

**New Access Point Funding Opportunity Announcement
Technical Assistance Call**

**Moderator: Joanne Galindo
January 23, 2013**

Coordinator: Welcome and thank you for standing by for today's conference call. At this time I need to remind all participants that you are in a listen-only mode. However we will be doing questions and answers today at which time all parties will be asked to press the Star 1 to ask a question or make a comment.

At this time I need to remind all participants today's conference is being recorded. If you have any objections to this recording please feel free to disconnect at this time.

We're going to go ahead and get today's conference call started. I'm turning this call over to Ms. Joanne Galindo. Ma'am you can begin.

Joanne Galindo: Thank you. Welcome to the Technical Assistance Call for the Fiscal Year 2013 New Access Point funding opportunity or NAP as we'll refer to it throughout the call.

My name is Joanne Galindo, and I'm a Public Health Analyst in the Office of Policy and Program Development here in the Bureau of Primary Health Care.

Before we begin I want to point out that the slide presentation is available on the NAP Technical Assistance Web site. And that's at <http://www.hrsa.gov/grants/apply/assistance/nap>.

And if you received an email announcement about this call the link to the TA Web page is included in that message.

This call is being recorded and it will be posted on the TA Web page in about a week. And before we review the NAP Funding Opportunity Announcement Jim Macrae, Associate Administrator, would like to share some introductory remarks with you.

Jim Macrae: Thanks Joanne and thanks everybody for joining us today. We're very excited about talking about this opportunity for the Health Center Program's New Access Point competition.

This tends to be our most popular Funding Opportunity Announcement that we put out on an average basis about once every two years in terms of that announcement.

It is a highly competitive process so I just want folks to know that first and foremost that there tends to be a lot of interest. I think we have well over 500 people already on this call today which is very exciting.

But most importantly for today we want to go over the different aspects of application guidance itself, really walk you through all the different phases of it, and then most importantly be available to answer any of your questions that you may have.

As Joanne said there are a variety of technical assistance resources available on our Web site. We would encourage you to take advantage of all of those different resources that are available.

In addition we have a set of frequently asked questions that as other questions come in we will put answers to those questions that come in on our Web site.

So this will not be your last opportunity of course to ask questions. We have plenty of staff available to answer questions. We have resources on our Web site but again we thank you for joining us today.

In terms of the opportunity itself this is the opportunity for new organizations to come into the health center family as a completely new health center organization or for our existing health centers to come in for satellite application to basically establish a new service delivery site for their community or for their patients.

Before we jump into the specifics I really want to take just a moment to thank the staff for all of their hard work related to this guidance.

This is a very important guidance and the staff have done, I think, an exceptional job developing something that we hope is easily understandable that really lays out what it is that you need to do to be able to present your case that your community or your organization should receive funding and most importantly really available to help you as you go through the process itself.

We did receive a lot of feedback from previous New Access Point competition. We do take that feedback very seriously and attempt to make improvements every year as we proceed.

We also in the last year did a more formal review of our 2011-2012 New Access Point competition application guidance and award process.

And as a result of those reviews and the feedback that we've received from previous applicants as well as grantees and others I think we've made several improvements to our guidance.

We will go through those today in terms of some of the changes from the previous guidance. But really they were all with an eye towards making it more clear, more understandable, and we hope better target our resources to the highest need communities.

You'll see some changes in our eligibility requirements. You'll see some changes in our review criteria. And then you'll also see some changes in terms of our funding priorities.

In terms of eligibility, we really wanted to make sure that we focused on making sure that organizations that are on a solid footing are going to be receiving the funding.

So in particular for some existing health centers there's a higher bar of performance than has been required in previous years in terms of compliance with the program requirements.

In addition there's just more clarity about what organizations need to do to be eligible for this competition. And Joanne will go through those different pieces.

In terms of the review criteria I think what you'll see is a much more streamlined and we hoped directly accessible way of looking at the review criteria because this is really the most important piece of the application.

This is your opportunity to present your case. But it's really important that you completely respond to the criteria because that's what our objective reviewers and independent panel of experts use to actually score and rank the applications.

So I think we've done a really good job of making it much clearer about what folks need to submit in their application and in turn how that connects to the actual review criteria itself as well as the different forms and attachments that you need to submit. So hopefully that's a lot clearer to folks in terms of the application guidance.

And then finally in terms of funding priorities we have one funding priority that we will continue to use in 2013 which is around sparsely populated.

We've added a new criterion that deals with low income underserved - I'm sorry, I always forget the term - of communities.

And basically the intent behind that is to make sure that we target our resources to communities and to populations that have a significant number of low income patients but that are not currently being served by health centers in that particular area.

So we are going to be giving additional points to those organizations that target their application to those communities of service areas where there is a significant number of low income patients below 200% of poverty but there

is not much health center penetration in terms of those people receiving the health center services.

Lastly because a number of folks have already asked why we did not include this year a special population priority point funding opportunity and that's primarily because of the amount of money that's available through this competition.

At the present time \$19 million is available to support 25 health centers. Given that reality we determined that we did not need the extra priority point at this time to be able to meet the statutory requirements with respect to funding for homeless, migrant and seasonal agricultural workers, or residents of public housing.

With respect to the overall funding amount, that's another question that we've also received a lot of questions about. Is that final?

The answer is no. Right now we have a plan to award \$19 million for 25 new awards but both the number and the amount of money that's available of course is contingent upon the final budget that we will receive with the program which we anticipate receiving sometime in late March.

So there may be adjustments either in the number of applications that we're able to support. And that could go either up or down depending on what happens with our appropriation and/or the amount of money that's available.

The last thing I will say is please, please, please pay attention to the deadlines. We've had too many circumstances in the past where folks have

not paid enough attention to the deadlines, have not in particular gotten applications in either through the grants.gov phase of the application process or through the electronic handbook part of the application process.

And that is not good for anyone in terms of that situation so please get those in. I would encourage you to even get those things in earlier than the deadline. Don't wait until the last minute.

That is not a good thing to be dependent on, you know, having everything perfect so you can get your application. And please try to get those parts of your application in early and at least on time.

In addition for those organizations that have not been a part of the federal government before begin the process to register in grants.gov. It does take a period of time to get there. So if you are thinking about this please begin that process. And again Joanne will go through all the different pieces.

The last thing I will say before I turn it to Joanne for the formal presentation is please, please, please use the review criteria when you develop your application. That is the criteria that reviewers will be looking at when they score and rank your application.

And the information that you submit is the only information that those reviewers will have when making their determinations around the score.

So it's really important that you fully respond to each of the review criteria, make sure that there are clear connections for people who are reviewing it and do the best you can in terms of presenting your case for funding.

So with that I'll turn it over to Joanne and wish you luck and again you have I think a great support group here in the Bureau of Primary Health Care staff to help you through the entire process. Joanne?

Joanne Galindo: Thanks. For anyone that might have joined late I just want to go over the link where you can find the presentation slides. And that's at <http://www.hrsa.gov/grants/apply/assistance/nap>.

So on Slide 2 you'll see the agenda for this call. We'll start with a basic overview of the health center program and highlights of the New Access Point funding opportunity including eligibility requirements and funding, the two step application submission process, components of the project narrative and review criteria, the budget presentation, and required attachments forms and program specific information.

Once we finish with all the components of the applications I'll give an overview of the funding priorities, some important reminders, and a list of technical assistance contacts and resources.

We will end with a question and answer session so please make a note of any questions that might arise during the call as we go along.

On Slide 3 an overview of the New Access Point funding opportunity. NAP is a competitive funding opportunity for operational support for new primary care service delivery sites under the Health Center Program.

So let's move on to Slide 4 for a quick overview of the Health Center Program.

The Health Center Program provides grant support to organizations that serve medically underserved areas and medically underserved populations or special populations such as migratory and seasonal agricultural workers, homeless individuals, and families or residents of public housing.

Slide 5 shows the breadth of the Health Center Program. HRSA or the Health Resources and Services Administration currently provides grant support to 1200 health centers operating more than 8500 sites across the United States and its territories serving more than 20 million patients.

The Health Center Program grantees target unserved and underserved individuals and families with the goals of ensuring access to health care to all and reducing health disparities.

On Slide 6 we see that the Health Center Program grantees must provide primary care services to all regardless of their ability to pay And Health Center Program grantees are expected to comply with the 19 program requirements. And these are included in Appendix F if the NAP Funding Opportunity Announcement or FOA as I might refer to it.

So now that we've got over some of the basics of the Health Center Program let's talk about the highlights of the New Access Point funding opportunity.

