

**Service Area Competition (SAC)
Technical Assistance Call Transcript
June 25, 2014**

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. During the question and answer portion, please press star 1 on your touchtone phone. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I'll now turn today's meeting over to Jen Joseph. You may now begin.

Jen Joseph: Thank you. And thank you, everyone, for joining us. I hope everyone is enjoying the beginnings of summer. It's definitely feeling hot and humid here in the DC area. It's starting to feel like a real summer.

So we're here to talk with you today about the fiscal year 2015 service area competition. We're adding this to the mix of lots of other things we've been talking with you about and know that you're busy with your scope alignment validation, expanded services applications and know that many of you are anxiously awaiting for us to talk about a NAP opportunity.

So we look forward to getting responses from you for the other things that are out in your queues to do and are excited to talk with you about the changes for this year's or the next fiscal year's SAC competition.

There are some changes in this competition. For those of you who have already taken a look at what's been posted on the web site, you may have noticed. For those who haven't yet, you'll hear in greater detail today about some of these changes.

I'll highlight just a few of them for you. First is an option to reduce the three-year patient projection with an accompanying reduction in funding. And we're hoping this will make the eligibility criteria a little bit less rigid and provide grantees an option to right size patient projections.

We've adjusted some of the one-year project period criteria and we've added some funding priorities for current grantees. So we'll look forward to your questions after today's presentation and hope you'll continue to provide feedback to help us to improve that going forward, and our other funding opportunities. And with that, I'll turn things over to Beth Hartmayer to share the SAC details with you.

Beth Hartmayer: Thanks Jen. Welcome to the technical assistance call for the fiscal year 2015, Service Area Competition, or SAC, as it will be referred to throughout this call. I'm Beth Hartmayer, a public health analyst in the Office of Policy and Program Development within the Bureau of Primary Healthcare at HRSA.

For those of you joining the call late, if you are not already logged into the Webinar, you can join by clicking the link in the BPHC Primary Healthcare Digest announcement or on the SAC technical assistance web site.

If you don't have a digest announcement handy, the SAC TA page is located at www.hrsa.gov/grants, grants is plural, slash apply, slash assistance, slash SAC. Once again, that's www.hrsa.gov/grants/apply/assistance/sac. That's S as in Service, A as in Area, and C as in Competition.

Once you're on the web site, click guest and sign in with your first and last name. Also, please take this opportunity to bookmark the SAC technical assistance web site. It's on the cover slide. And refer to it often throughout the application process.

I will do my best to reference the slide numbers throughout this call so you can easily follow along if you're viewing the slides via the SAC technical assistance web site.

Slide 2 provides the agenda for the call. The presentation will start with the basic overview of the Service Area Competition FOA, including summary of major changes, due dates and times, service area announcement tables, eligibility requirements, award information, and the two-tiered submission process.

I will then touch on different key sections of a SAC application including the Project Narrative, Performance Measures, and budget presentation. Today's call will conclude with a review of the technical assistance contacts, followed by a question and answer session.

All participants are currently in a listen-only mode. So please make note of any questions that arise as we go along, so you can ask them at the end of the presentation.

Slides 3 through 7 highlight changes since the 2014 SAC funding opportunity. At this point, I'm only going to highlight some of the changes, so if you notice that I skip over any bulleted information in Slides 3 through 7, that just means that more information will come later regarding these topics in the presentation.

Slide 4 applies to new applicants and current grantees proposing to serve a new service area. Within 120 days of award, each site proposed in your application must be operational. This means that providers will be available at each site to begin providing services to the proposed population and/or community.

Then within one year of receiving your notice of award, also referred to as your NOA, all providers must be hired at each site and providing services for the targeted number of hours. This is identified on the form 5B service site. On Slide 5, please note that an independent financial audit is no longer required to be uploaded as an attachment to the application.

We have progressed to Slide 6. On Form 5A HRSA updated terminology, added new fields, renamed services and consolidated service sub-categories combining them into a single service.

Form 5B: Service Sites has been revised to eliminate redundant or unnecessary fields. At this time, I'd like to note the refresh from scope button that you will see on Forms 5A and 5B in EHB. It will not work until July 25th. During this period, the button will not work for current grantees applying to continue serving their current service area. This note applies to applicants applying for a service area where the project period start date is November, December, January, or February.

So any current grantees applying to continue serving their current service area, if the project period start date for the service area is November, December, January or February 1, these grantees should refresh Form 5A and Form 5B on July 25th or later but before completing the summary page and before the application is submitted.

This ensures that the most recent information is reflected in the SAC application. Moving on to Slide 7, per pin 2014-01, waivers for the required monthly board meetings have been eliminated. Form 6B: Request for Waiver of Governance Requirements was updated to reflect this change in policy.

We have progressed to Slide 8. SAC is a competitive funding opportunity with three potential types of applicants: Health center program grantees whose project periods end between October 31, 2014 and May 31, 2015 who are applying to continue serving their current service area; new applicants who do not currently have a health center program grant who are applying to serve an available announced service area; and current health center program grantees who are applying to serve a new available announced service area in addition to their current service areas. So those are the three types of applicants.

Slide 9 provides a notice regarding the budget period progress report or BPR. Please note that since SAC is a competitive grant, current grantees will not receive a prompt from EHB that the SAC needs to be completed like they do with the BPR.

