

FY 2014 SAC-AA Applicant TA Presentation

Welcome to the technical assistance call for the fiscal year 2014 Service Area Competition – Additional Area, or SAC-AA, as we will refer to it throughout this call.

I am Lieutenant Commander Vesnier Lugo, a Public Health Analyst in the Office of Policy and Program Development within the Bureau of Primary Health Care at HRSA. My objective for this presentation is to provide an overview of the SAC-AA Funding Opportunity Announcement, or FOA, as you will hear it referred to, and the application process.

If you should have any questions regarding the SAC-AA FOA, please contact me or Katherine McDowell at 301-594-4300 or send an email to bphcsac@hrsa.gov. That is bphcsac@hrsa.gov.

The presentation will start with a basic overview of the summary of changes, application due dates and times, eligibility requirements and award information, and the two tiered submission process. I will then touch on different key sections of the SAC-AA application, including the program narrative, performance measures, and budget. Today's call will conclude with a review of important facts and a list of TA contacts.

The next three slides provide the summary of changes, which highlight changes from the FY13 SAC FOA. First, and most importantly, the eligibility criteria have been expanded to clarify the requirements for proposed patient numbers, services area zip codes and target populations. I will speak more about the expanded eligibility criteria in a few minutes.

The requirements for Attachment 1: Service Area Map and Table have been expanded and direct applicants to use UDS Mapper for maps and to provide an accompanying data table. The SAC-AA TA Web site includes a step-by-step guide for creating your map and data table.

Attachment 14: Implementation Plan is now required for new applicants and current grantees applying to serve a new service area. This plan is designed to outline action steps required for

meeting the 120-day operational status requirement. Please note that with the SAC-AA, the 120-day period could begin up to 60 days prior to the project period start date, depending on how far in advance HRSA is able to issue the Notice of Award.

The prenatal and perinatal performance measures are now required for all applicants. More details about this can be found in the Program Assistance Letter listed below the prenatal and perinatal performance measure bullet point.

The childhood immunization and cancer screening performance measures have been updated. Again, more details can be found in the Program Assistance Letter referenced below the childhood immunization bullet point.

Form 2: Staffing Plan has been updated to include a column to report requested federal dollars.

Form 3: Income Analysis has been revised to simplify the reporting of projected income for the first year of the project period.

Form 6A: Current Board Member Characteristics and Form 12: Organizational Contacts will be prepopulated for current grantees from the information provided in their last application. Current grantees are expected to provide updates on both forms.

Form 9: Need for Assistance Worksheet has been revised. Core barriers and health indicators have been modified, added, or removed to include the most relevant and current indicators of need for which data are available.

The maximum project period length is capped at three years for all applicants. This is part of the Bureau's new grantee monitoring plan that will include more frequent competitive applications and site visits. Project period length determining factors have been added, which we will go over in more detail later in this call.

The Federal Object Class Categories Form has been added to capture details on the federal funding request. This supports the Budgeting and Accounting Policy Information Notice, also known as PIN 2013-01 that was released on June 13, 2013. The Budget Justification must now break out federal and non-federal expenses in each object class category from the new Federal Object Class Categories Form.

Lastly, the SAC-AA will be completed via the new Electronic Handbook or EHB User Interface. Key features of the new user interface include information icons. These look like a lower case "i" inside a circle. The icons provide on-screen tips for completing forms.

This competition provides funding for the provision of comprehensive primary health care services to underserved individuals and special targeted populations. The SAC-AA is a competitive funding opportunity with three potential types of applicants.

First, we have current Health Center Program grantees whose project period is ending and who are applying to continue serving their current service area. Second, we have new applicants who do not currently have a Health Center Program grant who are applying to serve an available service area. And third, we have current Health Center Program grantees who are applying to serve a new available service area, in addition to their current service area.

