Health Center Expanded Services (ES) Fiscal Year 2011
HRSA-11-148
CFDA# 93.527

1. Purpose

This announcement details the fiscal year (FY) 2011 Expanded Services (ES) supplemental funding for existing Health Center Program grantees (health centers currently funded, as of September 30, 2010, under section 330 of the Public Health Service (PHS) Act as amended (42 U.S.C. 254b)). The ES funds will support increased access to preventive and primary health care services including oral health, behavioral health, pharmacy, vision, and/or enabling services, at existing health center sites.

2. Background

The Affordable Care Act,[1] signed into law on March 23, 2010, provides $11 billion in funding over the next 5 years for the operation, expansion, and construction of health centers throughout the Nation. Of the $11 billion, $9.5 billion is targeted to creating new health center sites in medically underserved areas and expanding preventive and primary health care services, including oral health, behavioral health, pharmacy, vision, and enabling services, at existing health center sites. An additional $1.5 billion will support major construction and renovation projects at health centers nationwide.

A major goal in the implementation of the Affordable Care Act is to increase access to preventive and primary health care services to individuals who are uninsured, isolated or medically vulnerable. Health Center Program grantees requesting ES funds must demonstrate how these funds will be used to expand medical capacity and services to underserved populations in their service areas. In order to receive funding, applicants must propose to expand existing primary care medical capacity by adding new medical providers, increasing the availability of medical services, and/or expanding hours of operations. Applicants may also propose to utilize a portion of ES funds to do one or more of the following:

- Expand existing or begin to directly provide oral health services;
- Expand existing or begin to directly provide behavioral health services;
- Expand existing or begin to directly provide pharmacy services;
- Expand existing or begin to directly provide vision services;
- Provide greater enabling services.

ES funding recipients must comply with applicable requirements of section 330 of the PHS Act, as amended, its implementing regulations, and guidelines, including the Health Center Program Requirements available at http://bphc.hrsa.gov/about/requirements.htm.

[1] Additional information on the Affordable Care Act can be found at http://www.healthreform.gov/.

3. Summary of Funding

HRSA will award between $270 million and $335 million through formula-based supplements to existing section 330 funded health centers. Final funding levels will be determined following enactment of FY 2011 appropriations for the section 330 program. HRSA will communicate to each health center grantee the maximum amount the grantee is eligible to receive (See *Section 4: Methodology*).

It is expected that the request for Federal support and the budget will be reasonable and appropriate based on an increased level of effort and an increased number of total and uninsured patients served. ES funding will be provided to each grantee at the same program distribution level (i.e., special population funding proportions) as its existing operational section 330 grant funding. Applicants cannot request new section 330 subpart funding (i.e., cannot request funding under a section 330 subpart that the grantee does not currently receive) or propose to serve a target population outside of their current approved scope of project.

4. Methodology

Maximum funding allocations were determined based on the patient information submitted by each Health Center Program grantee in their respective Calendar Year (CY) 2009 Uniform Data System (UDS) report. For each health center grantee, this amount has been derived from the following formula:

- A base amount of $175,000.
- An additional $4.00 per health center patient, as exhibited on the 2009 UDS submission, plus
- An additional $10.00 per health center uninsured patient, as exhibited on the 2009 UDS submission.

For those grantees who have not submitted a CY 2009 UDS report to HRSA by September 30, 2010, the maximum amount that can be requested is $175,000.

5. Eligible Applicants

In FY 2011, the following types of existing health centers currently receiving funding as of September 30, 2010, under the Health Center Program are eligible for ES funds:

- Community Health Centers (CHC) - section 330(e)
- Migrant Health Centers (MHC) - section 330(g)
- Health Care for the Homeless (HCH) - section 330(h)
- Public Housing Primary Care (PHPC) - section 330(i)

6. Eligible Use of Funds

The purpose of this funding is to expand preventive and primary care services to an underserved area or population (the area/population must currently be in the health center's approved scope of project at the time of application). Depending on the types of services an applicant seeks to provide with the ES funding, an applicant may propose up to six (6) projects in an application.

