



Steve Sisolak
Governor

STATE OF NEVADA

GOVERNOR'S OFFICE OF SCIENCE, INNOVATION & TECHNOLOGY

100 North Stewart Street, Suite 220
Carson City, Nevada 89701
775-687-0987 Fax: 775-687-0990



Brian L. Mitchell
Director

DATE: May 30, 2019
TO: Governor Steve Sisolak
FROM: Brian Mitchell, Director
RE: Graduate Medical Education Task Force Recommendations- Round VI

BACKGROUND

Nevada consistently ranks among the most underserved states in most areas of healthcare delivery, both in urban and rural settings, due in large part to shortages of physicians. Additionally, many graduates of Nevada's medical schools must leave the State to seek Graduate Medical Education (GME) since Nevada produces more undergraduate medical students than it has residencies and fellowships. The Graduate Medical Education Task Force (Task Force) is charged with providing recommendations to the Governor on how best to distribute the funds allocated by the Nevada State Legislature to expand the physician workforce in Nevada. The Office of Science, Innovation and Technology (OSIT) manages a competitive grant program to award the funds to any ACGME-accredited institution in Nevada. OSIT convenes a GME Task Force made up of healthcare experts from across the State to evaluate applications and make recommendations to the Governor for funding. The Governor makes final funding decisions. Once funding decisions are made, OSIT oversees the award of funds and the reporting from grantees.

The 79th Legislature appropriated \$5 million in each year of the biennium to grow Nevada's physician workforce by either funding needed start-up costs for new GME programs in high-need specialties or expanding existing programs where there is high demand. Last biennium, then Governor Sandoval approved the recommendations of the Task Force to fund 10 applications requesting a total of \$10 million. In FY 2018, the Governor approved the recommendations for the Task Force to fund an additional 8 applicants at a total of \$5 million. In November 2018, Governor Sandoval approved the recommendations of the Task Force to fund an additional 4 applications totaling \$3,373,301.00. \$1,675,480 remains in FY2019. A summary of the first five rounds of funding is included as Attachment A. Staff from the Governor's Office and the Office of Science, Innovation and Technology (OSIT) staff the Task Force with Brian Mitchell, Director of OSIT, serving as Chair.

OSIT circulated the Round 6 Request for Applications (RFA) for the remaining FY 2019 GME funding. The Task Force met in May of 2018 to review applications for funding. A copy of the RFA is included as Attachment B. Eligible entities were invited to submit applications for programs in all specialties and subspecialties where a physician shortage exists, using data from the State Board of Medical Examiners

and the State Demographer’s Office (See Attachment C). The Round 6 RFA continued to use the same definitions of eligible specialties with the same added weight in scoring for residencies in primary care or mental health. The Round 6 RFA was posted on the OSIT website and was distributed widely to the State’s schools of medicine, hospitals and clinics, and other interested parties.

APPLICATIONS AND SCORING

Any accreditor-approved GME program or sponsoring institution in Nevada was eligible to apply for funding. In the sixth round, OSIT received three applications requesting \$2,424,226.50 in total funding (see Table 1). A summary of each application can be found in Attachment D. The applications were distributed to the members of the Task Force who individually scored the applications. Table 2 contains the average scores for each application. Task Force members reconvened on May 29, 2019, to discuss the applications and make recommendations.

TABLE 1

Applicant	Program Name	Type	Location	Requested Amount
Mountain View Hospital	Radiology Residency Program	New	Clark	\$1,145,685.50
Southern Nevada Health District	Public Health and General Preventive Medicine	New	Clark	\$707,240.00
UNLV School of Medicine	Forensic Psychiatry Fellowship Program	New	Clark	\$571,301.00

TABLE 2

Applicant	Average Score (105 possible)
Mountain View Hospital	78.00
Southern Nevada Health District	67.64
UNLV School of Medicine	76.11

The Task Force discussed each application in order beginning with the highest scoring application. Representatives from each applicant were present and responded to questions from Task Force members. Below is a brief summary of the discussion for each applicant.

MOUNTAIN VIEW HOSPITAL RADIOLOGY- The Task Force asked questions about recruitment and the program’s ability to fill 5 slots each year. Mountain View responded that they were confident in their ability to fill the 5 slots and that it would be a popular program due to strong connections with the UNR and Touro Schools of Medicine and the ability to fill slots with secondary applications. The UNR School of Medicine confirmed that it was likely a few of their graduates would be interested in the program each year. The Task Force had concerns that the proposed timeline was tight. Mountain View indicated that the timeline to submit and receive accreditation was realistic and that the hospital’s GME consortium had successfully achieved accreditation and recruited students to other GME programs with similar timelines. There were concerns that the program was too early in the accreditation process, however, Mountain View explained that the proposed costs were necessary start-up costs to achieve accreditation and the hospital had successfully achieved accreditation in other programs in the past. Questions

regarding proposed costs for facilities construction and office equipment were answered satisfactorily by the applicant.