You'll see on Slide 7 that approximately \$19 million is available for approximately 25 NAP grant awards. However, pending the Final Health Center Program appropriation funding level HRSA may adjust the funding - the amount of funding and number of awards available under this Funding Opportunity Announcement.

New Access Point funding is authorized by section 330 of the Public Health Service Act and supported by the Affordable Care Act.

On Slide 8 you can see that this funding opportunity is open to both current Health Center Program grantees and new applicants that do not receive - that do not currently receive funding through The Health Center Program.

Applications are submitted in two parts. First basic organizational and budget information will be provided in grants.gov which has a due date of February 27 by 11:59 PM Eastern Time.

The bulk of the application will then be provided in the HRSA Electronic Handbook and that's otherwise known as EHB.

The EHB deadline is April 3 at 8 PM Eastern Time. You must meet both the grants.gov deadline and the EHB deadline.

So let's go on to Slide 9 to talk more about the specifics of New Access Points.

A New Access Point is a new service delivery site for the provision of comprehensive primary and preventive medical health care services.

There are two application types for NAP applicants which will be required to identify in grants.gov. New starts are organizations that do not currently receive funding under section 330 which is a Health Center Program.

For example a Health Center Program look alike would be considered a new start applicant for this funding opportunity.

Satellites are organizations that currently receive funding under health - under section 330 of the Health Center Program so these are current grantees that are proposing to establish new delivery sites.

On Slide 10 you'll see that there are four types of health centers and applicants can request funding to serve one or more these population types based on the proposed service area's needs.

They are Community Health Centers or CHC and this is from section 330(e). They serve the general underserved population. Migrant Health Centers or MCH under section 330(g) serve migratory and seasonal agricultural workers and their families. Healthcare for the Homeless or HCH under section 330(h) serve homeless individuals and families. And Public Housing Primary Care or PHPC under section 330(i) serve residents of public housing. MHC, HCH, and PHPC we will refer to as special populations.

On Slide 11 you'll see that applicants proposing to serve special populations must address additional specific program requirements. Page 3 in the Funding Opportunity Announcement summarizes these requirements.

One change page from previous years is that in 2013 there is no funding priority for applicants requesting funding to serve special populations.

So now that you have an overview of the Health Center Program and the New Access Point funding let's go over the eligibility criteria starting on Slide 12.

Applicants must be public or private nonprofit entities including tribal, faith based, and community based organizations.

At least one proposed NAP site must be a full-time permanent site operating at least 40 hours per week. There is one exception to this and that is that migrant health centers can be seasonal but they still need to be full time 40 hours a week.

Comprehensive primary medical care must be the main purpose of the NAP application. To be eligible a NAP application may not propose only a New Access Point to provide only a single service such as dental, behavioral health, or prenatal services.

More eligibility requirements continue on Slide 13 and that is to ensure access to services for all service area populations. So that means proposed sites may not focus on a single age group like children or a lifecycle like geriatric or a health issue like HIV/AIDS or diabetes.

Applicants must provide comprehensive primary health care services without the regard for the person's ability to pay. And the budget request may not exceed \$650,000 in either year one or year two.

The eligibility criteria continue on Slide 14. No proposed NAP site can be in any Health Center Program grantee's scope of project including sites pending verification at the time of application. So in other words, applicants cannot propose funding to support the relocation of current grantee sites, the expansion of capacity like additional providers, additional patients, new services, or new populations at any site that is already in any Health Center Program grantee's approved scope of projects. And that includes those

pending verification via change in scope or capital development grants, by Capital Development, Building Capacity or Facility Improvement Program grants. It also cannot propose a site proposed through an active change in scope request or Health Center Program funding opportunity at the time of application. So that just means they cannot be in a current grantee's scope of project at your time of application, the sites can't be in the scope of project.

Additionally, the application cannot exceed the 200 page limit. This is important since the pages are automatically counted. Tables 2 to 4 in the Funding Opportunity Announcement show which parts of the application are counted in the page limit.

And finally, applications requesting section 330(e) funding for CHC must provide Medically Underserved Area (MUA) or Medically Underserved Populations (MUP) designation information.

News start NAP applicants requesting section 330(e) funding for CHC must propose to survey defined geographic area that is designated in whole or in part as an MUA or contains an MUP.

So Slide 15 provides more information about one of the eligibility requirements of the funding cap. HRSA has established an annual cap of \$650,000 for section 330 support of New Access Points regardless of the number and/or type of New Access Points proposed.

The NAP application has a 2-year project period. And in year one, applicants can request up to \$650,000 of which \$150,000 may be used for one time minor capital costs for equipment and/or minor alterations and renovations.

In year two applicants can request up to \$650,000 for operational support only.

So now that you know the eligibility requirements, let's discuss the application submission process starting on Slide 16.

As I mentioned, the application is submitted in two steps, first through grants.gov and finally through EHB. It's very important to begin the registration process as soon as possible so you have time to submit in grants.gov and EHB before the deadline.

There are several steps to register at grants.gov. First have to make sure that you have a DUNS number and register in the System for Award Management or SAM. Pages 8 to 9 of the Funding Opportunity Announcement have more detailed information about the SAM process.

Next you can register in grants.gov and EHB. Grants.gov registration could take as long as one month. So if you are a new applicant you need to get started on that right away.

If you are a current Health Center Program grantee you should already be registered in the appropriate system however you should verify that all your registrations are up to date and current and you have access to both grants.gov and EHB and do that well in advance of the deadline.

Slide 17 lists the documents it must be submitted in the grants.gov part of the application. Remember that the earlier the grants.gov information is submitted the more time you'll have to work in EHB so plan to submit in grants.gov well before the February 27 deadline.

In grants.gov you'll be submitting the SF424, the application for federal assistance and within this form you upload your project abstract in box 15.

You'll need to complete the SF424B which is the assurances for non-construction programs, the Project Performance Site Locations form, the grants.gov lobbying form, and the SFLLL, the disclosure of lobbying form if that's applicable.

On Slide 18 it shows the SF424, the Application for Federal Assistance. As I mentioned before there are two application types, new starts and satellites.

On the SF424, a new start applicant - or an organization that does not currently receive Health Center Program section 330 operational grant funding - will select New which is on the top of the slide.

If you are a satellite applicant - an organization that is currently a health center program grantee - you would select Revision which is shown on the bottom of the slide and then choose letter E: other and type Supplement and your H80 grant number in the box below. And that's for the SF424 Application for Federal Assistance and you do that in the grants.gov submission.

Slide 19 explains the validation for grants.gov submission. Phase one of the application process is completed through a successful submission to grants.gov. If you have problems submitting to grants.gov you should call 800-518-4726.

Once phase one of the application is submitted you will receive a series of confirmation emails from grants.gov. There will be four different emails that are explained on Page 39 of the Funding Opportunity Announcement. Please check your spam folder if you do not see these confirmation email messages in your inbox. So within 7 business days from submitting the grants.gov application the fourth email will provide a tracking number for accessing your application in EHB. If you do not receive the message with a tracking number within 10 business days please contact HRSA at 877-974-2742.

Slide 20 lists the documents that must be submitted in the EHB part of the application once the grants.gov submission is complete and validated.

Again we strongly encourage you to plan to complete and submit the applications before the due date of April 3 at 8 PM Eastern Time.

In the EHB portion of the application you'll submit your project narrative, the SF424A which is the budget information for non-construction programs, your budget justification, all the attachments, all of the program specific forms, and the program specific information. And I will go into more detail about each of these components.

Slide 21 explains the validation process for EHB submission. The application can only be submitted by the authorizing official. So if you're not the authorizing official once you submit it it's not yet submitted through EHB. The AO, the Authorizing Official, is the only one who can officially submit your application. Once it is successfully submitted you will receive an Application Successfully Transmitted to HRSA message in EHB. You will not receive a confirmation email like with grants.gov. Rather you will see that message regarding the successful submission on your screen. And for again

for help with the electronic submission part in EHB call 877-974-2742 at the Bureau of Primary Health Care helpline.

So now that you have an overview of the submission process, let's talk about the specific components of the application submitted through EHB starting with Slide 22.

One of the main components of the application is the project narrative. We're often asked about the difference between the project narrative and the review criteria sections of the Funding Opportunity Announcement. The project narrative details the information the application must include to provide a comprehensive description of the proposed New Access Point. And the review criteria are used by grant reviewers to evaluate how well the applicant presented the information requested. So applicants should use both sections when they're developing the application.

