, pediatrics and psychiatry. Grants for new programs are restricted to three (3) years. DHS is charged with establishing the criteria for such grants; this section of the statute is the subject of this RFA.

Wis. Stat. 20, §1900, 146.64 authorizes DHS to distribute grants to hospitals to fund the addition of resident positions to existing, accredited GME programs. Up to \$750,000 annually is allocated to expand GME programs in family medicine, general internal medicine, general surgery, pediatrics and psychiatry. The Centers for Medicare and Medicaid Services (CMS) approved DHS' request for federal matching funds for residency grants effective January 1, 2014.

2.2 Rationale

Over the past few years, a number of reports have highlighted the dearth of physicians, especially in rural and under-served areas. The Association of American Medical Colleges estimates a national physician shortage of up to 130,000 by 2016 due to an steadily expanding older population, high rates of individuals with chronic diseases, a more diverse population and physicians retiring from practice.

Wisconsin is predicted to experience a shortage of more than 2,000 physicians by 2030 (Wisconsin Hospital Association, 2011). The impact of this shortage is especially acute in rural areas with a scarcity not only of physicians but health care professionals and resources in general. This lack of access has significant cost implications with rural populations less likely to access preventive care and, thus, more likely to experience avoidable hospitalizations.

The lack of physicians also has an economic impact on communities. Health care clinics and physician practices provide employment opportunities and enhance the attractiveness of communities as a place to live and work. A number of studies estimate that a single physician can have a direct impact of more than \$1 million on a community's economic well-being by creating jobs, purchasing goods and services and supporting communities through the tax revenues they create.

In addition, health care delivery systems are undergoing significant changes. According to the National Committee for Quality Assurance (NCQA), there are 865 Wisconsin physicians working at NCQA-certified patient-center medical homes throughout the State. Medical homes are a model of care that provides an inter-disciplinary, team-based approach to patient care, thus ensuring that all providers are working together. Various studies have demonstrated that this approach improves access and reduces unnecessary medical costs.

Accountable Care Organizations (ACO) represent another innovative model of care. ACOs are groups of health care professionals that agree to be accountable for the quality, cost, and overall care of a group of patients. More than a dozen ACOs are currently operating in Wisconsin.

These and other innovative models of care as well as changing patient demographics and health conditions require that physicians have new skills. Among these are: understanding evidence-based practice; interdisciplinary, team-based care; cost awareness; shared decision-making; understanding quality metrics and measurement; using technology to improve quality and efficiency; working in different care settings and addressing transitions; and understanding population health. Recent changes in the Accreditation Council for Graduate Medical Education guidelines coupled with adequate financial support will help enhance the pool of physicians Wisconsin needs for high-performance delivery systems – those that provide high quality, high value and efficiently delivered health care services.

The DHS GME Initiative is one of several State efforts to increase the number of physicians practicing in rural and under-served areas of Wisconsin. Other initiatives include:

- Wisconsin Rural Physicians Residency Assistance Program (WRPRAP) – managed by the Department of Family Medicine and Community Health, UW School of Medicine and Public Health, supports a variety of GME activities, including: feasibility studies, consultation, technical assistance, rotations, residencies, fellowships, and faculty and curriculum development.
- National Governors Association Health Care Workforce Policy Academy – led by the Governor’s Office, Wisconsin is one of seven states participating in an initiative to develop a comprehensive strategic plan to ensure that the State has an adequate and well-informed health care workforce for the future.
- Primary Care and Psychiatry Shortage Grants – managed by the Wisconsin Higher Education Aids Board, the initiative provides annual awards to eligible physicians completing Wisconsin residencies in primary care or psychiatry who agree to practice in an under-served area of the State.
- Health Professions Loan Assistance Program (HPLAP) and Rural Physician Loan Assistance Program (Hospital Assessment Supplementary Loan Assistance Program - HASLAP) – managed by the Wisconsin Office of Rural Health, HPLAP provides loan repayment funds to eligible physicians working in rural or Health Professional Shortage Areas (HPSAs) and psychiatrists that work in HPSAs. HASLAP provides additional funds for physicians practicing in rural communities.

3. Available Funds

DHS anticipates making several awards under this RFA. The number of awards is dependent on the amount requested in proposed budgets. DHS reserves the right to allocate available funding to meet the goal of the grant. The appropriation is subject to renewal via the state’s biennial budget process.

The grant period cannot exceed three (3) years and must support one of the targeted specialty programs. Funds will be distributed quarterly per the terms of negotiated, performance-based contracts.

3.1 Use of Funds

DHS New GME Program Grant funds shall be used to assist rural hospitals and groups of rural hospitals in procuring infrastructure and increasing case volume to the extent necessary to develop accredited GME programs with substantial rural training experiences. The maximum amount per program is \$750,000 comprised of a maximum annual award of up to \$250,000 per year for three (3) years. Grant funds may be used for, but are not limited to, expenditures for: consultants, program staff, planning meetings, accreditation fees and site visits, faculty and curriculum development, and resident recruitment.

DHS may consider applications that seek to add a ‘substantial rural training experience’ (see Special Requirements - 6.2) and new resident positions to an existing accredited GME program. DHS may also consider applications that propose to substantially enhance rural training experiences without adding new positions in an existing accredited program.

