



Fiscal Year 2014 Health Center Expanded Services (ES) Supplemental Funding Opportunity

Technical Assistance Presentation

[http://www.hrsa.gov/grants/apply/assistance/es/
bphc-es@hrsa.gov](http://www.hrsa.gov/grants/apply/assistance/es/bphc-es@hrsa.gov)



Agenda



- ES Funding Overview
- Eligibility Requirements
- Application Requirements
- EHB Application Submission Process
- Application Review
- Reporting Requirements
- Resources and Contacts
- Questions



ES Overview



- **Purpose:** Expanded Services (ES) funds will support increased access to comprehensive primary health care services, including oral health, behavioral health, pharmacy, and/or vision services, at existing health center sites.
 - Announcement number HRSA-14-148
 - Applications due in EHB on July 1, 2014
 - ES awards anticipated in September 2014
 - All ES materials are located at the ES Technical Assistance (TA) webpage:
<http://www.hrsa.gov/grants/apply/assistance/es/>



Summary of Funding



- HRSA estimates awarding approximately \$300 million in ES funds.
- ES will be awarded through formula-based supplements to existing health center grants.
- Each eligible health center may apply for a set amount of funding based upon patients served as reported in the Uniform Data System.



Funding Methodology



- The maximum amount of ES funding that can be requested 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.
- For grantees that do not have 2013 or 2012 UDS data, the maximum amount that can be requested is the base amount of \$178,000.



Eligible Applicants



- ES supplemental funding is open to existing Health Center Program grantees.
- 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.



Eligible Use of Funds



- Applicants must propose one Expanded Medical Capacity (EMC) project to expand existing primary medical services.
 - Minimum of 50% of ES funds must go toward EMC.
- Applicants may propose one or more optional Service Expansion (SE) projects to establish or expand services in the areas of:
 - Oral health,
 - Behavioral health,
 - Pharmacy, and/or
 - Vision services.



Eligible Use of Funds Table

	Project Type	Percent of ES Funds	Eligible Use of Funds	Project Activity Examples
<i>REQUIRED</i>	Expanded Medical Capacity (EMC)	50% to 100%	Expand primary medical care services to new patients	<ul style="list-style-type: none"> • Hire medical providers • Expand hours of operation • Expand medical services
<i>OPTIONAL</i>	Service Expansion (SE)	Up to 50%	Expand or establish services to new and/or existing patients in any of the following: <ul style="list-style-type: none"> • Oral health • Behavioral health • Pharmacy • Vision 	<ul style="list-style-type: none"> • Hire new/additional licensed SE providers • Expand operating hours for SE services • Establish new or expand existing SE services



Allowable Costs



- The following are allowable budgetary line items:
 - Personnel
 - Fringe Benefits
 - Travel
 - Equipment *
 - Supplies
 - Contractual
 - Other
- Refer to Appendix C of the ES Instructions for detailed information on budget presentation requirements.
- Sample Budget Justification on ES TA webpage.

*See slide #10 for further details.



Equipment Costs



- Cap of \$100,000 for equipment costs across all projects.
- ES funds can support equipment in Year 1 only. Applicants must describe how Year 1 equipment funds will be spent in future years.
- For projects that include equipment costs, applicants must complete a consolidated Equipment List.



Ineligible Uses of Funds



- 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
- Health centers may not use Expanded Services funding to supplant other resources (federal, state, local, or private) currently supporting existing services.



Funding for Special Populations



- ES funding will be provided to each grantee at the same funding proportions (i.e., CHC, MCH, HCH, PHPC) as the existing operational grant.
- Applicants cannot propose to serve a special population outside of their current approved scope of project.
- Applicants must propose to expand services for all special populations currently in scope.



Eligible Sites



- Applicants may not propose to add new sites through the ES opportunity.
- All services must be proposed at sites that are in a health center's approved scope of project (Form 5B) as of the date of application for ES funding.



Eligible Services



- Certain services are eligible for support under each ES project.
- Applicants may propose a limited number of modifications to their current service delivery methods relevant to ES projects.

Refer to Appendix A of the ES Instructions for detailed information on eligible services and Form 5A modifications.

- Note: In many cases, applicants will not need to make any changes to their Form 5A and instead will focus funding on expanding hours or hiring additional staff.



