

EXPANDED SERVICES FY 2011 Frequently Asked Questions

The following questions and answers are organized by the following heading/topics for the Expanded Services (ES) funding (HRSA-11-148) Announcement and Instructions, available at <http://bphc.hrsa.gov/es>.

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TOPIC: Purpose

1. What is the purpose of the Expanded Services (ES) funding opportunity?

The purpose of the Expanded Services (ES) is to increase 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. For how long will ES funds be available? Will HRSA provide ongoing support of the ES projects/activities?

HRSA is awarding ES funding to support additional patients and services. Upon the final Fiscal Year (FY) 2011 appropriation for the Health Center Program, ES funding will be awarded as a supplement to the health center's existing section 330 operational grant (H80 grant). ES funds will be awarded in an amount equal to twelve months of support, on or about April 1, 2011. In future budget periods, ES funding will be prorated to align with the grantee's current H80 grant budget period start date.

3. I am unclear how ES funding is related to Increased Demand for Services (IDS) funding awarded under the American Recovery and Reinvestment Act. Will IDS funding be continued after the project period ends in March 2011? Can I propose to use ES funding to continue IDS positions?

Ongoing funding to maintain the growth achieved through ARRA related activities will be addressed through separate H80 grant actions once the H8A (New Access Point) and H8B (Increased Demand for Services) budget and project periods end. These grant actions will be initiated by HRSA and will not require a separate submission/request by the health center. HRSA will provide additional information, as needed, at a later date.

4. **NEW!** Will there be additional competitive grant opportunities for Expanded Medical Capacity or Service Expansion funding in 2011?

The FY 2011 President's Budget Request includes support for an estimated 125 service expansion grants to expand the integration of behavioral health into existing primary health care systems, enhancing the availability

and quality of addiction care at existing health centers. HRSA does not plan to announce any additional EMC or Service Expansion competitive grant opportunities in FY 2011.

5. NEW! If a health center proposes to use ES funds at a current site, will the health center be able to apply for any potential future EMC or SE competitive grants for that same site?

Yes. Any future HRSA funding opportunities for health centers that may become available will not contain restrictions regarding use at sites at which ES funds are/were utilized.

6. NEW! The Expected Increase for EMC projects is based on an allocation assuming a maximum HRSA funding availability of \$335 million. How is BPHC planning on addressing changes to the Expected Impacts if the appropriation is delayed or an appropriation results in less funding available for ES?

If HRSA is unable to award ES funding at the maximum/requested amounts, HRSA will ensure that applicant patient and staffing projections are adjusted accordingly based upon the actual funding awarded.

TOPIC: Background/Information

7. How can Health Center Program grantees propose to expand services?

In order to receive funding, applicants must propose to expand existing primary care medical capacity (EMC) 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.

8. Our health center already offers comprehensive primary, preventive, enabling, and additional health care services that include oral health care, mental health care, and substance abuse services. Our community has an unmet need for the provision of vision services, and we would like to propose expanded vision care services for our health center. Is this allowable?

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. An ES applicant may propose expanding existing vision services, or begin providing vision services, in addition to proposing the expansion of existing primary care medical capacity at their health center.

9. What constitutes an Expanded Medical Capacity (EMC) project?

An EMC project utilizes strategies to expand existing primary care medical services which include, but are not limited to: hiring medical providers, expanding hours of operations, and/or expanding existing health center services. 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.

10. What is a Service Expansion (SE) Project?

SE Projects will allow applicants interested in establishing or expanding services in Oral Health, Behavioral Health, Pharmacy Services, or Vision Care 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.

- Hire specific licensed Service Expansion providers (e.g., dentists, pharmacists, psychiatrists, optometrists).
- Expand operating hours for services.
- Applicants may also propose to expand their Enabling Services.

SE projects will also allow applicants interested in expanding Enabling Services to 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.

11. Are activities supported by ES funding required to adhere to the same laws and regulations as section 330 supported activities?

Yes, 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>.

12. Our health center is primarily interested in expanding our medical capacity and services, but would also like to expand our available Enabling Services that we offer to our patients. What is allowable in the area of Enabling 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 interpretive services.