On Table 6 of the FOA you will find the Service Area Details Table. The table includes the project period start date, current grantee's administrative site location, city and state, important deadlines, projected funding broken down by funding type, service area zip codes, and patients. The FOA will state that the applicant should refer to the TA page for a map, if available. If available, the patient origin map demonstrates where patients reside. The date on the map comes from the 2012 UDS and depicts patient origin within the current funded service area only. There are two shaded areas on the map. The dark blue shows the areas where most of the patients come from, at least 75% of the patients served. And the light blue shows the remainder of the patients served, 75% through 100%. This information should assist applicants

in ensuring that they list on Form 5B at least the zip codes from which 75% of the current patients originate.

Now I would like to talk about the basic eligibility requirements. Detailed eligibility criteria are available in the FOA. All applicants must be public or non-profit private entities, including tribal, faith based, and community based organizations that propose to serve a service area and its associated populations and patients identified on Table 6 in the FOA. As previously discussed, you must propose on Form 1A to serve at least an equivalent number of patients by the end of the project period as listed on Table 6, and you must propose on Form 5B the service area zip codes from which at least 75% of the current patients originate.

Applicants can request no more than the current level of support being provided to the service area. They must request all funding types that currently support the service area in the same proportion at which they were announced. Target population information can be found on Table 6 of the FOA. The available service areas are currently served through one or more funding types that are specific to the population served. These include Community Health Centers listed as CHC, which target underserved individuals. Migrant Health Centers listed as MHC, which target Migratory and Seasonal Agricultural Workers. Healthcare for the Homeless listed as HCH, which target homeless individuals and families, and Public Housing Primary Care listed as PHPC, which target residents of, and individuals living immediately adjacent to, public housing. One service area can have multiple target populations. An applicant applying to serve the service area with multiple target populations will have to apply for all corresponding funding types and target all listed target populations or they will be deemed ineligible. Such an applicant must also discuss the specific needs of, and planned services for, each target population for which funding is requested.

SAC-AA funding is targeted toward the provision of primary health care services, so grant funding cannot be used for construction, fund raising, or lobbying efforts. However, SAC-AA funding can support the purchase of equipment and supplies necessary for the provision of primary health care. For more information about appropriate uses of SAC-AA funding, please

contact Ms. Donna Marx. Her contact information will be provided at the end of this presentation.

Now I am going to talk about the two tiered submission process, which as I noted earlier, is Grants.gov and EHB. The basic steps for registration include obtaining a Data Universal Numbering System or DUNS number and registering in the System for Award Management, otherwise known as SAM. Once an organization has been assigned a DUNS number and has registered in SAM, the next step is to 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 1 month. It is vital that you insure that your SAM registration is active throughout the entire application 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 all registrations, including SAM and access to both Grants.gov and EHB, in advance of the deadlines. Please note that Phase 1 of the application process is completed through a successful submission to Grants.gov, and you will receive a validation e-mail upon successful submission. You will receive a tracking number for accessing EHB approximately 7 days following successful Grants.gov submission. Unlike Grants.gov, which generates e-mail confirmations, with 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.

This slide provides the Grants.gov web address. You will be required to submit the following forms: SF-424: Application for Federal Assistance, SF-424B: Assurances Non Construction Programs, Project Performance Site Locations Form, Grant.gov Lobbying Form, and the SF-LLL, which is the Disclosure of Lobbying Activities.

While we are talking about the Grants.gov forms, I want to quickly discuss how to complete the Type of Application field in the SF-424. It is important to note that an incorrect selection when entering the application type will require a change by HRSA. These types of changes can delay EHB access or cause you to lose work in the system.

- 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.

This slide provides the EHB web address, along with a list of the required EHB submission components. This includes the Program Narrative, SF-424A: Budget Information Non-Construction Programs, a budget justification, Attachments 1 through 15 (please note that each attachment may not be applicable to your organization), program specific forms, and program specific information, such as clinical and financial performance measures.