UNLV FORENSIC PSYCHIATRY- The Task Force inquired about UNLV’s lengthy timeline and why the need to fund this grant now if fellows would not start until 2021. UNLV indicated that the accreditation schedule for this program would not allow the program to be ready for 2020 but that the program had work to do now to be ready by 2021. Questions were asked about funding faculty so far in advance and UNLV explained that the faculty would only be paid for the time to collaborate on the program design and curriculum necessary to achieve accreditation. Questions were asked about the Department of Public and Behavioral Health’s (DPBH) commitment to help sustain the program. DPBH explained that the Department had funded similar residency positions in the past and were confident and committed to funding one of the residency positions in the future. Questions were asked why the program would only enroll two fellows at a time and UNLV indicated that every similar program in other states also only enrolled two at a time. However, if demand warranted, UNLV indicated it would be open to expanding the program. Other questions about the budget were answered satisfactorily by the applicant.

SOUTHERN NEVADA HEALTH DISTRICT (SNHD) PUBLIC HEALTH- The Task Force had concerns with SNHD’s sustainability plan. SNHD outlined several possibilities for acquiring sustaining funding in the future and Task Force members remarked that each was only a possibility, but none were assured. Questions were asked about the status accreditation and SNHD informed the Task Force that their recent site visit went very well and SNHD expects to receive an answer on accreditation in mid-June. Questions about the budget, the timeline for implementation and recruitment were also answered. Discussion returned to the sustainability plan and Task Force members continued to express concerns while expressing support for the need for this type of program.

TASK FORCE RECOMMENDATIONS

At the conclusion of the question and answer period with applicants, the Task Force began a discussion regarding how to allocate available funding to the applications. The Task Force unanimously voted to allocate available funding across each of the three applicants. Applicants affirmed they would be able to accomplish stated goals with a reduced budget. Table 3 below contains the Task Force’s award recommendations.

TABLE 3

Applicant	Average Score	Slots per Year	Requested Amount	Awarded Amount
Mountain View Hospital	78.00	5	\$1,145,685.50	\$829,179.00
Southern Nevada Health District	67.64	2	\$707,240.00	\$325,000.00
UNLV School of Medicine	76.11	2	\$571,301.00	\$521,301.00
Total		9	\$2,424,226.50	\$1,675,480.00

NEXT STEPS

Once final funding decisions have been made by the Governor, OSIT staff will draft award agreements and advance the funding. Grantees will have two years from the award date to spend the funds.

Attachment A: Summary of GME Funded Applications Rounds 1-5

Applicant	Program Name	Type	Location	Awarded Amt
UNLV School of Med	Psychiatry Residency Program	Expansion	Clark	\$900,000
Valley Health	Infrastructure Development- 4 programs	New	Clark	\$600,000
UNR School of Med	Adult and Child Psychiatry	New	Washoe/Rural	\$500,000
UNLV School of Med	OBGYN	New	Clark	\$1,300,000
UNR School of Med	Internal Medicine	Expansion	Washoe	\$1,700,000
UNR School of Med	Geriatric Medicine	Expansion	Washoe	\$500,000
Valley Health	Infrastructure Development- 4 programs	New	Clark	\$1,050,000
Mountain View	OBGYN	New	Clark	\$850,000
Touro University	Geriatric Medicine Fellowship	New	Clark	\$1,200,000
UNR School of Med	Family & Community Medicine	Expansion	Washoe/Rural	\$1,400,000
Valley Health	Surgery	New	Clark	\$794,410
Mountain View	Physical Medicine and Rehabilitation	New	Clark	\$888,000
SNHD	Preventive Medicine Residency	New	Clark	\$315,161
UNLV School of Med	Critical Care Fellowship	New	Clark	\$454,817
UNLV School of Med	Pediatric Emergency Medicine Fellowship	New	Clark	\$922,433
UNR School of Med	Family Medicine Training	Expansion	Rural	\$251,969
Southern Hills Hospital	Psychiatry Residency	New	Clark	\$1,054,000
Valley Health	Family Medicine Residency	Expansion	Clark	\$319,210
UNLV School of Med	Critical Care Surgery Fellowship	Expansion	Clark	\$1,560,179
UNLV School of Med	Geriatrics Fellowship	New	Clark	\$722,346
Valley Health	Infrastructure Development- Henderson Hospital	New	Clark	\$961,995
UNLV School of Med	Critical Care Fellowship Addendum	New	Clark	\$80,000
Total Funding Awarded				\$18,324,520

Attachment B: Request for Applications

Graduate Medical Education New and Expanded Program Grants Round VI

IMPORTANT INFORMATION

- Purpose:** To increase and fill the number of accreditor-approved residency positions in existing programs, and/or establish new graduate medical education (GME) programs with positions.
- Proposals Due:** April 22, 2019 5:00 pm PT
- Funding Available:** \$1,675,480
- Cost Sharing/Match:** None
- Applicant Q&A** There will be an optional opportunity for applicants to be present to answer questions from the review committee made up of members of the GME Task Force. The date, time and locations in Carson City and Las Vegas for the question and answer session will be posted on or before April 22, 2019 at <http://osit.nv.gov>.
- Final Funding Decisions:** On or before May 31, 2019.
- Eligibility:** An eligible applicant is an accreditor-approved GME program or a sponsoring institution that has an eligible program or intends to create an eligible program within the grant term.
- Website:** <http://osit.nv.gov>. Please check the website regularly for updates.
- Contact:** Brian Mitchell
Director, Governor's Office of Science, Innovation and Technology
blmitchell@gov.nv.gov
775-687-0987

REQUEST FOR APPLICATIONS- GRADUATE MEDICAL EDUCATION NEW AND EXPANDED PROGRAM GRANTS

INTRODUCTION:

Nevada consistently ranks among the most underserved states in most areas of healthcare delivery, both in urban and rural settings due in large part to shortages of physicians.