DHS New GME Program Grant funds **shall not** be used for:

- Capital improvements, including, but not limited to, architectural consultation and renderings, remodeling and new construction
- Information technology and software
- Resident salary and fringe or other direct resident expenses
- More than six (6) months of additional development or operating expenses following commencement of training by the first cohort of residents
- Research

DHS New GME Program Grant funds **shall not** be used to supplant or replace existing funds supporting the proposed targeted specialty program from other sources, including local, State, or federal funds.

3.2 Required Match

The DHS New GME Program Grant requires the applicant to provide matching funds of a minimum of 50%, i.e., if the grant request is for \$100,000 the applicant must provide \$50,000 in matching funds either cash or in-kind. Matching funds may include, but are not limited to:

- Expenditures for program development made during the prior six months.
- Capital improvements required to meet accreditation requirements; limited to no more than 25% of the required match.
- Funds provided by partner organizations, including a sponsoring institution.

Grant funds from other State sources, e.g., from WRPRAP, **shall not** be considered as matching funds. Funding for direct resident expenses, e.g., salary, fringe, malpractice insurance, housing allowance, etc., **shall not** be considered as matching funds.

Applicants **shall** identify **all** sources of anticipated State or federal funding that will support program development and implementation of the new or restructured program even if such funds are not eligible as match.

4. Definitions

For purposes of this RFA, the following definitions shall apply.

- 4.1 Accredited Program – an established GME program in one of the targeted specialties that is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by both; accredited programs have a unique accreditation number.
- 4.2 Graduate Medical Education – the period of didactic and clinical education in a medical specialty that follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, also referred to as residency education.

- 4.3 Group of Rural Hospitals – a voluntary consortium of hospitals or other health care facilities located in rural areas (see 4.9) that are jointly sponsoring a new GME program in one of the five targeted specialties; the group may include an academic partner or sponsoring institution (university or health system) and no more than one hospital located in an urban area.
- 4.4 Participating Sites – an organization providing clinical educational experiences or educational assignments or rotations for residents.
- 4.5 Program – a structured educational experience in graduate medical education designed to conform to the program requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
- 4.6 Resident – any graduate medical student in an accredited GME program, including interns and fellows.
- 4.7 Restructured Program – an existing accredited GME program in one of the targeted specialties that seeks to add or expand rural training experiences; may include the addition of new resident positions; restructured programs must have an established partnership with a rural hospital or group of rural hospitals (see 4.3, 4.9, 6.2 and Appendix A).
- 4.8 Rotation – a clinical educational experience of planned activities in selected settings, over a specific time period, developed to meet the goals and objectives of the program.
- 4.9 Rural - areas that meet the definitions from the Wisconsin Area Health Education Center System, including:
- R1 – rural area with no population center greater than 2,500
 - R2 – rural area with population center 2,500 – 9,999
 - R3 – rural area with population center 10,000 – 49,999
- 4.10 Sponsoring Institution – the organization that assumes the financial and academic responsibility for a program of graduate medical education; the sponsoring institution has the primary purpose of providing educational programs and/or health care services.
- 4.11 Substantial Presence in WI – a GME program in a bordering state that meets all of the following criteria:
- Has an established relationship with a rural hospital in Wisconsin or group of rural hospitals (see 4.3 and 4.9)
 - Has an established history of resident rotations in rural areas of Wisconsin in one or more of the targeted specialties
 - Has an established history of medical school graduates from Wisconsin who complete their residency and return to Wisconsin to practice
 - Has a portion of current residents who have strong ties to Wisconsin, such as:
 - born in Wisconsin with extended family still in the state
 - graduated from a Wisconsin high school
 - received their undergraduate and/or graduate degree from a Wisconsin college or university

- 4.12 Targeted Specialty – the GME specialty - family medicine, general internal medicine, general surgery, pediatrics or psychiatry – targeted by the grant for development.
- 4.13 Under-Served Area – area designated by the Health Resources and Services Administration (HRSA) as a Medically Under-Served Areas (MUAs), Medically Under-Served Populations (MUPs) or Health Professional Shortage Areas (HPSAs).

5. Eligible Applicants

Eligible applicants are rural hospitals or a group of rural hospitals and other health care facilities (consortia) that meet the criteria of either A or B and the remaining criteria in C and D:

- A. Currently developing a new GME program that will have met the accreditation requirements of the ACGME or AOA by the end of the three (3) year grant period. The proposed new program must include substantial rural training experiences or serve a substantial rural population in Wisconsin (see 4.9, 4.12, 6.2 and Appendix A).
- B. Working with a sponsoring institution to restructure an existing accredited GME program to include a substantial number of new rural training experiences or serve a substantial rural population in Wisconsin (see 4.9, 4.12, 6.2 and Appendix A); priority will be given to applications that also include new resident positions.
- C. Have completed some initial planning activities, including, but not limited to, conducting a feasibility study, engaged medical staff and faculty, received hospital board approval or identified a physician champion.
- DHS will consider exceptions to this requirement, as appropriate.
- D. The program under development is in one or more of the following specialties:
- Family Medicine
 - General Internal Medicine
 - General Surgery
 - Pediatrics
 - Psychiatry

6. Special Requirements

6.1 Notice of Intent

Organizations interested in applying for grant funds **must** send a non-binding notice of intent via email to the following **by 2:00 p.m. CT on August 27, 2015**. Receipt of the Notice will be acknowledged by return receipt email. A copy of this email confirmation **must** be submitted with the application by 2:00 p.m. CT on October 8, 2015.

