Updated June 12, 2014

FY 2014 ACA Health Center Expanded Services (ES)
Frequently Asked Questions (FAQs)
HRSA-14-148

Below are common questions and corresponding answers for the FY 2014 Health Center Expanded Services (ES) supplemental funding opportunity. New FAQs will be added as necessary, so please check the ES Technical Assistance webpage located at http://www.hrsa.gov/grants/apply/assistance/es/ frequently for updates. The FAQs are organized under the following topics:

Table of Contents

General Information 1
Eligibility 2
Funding Information 4
Program Requirements (includes **NEW** items – June 12, 2014) 4
Application Development (includes **NEW** items – June 12, 2014) 6
Budget Presentation (includes **NEW** items – June 12, 2014) 9
Performance Impact (includes **UPDATED** items – June 12, 2014) 11
Award Information and Reporting Requirements 12
Technical Assistance and Contact Information 12

General Information

1. **What is the purpose of the Expanded Services (ES) funding opportunity?**
   The purpose of ES funding is to increase access to comprehensive primary health care services including oral health, behavioral health, pharmacy, and/or vision services, at existing health center sites. Health Center Program grantees requesting Expanded Services funds must demonstrate how these funds will be used to expand medical capacity and the provision of services to underserved populations in their service areas.

2. **How much funding is available to support ES grants in FY 2014?**
   HRSA anticipates awarding approximately $300 million through formula-based supplements to existing Health Center Program grantees.

3. **When can I start my application for ES funding?**
   ES applications will be available in the HRSA Electronic Handbook (EHB) on **June 3, 2014**. All applications are due in EHB by **July 1, 2014**. HRSA email notifications will be sent to all eligible grantees indicating the availability of the ES application in EHB.

4. **How much ES funding are grantees eligible to receive?**
   HRSA will contact each eligible Health Center Program grantee via email to indicate the availability of the ES application and the maximum amount of supplemental funds each grantee may receive. See the Funding Information section of the FAQs for details on the formula used to determine funding allocations.

5. **What are special populations?**
   For the purposes of the ES funding opportunity, "special populations" refers to three population groups and the legislatively-mandated health center types that serve them:
   - Migratory and seasonal agricultural workers – Migrant Health Center (MHC)
   - Homeless individuals and families – Health Care for the Homeless (HCH)
   - Individuals living in public housing – Public Housing Primary Care (PHPC)

6. **If a grantee receives multiple Health Center Program funding streams (i.e., CHC, MHC, HCH, and PHPC), must the ES application include all of these populations?**
   Yes. ES funding must be requested in the same special population funding proportion(s) as existing operational grant funding. Applicants cannot propose to serve a special population outside of their current approved scope of project and must propose to expand services for all special populations currently in scope. The email that HRSA sends to eligible grantees with the maximum amount of ES funds they may request will include a breakdown of the current special population funding streams that the grantee receives with the ES funding amount split proportionately.

7. **What should I do if the funding stream distribution levels included in the HRSA email notification that I receive for ES are not correct?**
   If the ES funding distribution percentages do not match your current H80 funding distribution, please contact BPHC at bphc-es@hrsa.gov.

Eligibility

8. **What types of organizations are eligible for ES funding?**
   ES supplemental funding is open to Health Center Program grantees currently receiving funding under Community Health Centers (CHC) – section 330(e), Migrant Health Centers (MHC) – section 330(g), Health Care for the Homeless (HCH) – section 330(h), and Public Housing Primary Care (PHPC) – section 330(i).

   Organizations that received initial Health Center Program grant funding through a New Access Point opportunity (i.e., new start NAPs) that have not verified that at least one site in scope is operational and providing services as of the date of the ES funding opportunity release are **not eligible** for ES supplemental funding (i.e., newly funded/new start NAP grantees with no service delivery sites in scope and operational).

9. **My organization did not receive initial Health Center Program operational funding in 2013/2014 but did receive a NAP award to add a new access point to our existing scope. Our NAP site is not yet operational. Are we eligible to apply for ES funding?**
   Existing grantees that applied for NAP funding as satellite applicants (i.e., organizations that were already receiving Health Center Program operational funding at the time of NAP application and award) are eligible to apply for the ES funding opportunity.