Outline of Sample ES Application

Required elements of an application proposing an EMC and Oral Health Service Expansion (OH SE) project:

PROJECT LEVEL INFORMATION

1. Budget
2. Services (Form 5A)
3. Staffing Impact
4. Patient Impact
5. Narrative Questions

1. Budget
2. Services (Form 5A)
3. Staffing Impact
4. Patient Impact
5. Narrative Questions

EMC
Project

OH SE
Project

APPLICATION LEVEL INFORMATION

- Consolidated Budget Info
- Consolidated Project Info
- Equipment List (As Applicable)
- Budget justification (Upload Attachment)



1. Line Item Budget Overview



- Federal Object Class Categories Form:
 - Collects the Federal and Non-Federal funding distribution across budget categories for the first 12-month budget period.
 - Enter Federal and non-Federal costs per project.
 - Costs in Federal Object Class Categories Form should align with Budget Justification.



2. Services (Form 5A) Overview



Sample Form 5A:

▼ Clinical Services			
Service Type	Service provided directly by applicant	Service provided by formal written contract/agreement (Applicant pays for service)	Service provided by formal written referral arrangement/agreement (Applicant DOES NOT pay)
★ General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
★ Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
★ Diagnostic X-Ray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Screenings			
★ Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
★ Communicable Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Cholesterol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- **Column I:** Services provided directly by applicant
- **Column II:** Services provided by formal written agreement (applicant pays for service)
- **Column III:** Service provided by formal written referral arrangement/agreement (applicant DOES NOT pay for service)



2. Services: EMC Projects



- For required Expanded Medical Capacity projects, applicants may propose to:
 - Provide a service directly (Column I) that is currently offered through an agreement in which the grantee pays for the service (Column II).
 - Provide a service directly (Column I) or pay for the service through an agreement (Column II) that was previously offered through a referral arrangement in which the grantee does NOT pay (Column III).
- Applicants may not propose to add any new Additional Specialty or Other services to scope through EMC.



2. Services: SE Projects



- For optional Service Expansion projects, applicants may propose to:
 - Add a new oral health, behavioral health, or vision service not previously provided that is relevant to the project type.
 - Provide a service directly (Column I) that is currently offered through an agreement in which the grantee pays for the service (Column II).
 - Provide a service directly (Column I) or pay for the service through an agreement (Column II) that was previously offered through a referral arrangement in which the grantee does NOT pay (Column III).



2. Services: Form 5A Modifications



- 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.
- HRSA reserves the right to request a rebudgeting of funds if unable to approve new services as a result of insufficient information.



3. Staffing Impact Overview



- Applicants must provide information on the new Full Time Equivalent (FTE) staff that will be supported with ES funding.
- All FTEs that the applicant proposes to add must be relevant and applicable to the given project type.
- Support for administrative and supportive staff that will support implementation of the ES projects is allowable.



3. Staffing Impact: Staff Types



- ES funding may support either direct hire or contracted staff.
- Application should demonstrate an increase in access to eligible services (i.e., all ES funds, including staff costs, must be used to supplement, not supplant, existing resources).
- See Appendix A in the ES Instructions for details on eligible staffing/position types per project.



4. Patient Impact Overview



- Applicants must provide projections for the number of patients who will benefit from ES funding within the two year project period:
 - For required EMC projects, applicants must provide projections for new patients.
 - For optional SE projects, applicants must provide projections for new and existing health center patients not currently receiving the proposed services.



4. Patient Impact: Definitions



- For the purposes of ES:
 - New Patient: An individual who has not been seen by the health center in the past 12 months and was not be reported on Table 3A (Patients by Age and Gender) of a grantee’s 2013 UDS report.
 - Existing Patient: A current health center patient that will be receiving a new service as a result of ES funding, e.g., the number of current medical patients projected to access a new service (oral health, behavioral health, pharmacy, vision) from the health center for the first time.



4. Patient Impact: Considerations



- Projections should be realistic and achievable; applicants accountable for reaching total number of new patients across all ES projects.
- Justification for how projections were derived for each project is required in the ES application.
- Do not double count patients across projects.
 - e.g., if you propose to serve 100 new patients (new to the health center) via the EMC project and 100 new patients (new to the health center) via a behavioral health service expansion project, this is a total of 200 new patients that you are projecting to see by the end of the 2-year period.



5. Narrative Questions Overview



- Narrative responses required per project:
 - Need
 - Response
 - Impact
- Maximum 3,000 characters for each question.
- Details in narrative responses should be consistent with information provided throughout the rest of the ES application (e.g., patient projections, new FTEs).



5. Narrative Questions: Need



- Need:
 - The need to expand or to begin providing the proposed service(s).
 - How the proposed project will respond to the health care needs of the target population (with reference to any special populations, demographic characteristics, and/or access to care/health status indicators relevant to the proposed Expanded Services project).