On March 11, 2014, Governor Brian Sandoval issued Executive Order 2014-07 which created a Task Force on Graduate Medical Education (GME) and directed it to make recommendations in a report to the Governor on how to increase the graduate medical workforce in Nevada. The Task Force recommended that the Governor fund additional residency slots and that funding be available to both public and private institutions to either expand or create new GME programs.

As a result of the Task Force's recommendations, the Governor requested and the Legislature appropriated the sum of \$10 million (\$5 million in FY2018 and \$5 million in FY2019) for the purpose of GME. The primary focus of the additional slots is to be for primary care and mental health. On November 13, 2015, the Governor issued Executive Order 2015-30, reestablishing the GME Task Force to act as an advisory body and provide recommendations to the Governor on how best to distribute the GME funds allocated by the Legislature, and directed the Governor's Office of Science, Innovation and Technology (OSIT) to manage the grant. The Task Force will review and score responses to this Request for Applications to inform its recommendations to the Governor. The Governor will make final funding decisions.

SECTION I: DESIRED OUTCOMES

Purpose:

The State, through Graduate Medical Education New and Expanded Program Grants (hereafter GME Grants), seeks to meet its growing healthcare needs and grow its physician workforce by increasing support for training. Given limited resources, the State has chosen to focus this application on increasing the number of physicians with primary care and/or mental health training. Primary care and mental health training are defined in Section II, under the eligible uses of funding section. However, applications may be made for GME programs in any specialty or subspecialty that meets eligibility criteria outlined below.

SECTION II: AWARD INFORMATION

Awards

The State intends to distribute several rounds of grants over this biennium. The State will distribute up to \$5 million in each fiscal year. This Request for Applications represents the sixth round since the inception of the grant program. The State reserves the right to determine the number of applications awarded based on funds available and projects selected, and may issue subsequent Requests for Applications. Applications should be crafted without expectation of future funding. In order to receive funding, applicants must completely follow application instructions, including formatting, and provide all required information. More information on the award decision process may be found in Section V.

Submission Timeline and Instructions

Submit one (1) electronic copy of the application in a single pdf by 5:00 p.m., April 22, 2019 to:

Brian Mitchell
Governor's Office of Science, Innovation and Technology
blmitchell@gov.nv.gov

Applications must be received by the date above. Applications received after the date above will not be considered.

Eligible Uses of Funding

The State will provide initial startup funding to eligible institutions for costs not already incurred that are associated with starting new programs or expanding existing GME residency or fellowship programs. Programs must provide training in fields or specialties where the number of licensed physicians per 100,000 population in the region where the GME program is located falls below the U.S. average. Added weight in scoring, described below in Attachment A, will be given to programs that provide training in primary care and/or mental health. Primary care is defined as: family medicine, internal medicine, pediatrics, internal medicine/pediatrics, geriatrics, and OB/GYN. Mental health care is defined as: psych and psych fellowships. Please see Attachment B for the list of licensed physicians per 100,000 in Nevada by specialty, broken down by region, compared to the national average. For ease of reference, specialties in counties with green numbers are above the national average and are not eligible for funding.

The focus of this funding is on training in specialties where the number of licensed physicians in the region is below the U.S. average. Applications for programs that provide training in subspecialties or fellowships are welcome, provided the applicable rate of licensed physicians in the region also falls below the U.S average, and will need to provide a very strong articulation of need, backed by local data.

Examples of startup costs include:

- costs associated with hiring faculty or administrative support;
- facilities costs associated with education such as classrooms and associated IT;
- salaries, benefits, and professional liability insurance for participating residents of residents and fellows. Funding requested for salaries, benefits, and insurance will require special justification in terms of impact, return on investment, and sustainability.

Ineligible Uses of Funding

Grant funds may not be used for:

- research or feasibility studies including travel for the purpose of research;
- the training of undergraduate medical students;
- compensation for residents subsidized by any other funding sources;
- compensation which is higher than the normal rate for a similar position at the institution;
- construction costs not directly related to education, such as facilities that are strictly clinical in nature or parking;
- equipment costs not directly related to education;
- salary expenses, such as bonuses, vehicle, and cell phone allowances, beyond base salaries and standard benefits;
- food or beverage;
- an indirect cost allocation; and
- any costs associated with applying for, administering, or complying with the requirements of this grant.

Cost Sharing

No cost sharing or matching is required.

Grant Period

The grant reporting period is 10 years from the grant award date. The Legislature appropriated \$5,000,000 in FY2018 and \$5,000,000 in FY2019. FY2019 funding must be obligated by June 30, 2019. More information on the award process is contained in Section V. Awardees are required to submit quarterly reports to OSIT until all grant funding has been spent and annual reports thereafter until the conclusion of the grant period. More information on the reporting process can be found in Section V.