10. **The ES instructions note that HRSA will not award ES supplemental funding to grantees with five (5) or more active 60-day conditions or one (1) or more active 30-day conditions. Does this include all conditions, including scope verification and construction/alteration-related conditions?**
    HRSA will only consider progressive action conditions related to Health Center Program requirements when determining if grantees are able to receive ES funding (e.g., scope verification and construction/alteration-related conditions will not be included). Please contact your Project Officer for any questions regarding the current status of conditions on your grant award.

11. **When will HRSA be assessing the status of conditions?**
    HRSA will assess progressive action conditions approximately 45 days prior to the projected award date of September 1, 2014.

12. **Can I propose an ES project at a site that I plan to bring into scope at a later date?**
    No. All services must be proposed at sites (including mobile vans) that are already in a health center's approved scope of project at the time of application.

13. **My organization submitted a change in scope (CIS) request to add a new site that is pending approval. Can I propose an ES project at that site?**
    No. New sites cannot be added to scope through the ES application process, and proposed new providers/services must be aligned with sites currently in scope at the time of application. Grantees awaiting approval of a CIS request may reference this in their applications but must only propose new providers/services at sites currently in scope at the time of application.

14. **Do I have to propose to provide ES-funded services at <u>all</u> sites in scope?**
    No. Services that you propose to support with ES funding must be provided onsite at one or more locations included in your current approved scope of project (i.e., sites listed in Form 5B). Note that in-scope services as listed on Form 5A are defined for the organization/ entity, not by individual site. While not all services must be available at every service site, you must ensure that health center patients have reasonable access to the full complement of in-scope services offered by the organization as a whole, either directly or through formal established arrangements.[1] Grantees developing ES proposals that include adding new

[1] See PIN 2008-01: Defining Scope of Project & Policy for Requesting Changes for specific guidelines around Form 5A and Form 5B.

eligible services to scope should ensure that all of their patients will have reasonable access to all proposed new services.

Funding Information

15. How are maximum funding amounts calculated?

Funding allocations were determined based on each Health Center Program grantee's 2013 Uniform Data System (UDS) report, or the 2012 UDS report if 2013 data is not available. The maximum amount of funding that can be requested through the ES opportunity was derived from the following formula:

- A base amount of $178,000, plus
- An additional $2.00 per health center patient, plus
- An additional $4.00 per health center uninsured patient.

Depending on the number of approvable applications, HRSA may adjust award amounts consistent with funds available for this supplemental opportunity.

16. What if our health center did not submit a UDS report?

Grantees that have not submitted 2013 or 2012 UDS data as of April 15, 2014, can request a maximum of $178,000. This includes grantees that were not required to submit a UDS report in 2013.

17. If I applied for funding under the Mental Health Service Expansion – Behavioral Health Integration (BHI) grant (HRSA-14-110), may I apply for ES funding and propose a Behavioral Health Service Expansion project?

Applicants that applied for BHI funding and are interested in proposing a Behavioral Health Service Expansion (BH SE) project as part of their ES application should develop their ES proposal in such a way that the BH SE project can be implemented regardless of whether or not the BHI application is funded (i.e., the ES-funded BH SE project is not dependent upon the BHI funded project to be implemented or reach its patient projections). HRSA will permit applicants awarded both BHI and BH SE funding through ES to re-budget ES funding if the two awarded projects overlap.

Program Requirements (includes NEW items)

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

The goal of the Expanded Services funding opportunity is to increase access to comprehensive primary health care services for underserved populations. Applicants **must** propose one Expanded Medical Capacity (EMC) project to expand existing primary care medical capacity by adding new medical providers, expanding hours of operations and/or increasing the availability of currently approved medical services.