5. Narrative Questions: Response



- Response:
 - Timeline that includes provision of new and expanded services within 120 days of award.
 - How services integrated into existing service delivery model and incorporated into the QI/QA plan (including credentialing, privileging, and risk management).
 - How Sliding Fee Discount program will ensure all services accessible without regard to ability to pay.
 - Plans to ensure that all patients will have reasonable access to any proposed new services.
 - How health center maintains oversight over all services provided via contracts/agreements (if applicable).



5. Narrative Questions: Impact



- Impact:
 - The impact of the proposed project, including the number of:
 - proposed new patients,
 - existing patients with increased access to services (as applicable), and
 - new providers (as applicable).
 - A detailed explanation for how the patient projections were calculated (including data sources).



Consolidated Budget Information



- Consolidated Federal Object Class Categories form:
 - The Budget Categories section is a read-only summary of the amounts entered in each of the project-specific Federal Object Class Categories forms.
 - The total federal budget proposed must be less than or equal to the maximum allowable amount of ES funding as indicated in the ES email notification.
- To update summary budget information, navigate to the relevant project-level budgets.



Consolidated Project Information



Read only sections:

- Total new and existing patient projections across projects.
- Staffing Impact for All Proposed Projects displays the sum of the total Direct Hire FTEs for each project.

Sections to be completed:

- New FTEs by Staff Type: Enter number of Direct Hire Staff and Contractor FTEs to be supported by ES funding.
- Federal Budget Information section:
 - Summary of Federal funds requested per project.
 - If equipment costs proposed, describe how funds will be spent in future years.



Consolidated Budget Justification



- Complete one consolidated Budget Justification that details all projects proposed in the application.
- Upload as an attachment (the only attachment in ES).
- Include project-specific budget information in narrative form.
 - Clearly detail the costs of each line item from the Consolidated Federal Object Class Categories form.
 - Explain how each cost contributes to meeting the project's goals and objectives.
- Sample Budget Justification on the ES TA website.



Application Requirements



- Proposals must address how the organization will carry out the following planned activities (as applicable):
 - Provide access to new and expanded services within 120 days of award.
 - Incorporate Expanded Services activities into the health center’s existing service delivery model and Quality Improvement/Quality Assurance (QI/QA) plan.
 - Demonstrate an increase in primary care medical capacity to support new patients receiving primary medical care via the Expanded Medical Capacity (EMC) project.



Completing the Application in EHB



- Authorizing Officials, Business Officials, and Project Directors at all eligible health centers will receive an email that includes the following:
 - Link to ES application in EHB.
 - Eligibility code to access the application.
 - Health center’s maximum eligible amount of ES funding.
 - Minimum amount of ES funds required to go toward an EMC project (50%) if the grantee requests the maximum amount of ES funds.
 - Breakdown of required funding based on current subprogram/special population funding proportions.



Application Submission



- Application forms must be completed electronically and submitted in EHB.
- ES EHB User Guide available on the ES TA website.
- Applications will be available in HRSA EHB on June 3, 2014.
- Applications are due in the EHB by July 1, 2014 at 5:00 PM ET.
- To submit an application in EHB, you must have the 'Submit' privilege.
 - If you are not the AO, a “Submit to AO” button will be displayed at the bottom of the Submit page for you to notify the AO that the application can be submitted to HRSA.



Application Review



- HRSA reserves the right to request a rebudgeting of funds if an application is not fully responsive to any ES application requirements, or if ineligible activities are proposed.
- Awards anticipated to be announced in September 2014.
- Active SAM.gov registration required at time of award.
- Approximately 45 days prior to award, HRSA will assess grant status. Awards will not be made if a grantee has:
 - 5 or more 60-day program requirement-related conditions or
 - 1 or more 30-day program requirement-related conditions



Reporting



- Future UDS reports should demonstrate progress toward meeting overall ES targets. Achievement of new patient projections will be monitored through 2016 UDS data.
- Health centers will be required to provide updates on their progress in meeting established ES goals in future Budget Period Progress Report (BPR) submissions.
- ES funding will be incorporated into grantees' ongoing base awards. HRSA may withdraw this support, in part or in total, if ES projections are not met.



Agency Contacts



ASSISTANCE NEEDED	PLEASE CONTACT
General technical assistance (ES Instructions, FAQs, etc.)	ES TA Webpage: http://www.hrsa.gov/grants/apply/assistance/es/
Programmatic questions	BPHC Expanded Services Team: bphc-es@hrsa.gov
Budget or fiscal questions	Clare Oscar: coscar@hrsa.gov
EHB electronic submission questions	BPHC Helpline: bphchelp@hrsa.gov or 1-877-974-2742



Questions