To the extent that already in-scope enabling services are an integral part of a medical patient visit that will be supported by the EMC project, applicants may include/pay for related enabling services within the EMC project (i.e., it would not be necessary to propose a separate SE-Enabling Service project in the application).

TOPIC: Funding

13. How much supplemental funding is available through this opportunity?

HRSA will award between \$270 million and \$335 million through formula-based supplements to existing section 330 funded health centers.

14. For how long will ES funds be available? Will HRSA provide ongoing support of the ES projects/activities?

HRSA is awarding ES funding to support additional patients and services. Therefore, ES funding will be a supplement to the health center's existing section 330 operational grant funding, and awarded as a supplement for the first twelve months starting in Fiscal Year (FY) 2011. In FY 2012, ES funding will be prorated to the remaining months in the current H80 grant budget period so that the ongoing ES funding will be aligned with the section 330 grant funding.

15. If our health center currently receives more than one funding stream under section 330 of the Public Health Service Act, how should we propose to utilize ES funds?

Existing grantees will receive ES funds at the same program distribution level (i.e., section 330(e), (g), (h) and/or (i)) as its existing section 330 grant funding, and are expected to propose and use ES funding at the same distribution levels. Grantees may not request new section 330 subpart funding or propose to serve a new target population outside their currently approved scope of project.

For example, if a health center currently receives 50% of its grant funds to serve the general population (330(e)) and 50% of its grant funds to serve the homeless population (330(h)), then that health center would need to propose to use 50% of its ES funds to support the general population and 50% to support the homeless population.

16. I don't think the subpart funding distribution levels appearing in my ES application forms are correct. What should I do?

If you believe that the funding distribution percentages do not match your current H80 funding distribution, please contact BPHC at bphc-es@hrsa.gov.

17. NEW! Are we expected to present project budgets that include non-Federal revenue? Can we use this non-Federal revenue for expenses that support other health center program needs?

All EMC and SE individual project budgets must include ALL sources of revenue estimated to be generated and utilized to support the project's expenses. Budget justifications will be reviewed to ensure that estimated costs and revenue reasonably support each individual project as proposed and the associated new patient projections. Therefore, these ES budgets should not include projected costs that do not support the specific EMC and/or ES project. All budgeted expenses should be broken out and justified in accordance with guidance provided in Appendix B.

TOPIC: Methodology

18. How are maximum funding amounts calculated?

For each eligible grantee, the maximum amount that can be requested is calculated from a base amount of \$175,000, with an additional \$4 per health center patient and \$10 per uninsured health center patient, as exhibited on the 2009 Uniform Data System (UDS) submission.

19. What if our health center did not submit a 2009 UDS report? Are we still eligible for supplemental funding?

Health center grantees who did not submit a 2009 UDS report before September 30, 2010, may request a maximum of \$175,000.

20. I do not agree with the maximum eligible amount provided to me. Can I change it?

Health centers should refer to the total number of patients and total number of uninsured patients that they reported on their 2009 UDS submission. If a health center still believes that the maximum amount available within the ES application forms is incorrect, please contact BPHC at bphc-es@hrsa.gov.

TOPIC: Eligibility

21. What types of organizations are eligible for ES funding?

The ES funding opportunity is only open to existing health centers currently receiving funding as of September 30, 2010, under the Health Center Program, which include:

- 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)

22. My organization has been a grantee of the Health Center Program for many years. In FY 2010 we received funding for capital projects funding through the American Recovery and Reinvestment Act (ARRA). Can we use Expanded Services funding to support operational costs associated with these capital improvements?

Yes. Recent ARRA-funded capital projects implemented by health centers have resulted in significant additional and/or modified space/capacity at existing sites (that are already operational or soon to be operational) where ES funds can be utilized.

TOPIC: Eligible Use of Funds

SUBTOPIC: Project Types

23. How many Service Expansion (SE) projects are applicants required to propose?

Applicants are not required to propose any SE projects. However, applicants must propose an EMC project that accounts for at least 2/3rd, and up to 100%, of the supplemental funding. If they choose, applicants may propose one to five SE projects with the remaining 1/3rd of the funding.