All applicants **must** propose one "Expanded Medical Capacity" (EMC) project and may submit no more than one of each of the five (5) "Service Expansion" (SE) project types. In determining how many and which projects to propose, applicants should carefully consider both the existing need and capacity and their own ability to respond to the identified need in order to most effectively utilize the funds.

Allowable uses of operational grant funds under section 330 will generally apply to ES funds, unless specifically excluded in this funding announcement. **The following uses of funds are <u>not</u> eligible under ES**:

- Support of sites not included in the grantee's current scope of project.
- Construction costs (including minor alterations and renovation, and fixed/installed equipment).
- Facility or land purchases.

Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all funds awarded under this announcement and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

Applicants <u>must</u> propose to spend at least two-thirds of their funding request to expand medical capacity at sites within the health center's current approved scope of project. Applicants may propose to spend all or a portion of the remaining allocated funds to further expand medical capacity at sites within the health center's current scope of project or to expand oral health, behavioral health, pharmacy, enabling, or vision care services, or a combination thereof, at sites within the health center's current scope of project. Refer to Table 1 for information on project breakdowns/eligible uses of funds, and to Table 2 for an explanation of which services/providers are allowable under each project type.

TABLE 1. Information on Project Breakdowns/Eligible Uses of Funds.

Project Type	**Expanded Medical Capacity (EMC)**	**Service Expansion (SE)**
Percent of total supplement	At least 2/3, up to 100%	0 to 1/3

Project Type	Expanded Medical Capacity (EMC)	Service Expansion (SE)
Eligible use of funds	Expand primary medical care services to new patients.	Expand or establish certain types of services: – Service Expansion – Oral Health (SE-OH) – Service Expansion – Behavioral Health (SE-BH) – Service Expansion – Comprehensive Pharmacy Services (SE-P) – Service Expansion – Enabling Services (SE-E) – Service Expansion – Vision Care (SE-V)
Examples of implementation methods/applicant response to need[2]	– Hire medical providers – Expand hours of operations – Expand existing services	– Establish or increase services for the identified expansion project(s). – Hire specific licensed Service Expansion providers (e.g., Dentists, Pharmacists, and Psychiatrists). – Expanded operating hours for services.

a. Services for Special Populations

ES funding will be provided to each grantee at the same program distribution level (i.e., special population funding proportions) as its existing operational grant funding. Applicants serving special populations as identified by section 330 of the PHS Act, as amended (i.e., Migrant Health Center Program (section 330(g)), Health Care for the Homeless Program (section 330(h)), Public Housing Primary Care Program (section 330(i))) should discuss in their proposal any strategies to increase access to essential primary cares services and reduce unique barriers to care for these populations.

b. Federal Scope of Project[3]

Scope and Sites

[2] Health centers are reminded to regularly ensure approved site information is accurate, including updating hours of operation as needed.

[3] HRSA's policy for an approved scope of project for health centers is described in detail in Policy Information Notice 2008-01: Defining Scope of Project and Policy for Requesting Changes, available at http://bphc.hrsa.gov/policy/pin0801/.

Applicants may not propose to add new, delete, or relocate sites as part of the ES opportunity. All services must be proposed at sites (including mobile vans) that are already in a health center's approved scope of project. Recent capital projects funded through the American Recovery and Reinvestment Act and implemented by health centers have resulted in significant additional and/or modified space/capacity at existing sites (many operational or soon to be operational) where ES funds can be utilized.

Scope and Target Population

Applicants may not propose to add a new target population (i.e., add a new section 330 subpart) via the ES opportunity.