Applicants **may also** propose to utilize up to half of their Expanded Services funds on one or more optional Service Expansion (SE) projects to increase capacity (establish or expand a service) to provide one or more of the following:

- Oral health services
- Behavioral health services
- Pharmacy services
- Vision services

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

An EMC project expands existing primary care medical services by hiring medical providers, expanding hours of operations, and/or expanding existing health center services by directly providing and/or paying via formal contract for primary care medical services.

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

The optional SE projects allow applicants interested in establishing or expanding services in oral health, behavioral health, pharmacy, or vision services to apply for one or more of the following:

- Establish or increase services for the identified expansion project(s), either through direct provision of the service or via formal contract where the health center pays for the service.
- Hire specific licensed Service Expansion providers (e.g., psychiatrists, dentists, pharmacists, optometrists).
- Expand operating hours for services.
- Expand relevant supportive services (e.g., case management, translation).

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

Applicants are not required to propose any of the optional SE projects. Only the EMC project is required. Applicants *may* propose up to four SE projects (no more than one project in each SE category) with the balance of funding not required for the EMC project (i.e., 50% or less of total ES funding may go toward one or more optional SE projects).

22. Can an applicant propose to spend 100% of funding on Expanded Medical Capacity?

Yes. Applicants are required to spend at least 50% of their ES funding on the required EMC project, but they may spend up to 100% on EMC and not propose any optional SE projects.

23. Can an applicant propose more than one Oral Health Service Expansion project?

No, but applicants are permitted to propose more than one type of activity within each SE project (e.g., hiring providers, increasing hours).

24. Can ES funds be used to expand access to in-house diagnostic laboratory or radiology services?

To the extent that certain costs and/or staff are reasonable, appropriate, and support the grantee's ability to implement the EMC project and meet the needs of its service area, such

costs are allowable uses of ES funding. Applicants should consider how the overall project proposal will meet the ES goal of increasing access to comprehensive primary health care services for underserved populations.

25. **Can applicants use ES funding to increase administrative capacity (e.g., records management, data management)?**
    All proposed staff must be relevant to the proposed project. Administrative staff such as records and data management staff, are allowable within all project types. Supportive staff (e.g., Case Managers) are also allowable across all project types.

26. **Can ES funds be used to add specialty services?**
    Applicants may propose relevant eligible specialty services for Oral Health, Behavioral Health, and/or Vision SE projects. Refer to Appendix A of the ES Instructions for detailed lists of eligible services by project type.

27. **Should I include staff on the Staffing Impact form that are not being supported by ES Funding?**
    For purposes of the ES funding opportunity, the Staffing Impact form captures staff positions per project that will be supported through ES funding. Applicants may discuss additional staff members that will contribute to the ES-funded projects but are supported through sources other than ES funding in response to the narrative questions required for completion for each proposed project.

28. **NEW: How does HRSA define "behavioral health" in reference to Expanded Services funding?**
    For the purposes of the ES funding opportunity, behavioral health includes mental health and substance use services.

29. **NEW: Can I use ES funding on outreach and enrollment?**
    No. Outreach and enrollment activities do not align with the intent of ES supplemental funding.

Application Development (includes NEW items)

30. **Where can I get the Expanded Services application package?**
    The Expanded Services application package is available via the HRSA Electronic Handbooks (EHB). All eligible applicants will receive an email notification via the EHB system informing them of the application availability and providing access information on or about June 3, 2014.

31. **Can I delete a service that I currently provide through the ES application?**
    No. Applicants will not be able to delete any currently approved services nor may they begin providing a service via referral only if the service is currently provided directly by the

health center. Any plans to delete a service should be discussed separately with the H80 Project Officer and proposed via a formal Change in Scope (CIS) request outside of the ES application process.

32. **If I recently submitted a Change in Scope (CIS) request to add a new service, will I be able to propose to use ES funds to support this service if it is approved?**
As long as the new service is approved by HRSA prior to the ES application due date and is an eligible service based on the proposed project type, an applicant can propose to use ES funding to support the expansion of the new service.