24. Can an applicant propose to spend its entire amount of funding on Expanded Medical Capacity (EMC), with no Service Expansion (SE) projects proposed?

Yes.

25. Can an applicant propose more than one Service Expansion (SE)-Enabling Services project?

No; an applicant may propose no more than one of each of the five SE project types. However, to the extent that enabling services already within the grantee's scope of project are an integral part of a patient visit, the applicant may include related enabling services within another project type. For example, if an applicant wishes to add comprehensive eye exams in an SE-Vision Care project, costs of the related in-scope enabling services (e.g., translation services, case management, and transportation associated with the eye exam) may be included in the project, and a separate SE-Enabling Services project need not be proposed for the related enabling services.

26. NEW! Is there any flexibility in using less than 2/3rd of the total ES request for the EMC project?

Applicants must propose to utilize at least 2/3rd of the requested ES funding to support an Expanded Medical Capacity (EMC) project to serve new patients. However, to the extent that enabling services already within the grantee's scope of project are an integral part of a patient visit, the applicant may include related enabling services within another project type. For example, if an applicant wishes to add comprehensive eye exams in an SE-Vision Care project, costs of the related in-scope enabling services (e.g., translation services, case management, and transportation associated with the eye exam) may be included in the project, and a separate SE-Enabling Services project need not be proposed for the related enabling services.

27. NEW! Can ES be used to fund expanded access to in-house diagnostic laboratory or radiology services that do not increase health center patients, but do improve compliance, the probability of improved outcomes, and reduce patient costs be used as a justification?

ES funds must be used to expand medical capacity and services to underserved populations in a health center's service area and increase patients. Therefore, applicants must propose to expand existing primary care medical capacity (EMC) by adding new medical providers, increasing the availability of medical services, and/or expanding hours of operations. To the extent that certain other costs and/or staff support the grantee's ability to implement the EMC project and meet the needs of its service area, such costs are allowable uses of ES funding, as long as they are reasonable.

HRSA encourages health centers to consider their entire organizational budgets when planning for how ES funding can be utilized to expand capacity and increase the number of patients served.

28. NEW! In order to manage the expansion of medical and other services, our organization may need additional administrative capacity (i.e., grants management, data management, etc.). Are these allowable costs in the expansion budget?

ES funds must be used to expand medical capacity and services to underserved populations in a health center's service area and increase patients. Therefore, applicants must propose to expand existing primary care medical capacity (EMC) by adding new medical providers, increasing the availability of medical services, and/or expanding hours of operations. To the extent that certain other costs and/or staff support the grantee's ability to implement the EMC project and meet the needs of its service area, such costs are allowable uses of ES funding, as long as they are reasonable.

HRSA encourages health centers to consider their entire organizational budgets when planning for how ES funding can be utilized to expand capacity and increase the number of patients served.

29. NEW! I have questions about best practices and planning for implementation of a new vision care program. Who can I talk to about this?

HRSA recommends that health centers looking to implement a new service expansion program (e.g., vision care, oral health, pharmacy, behavioral health) consult with their state's Primary Care Association (PCA). PCAs will be able to connect health centers to relevant resources for planning and implementation purposes. A list of PCAs is available at <http://bphc.hrsa.gov/technicalassistance/pcadirectory.htm>.

SUBTOPIC: Scope of Project – Sites

30. Am I allowed to propose an ES project at a site that I plan to bring into scope at a later date?

No. Applicants must propose to ES funds to be used at an **existing** approved 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.

31. Can applicants propose to serve a new service area as long as they are not requesting funds under a different funding stream?

No. Applicants may not provide services outside of their established service area, or propose to add a new target population. A function of the ES funding opportunity is to increase services in a health center's existing service area and target population.

32. Can Applicants request funding for addition of a new Medical Mobile Van unit?

No. 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.

33. NEW! In October, I submitted a Change in Scope request to my H80 Project Officer to add a new site. Will I be able to propose to use ES funds at this site if it is approved?