Scope and Services

For each project type, applicants will be provided with a copy of their existing *Form 5A: Services Provided*, which lists all Required Services and Additional Services and whether and how the health center is providing them. Applicants will be permitted to modify a specific service or set of services that is relevant to a specific project type. Depending on the type of project proposed within the ES application, an applicant may also be permitted to add a new service not currently in scope. See Table 2 for detailed parameters on services for each project type.

c. Staff

Applicants will need to provide information on the new Full Time Equivalent (FTE) staff that will be supported with the ES funding. All FTEs that the applicant proposes to add must be relevant and applicable to the given project type (e.g., a pediatric nurse practitioner under Expanded Medical Capacity or psychologist under a Behavioral Health Service Expansion). Administrative staff supporting the specific project are allowable within all project types. See Table 2 for detailed parameters on staff for each project type.

d. Equipment and Supplies

Moveable equipment and supplies are allowable costs under the ES opportunity. Moveable equipment are non-expendable items with a useful life of more than one year that are not permanently affixed and can be easily moved, such as x-ray equipment, freezers, autoclaves, medical exam tables, dental chairs, computers, and modular workstations. Applicants may not propose to spend more than $100,000 of the total ES budget/funding on equipment. Supplies necessary for daily operations are also allowable under the ES opportunity.

TABLE 2. Allowable Services/Providers by Project Type.

Project Type	Eligible Services*	Federal Scope of Project Implications**	Eligible Staff***
EMC	– General Primary Medical Care – Diagnostic Laboratory – Diagnostic X-Ray – Screenings o Cancer o Communicable Diseases o Cholesterol o Blood lead test for elevated blood lead level o Pediatric vision, hearing and dental – Emergency Medical Services – Voluntary Family Planning – Immunizations – Well Child Services – Gynecological Care – Obstetrical Care – Prenatal and Perinatal Services – Any other services that are already approved as medical services on the applicant's current Form 5A	– Applicants may <u>not</u> propose to add a new service, including any new "Specialty" or "Other" services. – Applicants may propose to start providing a service directly via Column I of Form 5A (that was previously offered through an agreement where grantee pays for the service—i.e., Form 5A-Column II). – Applicants may propose to start providing a service directly via Form 5A-Column I or pay for the service through an agreement via Form 5A-Column II (that was previously offered through formal written referral arrangements where grantee does NOT pay—i.e., Form 5A-Column III). A justification will be required.	– Family Physicians – General Practitioners – Internists – OB/GYN – Pediatricians – Nurse Practitioners – Physician Assistants – Certified Nurse Midwives – Nurses – Laboratory Personnel – X-ray Personnel – Other Medical Personnel
SE-Oral Health	– Preventive Dental – Emergency Medical Services – Dental Services o Restorative o Emergency – Specialty (Clinical)	– Applicants may propose to modify or add a mode of provision for an oral health service that is already provided/paid for by applicant. – Applicants may propose to start providing an oral health service directly via Form 5A-Column I or pay for the service through an agreement via Form 5A-Column II (that was previously offered through formal written referral arrangements where grantee does NOT pay—i.e., Form 5A-Column III). A justification will be required. – Applicants may propose to add a new oral health service. A justification will be required. – Applicants may propose relevant oral health specialty services via the "Specialty" (Clinical Services under Additional Services) option. Applicant will be required to complete a "Checklist for Adding a Specialty Service" within the application.	– Dentists – Dental Hygienists – Dental Assistants, Aides, Techs – Oral Health Specialists (must be tied to the Specialty Service already in or proposed to be added to scope)