Melanie Johnson
Senior Policy Analyst
Office of Policy Initiatives and Budget
Melanie.Johnson@wi.gov

The email must include the following information:

- Name and location of interested applicant organization and partners, if any
- Name, title, email address and telephone number of the primary contact
- Targeted specialty – family medicine, general internal medicine, general surgery, pediatrics or psychiatry

The notice of intent **does not** commit the organization to submitting an application.

6.2 Rural Training Experiences

The legislative intent for the DHS New GME Program Grant is to increase the number of physicians practicing in rural areas of Wisconsin. Research suggests that residents who train in rural areas are more likely to practice in a rural area. Research also suggests that general surgery residents who spend a year in a rural setting are more likely to remain in general surgery versus a subspecialty.

To be eligible, applicants **must** include substantial rural training experiences in Wisconsin or serve a substantial rural Wisconsin population in the development of a new or restructured GME program. DHS has defined 'substantial rural training experience' as a minimum of **eight (8) weeks for each year of the residency** (e.g., 8 weeks x 3 years = 24 weeks). The number of weeks may be block or longitudinal over the course of the residency. Please refer to Appendix A for examples of various residency programs with a strong rural focus. DHS will also consider applications in which residents will serve a substantial population from rural areas as defined in 4.9.

To meet the goal of the grant, first priority will be given to applicants seeking to develop:

- A new Alternative Training Track (with a separate accreditation number),
- New traditional GME programs that include **more** than the minimum equivalent of eight (8) weeks per year rural training and
- A rural track (with a separate match number) within an existing GME program in one of the targeted specialties.

Each of the above **should** include new resident positions.

Second priority will be given to applicants with existing, accredited GME programs working in partnership with rural hospitals and other health care facilities that seek to add the minimum of eight weeks per year of rural clinical training experiences **and** additional resident positions. Third priority will be given to existing accredited GME programs that are in the process of adding or expanding rural training experiences without the addition of new resident positions.

6.3 Grant Period

The DHS New GME Program Grant is limited to three (3) years for development of new GME programs. The beginning date for the contract will be January 1, 2016. Funding may be requested for less than the three (3) year maximum, based on the focus of the application.

6.4 ACGME/AOA Accreditation of New or Restructured Programs
The applicant must demonstrate the intent to obtain ACGME or AOA accreditation or approval of program changes by the entry date of the first cohort of residents.

6.5 Sole Contact
OPIB is the sole DHS point of contact during the selection process.

7. General Requirements

7.1 Financial Reports
The successful applicant shall submit financial reports to DHS identifying cash expenditures using authorized funds within 30 days following the end of each quarter.

7.2 Progress Reports
The successful applicant shall submit a brief narrative report to DHS within 30 days following the end of each quarter highlighting activities completed, benchmarks achieved, challenges encountered and how they were overcome, changes in strategies and other information of which the applicant believes DHS should be aware.

7.3 News Releases
News releases pertaining to this award or any part of the proposal shall not be made without the prior written approval of DHS. Copies of any news release or other written articles regarding this award during the contract years will be submitted to DHS within 30 days from the date of initial publication.

7.4 Legal Services
Funds shall not be used to support any legal actions taken against the federal or State government or to support legal advice dispensed to programs or residents.

7.5 Incurring Costs
DHS and the State of Wisconsin are not liable for any cost incurred by applicants in replying to this RFA.

7.6 Waiver of Technicalities
The RFA Rating Panel reserves the right to accept or reject any or all responses to the RFA and waive minor technicalities. The determination of whether an RFA condition is substantive or a mere technicality shall reside solely with the RFA Rating Panel.

8. Clarifications and Questions

Potential applicants are encouraged to submit questions concerning this RFA **via email by 12:00 noon CT, August 19, 2015** to:

Linda McCart
Policy Chief
Office of Policy Initiatives and Budget
Linda.McCart@wi.gov

8.1 Applicant Question and Answer Conference

Potential applicants are invited to participate in a **conference call scheduled for 1:00 p.m. CT on August 24, 2015**. The purpose of the call is to allow all interested applicants to ask questions related to this RFA. The conference call information is below:

Phone: 1.877.820.7831
Access Code: 252480

Questions sent or asked prior to the conference call will be held and addressed during the conference call, (i.e., individual questions submitted will not receive a private response). The questions and answers discussed during the call will be posted to the DHS web site, <https://www.dhs.wisconsin.gov/business/solicitations-list.htm>, as soon as practical following the call.

Applicants are expected to raise any questions they have concerning the RFA requirements at this point in the application process. If an applicant discovers any significant ambiguity, error, conflict, discrepancy, omission or other deficiency in this RFA, the applicant should immediately notify Linda McCart at linda.mccart@wi.gov of such error and request modification or clarification.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFA; revisions, amendments and supplemental information will be posted to the DHS web site, <https://www.dhs.wisconsin.gov/business/solicitations-list.htm>.

Each proposal shall stipulate that it is predicated upon the requirements, terms and conditions of this RFA and any supplemental information or revisions thereof.