Going on to Slide 23, new in 2013, the review criteria reference project narrative items, forms, and attachments that must be considered collectively when scoring the application. So it's important that information is presented consistently throughout the application. And we believe that by using both the review criteria and the project narrative sections you can do that.

Slide 24 lists the sections of the project narrative and the corresponding review criteria points. The need section is worth 30 points which includes 20 points that are determined by the Need for Assistance Worksheet and ten points that are determined by the objective review committee.

The response section is worth 20 points, collaboration - ten points, evaluative measures - five points, resources and capabilities - 15 points, governance - ten points and support requested - ten points.

On the next few slides I'll provide some highlights of each section.

On Slide 25 the need section again is worth 30 points and 20 of the 30 points are determined by the Need for Assistance Worksheet which is Form 9. The narrative response (ten of the 30 points) should reference the data provided in the Need For Assistance Worksheet as needed.

Slide 26 describes the response section for 20 points. The narrative and referenced forms and attachments must describe the proposed project and how it will comply with Health Center Program requirements.

New this year is an implementation plan to demonstrate operational readiness in 120 days. And I'll explain that a little bit more as we go on.

And also new this year there is a question to describe plans for outreach and enrollment for Medicaid expansion and health insurance exchanges.

On Slide 27, collaboration is worth ten points. The narrative and attachments must demonstrate collaboration between service providers within the service area. And letters of support that are not submitted with the application will not be reviewed. So be sure to submit any letters of support that you want to be reviewed with your applications as part of your application.

New this year, letters of support are required from major private provider groups serving the target population. And that's in addition to the required letters from Health Center Program grantees and look alike, rural health clinics, critical access hospitals, and rural health clinics in the service area.

Slide 28, evaluative measures is worth five points. The narrative and performance measures forms must demonstrate realistic goals and evaluation planning. There are a couple new clinical performance measures that are required this year that were not required in the past and I'll go over that a little bit more. And also new this year we have a question describing the implementation of certified Electronic Health Records for patient tracking and meaningful use.

Slide 29, resources and capabilities, is worth 15 points. The narrative and referenced forms and attachments must demonstrate the organizational capacity and experience to successfully operate the New Access Points. New this year is a question to describe your current or planned integration with the state health care delivery plan in this section.

On Slide 30, governance is ten points. The narrative and referenced forms and attachments must document how the organization and its board are compliant with the Health Center Program's governance requirements. And governance requirements do not apply to health centers that are operated by Indian tribes, tribal groups, or Indian organizations.

Slide 31, support requested is ten points. The budget justification and referenced forms and attachments must document a consistent budget presentation appropriate for the proposed project. And new this year we are asking that you provide the proposed total cost and federal cost per patient

by the requested funding type and explain how this is reasonable and appropriate.

Now that we've covered the sections of the project narrative, let's discuss the budget presentations on Slide 32.

The budget presentation must provide detailed information for each year of the 2-year project period. The required components are the SF424A budget information for non-construction programs and the budget justification which should include a line item budget as well as a narrative justification. There is a sample budget justification that will be posted on the NAP Technical Assistance Web site.

Going on to Slide 33, the budget must be consistent with Form 1B which is the Bureau of Primary Health Care Funding Request Summary, Form 2 which is the staffing profile, and Form 3 which is the Income Analysis Form. If one-time funding is being requested for alteration and renovation, a project budget for that alteration and renovation project must also be provided. And if one-time funding is requested for equipment, an equipment list must also be provided. And I'll explain a little bit more about that later as well. There will be a sample alteration/renovation budget on the Technical Assistance Web site as well.

On Slides 34 and 35 we list the attachments. More details about the attachments can be found in Table 4 on Pages 15 to 20 of the Funding Opportunity Announcement.

Attachments are designated as required for completeness or required for review. Failure to include the application documents indicated as required

for completeness will result in an application being considered nonresponsive and will not be considered for funding. Failure to include documents indicated as required for review might negatively impact an application's objective review score.

Attachment 1 is our service area map and table which is required for review. Attachment 2 is the implementation plan which is required for completeness. Attachment 3, applicant organizational chart, is required for review. Attachment 4, position descriptions for key management staff, required for review. Attachment 5, biographical sketches for key management staff, required for review. Attachment 6, co-applicant agreements. This is as applicable but it may be required for completeness if it is necessary. Attachment 7, the summary of contracts and agreements. This is required for review and - but also as applicable if it's needed.

On Slide 35, Attachment 8 is the independent financial audit and that is required for completeness.

Attachment 9, the Articles of Incorporation, Attachment 10, the letters of support, and Attachment 11, the sliding fee discount schedule are all required for review.

Attachment 12 is evidence of nonprofit or public center status. And that is required for completeness for new applicants.

Attachment 13 is the floor plans which is required for review.

Attachment 14 is the corporate bylaws which are required for completeness.

And Attachment 15 is other relevant documents as applicable.

Slide 36 describes a new attachment for 2013, the implementation plan. And this is where the applicant details steps necessary for an applicant to demonstrate that the New Access Points will be operational (providing services to the target community and population) and compliant with the health center program requirements within 120 days of award. And full operational capacity must be achieved within two years of award - serving all projected patients.

On Slide 37 we list the program specific forms which are listed in Table 5 on Page 21 of the FOA.

Form 1A is the General Information Worksheet, 1B is the Bureau of Primary Health Care Funding Request Summary, Form 1C is Documents on File, Form 2 is a staffing profile, Form 3 - Income Analysis Form, Form 4 - Community Characteristics, Form 5 - Services Provided, 5B - Service Sites, and 5C - Other Activities and Locations. Forms 5 A, B, and C will compose your scope of project for this application.

On Slide 38 we have Form 6A which is the current board member characteristics, Form 6B - the request for waiver of governance requirements, Form 8 - health center agreements, Form 9 - the Need for Assistance Worksheet, Form 10 - the Annual Emergency Preparedness reports, Form 12 - organizational contacts. And we have a new Summary page which I'll go into in a few minutes.

On the Technical Assistance Web site there are blank forms that you can use to prepare your responses to these forms. However, these forms are structured forms in EHB that you can complete online.

Refer to Appendix A in the FOA for instructions and the HRSA Electronic Handbooks NAP User Guide for grant applicants on the TA Web site for assistance completing these forms online.

On Slide 39, we talk about the Need for Assistance Worksheet which is Form 9. And that documents objective measures of the need of the proposed service area and/or population to be served using health indicators. To complete this form, you should use the Data Resource Guide which is available at the Technical Assistance Web site and that will help identify data sources for all the indicators and core barriers.

Complete the worksheet based on all the proposed NAP sites not individually. And the scoring will be a maximum of 100 points. And that will be converted to a 20-point scale to be included in 30 points total for the need section of the application. Before you submit in EHB you should review your total score and the converted score to make sure you understand the conversion of the scores and that you're submitting all your data sources correctly.

So on Slide 40 we talk about the Summary page. This is new this year and it presents important information that is taken from the different forms. It provides an at a glance review of the proposed sites and service area and zip codes, the health center types, the funding requested by health center types including one-time funding requested, the proposed number of patients to be served, and the federal cost per patient, and the need for assistance score both out of 100 and converted to the 20-point scale.

This form will include a checkbox for the applicant to certify that the information provided in application is complete and accurate including the need for assistance, data sources and calculations.

On Slide 41 we have the program specific information. See Appendix B in the Funding Opportunity Announcement for the all the clinical and financial performance measures. The performance measures should address only the service area and target population of the proposed New Access Points. And see Appendix D in the Funding Opportunity Announcement for the one-time funding project information.

So let's go to Slide 42 to talk a little bit more about the performance measures. Performance measures serve as ongoing monitoring and performance improvement tools. And we have 16 required clinical performance measures and five required financial performance measures. And we will have a separate call on January 30 to go over the performance measures in detail.

So Slides 43 and 44 lists the clinical performance measures and I'll just run through them since we're going to have a separate call on the performance measures. They are diabetes, cardiovascular disease, cancer, prenatal health, and perinatal health. And these two may be marked not applicable if services are provided only by referral and not paid for by the applicant.

Child health, behavioral health, oral health, weight assessment and counseling for children and adolescents, adult weight screening and follow-up, tobacco use assessment, tobacco cessation counseling, asthma - pharmacological therapy, coronary artery disease - lipid therapy, vascular disease - aspirin therapy, and colorectal cancer screening.

On Slide 45, we have the financial performance measures: total cost per patient, medical cost per medical visit, change in net assets to expense ratio, working capital to monthly expense ratio, and long term debt to equity ratio.