Project Type	Eligible Services*	Federal Scope of Project Implications**	Eligible Staff***
SE-Behavioral Health	Clinical – Substance Abuse services (required for HCH programs): o Detoxification o Outpatient Treatment o Residential Treatment o Rehabilitation (non hospital settings) – Mental Health Services o Treatment/Counseling o Developmental Screening o 24-Hour Crisis – Substance Abuse Services – Specialty (Clinical) Non Clinical – Substance abuse services (required for HCH programs): o Harm/Risk Reduction (e.g. educational materials, nicotine gum/patches)	– Applicants may propose to modify or add a mode of provision for a behavioral health service that is already provide/paid for by applicant. – Applicants may propose to start providing a behavioral health service directly via Form 5A-Column I or pay for the service through an agreement via Form 5A-Column II (that was previously offered through formal written referral arrangements where grantee does NOT pay—i.e., Form 5A-Column III). A justification will be required. – Applicants may propose to add a new behavioral health service. A justification will be required. – Applicants may propose relevant behavioral health specialty services (e.g., psychiatry) via the "Specialty" (Clinical Services under Additional Services) option, but will be required to complete a "Checklist for Adding a Specialty Service" within the application.	– Psychiatrists (as long as psychiatry is in or proposed in scope) – Licensed Clinical Psychologists – Licensed Clinical Social Workers – Other licensed mental health providers – Other mental health staff, including o Substance Abuse Providers
SE-Comprehensive Pharmacy Services	– Pharmacy	– Applicants may propose to modify or add a mode of provision for a pharmacy service that is already provided/paid for by applicant. – Applicants may propose to start providing a pharmacy service directly via Form 5A-Column I or pay for the service through an agreement via Form 5A-Column II (that was previously offered through formal written referral arrangements where grantee does NOT pay—i.e., Form 5A-Column III). A justification will be required. – Applicants may propose to add a new pharmacy service. A justification will be required. – Applicants may <u>not</u> propose new "Specialty" or "Other" services	– Pharmacy Personnel (including pharmacists and pharmacy technicians/assistants)

Project Type	Eligible Services*	Federal Scope of Project Implications**	Eligible Staff***
SE-Enabling Services	Non-clinical: – Case Management o Counseling/Assessment o Referral o Follow-up/Discharge Planning o Eligibility Assistance – Health Education – Outreach – Transportation – Translation – WIC – Nutrition (not WIC) – Child Care – Housing Assistance – Employment and Education Counseling – Food Bank/Meals	– Applicants may propose to modify or add a mode of provision for an enabling service that is already provided/paid for by applicant. – Applicants may propose to start providing an enabling service directly via Form 5A-Column I or pay for the service through an agreement via Form 5A-Column II (that was previously offered through formal written referral arrangements where grantee does NOT pay—i.e., Form 5A-Column III). A justification will be required. – Applicants may propose to add a new enabling service. A justification will be required. – Applicants may <u>not</u> propose new "Specialty" or "Other" services	– Case Managers – Patient/Community Education Specialist – Outreach Workers – Transportation Staff – Eligibility Assistance Workers – Interpretation Staff – Other Staff
SE-Vision Care	– Comprehensive Eye Exams and Vision Services – Specialty (Clinical)	– Applicants may propose to modify or add a mode of provision for a vision care service that is already provided/paid for by applicant. – Applicants may propose to start providing a vision care service directly via Form 5A-Column I or pay for the service through an agreement via Form 5A-Column II (that was previously offered through formal written referral arrangements where grantee does NOT pay—i.e., Form 5A-Column III). A justification will be required. – Applicants may propose to add a new vision care service. A justification will be required. – Applicants may propose relevant vision care specialty services (e.g., ophthalmology) via the "Specialty" (Clinical Services under Additional Services) option, but will be required to complete a "Checklist for Adding a Specialty Service" within the application.	– Ophthalmologists (as long as ophthalmology is in or proposed in scope) – Optometrists – Optometric Assistants

*To the extent that already in-scope enabling services are an integral part of a patient visit, applicants may include/pay for related enabling services within another project type (e.g., a separate Enabling Services project does not also need to be proposed for in-scope interpretation services that will be provided to dental patients resulting from a SE-OH project).

**Refer to PIN 2008-01 for a detailed explanation of Form 5A and modes of service provision (i.e., Columns I, II and III).
***To the extent that new Administrative or Facility staff will directly or indirectly support the implementation of a project, those new FTEs should also be counted in the Staffing form for that project.

7. Performance Impact

a. Expected Impacts

For all project types, applicants will be required to provide projections for patients that will have benefited from the ES funding at the end of calendar year 2011 and the end of calendar year 2012.[4] If an applicant receives funding to serve special populations identified by section 330 of the PHS Act, it must project impacts separately for each population for which an applicant receives funding.