8.2 No Contact

Any contact with DHS employees (other than those specifically mentioned herein) concerning this RFA is prohibited, except as authorized by the RFA manager, Linda McCart, during the period from the date of release of the RFA until the notice of intent to contract is released.

9. Submission of Application

9.1 **All applications must be typed, doubled-spaced with 11-point Times New Roman or similar font, and shall not exceed 30 pages.** All pages must be sequentially numbered. This page limitation DOES NOT include the abstract, work plan, budget, budget narrative, required forms or other documents, the total of which shall not exceed 20 pages.

9.2 **Number of Applications.** Applicants may submit one (1) application per targeted specialty or program. DHS reserves the right to balance funding requests with the diversity of the targeted specialties and locations and the goal of the New GME Program Grant.

9.3 **Number of copies.** The applicant **must** submit **one electronic copy** of the entire application (or each application) to OPIB.

- 9.4 Closing date. All electronic applications **must** be received by Linda McCart at Linda.McCart@wi.gov by **2:00 p.m. CT on October 8, 2015** to be considered under this RFA. Applicants are cautioned to allow sufficient time for delivery by email, since it can sometimes take several hours for electronic mail to reach its destination.

Any and all responses to this RFA received after the closing date and time will not be reviewed and will be returned to the applicant. Any documents received after the closing date and time will not be considered.

- 9.5 Supplemental and clarifying information. Unless requested by OPIB, no additional information – either updated or supplemental materials – will be accepted from any applicant after the deadline for submittal of applications.

10. Awarding Funds Process

10.1 Evaluation Criteria, Potential Points and Procedures

All applications received by the deadline will be reviewed by a rating panel and ranked accordingly. The rating panel will evaluate all proposals against established criteria. To be considered for an award, an application must score at least **180** (out of **220** possible points) in the rating of applications, unless the rating panel determines it is in the best interest of the State to consider an award to an applicant who scores less than 180 points. The DHS New GME Program Grant is designed to support the mission and core values of DHS, including increasing access and promoting evidence-based approaches to high quality health care. Applications will be reviewed and evaluated according to the following criteria. (see Appendix B for the scoring matrix.)

10.2 Criteria and Maximum Points

10.2.1 Abstract – one page only, single-spaced, 11 point Times New Roman or similar font

The applicant’s response demonstrates that the proposed program meets the long-term goal of increasing access to quality health care in rural communities. The summary clearly articulates the rationale for developing a new program in one of the targeted specialties – family medicine, general internal medicine, general surgery, pediatrics or psychiatry – or restructuring an existing accredited program. The abstract describes the rural focus of the program and how it will benefit rural populations. Partners are identified. The response includes the amount requested, how the funds will be used, how the match will be met and the proposed grant period.

10.2.2 Identification and Rationale for Selected Targeted Specialty

The response identifies the targeted specialty. It provides a description of how and why this specialty was selected and how the selection will help achieve the goal of the DHS New GME Program grant. The response includes the number of new resident positions that will be created, as applicable, and the schedule for implementation.

10.2.3 Description of Activities to Establish a New GME Residency Program or Restructure an Existing Program

The response provides a complete description of the following:

- A. Program Planning – The response provides a description of the planning activities that have been completed to date (as of August 2015), including, but not limited to:
 - a. When planning began and what was the catalyst
 - b. Organizations represented in the planning group
 - c. Whether a feasibility study was completed; if so, when, by whom and with what result
 - d. Whether technical assistance or consultation has been provided; if so, when, by whom and with what result
 - e. Who the sponsoring institution is and why (or how) it was selected
 - f. Hospital board response, approval and comments, as appropriate
 - g. Whether a program director has been identified or hired
 - h. Whether a coordinator has been identified or hired
 - i. Whether faculty recruitment has begun and, if so, the status
 - j. Planning resources, including the amount and source of funding, in-kind, etc.

- B. Rural Training Experiences – The response provides a detailed description of current thinking or decisions about how the requirement for rural training will be met (see Special Requirements - 6.2), including:
 - a. Potential and/or confirmed clinical training sites
 - b. Anticipated and/or confirmed length of time in the rural setting(s)
 - c. When the rural training will be done, i.e., which program year(s)
 - d. Strategies for recruiting residents to the rural training sites, including support services such as housing and transportation
 - e. Demographics of the population to be served in the rural area
 - f. The status of faculty at the rural site and whether they will be volunteers or paid
 - g. Whether there is an on-site advocate or physician champion
 - h. Outreach to the community and the results, e.g., the community’s familiarity with and response to having residents as health care providers

- C. Business Plan – The response provides a complete description of the processes and activities that will be completed over the course of the grant period, which will result in an accredited GME program (either new or restructured). The business plan must be consistent with the action steps included in the work plan. This portion of the response must address, but is not limited to, the following:
 - a. Applicant Capacity - The response describes the applicant’s prior experience with medical education, e.g., hosting medical students, serving as a rotation site, faculty on staff, etc.; discusses the organization’s capacity to develop and implement an accredited program; and provides information about how the grant will be managed and monitored. The response identifies staff to be hired and proposed qualifications and responsibilities. The response demonstrates knowledge and understanding of local health care workforce issues and an understanding of the need for physicians to learn new skills for effectively practicing in new health care environments.
 - b. Sponsoring Institution Capacity - The response describes the sponsoring institution’s experience with medical education; discusses the organization’s capacity to assist in

developing and supporting implementation of an accredited program; and the ability to meet the institutional requirements for accreditation.