The three audit-related measures which are noted with an asterisk can be marked not applicable by only tribal and public center applicants.

Moving on to Slide 46, applicants may create additional other performance measures that are specific to their proposed projects. And applicants applying for a special population funding (which would be MHC, HCH, or PHPC), they must include additional clinical performance measures that address the health care needs of the special populations.

On Slide 47 we list the documents to be submitted for the one-time funding project request also listed in Table 6 of the Funding Opportunity Announcement. These include the equipment list. And that's as applicable if you are requesting equipment. The alteration/renovation project cover page, the other requirements for sites, the environmental information and documentation checklist, the alteration and renovation budget justification, schematic drawings, and the landlord letter of consent if applicable.

So now that we've covered all the components of the application, let's go over the funding priorities starting on Slide 48.

A funding priority is a favorable adjustment of an application's objective review score if specific criteria are met. We have two funding priorities in this NAP application. They are the unserved high poverty funding priority which

can earn up to 15 points and the sparsely populated funding priority which is worth five points.

New this year is that all applications will be automatically assessed for these priorities. So you do not have to request the priorities. HRSA will be assessing all applications to see if they meet these criteria.

On Slide 49 we'll go into a little bit more about the unserved high poverty funding priority. The goal is to prioritize New Access Point applications that propose to serve high need unserved communities and populations.

We do this by looking at two criteria. The first is that 75% or more of the proposed service area's low income population is not being served by the health center program. And that means that the penetration rate of the low income population is 25% or less. Secondly, the unserved low income service area residents must be at least 1.5 times the number of proposed patients or 150%. We have this part of the criteria because we know that not all the people at health center targets will become patient. So, not all of the low income service area residents will become patients of the health center.

So moving on to Slide 50, here is an example. If you propose to serve 2000 individuals, there must be at least 3000 low income residents in the proposed service area that are not being served by the health center program and only 25% or less of the low income population in the service area is currently being served by the health center program. So you can see in that way more points will be given to those applicants with the least health center program presence in the area. In this way, priority points will be given to those applicants that have the greatest need as evidenced by high poverty in the area and very limited health center presence. You can see

the table on Page 50 of the Funding Opportunity Announcement for a breakdown on the points to be assigned. They go from three points to 15 points depending on the health center penetration in the area.

On Slide 51, we go over our sparsely populated area funding priority. And this is the same as previous years. Five points will be awarded if the entire proposed service area defined by the zip codes listed on form 5B has seven or fewer people per square mile. And only applicants that request all or partial community health center general funding are eligible for this priority.

On Slide 52 we have some important reminders. The applications are due in grants.gov on February 27 of 2013 by 11:59 PM Eastern Time. Applications are due in the HRSA Electronic Handbooks on April 3, 2013 by 8 PM Eastern Time. And again we encourage you to submit your application as soon as you can.

Applications may not exceed 200 pages and failure to follow the instructions and include all the required documents may result in your applications being considered nonresponsive. And nonresponsive applications will not be considered for funding.

So finally on Slide 53, we have our contact information. I'm the lead person in the Office of Policy and Program Development and you can reach me at bphcnap@hrsa.gov. Budget related questions should be directed to Angela Wade in the Division of Grants Management Operations at awade@hrsa.gov.

EHB questions any electronic questions that you have about submitting online should be directed to the BPHC Help Line which is bphchelp@hrsa.gov.

Grants.gov related questions - when you're submitting the phase one in grants.gov - should be directed to support@grants.gov. And you'll find lots of information on our NAP Technical Assistance Web site which is <http://www.hrsa.gov/grants/apply/assistance/nap>.

And on the Technical Assistance Web site you can see on Slide 54 will have lots of resources for you including the replays of the technical assistance calls as well as the slides for these calls, frequently asked questions, the data resource guide which is your resource for completing the need for assistance worksheet, the EHB NAP User Guide for grant applicants which is your resource for completing the electronic pieces of the application, some samples like budgets and other forms, some the blank versions of the EHB forms, some helpful links and also the contact information. And again that is on our Technical Assistance Web page.

So now I'd like to open it up for questions and answers...

Coordinator: Okay.

Joanne Galindo...so (Jeannie) if you can do that for us?

Coordinator: Of course. This is the operator. Anyone wishing to ask a question we're going to ask you to press star 1 now, your name is required to introduce your question so make sure that you unmute your line and state your name loudly and clearly at the prompting. Once again your name is required to introduce your question.

It is star 1 to ask a question, star 2 to withdraw a request, star 1 to ask a question and ma'am just a moment we'll get started here. Stand by.

(Edward Crusher) your line is open, go ahead sir.

(Edward Crusher): Good afternoon. 120 days implementation requirement, if you're talking about opening a new service site it will take us well beyond 120 days. What is the appropriate approach to respond to this requirement?

Joanne Galindo: So one of the requirements in the application is that the new access point must be compliant with the program requirements and operational within 120 days, and if you think you cannot meet those 120 days this probably isn't the application for you to submit at this time. It is a requirement of the funding opportunity that in 120 days you meet those requirements.

Jim Macrae: And I think...in particular, I think it's that you will begin operations within 120 days, I think the expectation for full capacity is within the 2-year time period in terms of what we're getting to.

Joanne Galindo: Right. So you would want to meet all your projected numbers within that 2-year time period, which would be your projected patient numbers, but you would need to become operational and begin providing services to the whole community within the 120 days.

(Edward Crusher): Okay. And follow-up question, if it's submission of change in scope obligation in order to add facility there'll be part of a notice new access point application?

Joanne Galindo: No, if you're a current grantee and you have a site that is already in your scope of project or pending verification under change in scope that site would not be eligible for a new access point.

Jim Macrae: But if you are awarded money we would add that to your scope of project.

(Edward Crusher): Okay. Thank you very much.

Jim Macrae: Sure.

Coordinator: Are you ready for the next question?

Joanne Galindo: Yes.

Coordinator: Okay we'll continue on with (Cathy Marshiendo).

(Cathy Marshiendo): Thank you. Question related to Attachment 1, the service area map. In the FOA it indicates that you have to use the UDS Mapper to create your service area map and when we did this, we did, had a CHC planning grant for a specific county but when we look at that county the ZIP codes extend beyond the county. Can we limit back to the county data or do we have to report all of the zip code data as it's reported in the UDS Mapper even though that is outside the county that we are proposing to serve?

Joanne Galindo: That's a really good question. You would propose your service area based on how you define it and sounds like you're defining it as the county, so in, when you do your map you would need to locate those zip codes that are in that county but when you draw the line, so to speak, on the map just make sure that you have your county encompassed in that service area. So you

would need to match your service area as far as on the map goes with the zip codes as closely as possible to what that county is encompassing, so - and that includes on your Form 5B where you need to list the zip codes that are within the service area.

(Cathy Marshiendo): Right.

Joanne Galindo: Because we will use the zip codes to determine your scope of project.

(Cathy Marshiendo): Right. Okay so when it says here that I have to have the table that accompany the map based on the ZCTA tables that population is larger than the county, so when we do all of our calculations for need and the Form 9, the need for assistance worksheet do we look at that larger population even though we are defining our service area as the county?

Joanne Galindo: Yeah. You should base the Form 9 on your exact service area, so if it's...

(Cathy Marshiendo): On the exact service area. Okay.

Joanne Galindo...a county that's what you base it on.

(Cathy Marshiendo): Okay.

Joanne Galindo: Thanks.

Jim Macrae: Thank you.

Coordinator: Are you ready for the next one? And once again before I do the next part again I want to remind parties I must be able to hear your name loudly and

clearly for you to be able to ask your question. Once again you must state your name loudly and clearly. We'll continue on to (Gloria Derek). Go ahead ma'am.

(Victoria Derek): It's actually (Victoria). I have a couple of housekeeping questions. My agency received a school-based capital award and we have not put this particular site into our scope at all, are we still eligible to apply for a NAP?

Joanne Galindo: Yes. School-based awards can apply for NAP.

(Victoria Derek): Okay.

Jim Macrae: As long as it's not in your scope.

(Victoria Derek): Yeah.

Jim Macrae: And it also it can't be just the school-based unless it's going to be a full time site that's available to everybody in the community so it could be part of the larger application that it's the school-based site and others or if your school-based site provides services to everybody you know the kids and the family at all times not just during the school year or school time that's fine.

(Victoria Derek): Yeah it does, it will be comprehensive.

Jim Macrae: Okay.

(Victoria Derek): My other question for, and this is really just a housekeeping question because I always get confused about this particular section, is on the FOA on Page 33 in the evaluation measures section should the narrative response to

questions, should there be a narrative response to questions 1 and 2 or are we just simply supposed to say please refer to the clinical and financial performance form?