33. **Will my proposed service changes automatically update in the EHB or do I need to submit an official Change in Scope (CIS) request through the CIS module?**
The Services section of the ES application will be pre-populated with the services included in your health center's current approved scope of project (Form 5A). The system will allow you to propose changes to the mode of provision and to add a limited number of eligible services to scope depending on the project type. The ES application will serve as the CIS request for eligible services. New services added to scope through ES must be available within 120 days of award. Applicants must respond to a related scope verification condition on the Notice of Award signifying that the service is being provided.

34. **We have a specialty service in our scope of project and are providing the service directly onsite. May we add another provider of this specialty service with EMC funding**?
Health centers may propose to utilize EMC funds to increase the availability of services that are within the approved scope of project. Applicants should ensure that their proposed projects address demonstrated needs in the service area/target population and meet the expectation of ES funding to expand medical capacity and services to underserved populations, thereby increasing the number of patients served.

35. **Part of my ES application includes providing a new oral health service. I submitted a CIS request to add the service to scope before the ES funding opportunity was announced and it is still under review. Can I add the service to scope via the ES application instead?**
If the CIS request has not been approved and implementation verified before you begin working on your ES application, you will not see the service listed in the Services section of the ES application for the proposed Oral Health Service Expansion project. If that is the case, you can add the new service to scope via the ES application, as long as it is eligible and relevant to the proposed project.

36. **Can we use ES funds to add a new service to scope that will be provided by a referral?**
No. Applicants may not propose to use ES funding to add referrals to services via written agreement where the applicant does not pay for the service (Column III).

37. Can I propose to use ES funds to provide obstetrical (OB) services directly through an EMC project?

In the EMC project, applicants are permitted to change from providing OB services, or any other eligible Required or Additional services, through formal written referral arrangements to a mode of service delivery paid for by the applicant (i.e., Column I or Column II on Form 5A).

38. Can I use ES funding to provide increased access to services that address specific local health issues, such as respiratory ailments of coal miners as part of a Black Lung program?

Health centers may propose to utilize ES funding on an EMC project to increase the availability of services that are currently listed in their approved scope of project. Many of the services typically delivered as part of a Black Lung program are Required services, per Form 5A, that all health centers must provide either directly, through a formal written agreement in which the health center pays for the service, or through a referral arrangement in which the health center does not pay for the service (e.g., outreach, primary care (including screening, diagnosis, and treatment), and patient education and counseling). Note that applicants are only permitted to change the mode of provision for eligible Required and Additional services already listed in scope (i.e., the mode of provision for any Specialty and Other Services on the approved Form 5A may not be modified through ES).

Health centers interested in targeting services that address the respiratory ailments of coal miners that also receive HRSA funding as part of the Black Lung Clinic program should keep in mind that Expanded Services funding may not be used to supplant other resources intended to support existing service provision activities (i.e., ES funds must be used to supplement, not supplant, existing resources).

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

Yes. Under all ES project types, an applicant may propose to pay for a service by formal contract (Column II) that was previously provided via a formal written referral arrangement (Column III). Applicants may propose to support either direct hire or contracted staff full-time equivalents (FTEs) with Expanded Services funding as long as the application demonstrates an increase in access to eligible services (i.e., funds must be used to supplement, not supplant, existing resources).

40. Can I use ES funds to increase the salaries of our existing providers?

No. ES funds must be used to expand medical capacity and services to underserved populations in a health center's service area and increase patients. HRSA expects that applicants will use ES funds to hire new FTEs or increase the hours of existing staff in order to meet this goal. ES funds must not be used to supplant existing resources.

41. What positions can be included with the ES application?

The staff positions eligible to be covered by ES funding are outlined in the Staffing Impact form of the ES application. For information on how HRSA defines the staffing categories

and positions listed on that form, refer to the 2013 UDS Manual http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/2013udsreport.pdf.

42. NEW: Can I use ES funds for recruitment bonuses to improve our success in securing qualified providers for this project?
Recruitment bonuses used to recruit relevant providers may be part of the providers' salary package supported by ES funding, if consistent with standard practice at the applicant organization.