All applicants must download, complete, and submit the funding opportunity announcement and application forms from Grants.gov. If you're a current health center program grantee and have any doubt about whether you should be completing a service area competition application or a budget period progress report for fiscal year 2015, please contact your project officer. They can help you make the determination.

For additional guidance, current grantees can refer to the, "How to read your notice of award handout, a guide for current grantees," available at the SAC technical assistance web site.

Take a look at the project period from and through date on the NOA to make this determination. Slide 10 provides a basic overview of the application and submission process. Please keep this three-year project period in mind when outlining your plans in the Project Narrative, setting your goals in the performance measures, and providing your multiyear budget justification.

Project period start dates and submission deadlines vary throughout fiscal year 2015. Applications are submitted in two parts. Basic organization and budget information will be provided in Grants.gov while detailed project information will be provided through the HRSA electronic handbook, otherwise known as EHB.

Slide 11 provides a summary of the project period start dates, announcement numbers, release dates, and deadlines for both Grants.gov and EHB. Please note that all deadlines are in calendar year 2014. The FOAs, or the funding opportunity announcements, that will apply to November 1 and December 1, 2014 project period start dates were already issued last Wednesday, June 19th.

The FOAs that apply to the January 1 and February 1, 2015 project period start dates will be released today. That's noted as June 25th. The FOAs that apply to March through June 2015 project period start dates will be published this fall so please refer back to the technical assistance web site often for more details.

Be sure to refer to this table posted at the web site to obtain the announcement number applicable to the service area that you are applying for. Applications must be submitted no later than 11:59 PM and that's Eastern Time in Grants.gov and no later than 5:00 PM Eastern Time in EHB.

You must complete both the Grants.gov portion and the EHB portion of your application by the specified deadlines. If either deadline is not met, your application will not be considered for funding.

Current grantees applying to continue serving their current service area should note that the project period start date is the calendar day immediately

following the project period end date listed on your most current notice of award.

Slide 12 highlights the project period end date for current grantees applying to continue serving their current service area and the corresponding announcement number to which they should apply.

It is imperative that all applicants apply under the correct HRSA announcement number. If you apply under the incorrect announcement number, your application will automatically be deemed ineligible.

The service area announcement table on the SAC technical assistance web site also lists the announcement number for each service area and we review the service area announcement table in the following slides.

Slide 13 for the service area announcement table, otherwise referred to as the SAAT, is available at the SAC technical assistance web site and this table, you'll not only find the available service areas which are listed by city and state of the current grantee's administrative site location; but also the project period start date, HRSA announcement number, total funding broken down by target population, service area and patient origin zip codes, the percentage of patients from each zip code, the patient target, and a map of the service area.

Looking at Slide 14, the search boxes allow you to create a customized list of available service areas by specifying either the city, the state, or the project period start. Rather than having to sort through the entire table, you can use the search boxes to access a list of only the available service areas near you.

If you're navigating your way through the table and you've come across information that doesn't appear to apply to your service area and you want to

reset the table, you don't have to individually reset all of the search options. You can simply click the reset button below the three search boxes.

The zip codes that are highlighted in green in the service area in patient origin zip code columns are obtained from the grantee - current grantee's current service area as reported on their Form 5B service sites and represent the majority of patients served in the service area.

The other zip codes are reported in the 2013 Uniform Data System report, otherwise known as the UDS. The percentage of patients from zip codes indicates the percentage of total patients that reside in that zip code.

This information should assist applicants in ensuring that they list on Form 5B, the zip codes from which at least 75% of current patients reside. The patient origin map can be accessed by clicking on the city name and it illustrates the zip codes from Form 5B.

There are two shaded areas on the map. The dark blue shows the areas where most of the patients come from, so that would be at least 75% of the patients served.

The light blue show the remainder of the patients so that 75- that last, I guess, 0 to 25% mark, so dark blue shows where the majority of patients come from. At least 75% of the patients, and the light blue are the remainder.

The Patient Target column is the average number of patients served in the service area over the past three years. You will refer to the Patient Target column when completing Form 1A, General Information Worksheet.

If you have any questions pertaining to the patient target for a specific service area, please email us at bphcsac@hrsa.gov and we'll be able to answer any particulars for a patient target for a particular service area that we may not be able to answer on the call today.

Slide 15 provides the basic eligibility requirements. Detailed eligibility is available in the funding opportunity announcement starting on Page 4 and we highly encourage everyone to closely review the eligibility criteria.

All applicants must be a public or non-profit private entity including tribal, faith based, or community-based organizations that propose to serve a service area and an associated population and patients identified in the service area announcement table.

On Form 1A, applicants must propose to serve at least 75% of the number of patients cited in the Patient Target column of the service area announcement table or the SAAT by December 31, 2016.

There are two changes reflected in number 3 on this slide. The applicants can propose to serve 75% of the patients listed in the SAAT. Previously, applicants were required to serve 100% of that patient target.

So, you do have the option now to propose down to 75% of that patient target. Also, the patient projection must be met by December 31, 2016. If less patients are proposed than listed in the Patient Target column in the SAAT, for example, if the number is 8000 and you propose on Form 1A to serve 7000, a very minimal reduction in funding will be required and more information on this will be provided in a moment. But questions related to the patients, so again, for a specific service area, should be submitted to the bphcsac@hrsa.gov email address.

We have moved on to Slide 16. Applicants must list the zip codes on Form 5B from which at least 75% of the patients to be served reside.

This is where - when we can refer back to this SAAT, if we refer to the Zip Codes column and the Percentage of Patients From the Zip Code column referenced earlier.