- c. Partner Capacity – The response provides information about all active partners in the planning and implementation of the proposed activities; their role and contributions, including financial and in-kind resources. It describes their prior experience with medical education, e.g., hosting medical students, serving as a rotation site, faculty on staff, etc. The response describes recruitment of and/or commitments from clinical training sites and the status of faculty recruitment at the rural training site(s) (if different from the applicant).
- d. Consortium or Group of Rural Hospitals – If the application is being made on behalf of a consortium or group of rural hospitals or health care facilities, provide the following information for each entity:
 - Name and location of organization
 - Specific role in the new proposed program
 - Position of engaged representative, e.g., CEO, CFO, Program Director, faculty, etc.
 - Contributions, either cash or in-kind

The response must include whether the consortium or group is or will become a non-profit organization under 501(c)(3) or rely on legally binding Memoranda of Understanding or Agreement (MOU or MOA); if MOU or MOA, please include a copy with the application. Applicants may also submit letters of intent or support from consortium or group members.

This portion of the response must also include information about how the consortium or group will be governed and identification of the fiscal agent.

- e. Accreditation Process – The response clearly demonstrates how the applicant and any partner organization(s) will have met all of the ACGME or AOA requirements, both program and institutional, by the end of the grant period for both new and restructured programs. The response is consistent with the work plan and provides more detailed information. It describes actions that will be taken to ensure benchmarks are being met and steps that will be taken if benchmarks will not be met. The response also briefly describes:
 - Faculty recruitment, development/training and support
 - Curriculum development
 - Resident recruitment and retention
 - Achieving and maintaining patient load
 - Any anticipated challenges and how they will be addressed
- f. Sustainability – The response clearly describes how the GME program will be supported and funded for the first class of residents following the end of the grant period and assuming full accreditation. The sustainability plan must include projected revenue and expenditures, the source, any restrictions on funds and other

information demonstrating how the new program will be maintained following the grant period.

The plan addresses how the resident's salary, fringe, malpractice insurance and other direct expenses associated with the resident will be covered, including any support services. The sustainability plan includes a description of proposed strategies for helping to ensure that the new physicians will continue to practice in rural Wisconsin communities. Applicants should strive toward achieving a 50% retention rate of graduating residents.

10.2.4 Benchmarks

The key purpose is to have an accredited GME program by the end of the grant period. Benchmarks to achieve this result must be clearly stated, realistic and consistent with the purpose of this RFA. Benchmarks are framed as measurable outcomes that can realistically be achieved during the funding period. Targeted completion dates are given. The response includes a description of how the benchmarks will be tracked. Key benchmarks will be included in the performance-based contract for successful applicants. **Achievement of these benchmarks will determine the approval or disapproval of quarterly invoices for payment.**

10.2.5 Budget and Budget Narrative

The applicant develops a line-item budget for allowable costs for each year of the grant period. Proposed costs are consistent with the requirements and are reasonable for achieving the goal. The total budget does not exceed the maximum grant amount or the maximum amount per year. The budget narrative includes justification for specific items, including calculations.

The budget and budget narrative clearly delineate the amount and source(s) of matching funds, including how the amounts were calculated. Matching funds are consistent with the grant requirements and **do not** include funding from State grants. If capital improvements are considered as a portion of the match, the amount does not exceed 25% of the required match. There is a clear description of these projections and/or expenditures and how they are related to meeting accreditation requirements. See Appendix C for the budget template.

The budget narrative includes information about other anticipated funding supporting planning and development of the new or restructured program, including the source, amounts per year and covered costs.

Non-allowable costs are neither included in the proposed budget nor as part of proposed matching funds (see Use of Funds - 3.1).

10.2.6 Work Plan and Timeline

The work plan identifies activities beginning January 1, 2016 (the effective date of the contract) needed to develop, implement and operationalize the new or restructured GME program. Each activity includes the expected beginning and completion dates and responsible parties (reference by position titles). The work plan is sequentially reasonable within each year of the proposed budget.

10.2.7 Reporting Requirements

The selected applicant (grantee) agrees to submit quarterly financial and progress reports within 30 days of the end of each quarter. The grantee must also submit annual financial and progress reports within 60 days of the end of each budget period. The annual reports will fulfill the requirement for the 4th quarter reports. DHS will provide templates for the reports.

- A. The Financial Report will include an accounting of expenditures under the grant for the time period, e.g., quarter or year. More specific information will be included in the contract.
- B. The Status Report is a narrative statement that includes, but is not limited to, the following information:
 - a. The status of the planning and implementation process, including:
 - benchmarks achieved
 - any challenges or barriers and how they were overcome
 - withdrawal and/or engagement of partners
 - recruitment of rural clinical training sites
 - hiring of critical staff
 - faculty/preceptor recruitment and training, if any
 - accreditation status
 - hospital and clinic staff engagement
 - hospital and clinic board approval, comments and support
 - infrastructure development
 - facility renovations or construction
 - b. The status of plans for recruiting new residents
 - c. Funding status, e.g., new resources and/or commitments; source, amount and purpose.