SECTION III: ELIGIBILITY INFORMATION

Eligible Applicants

An eligible applicant is an accreditor-approved GME program or a sponsoring institution located in Nevada that has an eligible program or intends to create an eligible program within the grant term. Institutions may be public or private, allopathic or osteopathic. Awards may be granted to individual institutions, including universities, hospitals, community health centers or other healthcare entities, or to consortia where two or more institutions share resources including facilities, administration, faculty and costs. Institutions may submit more than one application.

SECTION IV: APPLICATION AND SUBMISSION INFORMATION

A comprehensive, well-written application provides all the information necessary for a complete evaluation. The review committee will use the rubric located in Attachment A to evaluate applications. A complete application will include the following five (5) components listed below and described later in greater detail. Each section inside the grant should include headings and subheadings.

- 1) Cover Sheet
- 2) Project Abstract;
- 3) Project Narrative;
- 4) Budget Plan;
- 5) Letters of Commitment.

Incomplete applications or applications that do not follow the submission requirements, including the formatting requirements described in detail below, as of the filing deadline, will be disqualified and will not be scored.

1. Cover Sheet (Pass/Fail)

Format: The cover sheet must not exceed one (1) page, is not included in the 20-page narrative limitation and must contain the following information:

- **Applicant Information**
Organization name, full mailing and physical addresses, phone number, state vendor ID number, and website (if applicable)
- **Project Information**
Title, county location, type of award requested (expanded or new), program specialty and length, original accreditation date (existing programs) or accreditation application date and expected start date (new programs), and proposed dollar amount
- **Project Director Information** (overall project responsibility)
Full name, title, mailing and physical address, day-time & evening phone, email address
- **Project Contact** (daily project contact – if different than director)
Full name, title, mailing and physical address, day-time & evening phone, email address
- **Signature**
The Cover Sheet must be signed by an individual who is legally authorized to submit the application on behalf of the applicant. Include printed name and title.

2. Project Abstract

Format: The Project Abstract must not exceed one (1) page, it must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 size (letter size) paper.

The project abstract must succinctly summarize the proposed project and should include:

1. A brief summary of the project;
2. Specific, measurable objectives and/or goals;
3. Collaboration and partnerships; and
4. Expected results and/or outcomes.

3. Budget Narrative and Plan (15 points possible)

Format: The budget narrative must not exceed one (1) page, it must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 size (letter size) paper. There is no page limit on the budget plan (table).

Applicant is required to submit a 1) budget narrative and a 2) budget plan.

- 1) The budget narrative must demonstrate a clear and strong relationship between the program's expenses and the program's goals and activities. The budget narrative should be detailed, reasonable and adequate, cost efficient, and should align with the proposed work plan. From the budget narrative, the reviewer should be able to assess how the budget expenditures relate directly to the goals of the program. The budget narrative does not count towards the page limit of the Project Narrative.
- 2) The budget plan should be completed in a table. Please be specific and include as much line-item detail as is reasonably possible. Use this space to provide more specific justification for expenditures mentioned in the Budget Narrative. Break down cost categories such as "Faculty," "Facilities," "Salaries," and "Insurance" to individual components so that it is clearly understood how funding will be spent. For example, for travel, list costs for flights, hotel, per diem, and transportation. All program expenses should be accounted for.

4. Project Narrative

Format: The Project Narrative must not exceed twenty (20) pages, it must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 size (letter size) paper. Tables, graphs, charts, and other visuals may be used and do not have to be double-spaced. The entire narrative, including attachments, tables, graphs, and charts must conform to the twenty (20) page limit.

The following information must be contained within the Project Narrative:

A. Needs Assessment (20 points possible)

- 1) Provide a clear and concise overview of the need for the proposed training program, including gaps in the current workforce, illustrated with local labor data. Articulate, using data, why this program is needed.
- 2) Describe the community where this training program will take place including health disparities and unmet needs, how those challenges will be addressed through this program, and why it is critical to care for this unmet need.
- 3) Outline other efforts or resources, if any, currently being undertaken to remedy this need.
- 4) Discuss student demand for the program. Use institutional and statewide data. Include an analysis of where students completed or will complete their undergraduate medical education.

B. Feasibility Assessment (5 points possible)

- 1) Current and Projected Resident Capacity Assessment:
 - i. Existing Programs- Provide by postgraduate year (PGY) as of July 1:
 1. The number of actual accreditor-approved residency positions for 2017 and 2018 and the expected number of accreditor-approved residency positions in 2019.
 2. The number of filled and unfilled residency positions in 2017 and 2018.
 3. The number of new residency positions specific to this program.
 4. The estimated total number of residents trained per year at the institution.

- ii. New programs- Provide by postgraduate year (PGY) as of July 1:
 1. The number of expected accreditor-approved residency positions for 2019.
 2. The number of new residency positions specific to this program.
 3. The estimated total number of residents trained per year.
- 2) Include a description of the payer mix at the institution applying for funding.