Applicants can request no more than the current level of support being provided to the service area and must request all funding types that currently support the service area in the same proportion at which they were announced in the SAAT.

So in the service area announcement table, there is the total funding and then also funding by population, funding for that population must be requested in the same proportion as in the table.

If the corresponding SAAT column for any of the CHC, MHC, HCH, or PHPC populations has an amount greater than zero, then it indicates that that population is required to be served.

Looking at Slide 17, applicants may not request more funding for a service area than the amount listed in the Total Funding column in the service area announcement table.

And lastly on Slide 17, an organization may not apply on behalf of another organization. The grantee is expected to perform the majority role of the project in the all health center program requirements.

The applicant name on the SF-424 must meet all eligibility criteria listed in the FOA. Slide 18, applicants must propose to serve at least 75% of the patient target listed in the SAAT for the service area.

This number must be entered into the Total row Patients Projected By December 31, 2016 column. And if you'll look at the illustrations on Slide 18, there's an arrow in the left picture pointing to the patient target. This number must be referenced when completing the referenced fields in Form 1A.

The Patient versus Budget Calculator available at the SAC technical assistance web site can assist with any calculations where, if you are proposing to serve less patients than identified in the Patient Target column, then this calculator will help you identify the percentage that is proposed of that patient target, as well as a corresponding necessary funding reduction which takes us to Slide 19.

As mentioned in the eligibility criteria, beginning in fiscal year 2015, applicants are able to propose to serve down to 75% of the patient target listed in the SAAT for a service area.

If less than 95% of the patient target is proposed to be served, the federal request for funding must be reduced according to the chart on Slide 19. This chart is also featured in the FOA.

Again, the Patient versus Budget Calculator, available at the SAC technical assistance web site, will assist with this calculation. The reduced funding amount must be requested on both the SF-424A, as well as the Budget Justification Narrative.

Slide 20, applicants must list the zip codes on Form 5B from which at least 75% of the patients to be served reside. Refer to the Zip Codes column and the patient -- excuse me -- and the Percentage of Patients From Zip Code column referenced earlier in the SAC discussion and they are also noted on Slide 20 in the pictures.

Slide 21, request no more than the current level of support being provided to the service area and request all funding types that currently support the service area in the same proportion at which they were announced in the service area announcement table.

For those who are current grantees proposing to continue service their current service area, ~~you can also refer to Box 19 on your most recent notice of award for the funding amount that cannot be exceeded is in the application.~~ [Current grantees proposing to continuing serving their service area should refer to the Total Funding column in the SAAT to obtain the maximum allowable request for federal funds]

Also, this is a great place to note that if you propose to serve less patients than the patient target identified in the SAAT, the allowable federal request for funding must be calculated based on the chart on Slide 19.

That chart is also available in the FOA. Use the Patient versus Budget Calculator on the SAC technical assistance web site for easy calculations.

Slide 22 clarifies the target population information found in the service area announcement table. The available service areas are currently served through one or more funding types that are specific to the populations served. These include community health centers, listed as CHC on the SAAT, and these target underserved individuals. There are migrant health centers listed as MHC on the SAAT, which targets migratory and seasonal agricultural

workers; healthcare for the homeless, listed as HCH on the SAAT, targets homeless individuals and families; and public housing primary care, listed as PHPC on the SAAT, target residents and individuals living immediately adjacent to public housing. As seen on the SAAT, one service area can have multiple target populations and applicants applying to a service area with multiple target populations must apply for all corresponding funding types and target all listed target populations or they will be deemed ineligible.

Slide 23 provides basic award information. In fiscal year 2015, we expect to award approximately \$591 million to support comprehensive primary healthcare services to approximately 242 service areas.

SAC funding is targeted toward the provision of primary healthcare services, so grant funding cannot be used for construction, fundraising, or lobbying efforts. However, SAC funding can support the purchase of equipment and supplies necessary for the provision of primary healthcare.

Slides 24 and 25 provide an overview of the two-tiered submission process, which are Grants.gov and EHB. The basic steps for registration include obtaining a data universal number system, or otherwise known as DUNS number, and registering in the System for Award Management, otherwise known as SAM.

Then you should register in Grants.gov and EHB. If you are a new applicant, please start the registration process immediately, since each step takes time and Grants.gov registration could take as long as a month.

It is vital that you ensure that your SAM registration is active throughout the entire registration period through to the project period start date. If you are a

current health center program grantee, you should already be registered in the appropriate systems.

You should verify that all registrations and access to both in Grants.gov and in EHB, well in advance of the deadlines. Please note that phase one of the application process is completed through a successful submission in Grants.gov and you will receive a validation email upon successful submission.

Slide 25, you will receive a tracking number for accessing EHB approximately seven business days following successful Grants.gov submission.

Unlike Grants.gov, which generates an email confirmation, within EHB, you will only receive an on-screen notice that your application was successfully submitted to HRSA. Please print and save this for your records.

Slide 26 provides the Grants.gov web address along with a list of the required Grants.gov submission components. This includes the SF-424, the SF-424B, Project Performance Site Locations form, Grants.gov Lobbying form, and the SF-LLL Disclosure of Lobbying Activities, which is only applicable if anyone in your organization participates in lobbying activities.

Slides 27 and 28 illustrate how to complete the type of application fields on the SF-424, since incorrect selection at this point can delay EHB access or cause you to lose work in EHB when your application type is changed by HRSA.