Final Reports

- A. The grantee must submit a final financial and status report within 90 days after the end of the grant. The financial report shall include a full accounting of all grant funds received and expended.
- B. The final status report shall include a brief description of the following:
 - d. Summary of grant activities
 - e. Impact (on long-term goal), e.g., six residents with ties to Wisconsin enrolled
 - f. Implementation and accreditation status
 - g. Resident recruitment status
 - h. Lessons learned from the planning and implementation process, including barriers and challenges encountered and how they were overcome or not overcome – and why
 - i. Information about withdrawal and/or additions of partners over the course of the grant
 - j. How the program will be sustained following the end of the grant period

11. Applicant Responses

Proposals submitted in reply to this RFA shall respond to the requirements stated herein. Failure to do so may be a basis for an application being eliminated from consideration during the selection process.

In the event of an award, the contents of this RFA, including all attachments, RFA addenda and revisions and the proposal from the successful applicant will become contractual obligations. OPIB reserves the right to negotiate the award amount and terms and conditions prior to entering into an agreement.

Justifiable modifications may be negotiated in the course of the contract only through prior consultation with and mutual agreement of the parties. Failure of the successful applicant to accept these modifications may result in cancellation of the award.

12. Withdrawal of Applications

Applications may be withdrawn by written notice to the DHS sole contact.

13. Award Procedures

The RFA Rating Panel's scoring will be tabulated and applicants will be ranked according to the numerical score received. The Rating Panel has the option to conduct interviews or telephone conferences with the top-ranked applicants and to consider these results in determining the rating score. The Rating Panel will also consider the balance of funding requests with the diversity of targeted specialties and locations consistent with the goal and purpose of the grant. DHS will make the final decision if a contract will be awarded. DHS reserves the right to withdraw the RFA if only a limited number of eligible applicants apply. DHS reserves the right to award only a portion of available funds based on responses to this RFA.

13.1 Notice of Intent to Award a Contract

Each applicant whose proposal is reviewed and scored by the RFA Rating Panel shall receive written notice of the determination of approval or non-funding of the proposal.

Each applicant whose proposal was not approved shall be given an opportunity to discuss with the OPIB representative the reasons for non-funding. The applicant may request the reason for the decision in writing by contacting Linda McCart at, Linda.McCart@wi.gov.

14. Public Information

It is the intention of DHS to maintain an open and public process in the submission, review and approval of awards. All material submitted by applicants will be made available for public inspection after notice of intent to award or not to award a contract is made. This information will be available for public inspection, under supervision, during the hours of 9:00 a.m. to 4:00 p.m. CT, Monday through Friday, from November 16, 2015 through November 23, 2015 at the Wisconsin DHS headquarters. No application submitted to DHS may be marked as confidential or proprietary, including any and all attachments.

Ratings tabulation and scoring by individual raters will also be open for public inspection, but the information released will not identify the individual rater's scores.

**CHECKLIST,
GUIDELINES and APPENDICES**

The following information is provided to assist applicants in preparing a quality, competitive response to the RFA.

- I. **Application Checklist.** The completed application must include the following:
 - A. Acknowledgement of Notice of Intent
 - B. Application Cover Sheet
 - C. Abstract
 - D. Proposal Narrative
 - Rationale for Selected Targeted Specialty
 - Description of Activities to Establish a New GME Program or Restructure an Existing Program
 - ◆ Program Planning
 - ◆ Rural Focus
 - ◆ Business Plan
 - Applicant Capacity
 - Sponsoring Institution Capacity
 - Partner Capacity
 - Consortium of Rural Hospitals or Health Care Facilities
 - Accreditation Process
 - Sustainability
 - E. Benchmarks/Objectives
 - F. Budget
 - G. Budget Narrative
 - H. Work Plan & Timeline

- II. **Budget and Budget Narrative.** The following guidelines must be used in preparing the budget and the budget narrative. The budget narrative must provide descriptions about each item, how the amount was calculated and the rationale for inclusion in the application. The budget narrative should also describe other funding used to support planning and development of a new or restructured program, including source, amount and purpose.
 - A. Allowable costs: Grant funds may be used for, but are not limited to:
 - Consultation fees
 - Education coordinator salary and fringe
 - Program and physician champion salary and fringe
 - Physician site director salary and fringe
 - Planning meetings
 - Accreditation fees and site visits
 - Faculty development
 - Curriculum development
 - Recruitment of rural training sites

- Initial resident recruitment
- B. Unallowable costs: Grant funds **may not** be used for:
- Capital improvements, e.g., architectural consultation and renderings, remodeling and/or new construction
 - Information Technology and software
 - Resident salary and fringe and other direct resident expenses
 - More than six (6) months of support for development or implementation costs after the initial cohort of residents have begun their training
 - Research
- C. Match: Matching funds of at least 50% of the total request must be provided, either cash or in-kind. The match may include expenditures (excluding capital improvements) made in the prior six months.

Expenditures made for capital improvement to meet accreditation requirements may be considered; not to exceed 25% of the required match. For example, the total grant request is \$500,000 over three years. The required match is \$250,000. The hospital will spend \$150,000 building one new exam room and remodeling a space for residents' offices. Only \$125,000 of this capital expenditure can be considered as part of the required match.

No State grant funds may be considered as matching funds.