Since the pending CIS request required the health center to demonstrate how it can support the CIS without additional HRSA operational funding, the ES application will need to address the increased capacity and/or services to be provided at that site. As long as the site is approved by HRSA prior to the ES application due date of January 6, 2010, the health center will be able to propose to use ES funding at the new site.

If this is the case, please email bphc-es@hrsa.gov to ensure that EHB is able to refresh your scope appropriately within the ES application.

34. NEW! Can I propose a new site outside of the ES application but propose to use ES funds at the site?

ES funding is intended to support expanded medical capacity and expanded services (oral health, behavioral health, pharmacy, vision, and/or enabling) at existing health center sites with the goal of serving new patients in the existing service area. If a health center currently has a pending Change in Scope (CIS) request or intends to submit a CIS request to add a new site in the near future, the health center is reminded of the requirement to demonstrate how it can support the CIS without additional HRSA operational grant funding. Therefore, if a health center wishes to utilize ES funding at a proposed new site, the CIS application must demonstrate how the applicant will be able to operate that site without relying on ES funding. Conversely, the ES application will need to demonstrate the increased capacity and/or services to be provided at that site.

35. NEW! Can a health center propose to utilize ES funds at a new site being built or improved with CIP, FIP or BPHC Capital Development (CD) grants?

While new sites proposed within approved CIP, FIP, and CD projects have been approved by HRSA, many of those sites are still pending verification from the health center that they are operational. If the grantee is already operational at the CIP or FIP site or will be operational prior to the ES anticipated award date in April 2011, then the health center can propose to use ES funding at that site within the ES application.

However, if the CIP or FIP site will not be operational until later in 2011 or in subsequent years, then the health center should not propose to use ES funding at the site since it is unlikely the health center will be able to meet the expected increase in patients by the end of CY 2012.

SUBTOPIC: Scope of Project – Services

36. Can ES funding be used to cover costs incurred prior to the award date?

ES funds are intended to support the costs incurred after the project start date. HRSA anticipates awarding ES fund on or about April 1, 2011.

37. Can these funds be used to add specialty services?

Applicants may propose relevant specialty services in SE-Oral Health, SE-Behavioral Health, and/or SE-Vision Care projects. A proposal to add a specialty service requires completion of a “Checklist for Adding a Specialty Service” within the application. The system will prompt the applicant to complete the “Checklist for Adding a Specialty Service” when applicable.

38. May I delete a service that I currently provide?

No. Applicants will not be able to delete any currently approved services nor may they begin providing a service via referral only if the service is currently provided directly by the health center. Any plans to delete a service should be discussed separately with the H80 Project Officer and would need to be proposed via a formal Change in Scope (CIS) request.

39. NEW! In October, I submitted a Change in Scope request to my H80 Project Officer to add a new service. Will I be able to propose to use ES funds to support this service if it is approved?

Since the pending Change in Scope (CIS) request required the health center to demonstrate how it can support the CIS without additional HRSA operational grant funding, the ES application will need to address the increased level of service to be provided. As long as the service is approved by HRSA prior to the ES application due date of January 6, 2010, the health center will be able to propose to use ES funding to support the new service.

If this is the case, please email bphc-es@hrsa.gov to ensure that EHB is able to refresh your scope appropriately within the ES application.

40. NEW! If I apply for an Expanded Services grant, will my proposed service changes automatically update in the EHB or do I need to submit an official Change in Scope (CIS) request through the CIS module?

A limited set of Scope Form 5A services will be open for changes through the Expanded Services funding application (see Table 2 in [ES Announcement and Instructions](#) for details on limitations). The Expanded Services application will be pre-populated with the appropriate services from your health center's current approved scope of project. The system will allow you to propose changes to the mode of provision and to add a limited number of specific services. Your Scope Form 5A will be automatically updated after the Notice of Grant Award (NGA) has been issued. All approved scope changes will be communicated via the NGA. This CIS must be verified during the 120-day scope verification process after the NGA is issued.