C. Work Plan and Impact Analysis (35 points possible)

Provide a detailed **work plan** with specific data and information that addresses each of the following and ties back to the needs identified above:

- 1) Program Description-
 - a. A description of the specialty for which the program will provide training.
 - b. The learning outcomes of residents.
 - c. Describe in detail the settings and activities in which residents will demonstrate competence to perform all medical, diagnostic, evaluative and surgical procedures and treatments considered essential.
 - d. Describe how competence will be assessed.
 - e. Describe the didactic activities that form part of the program.
- 2) Estimate the following:
 - a. The average number of hours per week residents of this program will see patients.
 - b. The average number of patient visits by residents of this program per year.
 - c. The cost to train each resident of this program.
 - d. The time to train first and subsequent cohorts of residents of this program.
- 3) List the proposed faculty and support staff positions that will oversee this program. Include an organizational chart.
 - a. Provide a brief bio for all faculty or instructors with information such a CV, relevant credentials, or prior teaching experience. If faculty will be hired after the grant is awarded, provide a plan and timeline for hiring instructors and the minimum qualifications required.
 - b. What percentage of time will the GME program director spend on this program?
 - c. Will a full-time residency coordinator be provided?
- 4) Provide a detailed timeline of project phases from award of funds to the completion of the first cohort of trainees, include measurable goals for each project phase. Identify the staff responsible for achieving each step in the timeline, including support from and the roles of any outside partners.
- 5) List the stakeholders consulted and how their comments influenced the design of the training program.
- 6) Provide a description of how the grant applicant will reach out to and recruit possible trainees to participate in the training program.
- 7) Provide a list of hospital partners and clinical training resources that will be used in this program.
- 8) Provide an articulation of the plan to achieve accreditation and the probability of success.
- 9) Does the applicant currently have or propose any efforts to encourage GME program participants to remain in Nevada following the completion of their graduate medical education?
- 10) Building on the information provided in "A. Needs Assessment", articulate how the proposed program will meet the needs identified.

Impact Analysis- Provide detailed estimates in a table format on the impact of the training program. Include a justification for how each estimate was determined. Please address the following:

- 1) The length of the program.
- 2) The number of residents who will complete training annually.
- 3) The total number of residents in training when the program is at full capacity. If the proposed program is an expansion, include both the number of existing residents and the expanded number to be funded by this grant separately.
- 4) The estimated number of trainees from underrepresented minorities, rural areas, disadvantaged backgrounds, or veterans projected to receive training each year.
- 5) The estimated number of trainees practicing in Nevada one year after program completion.

- 6) The estimated number of trainees practicing in an underserved or rural area in Nevada one year after program completion.

D. Sustainability Plan (15 points possible)

- 1) Project the annual training program costs after grant funds are exhausted.
- 2) The total annual ongoing cost of the training per resident.
- 3) Indicate how the applicant will fund ongoing costs associated with the program. Provide a detailed plan for obtaining replacement/sustainment funds.
- 4) Provide an articulation of long-term institutional commitment to the program and ability to support ongoing program costs following startup phase.

E. Data Collection and Evaluation (5 points possible)

This section should include performance evaluation measures. At a minimum, the measures indicated in the impact analysis should be a part of the overall program evaluation. As a reminder, data collection is not a performance measure but used in developing and evaluating the measure. Please describe:

- 1) What results can be expected?
- 2) What data will be collected to measure the success of the program?
- 3) How will the program expand the physician workforce in Nevada and improve health outcomes for Nevadans?

F. Certification of Accreditation (Pass/Fail) (Does not count toward Project Narrative page limit)

Existing programs must provide a copy of the most recent accreditation letter from the Accreditation Council for Graduate Medical Education. New programs must provide a plan for achieving accreditation or documentation relating to an application in process for program accreditation.

5. Letters of Commitment (5 points possible)

Format: Letterhead with signature.

Applicant is required to submit letters of commitment from each partner. Letters should be on letterhead and signed. Letters should outline how the partner will contribute to the project and what commitments they will make including contributions to the sustaining of the program. Letters of commitment do not count towards the 20 page limit of the Project Narrative.

SECTION V: AWARD ADMINISTRATION INFORMATION

Grant Review and Selection Process

Applications that meet the minimum standards laid out above will be reviewed, evaluated, and competitively scored by the Governor's GME Task Force using the scoring matrix located in Attachment A. Applicants have the opportunity, but are not required, to be present in person to answer clarifying questions from the Task Force. Selected applications along with the Task Force's recommendations will be forwarded to the Governor for a final funding decision. The Governor may award all or part of an applicant's request and may require modifications to an application prior to funding. Applications selected to receive a grant award will enter into a contract with the State of Nevada in compliance with the State of Nevada regulations. The State reserves the right to award all, part or none of available grant funding during this grant round. In cases where the ranked applications may "tie", the State reserves the right to consider "Work Plan and Impact Analysis" scoring independently to determine placement. To avoid disqualification, all application areas must be concise and complete; the application cover sheet must be signed and dated; objectives must be measurable. Denial letters will be sent to applicants that are not funded.

Grant Commencement and Duration

Project implementation must be initiated within thirty days (30) after funding is awarded. Requests for an exception to this rule must be justified and submitted in writing within thirty days of award. At the discretion of OSIT, the grantee risks losing the award if the project does not commence as required.

All grant funding in FY2019 must be obligated by the state by June 30, 2019. Awardees have two years to spend awarded funding from the award date. Any unspent funds after two years must be returned to the State. Projects must demonstrate sustainability beyond the initial reporting period. By submission of the grant application and acceptance of the award, the grantee is certifying its intention to continue and sustain the program beyond the initial grant implementation award. There is no expectation of funding beyond awarded grant funds.