So, on the SF-424, please be sure that you select the correct application type. Select “continuation”, if you are a current health center program grantee

applying to continue serving your current service area. Select “revision”, if you are a current grantee applying to serve a new service area. Select “new” if you are a new applicant not currently funded through the health center program.

Slide 29 provides the EHB web address along with a list of the required EHB submission components. These include the Project Narratives, SF-424A, the Budget Justification Narrative attachments, Program Specific forms, and Performance Measures.

Slide 30 provides information on the attachments. More details about the attachments can be found on Table 3 on Page 13 of the FOA.

The following attachments are required only if they’re applicable to your organization. Attachment 6 is the Co-Applicant Agreement and this will be provided only by public center applicants who need a co-applicant to ensure compliance with the governance requirements.

Attachment 7, a summary of current or proposed service related contracts and agreements, will be provided only if such contracts and agreements exist.

Attachment 11, Proof of Non-Profit or Public Center Status, will be provided only if it’s not already on file with HRSA.

Attachment 12 is floor plans and these will be provided for new applicants or current grantees that are applying to serve a new service area. Current grantees applying to continue serving their current service areas should only include floor plans if significant changes have been made.

Attachment 13 is the Implementation Plan. This must be provided by new applicants and current grantees applying to serve a new service area and

details steps to be taken to ensure operational status of all proposed sites for the service area within 120 days of a Notice of Award.

Lastly, Attachments 14 and 15 are where you can provide any additional documents, if desired. These documents will count against the page limit of the application.

Slide 31 provides a summary of the forms changes, also noted in the Summary or Changes slide shown earlier. More details about the forms can be found on Table 4 on Page 18 of the FOA. In the past, Form 3: Income Analysis, was downloaded, completed offline, and then uploaded into the application.

It is now a structured form that has been programmed into EHB. So, there is no download and then uploading required of Form 3, as in the past.

On the summary page, all applicants must review and confirm their funding request and patient projections. New applicants and current grantees applying to serve a new service area must review and confirm sites proposed and certify that all providers are in place and will begin providing services within 120 of receipt of the Notice of Award.

Current grantees applying to continue serving their current service area must review and confirm their scope of projects based on Form 5A and Form 5B. Here again, I'd like to mention the scope refresh button. For current grantees applying to continue serving their current service area, please click on the Refresh From Scope button after July 25th, but prior to completing this Summary Page. Within the Summary Page, there are links to other forms that should be referenced to verify the information within.

Slide 32 provides an overview of the sections of the Project Narrative and corresponding review criteria. These are Nee, worth 15 points; Response,

worth 20 points; Collaboration, worth 10 points; Evaluative Measures, worth 15 points; Resources And Capabilities, which are worth 20 points; Governance, 10; and Support Requested is worth 10 points. The point values are the total points that may be awarded for each section during an objective review. Please note that the FOA directs applicants and reviewers to cross reference the narrative with the forms and attachments when writing and reviewing the application. It is important that consistent information is presented across all components of the application.

Slides 33 and 34 list the Clinical Performance Measures. These are Diabetes, Cardiovascular Disease, Cancer, Prenatal Health, Perinatal Health, Child Health, and Oral Health, as well As Weight Assessment and Counseling for Children and Adolescents, and Adult Weight Screening and Follow Up.

Continuing on Slide 34, there is Tobacco Use Screening and Cessation, Asthma, Pharmacological Therapy, coronary artery disease, lipid therapy, Ischemic Vascular Disease, Aspirin Therapy, Colorectal Cancer Screening, new HIV Cases With Timely Follow Up, Depression Screening and Follow Up, and Other.

The Tobacco Use Assessment and tobacco Use Cessation Counseling performance measures has been combined into one Tobacco Use Screening and Cessation performance measure in 2015.

The two new Clinical Performance Measures that have been added are New HIV Cases With Timely Follow Up, and Depression Screening and Follow Up.

Due to the addition of the Depression Screening and Follow Up measure, current grantees applying to continue serving their current service area are no

longer required to track previously self-defined Behavioral Health Other measures.

If these Other measures will no longer be tracked, they can be marked as not applicable. Applicants are required, though, to report on these three new measures: Depression Screening and Follow Up, Tobacco Screening and Cessation, and New HIV Cases With Timely Follow Up. Applicants reporting these measures for the first time can enter zero for the baseline data and provide a date by which baseline data will be gathered.

Proceeding to Slide 35, it provides a list of the Financial Performance Measures: Total Cost Per Patient, Medical Costs Per Medical Visit, Change In Net Assets To Expense Ratio, Working Capital To Monthly Expense Ratio, and the Long Term Debt To Equity Ratio.

As in the past, the three audit related measures noted on the slide with an asterisk, so the Change In Net Assets To Expense Ratio, Working Capital To Monthly Expense Ratio, and the Long Term Debt To Equity Ratio can be marked as not applicable by tribal and public center applicants.

On Slide 36, applicants applying for a special population funding are required to create performance measures specific to the targeted special populations. While specific additional performance measures aren't required for other applicants, any applicant can add additional performance measures by selecting the Other measures button at the bottom of the Performance Measures form in EHB.

There are Key Factor Types and this means that applicants must specify at least one contributing and one restricting factor. Lastly, any information that will not fit in the Performance Measures forms due to character limits, for

example, the contributing or restricting factor details, should be provided in the Evaluative Measure section of the Project Narrative. Please be reminded that any information included in the Project Narrative will count against your page limit.