III. Appendices and Other Documents

Application Cover Sheet

- A. Examples of "Substantial Rural Training Experiences"
- B. Scoring Matrix
- C. Budget Template

APPENDIX A
EXAMPLES OF “SUBSTANTIAL RURAL TRAINING EXPERIENCES”

Research suggests that residents who have ‘hands-on’ experience in a rural setting are more likely to locate their practice in a rural area. The most robust of these experiences is rural training tracks – the original 1:2 model – with a 75% placement rate in rural locations following completion. Toward that end, the National Rural Health Association and the American Academy of Family Physicians recommend that “cumulative rural training experience for medical students and residents with an interest in rural practice should be at least six (6) months in duration.”¹

Following are examples of various programs that offer substantial rural training experiences. The examples were drawn from an extensive literature review as well as conversations with national and Wisconsin-based experts in the field. Applicants should note that this is **not an inclusive list**.

1. Alternative Training Tracks – primarily for family medicine residencies but have also been used for general surgery residencies - the traditional 1:2 model is separately accredited by ACGME.
 - ◆ Traditional - 1 year in an urban setting or sponsoring institution and 2 years of continuous training in a rural setting.
 - ◆ Integrated – at least 24 months in a rural setting; OR if family medicine – block training of at least 4 continuous weeks in specific areas, e.g., obstetrics, community health, etc. in a rural setting.
 - ◆ Modified Integrated – “2-2-2” program which trains 2 residents a year for all three years of postgraduate education in a rural setting, interspersed with immersion experiences in the urban setting of the sponsoring institution.
 - ◆ Modified Integrated – 6 + 30 month pattern where the initial 6 months is spent in the urban setting of the sponsoring institution and 30 months are spent in a rural setting.
2. Augusta Model – family medicine - 2 ½ days per week in PGY 1 in rural setting; 4 ½ days per week in PGY 2 and 3 in a rural setting.
3. North Dakota Model – general surgery – 9 months in surgical subspecialty and rural surgery rotations in PGY 2 through 4; PGY 1 and 5 are the same as for general surgery.
4. Oregon and East Tennessee Model – general surgery – PGY 4 in a rural setting.
5. New York – Bassett Healthcare Model – general surgery – 1 month elective in a rural setting in PGY 1 through 4.
6. South Dakota – Sanford Health Model – general surgery (new program 2014) – 2 month rotations in a rural or VA setting in PGY 1 through 4.
7. Other Models – several states include 1 year in a rural setting and / or VA hospital for psychiatry, generally in PGY 4.

¹ American Academy of Family Physicians. “Rural Practice: Graduate Medical Education for (Position Paper) – AAFP Policies – AAFP. 2008. <http://www.aafp.org/about/policies/all/urral-practice.html>. Accessed January 9, 2014.

**WISCONSIN DEPARTMENT OF HEALTH SERVICES
GRADUATE MEDICAL EDUCATION NEW PROGRAM GRANT
REQUEST FOR APPLICATIONS
#G-480-OPIB- 16
APPENDIX B - SCORING MATRIX**

NOTE: This document is designed to serve as guidance for preparing the application.

PURPOSE: To assist rural hospitals and groups of rural hospitals and other health care facilities in developing accredited graduate medical education programs with significant rural training experiences in family medicine, general internal medicine, general surgery, pediatrics and psychiatry.

COMPONENT	CRITERIA	MAXIMUM POINTS
1. ABSTRACT	<ul style="list-style-type: none"> a) Demonstrates that the program has the potential to increase access to quality health care for rural residents b) Identifies targeted specialty and whether new or restructured program c) Identifies partners d) Briefly describes the rural training experience(s) e) Provides general information about the amount and use of funds 	10
2. TARGETED SPECIALTY	<ul style="list-style-type: none"> a) Identifies targeted specialty b) Explains why the specialty was selected c) Explains how this specialty will increase the number of physicians in rural areas and/or better serve rural populations d) Provides the total number of resident positions that will be created by the end of the grant 	10
3. DESCRIPTION OF PLANNING EFFORTS		130 <i>INCLUSIVE OF ALL SCORES IN COMPONENT #3</i>
3.1 PLANNING STATUS	<ul style="list-style-type: none"> a) Provides clear description of planning activities to date b) Provides clear description of engaged partners and their role c) Identifies the sponsoring institution d) Provides brief description of the feasibility study and results 	20

COMPONENT	CRITERIA	MAXIMUM POINTS
	<ul style="list-style-type: none"> e) Provides brief description of any consultation or technical assistance and results f) Describes hospital board response and/or comments g) Identifies whether staff have been hired, e.g., education coordinator, physician champion, faculty, etc. h) Describes planning resources to date, including source, amount and purpose i) Describes the status of the accreditation process 	
<p>3.2 RURAL TRAINING EXPERIENCES</p>	<ul style="list-style-type: none"> a) Provides a detailed description of the current thinking and/or decisions that have been made with regard to rural clinical experiences, including length of the training and program year(s) b) Identifies and describes potential and/or actual training sites and population demographics c) Describes the anticipated patient load and how it will be maintained d) Describes the status of clinical training faculty (recruitment and training/development) e) Identifies whether there is an on-site physician champion or advocate f) Describes outreach to the community at-large and the results (e.g., response to having residents participating in their care) 	<p>45</p>
<p>3.3 BUSINESS PLAN</p>	<ul style="list-style-type: none"> a) Describes the capacity of the applicant to plan, implement and operate a GME program, including prior experience with medical education programs b) Provides information about how the grant will be managed and monitored c) Identifies staff to be hired and proposed qualifications and responsibilities d) Demonstrates knowledge and understanding of local health care workforce issues and an understanding of the need for physicians to learn new skills e) Describes the capacity of the sponsoring institution to meet the institutional ACGME or AOA accreditation requirements f) Identifies all partners engaged in planning/development of the new or restructured program, including roles and responsibilities g) Identifies whether the applicant is applying on behalf 	<p>60</p>