Joanne Galindo: Yes. You can refer to the performance measures forms unless there's something additional that you can't fit on the form that you need to.

(Victoria Derek): All right. So really we should just use it for additional questions?

Joanne Galindo: Correct.

(Victoria Derek): Okay. And then I'm sorry I have another question, it's my, okay so my understanding is we have to create our map in the UDS Mapper and we cannot use any other map that was created by any other software system.

Joanne Galindo: Well you have to provide us with the information that we asked you for...

(Victoria Derek): Right.

Joanne Galindo: ...in that map so if you have a problem with UDS Mapper you could use something else but we want to make sure that we get all that information.

(Victoria Derek): Okay. I do have an existing map that has all that information.

Jim Macrae: Yeah. And the basic purpose behind using the UDS Mapper is so that we have greater consistency in terms of applying some of the need factors as well as the low income unserved priority points, that's why it's really important that folks utilize the UDS Mapper for us to be able to fully score and judge the application and make sure that it's a level playing field across the board.

(Victoria Derek): Yeah. I mean I have no problem using the table but I'm just asking about the map. So it's really encouraged that we use the UDS Map, make a map in the UDS Mapper.

Joanne Galindo: Yes.

(Victoria Derek): Okay. Alright. That was all my questions. Thank you very much.

Jim Macrae: Okay.

Coordinator: Okay. We'll continue on with (Susan Dobra). (Susan Dobra) your line's open, go ahead.

(Susan Dobra): Hi. Can you hear me okay?

Joanne Galindo: We can hear you.

(Susan Dobra): Okay. I have a couple of questions, and the first one is that in the last several rounds of new access point applications the organizations that were funded in the first round were added to later on like the pool of applicants was used for a further round of funding like the first time for the stimulus funding and the second time it was when more funding became available. Is that likely to happen with this round of applications?

Jim Macrae: Well it's a good question. We've already been asked that question a couple of different times. The answer is we don't know - part of it depends on whether we get additional money the following year after we hold one of these competitions. I think the bottom line is that these applications are

good for up to one year after the final decisions have been made so depending on the amount of applications that come in, the amount that we're able to fund, you know it is a good list for us to work from as opposed to having people submit another round of applications. So I can't tell you definitively but applications are good for up to a year after we make our decisions this year.

(Susan Dobra): Okay great. Thank you. And then my second question is if the health center is already compliant, such as if they just received a look alike designation, how extensive and detailed does the implementation plan have to be?

Joanne Galindo: Yeah. It's up to the applicant to determine how much information they need to provide in the implementation plan. And it's also based on the needs of that applicant in the community - so that's up to you.

Jim Macrae: Yeah. I would just make it clear because as a reviewer that you're a currently compliant organization and just lay out the steps that you would need to take but I think just you know in that part of the application just always make sure that you, if it's a shorter version than what a completely new organization would do just explain why, I just think it's always helpful to reviewers to have that information.

(Susan Dobra): Okay great. And I have, another question is a little trickier, if you wanted to apply for a homeless site does the site have to receive all of the patients or can the patients be served by a mobile site that's already in scope and use the fixed permanent site now that's open 40 hours a week and you know, as the home base, could that be a way to apply?

Joanne Galindo: As long as you're meeting all the requirements and the compliance with that site.

(Susan Dobra): Okay.

Joanne Galindo: And your question is a little complicated based on the structure so let me ask you to please send that to the NAP inbox...BPHCNAP@hrsa.gov so that we can take a look at it, all the details of what you're proposing and get back to you.

(Susan Dobra): Okay great. Thanks. And then my last question just is kind of a variation what's already been asked but I guess it sounds like what you're saying with the UDS Mapper questions is that the data that comes from the UDS Mapper might not necessarily be exactly aligned with the service area that's already been drawn. In other words if the service area has been drawn by census tracked and it's already in place, the data you get when you, when you draw a map in the UDS Mapper is going to be approximate. Is that what you're saying, is that going to be okay - is that the best way to do it?

Joanne Galindo: Yes.

Jim Macrae: Yeah that's fine and you know if it's bigger or smaller you can extrapolate from those zip codes to get that additional information for the charts.

(Susan Dobra): I see. Okay so extrapolation is okay.

Jim Macrae: And in, yeah but I would just encourage you to follow the data resource guide; it really will walk you through the steps that you need to take with respect to that.

(Susan Dobra): Okay great. Thank you very much, that's it.

Jim Macrae: And one other thing just with the mobile site, a new access point in this competition can't be for just a mobile site but if it's one of multiple sites that you're proposing then it is allowable.

(Susan Dobra): Okay great. Thank you.

Jim Macrae: Sure.

Coordinator: We'll continue on to (Mark Snyder). (Mark Snyder) your line's open.

(Mark Snyder): Yeah hi. My question is on under the collaboration section this new thing about major provider, private provider groups serving low income and uninsured populations. Can you be a little more specific about that? What is the intent there to capture exactly what kind of practice?

Jim Macrae: Yeah I think what we're really looking for are sort of larger group practices that are providing care to a significant number of you know, underserved or uninsured patients in that community, that's what we're looking for. We don't have a specific number but it's really those sort of larger group practices.

(Mark Snyder): So not, and so large group practices that are serving a significant number of underserved patients?

Jim Macrae: Yep.

(Mark Snyder): Okay. Thank you.

Coordinator: Okay. We'll continue on to (Lynn Orlan). Go ahead ma'am.

(Lynn Orlan): If one applies and is not given an award of the application how detailed is the feedback from the evaluators?

Joanne Galindo: The feedback is pretty detailed in that it provides strengths and weaknesses for each section of the project narrative and you receive that with the notification or directly after the awards have been announced.

(Lynn Orlan): So if one were to try to apply again the next cycle it would be helpful information for that.

Joanne Galindo: I believe so.

(Lynn Orlan): Thank you.

Joanne Galindo: Thanks.

Coordinator: Okay. We'll continue on to (Nenot Davis), (Nenot Davis) your line is open.

(Nenot Davis): Yes. Good afternoon. I have a question that I found on the frequently asked questions, number 135 about limitation on satellite applicants, existing grantees. Could you clarify that a bit with a particular reference to for example what is a progressive action condition?

Jim Macrae: Sure. For health centers you know from time to time for a variety of reasons sometimes for example if you have a situation where you may have had nine

board members and one of your board members, you know leaves or retires or decides not to continue, you may come out of compliance with that particular requirement.

Typically what we do when that situation occurs is that we put a condition on an award and we give folks 90 days to correct that. In some cases with some of our conditions health centers aren't able to address that in that first 90-day period so we give them another opportunity to correct it and then finally if at that point they're still not correction then we give them one last opportunity it's a sort of the final step in progressive actions, 30 days to correct it otherwise we will have to disapprove that application.

So in the case I think we're referencing in the Qs and As it's situations where a health center has not addressed that condition in that early time frame and need to address it or have gotten to that 30-day phase where this or that last opportunity.

So basically what we're looking at is not supporting new access points for organizations that either in that 30-day period have five or more conditions on their grants related to program requirements or are in a current 1-year or 2-year project period.

And all of those decisions we made 45 days prior to the awards being made so we encourage folks to continue to work through their conditions, get those corrected so that your application can be you know deemed eligible if you want, but I just encourage all health centers to work through their conditions to become fully compliant.

Coordinator: Are you ready for the next question?

Jim Macrae: Sure.

Coordinator: (Caroline Baragan) your line is open, go ahead ma'am.

(Caroline Baragan): Hi. I had a question, it was also on the FAQs about a mobile site and I just wanted to clarify can we use an existing mobile to satisfy the 120 days operational condition?

Joanne Galindo: No. The 120-day requirement is for the new proposed NAP site.

(Caroline Baragan): Okay so the actual permanent building needs to be operational in 120 days.

Joanne Galindo: Yes. To begin serving patients.

(Caroline Baragan): Okay. And then just a follow-up to the last question regarding the outstanding program conditions, is that only on the CHC grant award or does that include like other capital grants that we have active?

Jim Macrae: Right now it just deals with the CHC portion of it.

(Caroline Baragan): Okay.

Jim Macrae: The capital grants are dealt with separately.

(Caroline Baragan): Okay. Alright. Thank you.

Coordinator: Okay. We'll continue on with (Rich Lowenberg). (Rich Lowenberg) your line is now open.