For EMC projects, applicants must enter projections for new patients. Applicants will also be provided with a calculated number of "expected" patients, based upon an applicant's UDS data and the amount of ES funds proposed for the EMC project.[5] If the variation in "Projected Increase in Patients by End of Calendar Year 2012" is 5% less than the "Expected Increase in Patients," <u>or</u> if the "Projected Increase in Patients by end of Calendar Year 2012" is 25% greater than the "Expected Increase in Patients,", the applicant will be required to provide justification within the application. EMC funds are intended to expand medical services to <u>new</u> patients; therefore, applicants are not able to enter data into the 'existing patients' column.

For SE projects, applicants must enter projections for new patients and for existing health center patients who are new to the SE services. Applicants are expected to serve numbers of patients (both new and existing) that are consistent with the health center's current costs for the type of patient and proportionate to the amount of federal funding requested for the SE project.

If the health center has not previously provided/supported the type of services it is proposing to provide via the SE project (i.e., this is the first time that the health center will be providing these services), the applicant may not have health center-level data to base SE patient projections on. If this is the case, applicants should base SE patient projections on local area average cost per patient data specific to the type of service being proposed. In the absence of local level data, applicants may refer to national average cost data.

Applicants must also provide projections for new staff supported by each project.

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[4] HRSA is accounting for a two-year "ramp up" time to be able to fully implement the projects and realize the full impact of the ES funding.

[5] The Expected Increase in Patients at the end of CY 2012 is calculated by dividing the Total Federal Funding Requested for EMC project in Budget Details form by the Average Federal Health Center Operational Grant Dollars per Patient based on last 3 years of UDS data. Where 3 years of data do not exist, the calculation is based on the available UDS data.

b. Proposed Response

Applicants may propose to expand medical capacity of an **existing** service delivery site or sites within the health center's current approved scope of project for the delivery of primary care services in any of the following ways:

- Increase provider FTEs dedicated to the site;
- Increase the availability of medical services; and/or
- Increase in the site's hours of operation.

Applicants may not propose to add a new site as part of an ES project.

All proposals are expected to include the following components in the project narrative, as appropriate:

- Access to expanded existing services as soon as possible.
- Access to new services (as allowable/approved by HRSA) within 120 days of receiving the supplemental funding.
- Incorporation of program activities into the health center's quality improvement plan.
- Effective quality assurance/risk management practices.
- Application of exemplary practices and lessons learned.

c. Expanded Medical Capacity (EMC) Project

Strategies to expand existing services may include, but are not limited to, hiring medical providers, expanding hours of operations, and/or expanding existing health center services. Medical providers are defined as primary care physicians, nurse practitioners, physician assistants and certified nurse midwives. It is important to note that this definition does not include pharmacy, oral health, behavioral health, or vision staff. As part of the EMC project, applicants may choose to begin to directly provide and/or pay via formal contract for primary care medical services previously provided via a referral arrangement. Examples include podiatry and recuperative care.[6]

d. Service Expansion (SE) Projects

Applicants interested in establishing or expanding services in Oral Health, Behavioral Health, Pharmacy Services, or Vision Care may propose to include one or more of the following components in their project proposal(s):

- Establish or increase services for the identified expansion project(s), either through direct provision of the service or via formal contract where the health center pays for the service.

[6] Recuperative care is defined as short-term medical care and case management provided to persons (generally homeless) recovering from an acute illness or injury, whose conditions would be exacerbated by living on the street, in a shelter or other unsuitable places. This unique set of clinical and non-clinical services, often referred to as a recuperative care program, is offered to treat patients with conditions that have an identifiable endpoint of care for discharge from a facility/setting designed for such purpose.

- Hire specific licensed Service Expansion providers (e.g., dentists, pharmacists, psychiatrists, optometrists).
- Expand operating hours for services.

Applicants interested in expanding Enabling Services may propose to:

- Provide patient case management, including counseling, referral, and follow-up, as well as eligibility assistance for health and social services.
- Conduct patient and community health education as well as outreach regarding the availability and effective use of health services.
- Provide transportation services to medical appointments.
- Provide interpretative services.