This slide provides information on the attachments. More details about the attachments can be found on Table 3 of the FOA. The following attachments are required if applicable to your organization. Attachment 6: Co-applicant Agreement will be provided by only public center applicants who need a co-applicant to ensure compliance with governance requirements. Attachment 7: Summary of Current or Proposed Service-Related Contracts and Agreements will be provided only if such contracts and agreements exist. Attachment 12: Proof of Non-Profit or Public Center Status will be provided only if it is not already on file with HRSA. Attachment 13: Floor Plans will be provided by all new applicants and current grantees that are applying to serve a new service area. Current grantees applying to continue serving their current service area should only provide floor plans if significant changes have been made.

As noted earlier, Attachment 14 is a new attachment this year. The Implementation Plan must be provided by new applicants and current grantees applying to serve a new service area. The plan details steps to be taken to ensure operational status of all proposed sites for the service area within 120-days of the Notice of Award. Attachment 15 is where you can provide any additional documents as desired. Please note that these documents will count against the page limit.

Here is a reminder of the changes to multiple forms mentioned earlier in the presentation. More details about the forms can be found in the FOA.

Here is a screen shot of the Income Analysis Form. The form has been simplified to make it easier for applicants and reviewers. Most of the changes are made to Part 1, which is the Program Income or Patient Service Revenue section of the form. The charge and adjustment data and the service classifications within the pay groups were eliminated because they didn't fully summarize revenue data by service type. Also, the income classification within the self-pay group was eliminated. A new column was added to capture patients by pay group. The patient numbers that you enter in this section should be unduplicated. A column showing the income per visit for each pay group was added and the managed care section was eliminated. Managed care income data should now be consolidated in to pay group categories. The updated version of this form provides complete classification of visits by payor mix.

Here is an overview of the sections of the Program Narrative and corresponding review criteria values. The Need section is at 15 points, Response at 20, Collaboration - 10 points, Evaluative Measures - 15 points, Resources/Capabilities - 20 points, Governance - 10 points, and Support Requested - 10 points. Please note that the FOA directs applicants and reviewers to cross reference the narrative forms and attachments when writing and reviewing the application. It is important that consistent information is presented across all components of the application.

The next two slides provide an overview of the Clinical Performance Measures. The items on these slides, which I have labeled as Standard Clinical Performance Measures, are the ones that should be familiar to current grantees. As noted earlier, the prenatal and perinatal performance measures are now required for all applicants. See Appendix B of the FOA for details. The appendix notes that if you have never reported prenatal or perinatal measures in the past you can enter zero as your baseline. For new applicants, please note that all measures listed on these two slides are defined for you, with the exception of Behavioral Health and Oral Health, for which you can define your own measures based on your Behavioral Health and Oral Health

services. Details about these clinical performance measures can be found on the SAC-AA TA web page.

This slide shows a list of the financial performance measures. As in the past, the three audit related measures, noted on the slide with an asterisk, can be marked “not applicable” by tribal and public center applicants. Details about the financial performance measures can be found on the SAC-AA TA web page.

Now I would like to provide some general and performance measures information. Applicants applying for special populations funding are required to create performance measures specific to the targeted special populations. While specific additional performance measures are not required for other applicants, any applicant can add additional performance measures by selecting the Other Measure button at the bottom of the performance measures forms in EHB. Applicants must specify at least one contributing and one restricting factor for each performance measure. Lastly, any information that will not fit in the performance measures forms due to character limits, for example, contributing or restricting factor details, should be provided in the Evaluative Measures section of the program narrative. Please be reminded that any information included in the program narrative will count against your page limit.

Now we are going to discuss the special instructions for current Health Center Program grantees applying to continue serving their current service area. Current Health Center Program grantees applying to continue serving their current services area will not be able to edit their baseline data for the required measures which will pre-populate from the 2012 UDS Report. If you would like to report more current baseline data, this information should be included in the Comments field. If a current 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 pre-populating in future BPR and SAC applications. However, this requires a justification in the Comments field. Lastly, current Health Center Program grantees should provide a brief description of the progress made towards stated goals over the last year in the Comments field.

