

# Service Area Competition-Additional Area (SAC-AA) Transcript

## August 11, 2014

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Welcome to the technical assistance call for the fiscal year 2015 Service Area Competition-Additional Area or SAC-AA as it will be referred to throughout this call. I am Beth Hartmayer a Public Health Analyst in the Office of Policy and Program Development within the Bureau of Primary Health Care at HRSA. At this time, please take the opportunity to look at the SAC-AA technical assistance website that you see on the first slide and refer to this often throughout the application process. I will do my best to reference the slide numbers on this call so you can easily follow along if you are reviewing the slides on the SAC-AA technical assistance website.

Today we will look at the overview of the SAC-AA Service Area Announcement Table (SAAT), Eligibility Requirements, Two-tiered Submission Process, Project Narrative, Performance Measures, Budget, and Technical Assistance Contacts. The SAC-AA provides funding for the provision of comprehensive primary health care services. One award will be made for each service area and the project period will be up to three years. The award amounts will vary depending on the SAC-AA competition. Ineligible uses of SAC-AA funding are construction of facilities, fundraising, and lobbying efforts.

Slide 4 describes the elements that are part of the SAAT. I will highlight these as we look at the SAAT in the next slide.

Slide 5 illustrates the SAAT. The zip codes that are highlighted green in the service area and patient origin map are obtained from the current grantees 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 UDS data.

The percentage of patients from zip codes indicate the total patients served 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 the current patients reside.

The patient origin map can be accessed by clicking on the city name and illustrates the zip codes on the Form 5B. There are 2 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 (75-100%).

The patient target is the average number of patients served in the service area over the past three years. So refer to the patient target when completing Form 1A-General Information Worksheet. If you have questions pertaining to the service area, please email [bphcsac@hrsa.gov](mailto:bphcsac@hrsa.gov).

Slide 6 provides basic eligibility requirements. Detailed eligibility criteria are available in the Funding Opportunity Announcement (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 population(s) and patients identified in the SAAT.

On form 1A, applicants must propose to serve at least 75% of the number of patients cited in the patient target column of the SAAT by December 31, 2016.

There are two changes on number 3 of the slide. Applicants can propose 75% of patients listed in the SAAT. Previously, you were required to serve 100%. 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, a minimal reduction in funding will be required. More information will be provided on this topic in a moment. Questions related to the patient target for specific service areas should be submitted to [bphcsac@hrsa.gov](mailto:bphcsac@hrsa.gov).

Slide 7 - 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 code column and the percentage of patients from the zip code column referenced earlier in the SAC-AA discussion.

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

Slide 8 - Applicants may not request more funding for a service area than the amount listed in the Total Funding Column of the SAAT. An organization may not apply on behalf of another organization. The grantee is expected to perform the majority role in the project and meet Health Center Program Requirements. The applicant name on the SF-424 must meet all eligibility criteria.

Slide 9 - 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/Patient Projected by December 31, 2016 column. The Patient versus Budget Calculator available at the SAC Technical Assistance website can assist with this calculation.

Slide 10 - Beginning in FY 2015, applicants will be 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 10. The Patient versus Budget Calculator available at the SAC-AA technical assistance website will assist with this calculation. The reduced funding amount must be requested on both the SF-424A and the Budget Justification Narrative.

Slide 11 - 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 Percentage of Patients from zip code column referenced earlier in the SAAT discussion.

Slide 12 - Request no more than the current level of support being provided to the service area and request all funding types currently supporting the service area in the same proportion at which they were announced in the SAAT. 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 10. Use the Patient versus Budget Calculator on the SAC-AA technical assistance website.

Slide 13 clarifies the Target Population information found in the SAAT. 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 which target underserved individuals, Migrant Health Centers listed as MHC on the SAAT which target migratory and seasonal agricultural workers, Health Care for the Homeless listed as HCH on the SAAT that target homeless individuals and families and Public Housing Primary Care listed as PHPC on the SAAT and target residents of and individuals living immediately adjacent to public housing. As seen on the slide service areas can have multiple populations. It is possible to only be serving one target population as well.

Slides 14-15 provide an overview of the two-tiered submission process which 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. If you are a new applicant, please start the registration immediately since each step takes time and Grants.gov registration could take as long as one month. It is vital that you ensure 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 grantee, you should already be registered in the appropriate systems. You should verify all registrations and access to both Grants.gov and EHB well in advance of the deadlines. I want to clarify the previous statement. The SAM registration should be active throughout the entire registration period. Lastly, please note that phase 1 of the application process is completed through successful submission to Grants.gov. You will receive a validation email upon successful completion.