Slide 37 provides special instructions for current health center program grantees applying to continue serving their current service areas.

Current health center grantees applying to continue serving their current service area will not be able to edit their baseline data for the required measures, which will prepopulate from the 2013 UDS report.

If you would like to report more current baseline data, this information should be included in the Comments field. If a health center program grantee is no longer tracking a previously defined other performance measure, the measure can be marked “not applicable” to keep it from prepopulating in future BPRs and SAC applications.

However, this requires a justification in the Comment field. And lastly, current health center program grantees should provide a brief description of the progress made towards stated goals over the last year in the Progress field.

Slide 38 provides information about the budget presentation. I’ll discuss these points while showing Slide 39, which illustrates the revised SF-424A Budget Category Form.

On Slide 39, this information will enable HRSA to review the proposed use of federal and non-federal grant dollars to ensure that all applicable requirements such as the salary limitation are followed.

This will also make it easier for you to track your federal dollars. Section B: Budget Category section, now captures the federal funding request and the non-grant revenue supporting the project, otherwise, the non-federal funding, by object class categories.

In addition to completing the SF-424A, applicants must also provide a Budget Justification Narrative. All applicants must submit a three-year budget justification that breaks out the federal and non-federal line item expenses.

In other words, the budget justification will correspond to the revised SF-424A. The Budget Justification Narrative must provide sufficient detail to show that costs are reasonable and necessary for implementation of the project.

If the line item budget justification, which will consist of sections such as personnel, travel, and supplies, if it does not provide sufficient detail, additional narratives should be provided to fully explain all costs.

If you propose to serve less patients than the patient target in the SAAT, the required reduction and federal funding request must be entered on the SF-424A and the Budget Justification Narrative.

Federal funds cannot be used to pay the salary of an individual at a rate in excess of \$181,500, and if you refer to Appendix C of the FOA on Page 71, it provides more information on the budget presentation requirements.

Slide 40 discusses the length of the grantee's project period linked to health center performance. The following will qualify a health center for a one year project period: ten or more health center program requirement conditions which are applied via application review that are in 90, 60; or 30 day phase of progressive action; if there are three or more health center program

requirement conditions in the 60 day phase of progressive action; or if there is one or more health center program requirement conditions in the 30 day phase of progressive action.

Slide 41, if the grantee was awarded a one-year project period in fiscal year 2013 and in 2014, and will meet the criteria for a one-year project period in 2015, HRSA will not make an award for a third consecutive one-year project period.

If you look at Slide 42, you will notice that a funding priority has been added in fiscal year 2015. The goal is to minimize potential service disruptions and maximize the use of federal funds.

The funding priority is based on publicly available information, which is available at the link in bullet one at the top of Slide 42. The funding priority is worth a total of 10 points. Five points will be awarded to current grantees applying to continue serving their current service area with no health center program requirement conditions in 60 day, 30 day, or default status. (That information is available at that link in the first bullet on Slide 43. The program compliance data is available, again, it's the program compliance data, and it is available at that link.)

If a grantee receives 5 points for program compliance, an additional 5 points will be awarded if the grantee has a positive or neutral three-year patient growth trend. The patient trend allows for a 5% fluctuation in either direction to account for any major fluctuations.

On Slide 44, SAC submissions may not exceed 160 pages. Tables 1 through 4 of the funding opportunity announcement do note which items will be included in the page limit and those that will not.

Applications that exceed the page limit will be deemed ineligible. As with all health center program applications, the narrative portions of the submissions such as the Project Narrative should be in 12-point font.

If you would like, tables and charts such as the table for presenting the line item budget justification can be in either 10 or 11-point font. This type of information can also be found in the HRSA Electronic Submission User Guide, referenced in the FOA and also on the SAC technical assistance web site.

Please note that failure to complete and include all of the documents listed as required for completeness will result in your application not making it through the completeness and eligibility screening and will be deemed ineligible.

Again, Tables 2 through 4 in the FOA list those that are required for completeness and those that are required for review. Looking at Slide 45, the SAC technical assistance web site is listed. It's

[HTTP://www.hrsa.gov/grants/apply/assistance/sac](http://www.hrsa.gov/grants/apply/assistance/sac)

Please take this opportunity to bookmark this web site and refer to it often over the next several months until you submit your application and even after application submission, it provides great resources throughout your project period.

If you have program related questions, feel free to email me at bphcsac@hrsa.gov or you can call 301-594-4300. We do encourage you to submit your questions to bphcsac@hrsa.gov because it does make it easy to track, especially if there's any ongoing conversation required.

Any budget related questions can be submitted to Donna Marx at dmarx@hrsa.gov or you can call her at 301-594-4245. Grants.gov related questions should be submitted to support@grants.gov or 1-800-518-4726.

Lastly, any EHB related questions can be submitted to the BPHC Helpline. They have a working knowledge of EHB as it pertains to individual programs.

So they are a great resource, and they can be reached at bphchelp@hrsa.gov or by calling 1-877-974-2742. On Slide 46, before we come to the question and answer session of today's call, throughout the application process, please refer to the Frequently Asked Questions that are also available on the SAC technical assistance web site. At this time, we can open it up for any questions that anybody may have.

Coordinator: Thank you. To ask a question, please press star 1 on your touchtone phone. Please unmute your line so that we may hear you clearly when prompted. Once again, to ask a question, please press star 1 on your touchtone phone. Christina Hutchins, please go ahead.