(Rich Lowenberg): Thank you. I have a question I haven't heard or seen in the FAQs or the NOA when the planned announcement of the awards are going to be made and if we don't have that locked in right now for the implementation plan how do you suggest we address dates with respect to 120 days of readiness?

Jim Macrae: (Rich) good question. We actually anticipate making the awards on or around September the 1st so in terms of planning I think that would be a good rule of thumb for folks to work from.

(Rich Lowenberg): Great. Thank you Jim.

Jim Macrae: Sure.

Coordinator: Okay are we ready for the next party? Before we continue on I will tell parties only parties where I can hear the name loudly and clearly will be allowed to take questions, ask questions. You must state your name loudly and clearly so I can introduce you into the call. We'll continue on to (Dana Kelly). Ma'am your line is open, go ahead.

(Dana Kelly): Hi there. Thanks for taking my call. We had a question about, it was on the FOA guidance, Page 50, there was an excerpt that said for satellite applicants grantees applying to establish a satellite site, applicants within the fundable range will not receive a NAP award if they have one or more of the following 1-year or 2-year project period from a current grant award.

And so my question is, we were awarded a NAP for another location outside of the, a year after the last NAP awards were awarded and we are wondering if because we're in our 2-year project period of that NAP award we are ineligible for funding with this one.

Jim Macrae: So have you been an existing grantee prior to that?

(Dana Kelly): Yes we were.

Jim Macrae: So basically it's the, it's your overall project period what was last in your service area competition how much the project period was. So if you had a 3- or a 5-year then you're eligible.

(Dana Kelly): Okay great. So we've been a grantee for over 15 years so, and we're in a, we're in the beginning of a 5-year project period so we're good to apply?

Jim Macrae: You are eligible to apply, yes.

(Dana Kelly): Okay great. Thank you so much.

Jim Macrae: Sure.

Coordinator: We'll continue on with (Erin Lance). Go ahead.

(Erin Lance): Hi. Thanks for taking my call. I have a quick question about the public health system reporting requirements that are listed in Page 40 of the NAP guidance. It says that applicants must prepare and submit a public health system impact statement to the heads of the appropriate state or local

health agencies and to connect with the single point of contact in the state to find out who that is.

Colorado doesn't actually have a single point of contact so I'm curious if applicant's should send that directly to the local public health department or maybe a state department like the Primary Care Office or Department of Public Health and Environment, so if you could just direct us a little bit on that that would be great.

Jim Macrae: Sure. It is mixed in terms of whether states have that state point of contact, some do and have a full Web site on it, others do not. I would encourage you to submit it into the state Primary Care Office. They're an organization that we work with in terms of these types of requirements so I think that would be the appropriate place to send it into.

(Erin Lance): Okay great. Thank you.

Jim Macrae: And we'll clarify that on a Frequently Asked Question.

(Erin Lance): Okay. Sounds good. Thank you.

Coordinator: We'll continue on with (Patrice Wagenhurst). Go ahead ma'am.

(Patrice Wagenhurst): Yes. Thank you for taking my question. We have two full time sites that we would like to propose as part of this NAP application. Can NAP funding be used to fund part time hours at one site and part time hours at another site in order to address the specific community need?

Jim Macrae: One site at least has to be full time in terms of you know at least 40 hours of operation. But the other site can be less in terms of its hours of operation.

(Patrice Wagenhurst): So the 40 hours all of the funding would need to go toward that 40 hours. I guess what I'm asking is if part of the time the funding is coming from other sources.

Joanne Galindo: Right, you can develop your budget how you see appropriate but that still needs to have a site that is full time 40 hours permanent.

(Patrice Wagenhurst): I see. So if say the 650 - we can kind of divvy that up between two sites part time each site?

Joanne Galindo: Yes.

(Patrice Wagenhurst): Okay.

Joanne Galindo: It's up to you how you, you know, align your budget with your needs.

(Patrice Wagenhurst): Okay. Thank you.

Joanne Galindo: Thanks.

Coordinator: We'll continue on with (Lisa Blout). (Lisa Blout) your line is now open, go ahead ma'am.

(Lisa Blout): Thank you very much. My question has to do with the new way of calculating the Form 9 vis-à-vis special populations. We are targeting public housing and I've looked at the Data Resource Guide and the methodology would, it would

actually assume that the public housing residents have greater access to primary care physicians than the regular population so is there some kind of methodology that could reflect the reduced access that they do have?

Joanne Galindo: I think you need to send us in that question because...

(Lisa Blout): Okay. It's complex. The data resource guide does not help, that's what I'm saying, at all. I mean it's, the methodology since it's a target population and not a service area it's a smaller, it's a smaller unit you know what I mean?

Joanne Galindo: Right. And actually it should give you a more accurate description of your target population by using that as the, as the basis of the data for...

(Lisa Blout): But they have, but they have zero access is the point because no primary care physician in the area is accepting Medicaid patients.

Joanne Galindo: Well then you would put in the highest number you can there and you would get the most points.

(Lisa Blout): Okay.

Joanne Galindo: If you have no, if you have no...

Jim Macrae: We'll walk you through this if you...can send in the question we can sort of walk through the (unintelligible).

(Lisa Blout): I will but the data resource guide it always has failed me, I just want to say that. You really got to take a look at it.

Joanne Galindo: Are you looking at the new data resource guide?

(Lisa Blout): The one right on the Web page, yep. I can't - I can't download any of the data that from the sites and the methodologies are not, don't make any sense for target special populations.

Joanne Galindo: Send us an email about the problems that you're having because we worked really hard to provide that resource for you and as a better resource.

(Lisa Blout): Well you know it may be a very special circumstance but...It's very frustrating. But anyway thank you, I will send you an email.

Joanne Galindo: Thanks.

Jim Macrae: Thank you.

Coordinator: Okay. We'll continue on with (Joleen Bagwell). Go ahead ma'am.

(Joleen Bagwell): Yes hi. We are looking at a potential collaboration with a hospital, a new partner and they have a very underserved area by their definition and ours but it's not in an MUA. So I have for awhile been trying to work through that process because this is the process, this is the area that we would propose for a new access point grant.

So can you help me in terms of MUA, and I understand in terms of working with our poor folks at the state have been decimated through funding cuts so that may be part of their struggle in terms of their capabilities and resources but we haven't been able to move forward on what it is exactly we're

supposed to do to get an MUA designation. We know the area is well deserving, more than deserving of one.

Jim Macrae: Yeah we actually have, it's not in our particular bureau but it's actually in one of our sister bureaus that oversees the shortage designation process and let me give you their contact information, it's actually - all the information is on Page 59 of our application guidance, it actually talks about who to contact in the shortage designation branch and they can help you in terms of the process or if you're having any issues with respect to the state in terms of their ability to help you with your shortage designation. They actually will work with you on that.

(Joleen Bagwell): Is it, would it be advisable assuming that one takes a long time the designation can we still, because we're pretty confident, we know it's medically underserved and we have poverty statistics and everything that supports it, can we still move forward with a grant and do the same thing simultaneously?

Jim Macrae: You have to submit the MUA by the time of the application that comes in but it doesn't have to be designated it just, because what we will then do is work with our shortage designation colleagues to have them review it at the same time we review the new access point applicant, application. So you don't have to have the designation in place but you do have to have the request in and then we will process it in connection with our shortage designation folks assuming you're at the fundable level.

(Joleen Bagwell): Okay. All right thank you.

Jim Macrae: I would encourage you to give them a call, there's an 800 number that you can call as well as an email Web site that you can, email address that you can contact them.

(Joleen Bagwell): Okay. And we, I did make the call actually and we were encouraged to work with our state and so but I'll try again, I'll remain undaunted.

Jim Macrae: All right, good luck.

(Joleen Bagwell): Thank you.

Coordinator: We'll continue on with (Beth Church). (Beth Church) your line is open.

(Beth Church): Hi there. Our question is if we received, we were a NAP recipient last year in 2012, we are a satellite in good standing. Are we eligible to apply for another NAP?

Jim Macrae: Yeah. As long as your project period is more than 1 year and you don't have any of the other problems in terms of five or more conditions or in 30-day progressive action you should be eligible to apply.

(Beth Church): Okay. Thank you.

Jim Macrae: Sure.

Coordinator: We'll continue on with (Monique). (Monique) your line's open.

(Monique Vandera): Hi this is (Monique Vandera) from the Wahiawa Center for Community Health in Hawaii. I have a clarifying question regarding the (CFDA) number.

The cover page of the announcement shows 93.527 yet Page 23 shows 93.224, which is the correct number?

Joanne Galindo: It's the one on the cover page 93.527.