41. NEW! Endocrinology is in our scope of service. May we add an endocrinologist with EMC funding?

Health centers may propose to utilize EMC funds to increase the availability of services that are within the federally approved scope of project. However, a primary goal of EMC funding is to expand medical capacity and services to underserved populations in a health center's service area, thereby increasing the number of patients served (see Impact Tables). Therefore, applicants should take this expectation into consideration when proposing to offer more specialty services.

SUBTOPIC: Providers

42. Can these funds be used to contract with, rather than hire, a provider for expanded services?

Yes. Under the EMC and SE project types, an applicant may propose to pay for a service by formal contract (Form 5A-Column II) a service that previously provided via a formal written referral arrangement (Form 5A-Column III). Under an SE project, an applicant may propose to add a new service via formal contract (Form 5A-Column II). In both cases, the applicant must provide written justification as to why the applicant chose not to propose directly employing a new provider of the expanded service.

43. Can these funds be used to hire community health workers/promotoras?

Yes. As part of a SE-Enabling Services project, an applicant may propose to provide patient case management, including counseling, referral, and follow-up, and may hire staff to provide these services.

44. A health center is already providing pediatric dental screenings, but also wants to expand services to include restorative dental care. Am I able to add a new dentist that performs these services through an EMC project?

No. Any additional oral health services/providers must be proposed via a SE-Oral Health (SE-OH) project. The applicant would count the cost of hiring the new dentist entirely under an SE-OH project for up to 1/3rd of the applicant's maximum eligible ES amount.

Similarly, new pharmacy, behavioral health, or vision care staff must be proposed via the relevant SE project type, and not within the EMC project.

45. NEW! What is the earliest date an expense can be incurred to be eligible for this funding. For example, if a physician is hired in November 2010 for the intent of expansion, could he or she be included as an expense in the ES application?

ES funds are not intended to replace existing resources. Applicants must propose to expand existing primary care medical capacity (EMC) by adding new medical providers, increasing the availability of medical services, and/or expanding hours of operations. To the extent that health centers can support providers with temporary sources of funding between now and the time of award, these providers could be included in the 12 month ES budget going forward. These providers must also generate new patients. However, note that all ES application budgets will be reviewed by HRSA for reasonableness.

46. NEW! Can we use ES funds to hire a new provider and to increase the salaries of our existing providers?

ES funds must be used to expand medical capacity and services to underserved populations in a health center's service area and increase patients. Increasing the salaries of existing providers, without also increasing hours of operation, will not likely result in increased patients. Therefore, health centers should consider how their overall organizational budget, including the continuation of Increased Demand for Services funding, may be used for costs such as increased salaries.

SUBTOPIC: Equipment

47. Are equipment purchases allowable?

For the purposes of the ES funding, moveable equipment is defined as non-expendable items with a useful life of more than one year that are not permanently affixed and that can be easily moved. Moveable equipment is an allowable cost under ES. Applicants may not propose to spend more than \$100,000 of the total ES budget/funding on equipment. Funds may not be spent on fixed equipment.

48. Are supplies an allowable cost?

Supplies are items that are necessary for daily operations. Supplies are allowable costs under ES. Examples include office supplies (paper, pencils, ink, etc.), medical supplies (syringes, blood tubes, plastic gloves, etc.), and educational supplies (pamphlets, educational videotapes, etc.).

49. May applicants request funds for expenses related to assisting patients in applying for public insurance programs such as Medicaid and CHIP? Specifically, may applicants request funds to purchase laptops and workstations to enable applications to be completed and submitted on-site?

Assisting patients in applying for public insurance at the health center site is an approved "enabling service" for which funds may be requested under this opportunity. Note that the total cost of all moveable equipment requested under ES – including laptops, desktop computers, and workstations – may not exceed \$100,000.

50. Can I use ES funding toward costs associated with an Electronic Health Records system?

Electronic health record (EHR) systems are an allowable cost in addition to provider licenses and associated hardware for an existing certified EHR system. However, EHR-related costs are considered "Equipment" and applicants may not propose to spend more than \$100,000 of the total ES budget/funding on equipment.