Award Process

All awards will be obligated to funded applicants in advance. Awardees are required to spend grant funds in accordance with approved budgets and submit reports as detailed below. Any changes to budgets must be approved in advance. The state reserves the right to claw back funds that are not spent in accordance with approved budgets.

Fiscal Responsibilities

All recipients of funding are required to identify a fiscal agent if the grantee is not its own fiscal agent. All recipients of funding are required to establish and maintain accounting systems and financial records to accurately account for awarded funds. Accounting systems for all projects must ensure the following:

- Funds are not commingled with funds from other grant sources.
- Funds specifically budgeted and/or received for one project cannot be used to support another.
- All grant awards are subject to audits during and within three years after the grant award reporting period has concluded.
- The accounting system presents and classifies historical cost of the grant as required for budgetary and auditing purposes.
- If, after the application is approved, either costs are lower than expected or CMS later provides funding for activities contemplated by the proposal, previously approved funding must be returned to the State.

Reporting Requirements

The reporting period is defined as the period of time from the day the grant is awarded until ten years after the grant is awarded. All recipients of funding are required to submit to OSIT quarterly fiscal reports and quarterly progress reports until all grant funds have been expended; annual fiscal and progress reports for the entire reporting period, and a final evaluation. Recipients have the option of submitting monthly reports in lieu of quarterly reports. The final evaluation is due within thirty (30) days after the conclusion of the reporting period. Grantees must continue to submit annual reports and a final evaluation even after all state funding has been spent. All reports must include the performance measures proposed in 3(e) of the application, satisfaction of partners, and sustainability. The annual reports must also include an

annual roster of residents. Awardees are also required to administer annual surveys of residents as directed by OSIT and provide the results of the surveys to OSIT.

Additional Information

Financial obligations of the State are contingent upon funds for that purpose being appropriated, budgeted, and otherwise made available. In the event funds are not appropriated, any resulting contracts (grant awards) will become null and void, without penalty to the state of Nevada.

All materials submitted regarding this application for OSIT funds becomes the property of the state of Nevada. Upon the funding of the project, the contents of the application will become contractual obligations.

Reconsiderations

Funding decisions made by the Governor are final. There is no appeals process.

Bidding Process

The grantee must follow all applicable local, state and/or federal laws pertaining to the expenditure of funds. Proof of Invitation to Bid, contracts, and any other pertinent documentation must be retained by the grantee. Likewise, all local, state, and federal permits required for construction projects must be acquired by the grantee within 90 days after the contract is entered into.

Access for Persons with Disabilities

The grantee shall assure that persons with disabilities are not precluded from using GME grant funded facilities. Projects must meet requirements as set by the Americans with Disabilities Act.

Maintenance and Operation

The grantee is responsible to see that GME grant funded projects are maintained and operated in a condition equal to what existed when the project was completed; normal wear and tear is accepted. Maintenance and operations standards should be adopted upon completion of the project.

Nondiscrimination

Projects funded with GME grant funds shall be available for public use, regardless of race, religion, gender, sexual orientation, age, disability, or national origin. In any instance that the grant notice, award, rules, regulations and procedures are silent – prior written approval is required.

ATTACHMENT A: APPLICATION REVIEW INFORMATION

Each proposed project will be evaluated for inclusiveness and succinctness of their application using the scoring matrix below.

Evaluation Criteria	Maximum Points & Reviewer Score	Comments/Recommendations
Cover Sheet	Pass/Fail	Comments/Recommendations
Budget Plan	Maximum Points: 15 Reviewer Score	Comments/Recommendations
<ol style="list-style-type: none"> 1. Budget Narrative (1 page) is detailed and aligned with work plan 2. Budget Plan (Table) is specific and includes line-item details 		
Needs Assessment	Maximum Points: 20 Reviewer Score	Comments/Recommendations
<ol style="list-style-type: none"> 1. Provide clear overview of need, using data 2. Describe community including health disparities and unmet needs. Why is it critical to care for this need? 3. Other efforts to remedy this need? 4. Student demand for the program. What undergraduate medical schools do students come from? 		
Feasibility Assessment	Maximum Points: 5 Review Score	Comments/Recommendations
<ol style="list-style-type: none"> 1. Current and projected resident capacity assessment 2. Description of payer mix 		
Work Plan & Impact Analysis	Maximum Points: 35 Reviewer Score	Comments/Recommendations
<p>Work Plan</p> <ol style="list-style-type: none"> 1. Program description (specialty, learning outcomes, settings and activities, assessment, didactic activities) 2. Estimates (hours seeing patients, number of patient visits, cost to train each resident, length of time to train cohort) 		