(Monique Vandra): Okay. Thank you.

Coordinator: We'll continue on with (Melissa Miles) and (Melissa Miles) your line is now open.

(Melissa Miles): Hi. Thank you for taking my, not my call, my question. Would the bureau consider a new satellite site to reach farm workers statewide that would meet the requirements of a full time 40-hour a week site through access to care under contractual agreements and mobile care? We would like to serve the farm worker population statewide, there are no other 330(g) funding, funded programs in the state and it doesn't make sense for us to have one permanent site.

Jim Macrae: That's a great question. There is some nuance with respect to sites for migrant seasonal farm workers, I would encourage you actually to send that question in and we can work through it with you.

(Melissa Miles): Okay.

Jim Macrae: For migrant seasonal farm workers, agricultural workers it's the 40-hour requirement is not required. 40 hours is required but the seasonal aspect of it we can work with you in terms of how that plays out. So send the question in and we'll work through it with you in terms of what is possible or not.

(Melissa Miles): Okay great. Thank you very much.

Jim Macrae: Sure.

Coordinator: Okay. We'll continue on with (Victoria Hostas), (Victoria Hostas) your line is now open.

(Victoria Hostas): Thank you. We operate a homeless assistance center that has a health clinic located on site and the clinic only serves clients that currently reside at our center, their average length of stay is 47 to 60 days. We're funded through private resources and we've never received any type of federal funding. Can we apply as a new access point service delivery site?

Jim Macrae: You can but you need to then make the services available to other homeless patients in the area, not just the ones that are in the facility itself.

(Victoria Hostas): Okay. So if we want, we've long wanted to actually expand that so that we could continue to serve them for 12 months and there is a public housing adjacent to our facility that we've not been able to serve if we incorporate those into the delivery model then we would be eligible.

Jim Macrae: Yes as long as it's, you're targeting one or two of those populations depending on, you know what you request in terms of your funding, but once you, another good question why don't you send that in to us and we can work you through the particulars.

(Victoria Hostas): Wonderful. Thank you.

Coordinator: We'll continue on with (El Vera Cruz). (El Vera Cruz) your line is open.

(El Vera Cruz): Thank you. My question is regarding school-based health centers. We are an organization that is not currently an FQHC or even an FQHC look alike and we would like to submit an application for a school-based health center, it would be open 40 hours a week and full time throughout the year but this is going to be our first application for an FQHC. Would it be okay to do it for an FQHC that is also a school-based health center?

Jim Macrae: As long as you're open to not just children it has to be available to anyone in the community to operate a school-based health center. So some school-based health centers provide services to children only, others provide it to children and family members, as long as it's available and open 40 hours a week and available throughout the year then yes, that's fine. Or...

(El Vera Cruz): And then if we also have agreements with nearby providers for some patients that are from outside in the community then we may not be able to accommodate, would that also be okay?

Jim Macrae: If you have that clearly written out in terms of a formal referral arrangement that's part of your application then I think so based on what you said but why not, another good question, why don't you send that into us and we can work through the particulars with you on that.

(El Vera Cruz): So we should send it to the BPHCNAP@hrsa.gov?

Jim Macrae: Yep.

(El Vera Cruz): Okay. Thank you.

Coordinator: Okay. We'll continue on to (Joy Trefagie). Go ahead.

Jim Macrae: Go ahead. I know we're up on time in terms of it's a little bit past 4:30 but just given the volume of questions we think we'll take another 15 minutes worth of questions then we'll wrap it up in terms of the call.

Coordinator: Okay. (Joy Trefagie) your line is open.

(Joy Trefagie): Great. Thanks this is (Joy) calling with the National Assembly in School-based Health Care and I just have another clarifying question about school-based health centers. So it looks when I look on the frequently asked questions that the school-based health center can be included as an additional site and if that is the case then it doesn't have to be open 40 hours a week, is that correct?

Jim Macrae: That's correct.

(Joy Trefagie): Okay. As long as it's open...

Jim Macrae: As long as another site is open 40 hours a week yes.

(Joy Trefagie): Okay. And then would it be eligible then for some of the alteration and renovation funding to say open to, if it doesn't have a door so that a private door so that it's open to the community because some schools require, you know a different entrance would they be able to use funds for that purpose with this...

Jim Macrae: Sure. Yes.

(Joy Trefagie): Perfect. Thank you.

Jim Macrae: You're welcome.

Coordinator: Okay. We'll continue on with (Mark Vanderkey). Go ahead sir.

(Mark Vanderkey): Hello. Couple of questions still in that same vein about the school-based health centers. It's mentioned only in passing in the funding opportunity and analysis and on Slide 10 that's not a specific category. How do we treat the school-based health center as if it's a community health center?

Jim Macrae: You classify it as a community health center site, so it'd be under the CHC rubric.

(Mark Vanderkey): Okay. And then on Slide 43 you list the performance measures, does every site have to provide services for every single measure that's listed there aside from the two that you've marked as being potentially not applicable?

Jim Macrae: Not every particular site but overall as part of your application. So you know again you might have one site that targets school-based children but then you have another site that's the full community. The expectation is that you know through all of your sites you'd be able to address all of the measures except those that may not be applicable...that are identified in the application guide.

(Mark Vanderkey): If they're a school-based site that does not offer for instance for dental care as long as there's someone else in the community that's providing that service to the same group then that would be applicable.

Jim Macrae: It would have to be through a formal referral arrangement where people would be assured access, you have to have that clearly documented as part of you know either a contract or a formal written referral arrangement that they will provide that service on your behalf to your patient.

(Mark Vanderkey): Okay. I think that answers all of my questions, thank you.

Joanne Galindo: Thanks.

Coordinator: Continuing on to (Ben Javelli). Go ahead sir.

Woman: Hi. (Ben) just had to leave for a, to see a patient but his question was how is the, are there specific instructions for the abstract?

Joanne Galindo: Yes. They're in the funding opportunity announcement on...

Jim Macrae: Just give us a second we'll find the page. There are spec...

Joanne Galindo: On Page 25 to 26 it tells you what should be in the project abstract.

Woman: In the project abstract. But that, so it's specifically the project abstract gets submitted by the 27th but the narrative doesn't get submitted until April...

Joanne Galindo: Correct.

Woman: ...or is that. Okay.

Joanne Galindo: Correct.

Woman: Thank you.

Jim Macrae: The one other thing I do want to just mention with the folks that were asking about referrals just the referral sites have to meet all of the 330 requirements for example, providing the services on a sliding fee scale to all patients, so basically providing services regardless of their ability to pay, so just in terms of any of those referral arrangements that folks are talking about, just make sure that the partners understand that they still have to meet the 330 requirements.

Alright I'm sorry, operator, go ahead with the next question.

Coordinator: I apologize. (Julie Crocket), go ahead.

(Julie Crocket): Hi. Thank you so much for taking my question. I have three questions, and I just would like a little bit of clarity. How might a non-profit hospital system take advantage of this funding opportunity?

Jim Macrae: There are examples of FQHCs that have actually grown out of a hospital situation; in some circumstances they've created a spin off organization because you still need to meet the community board aspects in terms of a patient majority.

In other arrangements depending on whether it's a public or a private hospital sometimes there are co-applicant arrangements that can be set up. There are a variety of different things that are out there and if you'd like you can definitely send us an email and we can get you in contact with some of

those hospital organizations that have been able to meet the requirements if that's helpful.

(Julie Crocket): Okay thank you. And so just the FQHC governance structure requirements apply to mobile van option for funding.

Jim Macrae: Unless it's targeted to a special population, you know primarily in these cases it's been homeless patients in terms of that type of service, in terms of providing care just to that patient population not to the broader community.

(Julie Crocket): So if it is homelessness or homeless patients the governance structure does not apply.

Jim Macrae: It does not. You have to show or demonstrate how you can still get input into the operations of the center in terms of if it's a homeless-only program.

Joanne Galindo: Homeless grantees are applicable for applying for waivers for some of the governance requirements and you need to look in the funding opportunity announcement regarding the waivers that you would be eligible for.

Jim Macrae: That's right.

Joanne Galindo: There are waivers for the monthly meeting requirement as well as for board composition, so please take a look in the funding opportunity announcement and follow-up with questions to our inbox with specific questions about those waivers.

Jim Macrae: Right. And we can give you more information about what hospitals and other organizations have done where they cannot meet the governing board

requirements or they've been able to work it out through a co-applicant arrangement or as I've said they've spun off a separate organization to apply for FQHC status.