Christina Hutchins: Thank you. I have two questions related to funding eligibility. So we're a grantee who does not have public housing funding but if I'm understanding correctly, if it's listed on the SAAT, then we're required to apply for it. Is that correct?

Beth Hartmayer: Yes, so for the service area for which you are applying, if it is listed as a currently funded population, then you are required to continue serving that population and propose it within your application.

Christina Hutchins: Even if we haven't received that funding stream before?

Beth Hartmayer: If you would, there may be a data miscalculation in the SAAT, so let us double-check that. If you could submit an email to bphcsac@hrsa.gov, we can follow up on that immediately for you.

Christina Hutchins: Okay, thank you. And my other question is related to current grantees applying to serve a new service area. Is that a defined service area that is specific to an FOA or can we choose any new service area within our community?

Beth Hartmayer: It would be any service area that is published as open for competition within the service area announcement table. So, if there is an additional service area that you would like to propose serving, then you would need to make sure to propose to serve it under the appropriate funding opportunity announcement number that's indicated in the SAAT.

Christina Hutchins: Okay. All right, thank you.

Coordinator: Thank you. Next question comes from Suzanne. Go ahead.

Suzanne: Okay, thanks. This is Suzanne. I'm with the Colorado Primary Care Association. I have two quick questions. I was wondering if you could talk about what the priority points are for. Also, last year I feel like with the service area competition, with the SAAT, if the health center was applying for that particular service area and they didn't propose to serve all of those zip codes, the zip codes would go up for competition again. I'm just wondering if that's the case this year and what will happen with the light blue areas in the map if the health center doesn't propose to serve those?

Beth Hartmayer: Okay, let me first address the funding priority. This year the funding priority is new and our aim is to minimize the service disruptions that can occur when a current grantee is not funded. So our goal is to minimize disruptions and then also to make sure that we're maximizing the use of federal funds if we have invested in a health center in a particular service area that is high

performing. It ensures that those that are high performing continue to make the best use of the federal funds.

There is a 10-point funding opportunity available this year. It is only open to current grantees applying to continue serving their current service area. If those current grantees are within program compliance, in other words, if they don't have any current conditions that are in 60 day, 30 day, or default status, then they can be awarded 5 points. If that current grantee is awarded 5 points for program compliance, then an additional 5 points can be awarded if they show a positive or neutral three-year patient growth trend. If they have been able to serve their patients over the three years and it's averaged out, if they serve the number of patients that they've proposed to serve or slightly more, then they will be awarded those additional 5 points. Does that answer your funding priority question?

Suzanne: So if I understand correctly, if a health center was the only applicant for that area, the points wouldn't necessarily hinder or help their application? It would be if there were a true competition for that area?

Beth Hartmayer: That's correct, but if the 10 points are awarded, it does recognize that they are a high performing grantee who is doing a great job of serving their patients in the current service area.

Suzanne: Cool. Cool. Thank you.

Suzanne: My other question is and this just might be my understanding and not jiving with what actually happened, but my understanding last year was the 75% requirement that the health center had to apply to serve 75% of the population listed in the SAAT. My impression was that if the health center didn't apply to serve all those zip codes that were listed, that those went up for competition

again. I'm just wondering if you go to the SAAT right now and for example Alice, Texas is listed. If they're not going to apply for whatever reason for the zip codes that aren't highlighted in green on the SAAT, if those zip codes would then go up for competition.

Jen Joseph: So, hi, this is Jen. I'll just jump in for a second. That's a great question. And you're touching on some of the changes that we've made for this year. So health centers or any organization that's proposing to serve a service area, must propose to serve at least 75% of the patients in the zip codes listed in the service area announcement table. So, the table has been updated and it looks a little bit different than last year's because we actually put those patient percentages right in the table in order to help people figure out what combination of zip codes they're applying for and make sure that they're still reaching the threshold.

The total patients projected to be served can be lower than 100% of the total patients and that is new. That's the different piece from this year compared to last year. If an applicant chooses to propose to serve fewer than 100% of the patient target, that proposal would come with a funding reduction that is according to the percentage below 100% that's outlined in the funding opportunity. So what the 95%, 100% would result in, no reduction in the funding announced, 94.9% would result in a .5% reduction. Does that answer the question?

Suzanne: I guess I'm basically wondering if someone has 2.6% of their patients come from one zip code and they don't apply and don't list that zip code, if that zip code is going up for competition.

Jen Joseph: No. The entire service area is what's up for competition. For example, if we don't get any eligible applications for a service area, the entire service area goes up for competition, not specific zip codes.

Suzanne: Cool. Thank you.

Jen Joseph: Sure. Okay.

Coordinator: Thank you. Our next question comes from Eleanor. Go ahead.

Eleanor: Hello. Question - if we are adding a new site and we're an existing grantee. Does that mean we do two applications or are they accommodated in the same application?

Beth Hartmayer: For clarification, are you a current grantee that is applying to serve a new service area in addition to that which you serve or are you speaking to adding a new site, so a new service site?

Eleanor: Adding a new service site in the service area.

Beth Hartmayer: Then in that case, you wouldn't submit two applications. You would submit one application. And to add any sites to your service area, you would do that through the usual change in scope process to bring that site into scope.

Eleanor: Okay. The second question is for existing sites in our scope that plan to relocate within the same service area during the upcoming project period. Do we send new site plans now or when that happens through the CIS?

Beth Hartmayer: It would depend on where in the process you were of opening that new site in relation to submitting the application as well as the project period.