<ol style="list-style-type: none"> 3. Faculty description 4. Project phases/timeline 5. Stakeholders 6. Recruitment plan 7. Hospital partners/clinical training resources 8. Accreditation plan 9. Retention in Nevada 10. How does the program meet needs identified in Needs Assessment? <p>Impact Analysis</p> <ol style="list-style-type: none"> 1. Length of the program 2. Number of residents who complete annually 3. Total number of residents in the program when at full capacity 4. Estimated completion rate 5. Trainees from underrepresented groups 6. Estimated number practicing in Nevada upon completion 7. Estimated number practicing in underserved geographic area 8. Total cost of training per resident 		
Sustainment	Maximum Points: 15 Reviewer Score	Comments/Recommendations
<ol style="list-style-type: none"> 1. Annual program costs 2. Detailed plan to fund those costs 3. Statement of long-term commitment 4. Describe changes of partners in the future 		
Evaluation and Data Collection	Maximum Points: 5 Reviewer Score	Comments/Recommendations
<ol style="list-style-type: none"> 1. Program goals 2. What data will be collected to measure success 3. How will success be evaluated 		
Certification of Accreditation	Pass/Fail	Comments/Recommendations
Letters of Commitment	Maximum Points: 5 Reviewer Score	Comments/Recommendations

Type of Program	Primary Care or Mental Health: +5	
Programs that meet the definition of primary care or mental health are awarded 5 additional points.		
Total Score		

Attachment C: Licensed Physicians (MDs) per 100,000 Population in Nevada and the U.S. – 2017

Specialty	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine	Nevada	U.S.
Aerospace Medicine	-	-	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.1	0.1
Allergy	-	-	0.7	-	-	-	-	-	-	-	-	-	-	-	-	1.6	-	0.7	1.4
Anesthesiology	16.3	-	14.6	6.2	-	-	-	-	-	-	-	-	-	-	-	21.6	-	14.3	14.6
Cardiovascular Diseases	10.9	-	6.0	-	3.7	-	-	6.0	-	-	-	-	2.2	-	-	9.4	-	6.2	7.5
Child / Adolescent Psychiatry	-	-	0.8	4.1	-	-	-	-	-	-	-	-	-	-	-	2.0	-	1.0	2.6
Colon / Rectal Surgery	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	0.2	-	0.1	0.5
Dermatology	14.5	-	1.4	8.3	-	-	-	-	-	-	-	-	2.2	-	-	4.0	-	2.0	3.8
Diagnostic Radiology	14.5	3.9	6.0	8.3	-	-	-	6.0	-	-	-	-	2.2	-	-	9.7	-	6.4	8.5
Emergency Medicine	21.7	3.9	8.4	35.1	1.8	-	-	-	-	-	-	-	-	14.9	-	23.2	28.9	10.8	12.1
Family Medicine	36.2	19.6	17.2	26.8	9.2	-	-	24.0	-	39.9	13.0	-	4.4	14.9	-	36.9	19.3	20.3	29.6
Gastroenterology	10.9	-	2.6	-	1.8	-	-	-	-	-	-	-	-	-	-	5.4	-	3.0	4.5
General Practice	3.6	3.9	1.8	-	1.8	-	-	-	16.0	-	3.7	44.0	2.2	-	-	0.9	-	1.8	2.1
General Surgery	16.3	11.8	6.4	2.1	7.4	-	-	6.0	-	-	-	-	-	-	-	11.5	19.3	7.1	12.4
Internal Medicine	43.4	23.6	40.3	22.7	14.7	-	-	6.0	16.0	-	1.9	22.0	6.6	-	-	50.2	38.5	39.0	56.0
Medical Genetics	1.8	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	0.2	-	0.1	0.2
Neurology	5.4	-	3.0	2.1	1.8	-	-	-	-	-	-	-	-	-	-	3.6	-	3.0	5.7
Nuclear Medicine	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.4
Neurological Surgery	-	-	0.9	-	-	-	-	-	-	-	-	-	-	-	-	3.8	-	1.2	2.0
Obstetrics/Gynecology	23.5	19.6	9.6	2.1	9.2	-	-	-	-	-	-	-	2.2	-	-	13.5	9.6	9.9	14.0
Occupational Medicine	3.6	-	0.5	4.1	-	-	-	-	-	-	1.9	-	-	-	-	1.1	-	0.7	0.7
Ophthalmology	10.9	-	3.5	-	1.8	-	-	-	-	-	-	-	-	-	-	7.4	-	3.9	6.1
Orthopaedics	1.8	3.9	4.3	39.2	1.8	-	-	6.0	-	-	1.9	-	-	-	-	12.8	-	5.9	8.4
Otolaryngology	12.7	-	1.2	-	-	-	-	-	-	-	-	-	-	-	-	3.8	-	1.7	3.4
Pathology, Anatomic	3.6	-	2.9	2.1	3.7	-	-	-	-	-	-	-	-	-	-	4.7	-	3.0	6.1
Pathology, Forensic	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	0.7	-	0.1	3.8
Pediatrics	14.5	7.9	15.7	6.2	9.2	-	-	-	-	-	-	-	-	-	-	15.1	-	14.4	26.7
Pediatric Cardiology	-	-	0.6	-	-	-	-	-	-	-	-	-	-	-	-	0.4	-	0.5	0.8
Phys Med & Rehab	7.2	-	2.3	4.1	1.8	-	-	-	-	-	-	-	-	-	-	5.8	-	2.8	3.3
Plastic Surgery	-	-	1.0	-	-	-	-	-	-	-	-	-	-	-	-	2.5	-	1.1	2.5
Psychiatry	9.0	-	5.5	-	-	-	-	-	-	-	-	-	-	-	-	13.3	-	6.2	12.9
PH & Gen Prevent Med	-	-	0.1	-	-	-	-	-	-	-	-	-	-	-	-	0.4	-	0.1	0.5
Pulmonary Diseases	3.6	-	1.2	-	-	-	-	-	-	-	-	-	-	-	-	4.0	-	1.5	4.0
Radiology	5.4	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-	2.2	-	1.5	3.2
Radiation Oncology	3.6	-	1.0	-	-	-	-	-	-	-	-	-	-	-	-	1.1	-	0.9	1.6
Thoracic Surgery	1.8	-	1.0	-	-	-	-	-	-	-	-	-	-	-	-	1.3	-	0.9	1.5
Urology	9.0	-	1.4	-	1.8	-	-	-	-	-	-	-	-	-	-	3.4	9.6	1.7	3.5
Other Specialties	-	-	1.3	2.1	-	-	-	-	-	-	-	-	2.2	-	-	1.6	-	1.3	3.7
Totals	352.7	129.6	164.5	173.4	71.8	-	-	53.9	32.1	39.9	22.3	66.0	24.2	29.8	-	278.3	96.4	175.0	261.8