51. I have specific questions about the allowable use of funds, who should I contact?

ES applicants with questions concerning the business, administrative or fiscal issues related to the ES application may contact:

Olusola Dada
Health Resources and Services Administration
Office of Federal Assistance Management
Division of Grants Management Operations

Email: Odada@hrsa.gov

TOPIC: Performance Impact

52. Can an applicant project that fewer new patients will be served by an Expanded Medical Capacity (EMC) project than the provided “expected patients” number?

HRSA does not expect applicants to propose to serve fewer than the calculated expected patients that are based on specific UDS data trends for the health center. However, HRSA realizes that there may be unique circumstances faced by the grantee. In cases where the “projected” new patients is less than the “expected” new patients by 5%, or greater by more than 25%, the applicant will be required to provide a reasonable justification/explanation within the application.

53. If our health center is proposing to establish comprehensive eye exams and vision services for the first time via the SE-Vision Care (SE-V) project, how would we be able to provide projections for new patients and for existing health center patients who are new to the SE services?

If the applicant does not have health center-level data to base SE-V patient projections on, the applicant should base such projections on local area cost per patient data specific to the vision care services being proposed. In the absence of local level data, applicants may refer to national average cost data.

54. Can I propose to use ES funding to retain existing staff?

ES funds are intended to increase access to preventive and primary health care services so that additional patients may be served. HRSA expects that applicants will use ES funds to hire new FTEs or increase the FTE hours of existing staff in order to meet this goal. Therefore, ES funds should not be used to retain staff already supported by another source of funding.

55. NEW! What is the definition of a “new patient” for both the SE and EMC project types?

For all ES Patients Impact forms, a “New Patient” is an individual who has not been seen by the health center in the past 12 months and will not reported on Table 3A (Patients by Age and Gender) of the 2010 UDS.

56. NEW! What is the definition of an “existing patient” for the purposes of the SE project type impacts form?

In the SE Project Type Patients Impact form, an “Existing Patient” is a current health center patient that will be receiving a new service as a result of ES funding. For example, if a health center proposes to add an SE-Oral Health project, it should project how many of its current medical patients will be accessing the dental services from the health center for the first time in the “Existing Patients” column.

57. NEW! What is the exact formula for calculating Expected Increase in Patients by the end of CY 2012 for EMC projects? What UDS data are used?

For EMC projects, the total Expected Increase in Patients at the end of CY 2012 is calculated by dividing the Total Federal Funding Requested for EMC project in the Budget Details form by the Average Federal Health Center Operational Grant Dollars per Patient based on last 3 years of UDS data:

- Federal Health Center Operational Grant Dollars each CY: UDS Table 9E (Other Revenues), Line 1g (Total Health Center Cluster)
 - *For 2009, Federal Health Center Operational Grant Dollars includes Table 9E Line 1g **plus** Table 9E Line 4 (American Recovery and Reinvestment Act New Access Point and Increased Demand for Services)
- Total health center patients each CY: UDS Table 3A (Patients by Age and Gender) Line 39a (Male Patients) plus Line 39b (Female Patients)

- The operational grant dollars per patient is calculated for 2007, 2008 and 2009. Those amounts are added together and divided by 3 years (or the number of years for which data is available) to determine the Average Federal Health Center Operational Grant Dollars per Patient.

Where 3 years of data do not exist, the calculation is based on the available UDS data.

58. NEW! What is the baseline over which we are projecting the “Projected Increase” for all impacts?

The projected increases should be based on the health center’s current (i.e., calendar year 2010) data. For example, if a health center estimates that by the end of CY 2010 it will have seen 10,000 patients, then it should project the increase in new patients **over** the 10,000 patients seen in 2010.

59. NEW! Will the health center be expected to meet all of its proposed patient and staffing targets?

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.

60. NEW! Will the center be required to increase patients in 330(e) and each special population group if it has special population funding or will it be organization-wide?

Applicants should project increased patients for the overall health center project including all populations for which they receive funding. HRSA recognizes that the cost of providing care may vary by special population. Therefore, the Expected Impact is calculated at the total organizational level and health centers will be expected to meet total projections.