(Julie Crocket): Okay. This is extremely helpful and I can send these questions to the inbox. Thank you so much.

Jim Macrae: Sure.

Coordinator: Next question comes from (Liz Thor), your line is open, go ahead.

(Liz Thor): Yes. I have a question regarding the core barriers population to one FTE primary care physician and the data sources used for this measure. Our site or our proposed site is near some very large private providers that although they have primary care providers do not serve people with low incomes. How do these data sources account for this type of situation? I've looked through the data sources and I just wanted to hear your take on this.

Jim Macrae: Yeah. In some cases that has been a problem, that's why in terms of those core barriers we allow folks to identify three out of the four because in some cases it may be just the circumstance that you're talking about so between poverty percent uninsured and then you know time or distance to the nearest provider that's willing to accept Medicaid or uninsured patients maybe the way to get at it for your particular organization.

(Liz Thor): And we recently had completed a (HPSA) for the area, and I see where I could use the measures but do have to make sure that we do the J1 visa folks and the National Health Service Corp folks so that's also acceptable for that as a measure.

Joanne Galindo: Correct.

(Liz Thor): Okay. Thank you.

Joanne Galindo: If you, and if you want to send us your specific questions if you have, you know if you have a particular data needs that you're not finding in the Data Resource Guide you can send that to us.

(Liz Thor): Okay. Thank you.

Coordinator: We'll continue on with (Evelyn Clinger). Go ahead ma'am.

(Evelyn Clinger): Hi. My question, thank you for taking my call, is related to eligibility as well and I'm calling to ask if, as a new start applicant could a school of nursing, an academic center, apply for eligibility to establish a nurse managed care center?

Jim Macrae: Well it would have to meet the 330 requirements in terms of you know everything from the type of services that are provided to you know a quality assurance program to all of the different requirements associated with a 330 program. We have had some successful nurse managed programs that have become FQHCs. So if you actually want to send in an email we can get you either in contact with an organization that supports health centers through that process or we can get you in touch with some examples of nurse managed clinics that have evolved into an FQHC.

(Evelyn Clinger): That's very helpful. Thank you very much.

Jim Macrae: Sure.

Coordinator: Okay we'll continue on with (Maria Stelle). Go ahead ma'am.

(Maria Stelle): Yes. Thank you. I have a question, another one about full time sites. Can we open up on a part time basis and work up to 40 hours at the end of the two years or do we have to be full time from day one?

Joanne Galindo: Well you would need to be full time status within those 120 days...because that would be the compliance requirement.

(Maria Stelle): Okay thank you.

Coordinator: Are you ready for the next question?

Jim Macrae: Yes. Thank you.

Coordinator: Next is (Mel Schwartz). Go ahead please ma'am.

(Mel Schwartz): Hello. Can you hear me?

Coordinator: Yes.

(Mel Schwartz): Okay. I have a question about SAM, the SAM registration. A couple of questions, do you create an individual user account or a systems user account?

Joanne Galindo: Go ahead and refer to SAM, I think it's a SAM.gov and they have, they have tutorials and all kinds of frequently asked questions on there because I don't want to steer you wrong.

(Mel Schwartz): Sure. And my next question is in terms of requirements if you, or since we have to register with SAM now would we have to register with the CCR as well or does SAM replace the CCR requirement?

Joanne Galindo: Yeah SAM replaced CCR so you don't have to do that anymore.

(Mel Schwartz): Okay. Great. Thank you.

Joanne Galindo: And if you were registered in CCR it should have transferred but you need to go to SAM and make sure that that registration is correct and...

(Mel Schwartz): We weren't so I just want to make sure I don't have to do both registrations.

Joanne Galindo: No. Not both.

(Mel Schwartz): Okay. Great. Thank you very much.

Coordinator: (Susan Carmine) your line is open, go ahead ma'am.

Jim Macrae: Operator I think we're going to take three more questions then we'll wrap it up.

Coordinator: Okay.

Jim Macrae: Okay. Thank you. Go ahead please.

Coordinator: Is your first name (Susan)?

(Susan Carmine): Yes.

Coordinator: Yeah. Then go ahead ma'am.

(Susan Carmine): Okay. On Page 71 of the Notice of Funding it says under the guidelines for completing the NFA worksheet that the data sources should be those identified in the data resource file and then on Page 72 when it refers to the core barrier A population to FTE primary care physician and it explains about the population basis for the data and the data reporting guidelines it says target population for 330 general community health centers, but when you go to the data resource guide it says service area.

And so I'm, I want to know which one applies service area or target population and also under the core health indicators it says clearly target population there on 72 and also back on 71 it says if the target population within the service area. So I just want to clarify that because it makes a big difference and it's not consistent with the data resource guide on Page 14.

Joanne Galindo: The table on Page 72 is what you should go by, so it would be the target population for all the indicators. Just the service area for core barrier B and C for CHC funded.

(Susan Carmine): Okay so where it says Core Barrier A target population we're to disregard what it says in the Data Resource Guide, is that correct?

Joanne Galindo: Yeah it's the target population for that one. Yeah.

(Susan Carmine): Will you all issue a correction on that Data Resource Guide on Page 14 to change that to target population?

Joanne Galindo: Yes ma'am. Thank you.

(Susan Carmine): Okay. Thank you.

Coordinator: Okay. Second to the last question will come from (Michael Leery). Go ahead (Michael).

(Michael Leery): Thank you. This is going back to the question about, well it's related to the funding priority of a low density service area, five points awarded for if the entire proposed service area is seven or fewer people per square mile, which is a very, very low population density.

Question is assuming multiple sites in an application with distinct service areas can, and I think you've addressed it but I just want to ask this directly, can one of those sites be less than 40 hours a week and is there any minimum level of hours of operation that are required?

Jim Macrae: Well you tricked us at the very end because we thought you were going to ask a different question. In terms of can one of the sites be less than 40 hours the answer is yes, one of the sites can be less than 40 hours, that's not a problem, but in terms of getting the priority points, which is the question we thought you might be asking, it is the entire service area for your application which would include multiple sites.

(Michael Leery): Oh. Okay so it has to encompass...both sites. Okay.

Jim Macrae: Yeah.

(Michael Leery): All right. Thank you.

Jim Macrae: Sure.

Coordinator: Okay we're going to do one more question is that correct sir?

Jim Macrae: Yes.

Coordinator: Okay. (Dawn Hardbecken) you'll be the last person to ask a question.

(Dawn Hardbecken): Hi. This is very exciting I'm the last question. I have two questions, one is just a clarification. We are a program site for someone else's HCH grant, we're not the grantee. Are we still eligible to apply as a CHC?

Jim Macrae: If it's not, if what you're proposing is not in the scope of another health center then yes you may apply, but if you are included in the scope of an existing health center then no you would not be eligible.

(Dawn Hardbecken): Okay. And then the last question I had was I know there was a proposal in to the secretary about having LGBT populations become medically underserved populations, can you comment at all on that?

Jim Macrae: Yeah the processes you're talking about is the negotiated rulemaking process, it's still under development in terms of the recommendations that have been made so that updates of the shortest designation criteria both on the MUA/MUP side as well as on the (HPSA) side, that's still under review so

the current criteria still exists but it is a recommendation that's being considered.

(Dawn Hardbecken): So would, so that's a core part of the population that we serve with that, so could we count that as part of a medically underserved population or would we need to find our population in a different way?

Jim Macrae: For the shortage designation piece there's specific criteria to become MUA or MUP but in terms of your application there actually is a place where you can talk about your target population and include the LGBT community.

(Dawn Hardbecken): Great. Thank you.

Jim Macrae: Yes. Alright. Well big thanks to Joanne and to everybody for all of their hard work on this, really like I said an incredible effort. We know this is just the beginning, we know you all are going to be busy diligently looking at the application guidance, the resource tools, the frequently asked questions. We would encourage you to look for updates because we will be updating the frequently asked questions as well as some of the guides and other things based on your feedback. In addition, because we weren't able to get to everybody's question today if you have questions you can submit those into us on our email box and please Joanne you want to say what that is again?

Joanne Galindo: Yes. It's BPHCNAP@hrsa.gov.

Jim Macrae: So just a big thanks to everyone for all of their efforts and please join us for an upcoming call on performance measures, which is happening January the 30th at 3:00 Eastern Time. We will put the information out on our Web site

so that you all can have access to that information on our performance measure aspect of the application.

So again thanks everybody and good luck.

Coordinator: At this time all parties can go ahead and disconnect from today's conference. At this time all parties can go ahead and disconnect from today's call. Thank you so much for joining and have a great day.

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