For additional guidance, refer to *Appendix A: Service Expansion Project Types*.

8. Completing the Application

The ES application contains the following sections/forms that need to be completed by the applicant. Detailed instructions on accessing, completing, and submitting the electronic application will be provided separately.

Face Page (Standard SF424 Form)

- Application
- Applicant (Organization and Contact Information—pre-populated but available for updating)
- Project
- Budget Summary[7]

Program-Specific Information

- Application Level (completed once by applicant)
  - Project type/title selection
  - Application-level budget details
  - Consolidated line-item budget
  - Consolidated proposal information
- Project Information (completed once for each project proposed by applicant)
  - Project Impact: Patients and Narrative Description
  - Project Impact: New Staff
  - Line-Item Budget
  - Services
  - Service Sites
  - Budget Justification (upload attachment)

[7] This Budget Summary will populate subsequent budget forms in the application—please refer to the "Process Overview" section of the application once in the application module as well as the User Guide for recommendations on the order in which to complete budget information.

Each individual project in an ES application must contain a completed budget form for the 12-month period. **Each** project must also include an accompanying budget justification in narrative form. The budget justification provides a written description of the budget. It must clearly describe each cost element and explain how each cost contributes to meeting the project's goals and objectives. Please refer to *Appendix B: Completing the Project-specific Line-Item Budget and Budget Justification* for additional budget information.

a. Program-Specific Application Level Forms:

1. Project type/title selection – EMC project is required and created for applicant; applicants **may** add up to one of each of the other five SE project types.
2. Application-level budget details – Applicant will enter federal funding requested for each project and by special population distribution (as applicable)
3. Consolidated Line-Item Budget (Read only—will produce upon completion of project-level line-item budgets)
4. Consolidated Proposal Information
    a. Abstract[8]: Provides a framework and explanation of all aspects of each project supported wholly or in part by the ES funding, including a timeline and how the funds will be used. Applicants are expected to describe the impact that the ES funding will achieve, as well as the projected impact on access to care. Elements include:
        - Brief description of the applicant organization
        - Brief description of the overall need
        - Brief description of the applicant's overall response—including services, sites, strategies/methods
        - Brief explanation of the quantitative data provided in the Consolidated Impacts table to describe the projects' overall impact
    b. Patients by Population Type for EMC Project (Read only—will produce upon completion of project-level Impact form)
    c. Patients by Population type for SE Project(s) (as applicable; read only—will produce upon completion of project-level Impact form)
    d. Staffing Impact for All Project(s) (Read only—will produce upon completion of project-level Impact form)

b. Program-specific Project Level Forms

1. Project Impact: Patients and Response
    a. Patients—Applicant will enter Projected Increase by End of CY 2011 and Projected Increase by End of CY 2012[9] for each sub-program/special population (as applicable) for New Patients and Existing Patients.[10]

[8] Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application.

[9] For EMC projects, applicants will be provided with specifically calculated "Expected" patients number, based upon applicant UDS data and the ES amount proposed for the EMC project. If the variation in "Projected Increase in Patients by End of Calendar Year 2012" is **5% less** than the "Expected Increase in Patients," or if the "Projected

b. Narrative:
   - **Need—**Please identify and describe:
     - The community/service area and the target population(s), including any special populations, unique demographic characteristics, and relevant access to care/health status indicators.
     - The need to expand (or add, as permitted) health services in the community/service area and among the target population(s), including the most significant barriers to care, gaps in services, significant health disparities and the major health care problems in the community that will be addressed by the project.
   - **Response—**Please identify and describe:
     - How this project will respond to the identified community and target population health care needs, including reasonable and appropriate strategies/methods that will attract new patients, expand access to specified services for the target population and increase capacity (and, as applicable, how SE services are integrated into the existing service delivery model.)
     - An appropriate timeline for implementation of the project that demonstrates operational readiness as soon as possible for expansion of existing services or within 120 days of receiving funds for proposed new services.
   - **Impact—**Describe how the project will increase access to care, eliminate major barriers to care, address major health care needs, and reduce health disparities for the medically underserved in the community/target population(s) to be served.