Source: Nevada State Board of Medical Examiners (2017). Population data from Nevada State Demographer's Office (2017).

Attachment D: Application Summaries

- **Mountain View Hospital**
- **UNLV School of Medicine**
- **Southern Nevada Health District**

Section 2: Project Abstract

1. A brief summary of the project

MountainView Hospital Medical Center, a provider of health care in the Northwest community of Las Vegas, is committed to decrease the existing Primary Care and Radiology Physician shortage in Clark County, through the development of the first Radiology Residency training program in the State of Nevada. The requested grant is critical to building a start-up infrastructure for successful program launch.

2. Specific, measurable objectives and/or goals

Graduate five (5) resident physicians per year trained in Radiology with an over 80% retention rate within Nevada post-graduation. To improve and increase community access to radiology physicians, including in their expanding role as primary care providers, preventing and diagnosing diseases.

3. Collaboration and partnerships

Our academic affiliate is the University of Nevada Reno School of Medicine, we have a long-standing relationship with Touro University Nevada, and we will also approach UNLV SOM as their classes develop. Our GME Consortium partners, Sunrise Medical Center and Southern Hills Hospital will provide access to additional radiologic procedures while Sunrise Children's Hospital will provide access to pediatric radiology experiences.

4. Expected results and/or outcomes

Increase access and quality of Radiology care in Nevada, for children, adults, elderly and veterans; perform primary care by using imaging to diagnose and prevent disease which in turn promotes quality of life. Improve the quality of primary care and preventive health latest screening tools, research and scientific information and technology to the community.

2. Project Abstract

The University of Nevada, Las Vegas School of Medicine (UNLV SOM) Department of Psychiatry is proposing the addition of a Fellowship Program in Forensic Psychiatry. This is the subspecialty in the field which focuses on both the relationship between psychiatry and the law, but also the provision of care within the correctional system. Large numbers of seriously mentally ill individuals find themselves in the jail or prison system which often has few resources for their care and treatment. Studies have demonstrated that in current corrections systems, over half of the inmates additionally are diagnosed with severe mental illness. With the opening of the Stein Forensic Hospital at Southern Nevada Adult Mental Health Services, the clinical foundation for a fellowship has finally been created in this region of the state. The shortage of psychiatrists in Nevada is present in the forensic subspecialty as well. Our collaborators include Southern Nevada Adult Mental Health Services, the UNLV Boyd School of Law, and the FOCUS Mental Health Group that provides clinical services in the Detention Center. We have had two former residents leave the state to obtain training in this field in the last few years due to lack of local training and a current year graduate will also be relocating to attend a forensic fellowship program out of state. The expected outcome is the graduation of 2 forensic fellows per academic year to provide support in the context of local shortages, and that these fellows will remain in the community to provide services to this underserved population. Measurable outcomes include board passage rates in the subspecialty and rates of retention in the community post-completion.

2. PROJECT ABSTRACT

1. Project Summary: The Southern Nevada Health District (SNHD) is seeking funding to implement a public health and general preventive medicine residency program, a two-year program during which residents will receive training in direct patient care, complete an MPH degree, rotate through public health programs, and participate in research and didactic activities.

2. Goals and Objectives: The primary goal is to increase the number of physicians trained and practicing in public health and general preventive medicine in both Clark County and Nevada. To meet this goal, the SNHD intends to meet the following objectives during the period of this grant: 1) recruit and enroll up to 4 residents (and graduate up to 2 of these residents); 2) provide clinical, academic, and practicum training opportunities as well as didactic and research opportunities; and 3) continue to develop and implement a plan to sustain the program.

3. Collaborations and Partnerships: SNHD is collaborating with the University of Nevada Las Vegas (UNLV) School of Public Health, where the residents will be completing coursework towards an MPH degree.

4. Expected Results and/or Outcomes: Upon completion of their training, residents will have met all ACGME-required competencies and be eligible for board certification in public health and general preventive medicine. Residents will then be able to fill leadership or a variety of other roles in state and local public health departments, health care institutions or other organizations and increase the capacity of the public health and health care systems to promote and protect health and prevent disease among individuals, communities and populations.