43. NEW: Can I use ES funds to cover recruitment fees charged as a result of hiring/contracting with a recruitment firm to assist with recruiting qualified providers for this project?
If an applicant organization contracts with an outside recruitment agency to hire providers to support the intent of the ES funded project, that cost or fee would be allowable.

44. NEW: Can I begin to expand capacity by hiring a new staff member prior to award?
All ES applications must demonstrate that ES funding will result in an increase in FTEs and/or access to services within 120 days of award. Plans to increase staff or contractor FTEs should be implemented based on need and available resources, taking into consideration that the application submitted to HRSA is a request, not an approved plan, for the activities proposed. ES funds may not be used to support costs incurred prior to award.

Budget Presentation (includes NEW items)

45. How much Federal funding can an ES applicant request?
Applicants may request up to the maximum amount of ES funds for which they are eligible. The emails sent to all eligible grantees indicating the availability of the ES application will include details regarding the maximum amount of ES funds for which they are eligible.

46. Are there activities that are ineligible for ES funding?
Yes. The following uses of funds are not eligible under ES:
- Construction costs, including minor alterations and renovation
- Fixed/installed equipment
- Facility, land or vehicle purchases

47. Can ES funding be used to cover costs incurred prior to the award date?
ES funds are intended to support the costs incurred after the project start date. HRSA anticipates awarding ES funds on or about September 1, 2014.

48. What should be included in the budget justification?
Applicants are required to provide a two-year budget justification that explains the amounts requested for each line item in the Consolidated Federal Object Class Categories Form for all proposed ES projects. The budget justification must contain sufficient detail to enable

HRSA to determine if costs are allowable.[2] It is important to ensure that the budget justification contains detailed calculations explaining how each line-item expense is derived (e.g., number of visits, cost per unit). Refer to Appendix C of the ES Instructions for detailed guidance on completing the budget justification. A sample budget justification is also available on the ES TA webpage http://www.hrsa.gov/grants/apply/assistance/es/.

49. Are equipment purchases allowable?

Moveable equipment is an allowable cost under ES. For the purposes of ES funding, moveable equipment is defined as non-expendable items with a useful life of more than one year that are not permanently affixed and that can be easily moved. Applicants may not propose to spend more than $100,000 of the total ES funding on equipment. Funds may not be spent on fixed equipment. For projects that include equipment costs, applicants are required to complete a consolidated Equipment List as part of the ES application.

Applicants may only request Federal funding for moveable equipment in Year 1. Applicants proposing to use ES funds in Year 1 on equipment will be prompted in the ES application to provide a description of how funds that went toward equipment costs in Year 1 will be spent in future years, during which ES funds may NOT support equipment costs, but may be used in other eligible cost categories.

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

ES funding can be used to optimize or upgrade your existing EHR System as needed to support the proposed ES project(s). Applicants may request up to $100,000 of Year 1 funding to support the purchase of relevant equipment, including EHR equipment. Applicants must provide details about how these items will be used as a necessary part of the proposed ES project in the Budget Justification and must clearly indicate how funding used to support EHR and any other equipment costs in Year 1 will be used to support operations in future years. Applicants must also detail the EHR equipment costs in the Equipment List form. EHR-related provider licensing costs should be included in the Other cost category, not under Equipment. See Appendix C of the ES Funding Opportunity Announcement for details.

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

Questions concerning business, administrative, or fiscal issues with the ES application should be directed to Clare Oscar in HRSA's Division of Grants Management Operations at coscar@hrsa.gov.

[2] Refer to the HHS Grants Policy Statement available at http://www.hrsa.gov/grants for information on allowable costs.

52. NEW: Are applicants required to include program income in the ES application budget presentation?

Applicants may, but are not required to, include program income that supports the ES project in the total budget information in the SF-424A, the Federal Object Class Categories Form and the Budget Justification as non-federal support.

Performance Impact (includes UPDATED items)

53. How can I provide projections for new or existing vision patients if I propose to use ES funds to establish vision services for the first time?