2. Project Impact: Staffing
   Applicant will enter New FTE data for staffing categories applicable to each project type.[11]
3. Project-specific Line-Item Budget
   Applicant will enter revenue and expenses information for each project by line item.[12]
4. Project-specific budget justification (uploaded attachment)
5. Services (Form 5A)

Increase in Patients by end of Calendar Year 2012" is **25% greater** than the "Expected Increase in Patients," the applicant will be required to provide justification within the application.

[10] For EMC projects, applicants will project new patients only. EMC funds are intended to expand medical services to **new** patients; therefore, applicants are not able to enter data into the 'existing patients' column

[11] See Table 2 for eligible staff by project type. If the applicant proposes new FTEs in a category not applicable to the project type, applicant will be required to provide explanation in "Justification" section at bottom of form. If an applicant proposes new FTEs in the "Other" category, applicant will be required to describe "Other" as well as provide Justification.

[12] The Construction Line for expenses is disabled since construction costs are unallowable under the ES opportunity. Applicants may not propose to spend more than $100,000 of the total ES budget/award on equipment and supplies. See Appendix B: Completing the Project-specific Line-Item Budget and Budget Justification for additional budget guidelines.

For each project type, the applicant will be presented with its pre-populated Form 5A. See Table 2 in Section 6 of this Application Guidance for detailed information on allowable service modifications.

6. Existing Service Sites (Form 5B)
   For each project type, the applicant will be presented with its pre-populated Form 5B. Applicant must propose **at least** one service or service/administrative site from its approved scope (including sites pending verification) for each project. Applicant may propose the same site within multiple projects.

9. Application Submission Dates and Times

Submission of all application forms will be completed electronically. The due date for submission of ES applications is **January 6, 2011,** at 8:00 P.M. ET. Submissions will be considered as meeting the deadline if they are electronically marked on or before the due date.

10. Application Reviews

HRSA will conduct internal reviews for completeness and allowable costs. HRSA will also review changes to Federal scope of projects (Services) as needed.

11. Award Notices

HRSA anticipates announcing ES supplements in April 2011.

12. Additional Requirements

ES recipients must comply with applicable requirements of section 330 of the PHS Act, as amended, its implementing regulations, and guidelines, including the Health Center Program Requirements available at http://bphc.hrsa.gov/about/requirements.htm.

13. Reporting

The health center's Calendar Year 2011 UDS report should demonstrate progress toward meeting overall ES targets. The health center's Calendar Year 2012 UDS report should support/reflect the full projected ES impact/outcomes. Any projected impact that the ES funds will have on clinical and financial performance measures also needs to be integrated into the health center's FY 2012 Service Area Competition Application/Budget Period Progress Report.

Health centers are expected to maintain their current funded scope of project, including any projected patient increases based on Expanded Services funds (45 CFR Part 74.25). If a health center does not meet the projected increases, a reduction in grant funding may occur.

14. Agency Contacts

TYPE OF ASSISTANCE NEEDED	PLEASE CONTACT
Business, administrative, or fiscal issues related to this announcement	Olusola Dada Health Resources and Services Administration Office of Federal Assistance Management Division of Grants Management Operations Email: Odada@hrsa.gov
Program issues	The Expanded Services Team Health Resources and Services Administration Bureau of Primary Health Care Office of Policy and Program Development Email: bphc-es@hrsa.gov
Electronic submission issues	**BPHC Help Line** Questions on navigating and completing forms bphchelpline@hrsa.gov or 1-877-974-BPHC (2742) Monday through Friday 8:30 A.M. to 5:30 P.M. (ET) **HRSA Call Center** EHB accounts and user access questions CallCenter@hrsa.gov or 1-877-464-4772 Monday through Friday 8:30 A.M. to 5:00 P.M. (ET)

Appendix A: Service Expansion Project Types

Oral Health

Applicants are strongly encouraged to utilize a comprehensive primary oral health approach in developing and delivering oral health services. Comprehensive primary oral health is defined as personal oral health care, delivered in the context of family, culture, language and community that includes all but the most specialized oral health needs of the individuals being served. Primary oral health goals include: increased access to treatment and improved patients' health outcomes by using measures of caries prevention and treatment; appropriate fluoride use; treatment of periodontal disease; and oral cancer screening as described in Healthy People 2010 oral health measures.