61. NEW! If an existing patient sees a new dentist funded by the ES grant, can this be counted toward meeting the patient goals of the ES funding?

Hiring a new dentist is allowable under the ES funding and applicants will be able to project existing and new patients supported by SE projects. However, applicants must propose to utilize at least 2/3rd of the requested ES funding to support an Expanded Medical Capacity (EMC) project to serve new patients. New patient projections are required for the EMC project, and Expected Impacts are based upon health center grant cost per patient data. The expectation for growth is specifically tied to the EMC project, not the SE projects – therefore a current patient who sees a new dentist is not a new patient.

TOPIC: Application Completion

62. Do I need to write a budget justification for each individual, proposed project?

Yes. Each individual project in the Expanded Services application must contain both a completed budget form and an accompanying budget justification in narrative form. Refer to Appendix B of the Instructions for detailed information on what should be included on each line of the budget and budget justification.

63. Where can I get the Expanded Services application package?

The Expanded Services (HRSA-11-148) application package is available via HRSA Electronic Handbooks (EHB). All eligible applicants received an email notification via the EHB system informing them of the application availability and providing access information. Additional technical assistance materials are available online at <http://bphc.hrsa.gov/es>.

64. Who should I contact with programmatic questions concerning the Expanded Services application requirements and process?

If you have questions regarding the FY 2011 Health Center Expanded Services application and/or the review process described in this application guidance, please contact the Expanded Services Team in the Bureau of Primary Health Care’s (BPHC) Office of Policy and Program Development at 301-594-4300 or bphc-es@hrsa.gov.

65. I have specific questions about my ES budget or budget justification, who should I contact?

ES applicants with questions concerning the business, administrative or fiscal issues related to the ES application may contact:

Olusola Dada
 Health Resources and Services Administration
 Office of Federal Assistance Management
 Division of Grants Management Operations
 Email: Odada@hrsa.gov

66. What technical assistance is available as I develop my application?

All technical assistance materials are available at <http://bphc.hrsa.gov/es>. HRSA will continue to update TA materials to help clarify common questions. In addition to written materials, a national Technical Assistance call will occur November 3 and will be available for replay. Call details are available at <http://bphc.hrsa.gov/es>. If the materials provided are not sufficient to answer an applicant’s questions, applicants may contact the agency staff listed below.

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	<p>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)</p> <p>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)</p>

TOPIC: Application Submission

67. When are ES applications/funding requests due in EHB?

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.

TOPIC: Reviews/Awards/Reporting**68. What reviews will ES applications undergo?**

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

69. If I propose a project that constitutes a Change in Scope (CIS) request to add a new service, will that new service be approved immediately?

All proposals to add a service to the scope of project (which constitutes a CIS request) will be reviewed by HRSA to ensure that the CIS is justified and reasonable. Therefore, approval of the CIS is not guaranteed. If HRSA is able to approve the CIS to add the service, approval will be communicated via the ES Notice of Grant Award (NGA). Expectations for verifying the service will be communicated via the NGA as well.

70. When will ES funding be awarded?

HRSA anticipates announcing ES supplements in April 2011.

71. Are activities supported by ES funding required to adhere to the same laws and regulations as section 330 supported activities?

Yes, 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>.

72. Are there specific reporting requirements for ES funded activities?

There is no separate ES reporting module. However, 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.

73. How will ES-funded activities be reported in future SAC or BPR submission?

Any projected impact that the ES funds will have on clinical and financial performance measures needs to be integrated into the health center's FY 2012 Service Area Competition Application/Budget Period Progress Report.

74. Will the health center be expected to meet all of its proposed patient and staffing targets?

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.

75. **NEW! When reporting the patients in UDS, will the increase in patients be counted from just the locations identified in the ES application or will it be organization- wide?**

Increased patients should be projected at the organization level. There is no anticipated change in the way patients will be reported via UDS. Grantees are asked to identify the sites where ES funds will be used so that HRSA can report on the number of sites impacted by ES dollars.