If an applicant does not have health center-level data on which to base Vision SE patient projections, the applicant should base such projections on local area cost per patient data specific to the services being proposed. In the absence of local level data, applicants may refer to state/national average cost data. Note that applicants are required to provide a detailed narrative explanation for how patient projections were calculated, including data sources, in the Patient Impact section of each proposed ES project.

54. Updated: What is the definition of a "new patient" for both the EMC and SE project types?

For the purposes of ES, a "new patient" is an individual who has not been seen by the health center in the past 12 months and was not reported on Table 3A (Patients by Age and Gender) of the 2013 UDS. Please note that while HRSA will utilize UDS data to determine overall patient increases, new patients projected via the ES application should be patients not currently being seen by the health center that will be served as a result of the increased funding offered through the ES award. Applicants are expected to detail the methodology used in developing their new patient targets as part of the ES application.

55. What is the definition of an "existing patient"?

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

56. How do I calculate new patient projections across all of my proposed ES projects?

HRSA expects applicants to fully implement their ES projects and realize the full impact of ES funding by the end of the two year project (by August 31, 2016). For EMC projects, applicants must provide projections for new patients only and for SE projects, applicants must provide projections for new and existing health center patients not currently receiving the proposed services. Cumulative patient projection totals will appear in the read-only portion of the Consolidated Proposal Information section of the ES application. Projections should be realistic and achievable. Applicants should ensure that they are not "double-counting" patients across projects. For example, if you propose 100 new patients (new to

the health center) for your EMC project and 100 new patients (new to the health center) for a Behavioral Health SE project, this is a total of 200 new patients that you are projecting to see by the end of the two-year period.

Award Information and Reporting Requirements

57. When are ES applications due in EHB?
The due date for ES submissions is July 1, 2014 at 5:00 PM ET.

58. When will ES funding be awarded?
HRSA anticipates announcing ES supplements in September 2014.

59. What is the length of the ES project?
Applications should cover a 2-year period. Dependent upon Congressional appropriation and satisfactory performance, ES funding will be ongoing.

60. Are there specific reporting requirements for ES funded activities?
Future UDS reports should demonstrate progress toward meeting ES targets over the two-year period. Additionally, health centers will be required to provide updates on their progress in meeting established ES goals in Budget Period Progress Report (BPR) submissions.

61. Will the health center be expected to meet all of its proposed patient and staffing targets?
Yes. Proposed patient and staffing targets should be realistic and achievable within a two-year period since HRSA may withdraw ES support, in part or in total, if ES projections are not met. HRSA will monitor achievement of these projections via the 2016 UDS report. Applicants must also ensure that their proposed ES projects will not result in a reduction of the level or quality of health services currently being provided to the patients they serve.

Technical Assistance and Contact Information

62. Who should I contact with programmatic questions concerning the Expanded Services application requirements and process?
If you have questions regarding the FY 2014 Health Center Expanded Services application, please contact the Expanded Services Team at bphc-es@hrsa.gov.

63. Who should I contact if I have specific questions about my ES budget or budget justification?
ES applicants with questions concerning business, administrative or fiscal issues related to the ES application should contact Clare Oscar in HRSA's Division of Grants Management Operations at coscar@hrsa.gov.

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

Technical assistance materials, including FAQs, an EHB Application User Guide, and additional resources, are available at http://www.hrsa.gov/grants/apply/assistance/es/. HRSA will update TA materials as needed throughout the application period to address new questions, so please check back periodically.

65. I have questions about best practices and planning for implementation of a new SE project. Who can I talk to about this?

HRSA recommends that health centers looking to implement a new SE project (i.e., oral health, behavioral health, pharmacy, vision) consult with their state's Primary Care Association (PCA). PCAs can connect health centers to relevant resources for planning and implementation purposes. A list of PCAs is available at http://bphc.hrsa.gov/technicalassistance/partnerlinks/associations.html.

66. If I encounter technical difficulties when trying to submit my application in EHB, who should I contact?

Contact the BPHC Helpline Monday through Friday, 8:30 AM to 5:30 PM ET (excluding Federal holidays) at 1-877-974-2742 or BPHCHelpline@hrsa.gov.