Behavioral Health

Applicants are strongly encouraged to utilize an on-site, integrated primary behavioral health services care model/approach in developing and implementing their behavioral health delivery plan. However, contractual services are permitted under this funding opportunity. Integrated primary behavioral health care involves the delivery of patient-centered behavioral health consultations and co-management of patients by behavioral health providers and medical providers. In addition, applicants may consider the implementation of their organization's integrated care model through the use of the screening, brief intervention, referral and treatment (SBIRT) approach. Additional information on SBIRT can be accessed at the Substance Abuse and Mental Health Administration (SAMSHA) website http://sbirt.samhsa.gov/index.htm.

Pharmacy Services

Applicants are strongly encouraged to utilize a comprehensive pharmacy service model in developing the pharmacy service delivery plan. Services should increase access to affordable medications, utilizing best business practices to ensure financial and operational efficiencies. In addition to the traditional dispensing role, pharmacy services should utilize a pharmacist in the clinical management of chronic disease states such as diabetes, hypertension, asthma, and obesity.

Enabling Services

Enabling services are critical in encouraging the overall health and well-being of patients and the communities served under the Health Center Program. These services help to reduce and eliminate unique health access barriers, including financial, geographic, and cultural/language barriers to care. The use of enabling services enhances the ability of health centers to provide comprehensive preventive and primary health care, increases access to essential health care services, and educates patients and the community regarding the availability and appropriate use of health services to improve the health status of those served. Enabling and health education services are defined, in section 330 (b)(i)(iv) of the PHS Act, as services that enable individuals to use the services of the health center, including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are

of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals.

The following services/costs should not be categorized under the "Enabling Services" project type but should be part of an EMC or relevant other SE project type:

- Direct patient care and/or services including the provision of patient care services (e.g., physical exams, clinical services, behavioral clinical counseling, prescribed medications, etc.).
- Clinical service expansions (e.g., extended clinic hours, expanded clinical services, etc.).

Vision Care

HRSA has made increased access to vision care services for underserved populations a priority for FY 2011 and is offering this opportunity to establish or expand vision care services. For this SE project type, applicants must propose to provide vision care services (i.e., must hire directly or through contract to provide services) that are appropriate to meet the needs of the target population. The establishment or expansion of vision care services may include the following components:

- Providing vision care services (e.g. screening for age-related macular degeneration, dilated eye exams for diabetics, refractions, glaucoma and cataracts);
- Hiring licensed vision care professionals (optometrists and ophthalmologists)

Appendix B: Completing the Project-specific Line-Item Budget and Budget Justification

For each project, applicants are required to provide a line-item budget and a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe each cost element and how each cost will support the achievement of proposed objectives. Include the following in the budget justification narrative:

- **Personnel:** Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, and annual salary.
- **Fringe Benefits:** List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.
- **Travel:** List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.
- **Equipment:** List equipment costs and provide justification under the program's goals. NOTE: Applicants may only request Federal funding for moveable equipment. Under the ES funding, moveable equipment are non-expendable items with a useful life of more than one year that are not permanently affixed and can be easily moved, such as x-ray equipment, freezers, autoclaves, medical exam tables, dental chairs, computers, and modular workstations. Applicants may not propose to spend more than $100,000 of the total ES budget/funds on equipment.
- **Supplies:** Separately list the items (e.g., office, medical, educational) that the project will use. Office supplies could include paper, pencils, ink, etc.; medical supplies are syringes, blood tubes, plastic gloves, etc.; and educational supplies may be pamphlets, educational videotapes, etc. They must be listed separately.
- **Contractual**: Applicants are responsible for ensuring that their organization and or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.
- **Other:** Put all costs that do not fit into any other category into the 'Other' category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.