Now let's switch gears and talk about the budget presentation. The Federal Object Class Categories Form has been added to capture details on the federal funding request. 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. In addition to completing this standard form and the SF-424A, applicants must also provide a budget justification, which we also refer to as a budget narrative. All applicants must submit a 3-year budget justification that breaks out the federal and non-federal revenue and line item expenses. In other words, the budget justification will correspond to the new Federal Object Class Categories Form this year, rather than the object class category section of the SF-424A.

The budget justification must provide sufficient information to show that costs are reasonable and necessary for implementation of the proposed project. If the line item budget, which will consist of sections such as personnel, travel, and supplies, does not provide sufficient detail, additional narrative should be provided to fully explain all costs.

As was the case in FY13, HRSA grant funds may not be used to pay the salary of any individual at a rate in excess of \$179,700. Appendix C of the FOA provides more information on the budget presentation requirements.

This is a screen shot of the new Federal Object Class Categories Form. The use of this form is supported by the Health Center Budgeting and Accounting Requirements PIN 2013-01 that was issued on June 13, 2013.

This slide provides an overview of project period determining factors, which can also be found in Table 8 of the FOA. On this slide, where the number of Health Center Program requirement conditions is discussed, this refers to both conditions that will carryover from a previous Notice of Award for current grantees, as well as conditions that would be warranted based on information included in the application, along with factors such as past performance. If you are

a current grantee and are unsure of how many Health Center Program requirement conditions you currently have, please contact your Project Officer.

I have listed on this slide if the SAC-AA Notice of Award will include between zero and four Health Center Program requirement conditions, you will receive a 3-year project period. If the SAC-AA Notice of Award will include five or more Health Center Program requirement conditions, you will receive a 1-year project period. Additional factors that can trigger a 1-year project period include the most recent audit calling into question where the organization has a “going concern”, questioning the organization’s capacity to continue, and a current grantee with an unresolved condition related to Health Center Program requirements that is in the final 30-day phase of Progressive Action and that will carry over into the new project period.

Please note that if a current grantee had a 1-year project period in FY12 and again in FY 2013, and it meets the criteria for a 1-year project period for FY 2014, a SAC-AA award will not be made to this grantee.

This slide highlights some important facts. First, your SAC-AA submission may not exceed 160 pages. Tables 1 through 4 of the funding opportunity announcement note which items will be included in the page limit. Applications that exceed the page limit will be automatically screened out by HRSA and will not be further considered. As with all Health Center Program applications, the narrative portions of the submission, such as the program narrative, should be in 12-point font. If desired tables and charts, such as a table for presenting the line item budget justification, can be in 10- or 11-point font. These types of details can be found in the HRSA Electronic Submission User Guide referenced in the FOA and linked on the SAC-AA TA 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. See tables 2 through 4 on pages 11 through 17 for the list of “required for completeness” and “required for review” documents. When you are uploading attachments, please double check that you have uploaded the correct document

in each attachment field. We have, unfortunately, had to deem applications ineligible when applicants have accidentally uploaded the same document in two places, thereby inadvertently omitting a required item.

Again, although it is not on this slide, I just want to remind you that the EHB deadline is 5:00 PM Eastern time.

The most commonly accessed resource is the SAC-AA TA web page located at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>. On this site, you can access the FAQs, along with other useful documents, such as sample forms and templates. The contacts for program related questions are Ms. Katherine McDowell and Vesnier Lugo. The contact person for budget related questions is Donna Marx. For problems with registering or submitting in Grants.gov, contact the Grants.gov Contact Center. For problems encountered when completing the application in EHB, such as a error message when completing forms, contact the Bureau of Primary Health Care's Helpline. Please note that the frequently asked questions document on the SAC-AA TA web page will be updated periodically as questions arise. Whenever documents are updated on the TA page, you will see the revised date beside the link, so please check back periodically.

On behalf of the Bureau of Primary Health Care and our Associate Administrator, Mr. Jim Macrae, I want to thank you for your interest in the Health Center Program.