Eleanor: Okay. The third question is for clarification. I think someone said that we are expected to serve 75% of the patients in the zip codes that are listed. Does that mean 75% of the patients that we are already serving in those zip codes?

Beth Hartmayer: They are separate and distinct. So, on Form 5B, you must propose to serve 75% of the patients in the service area from the zip codes identified in the service area announcement table. As long as the percentage of patients from those zip codes listed add up to 75% on Form 5B, you will have complied with that requirement. Then separately, in the patient target, you can propose to serve down to 75% of the patient target in the SAAT. That number would be entered on Form 1A. Does that answer your question?

Eleanor: If 75% of the residents who live in the zip codes that we serve are far greater than the number that's listed in the table is confusing.

Beth Hartmayer: Yes, are you saying that the patient targets for the service area does not appear to reflect all of the patients served in the service area currently?

Eleanor: I am saying that the number that's in the table when we look at our SAAT, that number looks like the number that we currently serve.

Beth Hartmayer: Could I ask that you submit your question to bphcsac@hrsa.gov and we'll do some research on the specific numbers listed for your service area?

Eleanor: Okay, thank you.

Coordinator: Thank you. Our next question comes from Charles. Go ahead.

Charles: One of the previous callers answered my question so I'm good. Thank you.

Beth Hartmayer: Great. Thank you.

Coordinator: Then we'll move on to Karen. Go ahead, Karen.

Karen: Thank you. For a new applicant, I noticed that a floor plan is one of the required attached documents. What are you looking for with regard to a service site floor plan? Are there certain space requirements that you're looking for? Or some floor plans are more favorable than others? I'm just wondering what are you looking for?

Beth Hartmayer: We are looking for a schematic that outlines the perimeter of the facility as well as interior walls and that it indicates the dimensions of the rooms within.

Karen: Okay.

Beth Hartmayer: And it doesn't have to be official blueprints. A simple basic schematic of the floor plan will suffice for the application.

Karen: All right, and there are no space requirements? There are no requirements for spacing?

Beth Hartmayer: We don't prescribe floor plans and space for each site.

Karen: Okay.

Beth Hartmayer: We expect that you would use what is needed to provide the services in the facility.

Karen: Okay, thank you.

Coordinator: And our next question comes from Sarah, go ahead.

Sarah: Okay, thank you. Yes, hi, I have a few questions. I was reviewing the performance measures and I noticed in the cancer performance measure in one place it says 21-I think until 64 years, and that is in the description. And then in the denominator it says 24 to 64. Perhaps that's got something to do with the time between the test. I just wanted to make sure that wasn't an error and that was actually supposed to be that way.

Heather Ngai: Yes, actually it is supposed to be that way. It's calculated with 24 year olds during the measurement year because there's a look-back period.

Sarah: Right. Okay, that's what I thought might be the case; I just wanted to confirm.

Sarah: Thank you. And on Form 1A, in one portion it has information provided by the end of the project period and in another it's two years, at least in our case we start January 1, 2015. So by 12/31/16, so if it's the project period, we'll assume the three years, which would be the end of 2017, is that correct?

Beth Hartmayer: Yes and no. On Form 1A, in the past you would propose to serve the patients by the end of the project period.

Sarah: Right.

Beth Hartmayer: For this competition, you will propose the patients that you expect to serve by the end of December 31, 2016. The reason for this change was to align what is reported in UDS with what is proposed within your application. It makes tracking easier for everyone.

Sarah: Sure, sure. It definitely does. Okay. And my last question is, we have homeless, public housing and CHC. I just wanted to check, is it just for the clinical performance measures that there needs to be a separate performance measure for homeless and public housing and primary care? Not in the financials.

Heather Ngai: Yes.

Sarah: Okay, thank you very much. I appreciate the answers.

Coordinator: Thank you. At this time we have no further questions.

Kay Cook: We have two questions online. The first one is please explain the difference between service area versus target area.

Jen Joseph: The service area is comprised of the zip codes that you're proposing to serve and the target population is within that service area, the population of people that you're targeting services to. In some cases that may be one and the same, and in others you may have a target population that is a sub-population of the individual comprised or that constitute that entire service area. In either case, you still would be expected to serve everyone within that service area, but it is an option to also target your services to a particular need in that service area.

Kay Cook: Great, thank you. The next question is regarding the clinical performance measure for continuing grantees serving their service area. Where would you find the parameters for these clinical performance measures, such as UDS or current grant or other?

Beth Hartmayer: If you refer to the SAAT technical assistance web site towards the bottom of the page, there is a header called Performance Measures. There are many

resources available that list the parameters for each of the performance measures, both clinical and financial.

Kay Cook: Great, thank you. I have one more question. Is it permissible for all of the clinical performance measures, HIV measure, the depression measure, and the combined tobacco measure to use zero as baselines since they're all new?"

Beth Hartmayer: Yes, it is, and then you would just enter the date that you would expect information to be available for this performance measure since they are new.

Kay Cook: I have another question. Can the service area and the target area be the same numbers?

Jen Joseph: The service area is defined by geography. And the projection for the patients served is defined by people.

Kay Cook: Can the population and the service area be the same as your target population?

Jen Joseph: Yes, it can. So your target population can be the same as the population in the service area. You could choose to make the target population the residence of that service area.

Kay Cook: So at this time, I have no more online questions. Do we have any further questions on the phone, operator?