COMPONENT	CRITERIA	MAXIMUM POINTS
	<p>of a consortium and provides relevant information about members, fiscal agent and governing structure</p> <ul style="list-style-type: none"> h) Explains the process for meeting all accreditation requirements by the end of the grant period i) Provides clear description of faculty recruitment and training; and resident recruitment and support j) Identifies any anticipated challenges and proposed strategies for addressing them k) Describes how the program will be sustained beyond the grant period, including projected revenues and expenses and sources of funding l) Describes strategies for retaining and supporting physicians following completion of the residency 	
4. BENCHMARKS	<ul style="list-style-type: none"> a) Benchmarks are clearly stated as measurable outcomes b) Benchmarks include the timeframe for achieving c) Benchmarks identify the responsible party d) Benchmarks are consistent with the work plan 	15
5. BUDGET	<ul style="list-style-type: none"> a) Includes specific line items within budget categories b) Detailed budget is provided for each year of the grant c) Total request does not exceed the maximum allowed or maximum allowed per year d) Includes amount and source of matching funds, both in-kind and other funds e) The amount of capital expenses counted as match does not exceed the maximum allowed f) Non-allowable costs are not included 	20
6. BUDGET NARRATIVE	<ul style="list-style-type: none"> a) Provides clear justification for each budget item b) Explains clearly how costs were calculated c) Provides clear information about other sources of funding that support planning and implementation, including amounts and covered costs d) Identifies and explains the amount and source of matching funds, both in-kind and other funds 	20
7. WORK PLAN/TIMELINE	<ul style="list-style-type: none"> a) Clearly articulates activities needed to achieve accreditation b) Identifies responsible parties by position c) Includes beginning and ending dates 	15

Application Cover Sheet / Summary

Section A - APPLICANT INFORMATION

1. Targeted Specialty Program: Insert Name of the Targeted Specialty			Number of Residents Anticipated: Insert Number
2. Applicant: Insert Name			
Address: Insert	City: Insert	State: Insert State Abbr.	Zip: Insert
3. Primary Contact: Insert Name			E-mail: Insert
			Telephone: Insert
Address: Insert	City: Insert	State: Insert State Abbr.	Zip: Insert
4. Fiscal Agent (if different from Applicant): Insert Name			E-mail: Insert
			Telephone: Insert
Address: Insert	City: Insert	State: Insert State Abbr.	Zip: Insert
5. Employer Identification No.: Insert Number			

SECTION B - BUDGET SUMMARY

10. Enter the total proposed budget and the budget for each year of the grant. Do not include the required match in the total.
Note: The maximum amount per grant is \$750,000.

Total funds requested: \$ _____

Requested funds per year:

\$	Year 1	\$	Year 2	\$	Year 3
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Is the applicant seeking or planning to seek funding from the Wisconsin Rural Physician Residency Assistance Program? _____

11. NAME, TITLE AND PHONE NUMBER OF OFFICIAL AUTHORIZED TO COMMIT THE APPLICANT ORGANIZATION TO THIS AGREEMENT

Typed Name of Official: _____ Title: _____ Phone: _____

Signature: _____

Date: _____

APPENDIX C – BUDGET TEMPLATES

Please use the templates as a guide for completing the budget component of the application. Other spread sheets with these categories are acceptable. Please provide a description of each budget item and how amounts were calculated.

Budget Summary

Category	Year 1	Year 2	Year 3	Total	Brief Explanation/Description
Personnel					
Accreditation					
Program Development					
Resident Recruitment					
Capital (<i>match only</i>)					
Non-grant Funded Activities & Expenses					
TOTAL					
<i>DHS Grant</i>					
<i>Match</i>					
<i>Other</i>					

Detailed Budget – Provide information for each grant year.

NOTE: Budget Items are examples only; applications may include additional (or fewer) items than are listed.

Category	Budget Item	DHS	Match	Non-Match	Total
Personnel	Program Director/Coordinator				
	Program Specialist				
	Education Program Manager				
	Education Training Director				
	Associate Director				
	Physician Champion				
	Clinic Nurse				
Accreditation	Site Visit(s)				
	Application Fee				
	Annual Program Fee				
	Institutional Review				
Program & Faculty Development	Professional Dues & Memberships				
	Professional Conferences				
	Continuing Medical Education				
	Curriculum Development				
	Training Site Recruitment and Coordination				
	Consultant				
	Community Development				
	Professional Development				
Resident Recruitment	Promotional Materials				
	Recruitment Services & Tools (e.g., FREIDA Online)				
	Travel				
	Hotel Accommodations				
	Meals				
Capital	Resident Training Space				
	Technology				
	Equipment				