Coordinator: Yes, ma'am. Eleanor, go ahead with your question.

Eleanor: Okay, is there a page limit for the narrative?

Beth Hartmayer: There is no page limit specific to the narrative. The page limit of 160 pages applies to the application as a whole with the caveat that it only applies to those elements that count towards the page limit. If you refer to tables two through four in the FOA, it will indicate what does count and what does not count towards the total page limit.

Eleanor: Thank you.

Coordinator: Thank you. Next question comes from Rena Spiegel.

Vina Spiegel: Vina Spiegel, Northeast Valley Health Corporation. Yes, thank you. I'm curious when we currently do our UDS report, we receive both homeless and CHC funding. We fund 14 other agencies or sub-recipients and they have to include all the reporting, let's say on diabetics or hypertension in our quality improvement measures. So are you saying right now in addition to that, we need to come up with one separate measure that is just homeless-related? One special population?

Rena Spiegel: Maybe it's better if I talk to you offline.

Beth Hartmayer: If you could email your question to the bphcsac@hrsa.gov e-mail address that would be great.

Vina Spiegel: Okay, I will thank you. I don't know if other people on the call had questions about the 75% of the target area and the population. Could you provide examples in your FAQs?

Beth Hartmayer: Sure, we have some FAQs drafted that we hope will bring a little bit more clarity to this. If those don't make things more clear, please let us know and we will add to those and try to give better examples. But basically we're

talking about two different forms. Form 1A, we're talking about the total number of patients you're proposing to serve and if it's fewer than 100%, there's a funding reduction associated with that, and if it's below 75%, the organization's not eligible, and the others associated with Form 5B, which is associated with the zip codes from which 75% of patients come.

So again, look at the FAQs, if they aren't posted already, they will be soon, and if those don't address the questions, please let us know and we will follow up individually and then certainly update those FAQs so that everybody can get a clear picture of what these expectations are.

Vina Spiegel: Thank you.

Coordinator: Next comes from Christina, go ahead.

Christina: Thanks. So with the current grantees applied to continue serving current service areas and current grantees applying to serve a new service area, can you apply for those in the same application, or is it two different ones?

Beth Hartmayer: It would be two different applications, yes. It would be two separate applications, and if they are two applications under the same announcement number, please send us an e-mail at bphcsac@hrsa.gov.

Christina: Okay, and then a question related to that is that my understanding of the SAAT table is that a service area is defined by a list of zip codes. What happens if there is a zip code that's listed on the SAAT in that service area that's not currently in our scope? Is that still a continuation?

Beth Hartmayer: Is it a zip code that essentially would be added for the site within scope?

- Christina: For example, Seattle, Washington, has a list of zip codes that take up that service area. What if on the SAAT there's a zip code there that's not already in our scope, even though we're continuing?
- Jen Joseph: So this is Jen. I think maybe part of the confusion there is the difference between the green shaded areas and the white areas that are highlighted in the SAAT. So what you see in the SAAT is a combination of the organization's defined service area. So, the zip codes that are included on your approved Form 5B and then also what is reported to us is the zip codes from which patients are served that is reported in UDS. So, if there are zip codes that you report in UDS from which patients come, those are also included on the SAAT, even if those aren't zip codes that are included on your Form 5B, and that's the difference between the green and the white.
- Beth Hartmayer: Then to add on to what Jen also said, in Form 5B, if you're a current grantee applying for your same service area, the application for Form 5B is pre-populated. So if you would like to add a zip code to a site, then you would do so through your change in scope process.
- Christina: If there's a zip code that is not in our scope but is on the SAAT, does that make it a new application for us, or a continuation?
- Jen Joseph: You're choosing which of those zip codes that you're proposing to serve within the parameters, so you aren't required to serve every single zip code in the list. But, you are required to serve the zip codes from which 75% of patients come. You could propose a subset of what's here or you could propose everything that's here. Those are what your options are within the parameters outlined in the eligibility criteria.

There may be some zip codes listed that aren't on your Form 5B, but they were reported in UDS. So, in your UDS report, the patients by zip code included three patients from zip code X, and that's not on your Form 5B but it's still in this table.

Christina: Okay.

Jen: If you feel like there's a disconnect in either of those and you think what you're looking at that we've posted doesn't align with your Form 5B or your UDS report, please let us know and we'll look into that.

Christina: Okay. Great, thank you.

Coordinator: Thank you, our next question comes from Sarah, go ahead.

Sarah: Hi, our information isn't yet listed for service area and target populations, so we're trying to get a sense of what it will be, and we don't understand what the 2013 and 2014 new patient commitments are. What does that mean?

Beth Hartmayer: In the patient target, if there were any, it's the average or patients reported in your 2012, 2013 and 2014 UDS, and in addition, if any new patient commitments say perhaps through expanded services or a new access point, then those would also be included. But thus far, for the service areas listed, I don't believe that any of those include any. I don't believe any of those were awarded, but if you would like to e-mail your question specific to the service area, we can get you more information on how the patient target was calculated.

Sarah: Okay, great. Thank you.

Coordinator: Thank you at this time we have no further questions.

Beth Hartmayer: Okay, great. I want to thank everybody for calling in today, and if after the call you have more questions, please do e-mail us at bphcsac@hrsa.gov. It is a box that is monitored regularly. It's not a big black hole, so you will receive an answer, and it will be a great answer. Thank you everyone.

Coordinator: Thank you and that concludes our call for today. You may disconnect at this time, thank you.