Looking at slide 15, you will receive a tracking number for accessing EHB approximately 7 business days following successful submission. Unlike Grants.gov which generates email confirmations, with EHB you only receive on-screen notice that the application was successfully submitted to HRSA. Please print and save this for your records.

Slide 16 provides the Grants.gov web address along with a list of required Grants.gov submission components. This includes the SF-424, SF-424B, Project Performance Site Location(s) form, Grants.gov Lobbying form, and SF-LLL Disclosure of Lobbying Activities which is only applicable if anyone in your organization participates in lobbying activities.

Slides 18-19 illustrate how to complete the Type of Application field on the SF-424 since incorrect selection can delay EHB access or cause you to lose work in EHB when your application type is changed by HRSA. Applicant types are current grantees applying to continue serving their current service area,

new applicants, and current grantees applying to serve a new service area. 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 20 provides the EHB web address and a list of required EHB submission components. These include the Project Narrative, SF-424A, Budget Justification Narrative, Attachments, Program Specific Forms and Performance Measures.

Slide 21 provides information on the attachments and these can be found on Table 3 of the FOA. The following attachments are only required if applicable to your organization.

- Attachment 6, Co-Applicant Agreement will be provided only by public center applicants who need a co-applicant to ensure compliance with governance requirements.
- Attachment 7, Summary of 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 is not already on file with HRSA.
- Attachment 12, Floor plans will be provided for all new applicants and current grantees that are applying to serve a new service area.
- Attachment 13, Implementation Plan must be provided by new applicants and current grantees apply to service a new service area that details steps to be taken to ensure operational status of all proposed sites for the service area within 120 days of receiving the Notice of Award.
- Attachments 14 and 15 are where you can provide any additional documents as desired. Please note, these documents will count against the page limit.

Slide 22 provides a summary of the form changes. More details about the forms can be found on Table 4 of the FOA. In the past, Form 3 Income Analysis was downloaded, completed off-line and uploaded into the application. It is now a structured form that has been programmed into the EHB. In the Summary page all applicants must review and confirm their funding request and the patient projections. New applicants and current grantees applying to serve a new service area must review and confirm sites proposed and certify that all have providers in place and will begin providing services within 120 days of receipt of the Notice of Award. Current grantees applying to continue serving their current service areas must review and confirm their scope of project based on forms 5A and 5B. Within the Summary page, there are links to other forms that should be referenced to verify information.

Slide 23 provides an overview of the sections of the Project Narrative and corresponding Review Criteria. These are Need (15 points); Response (20 points); Collaboration (10 points); Resources/Capabilities (20 points); Governance (10 points) and Support Requested (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, forms and attachments when writing and reviewing the application. It is important that consistent information is presented across all components of the application.

Slides 24-25 list the Clinical Performance Measures which are Diabetes, Cardiovascular Disease, Cancer, Prenatal Health, Perinatal Health, Child Health, Oral Health, Weight Assessment and Counseling for Children and Adolescents, Adult Weight Screening and Follow-up, Tobacco 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 Performance Measures. Tobacco Use Assessment and Tobacco Use Cessation Counseling performance measures have been combined into one which is Tobacco Use Screening and Cessation performance measure. Two new clinical performance measures have been added as well which 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 Other measures will no longer be tracked, they can be marked not applicable. Applicants are required 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.

Slide 26 provides a list of the financial performance measures. Three audit-related measures on the slide can be marked not applicable by tribal and public center applicants. The required financial performance measures are total cost per patient, medical costs per medical visit, change in net assets to expense ratio, working capital to monthly expense ratio, and long-term debt to equity ratio.

Slide 27 - Any information that will not fit in the performance measures due to character limits (e.g., contributing or restricting factors), should be provided in the Evaluative Measures section of the Project Narrative. Applicants applying for special populations funding such as MHC, HCH, and/or PHPC are required to report the performance measures specific to the targeted special populations. Applicants must specify at least one contributing and restricting factor for the measure as well.

Slide 28 provides information about the Budget presentation. I will discuss these points while showing slide 29 which illustrates the revised SF-424A.

The information shown on slide 29 is for instructional purposes only and does not use values applicable to any specific service area. 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 make it easier for you to track your federal dollars.

Section B: Budget Categories section now captures the federal funding request and non-grant revenue supporting the project and non-federal funding by object class categories. In addition to completing the SF- 424A, you must provide a budget justification narrative. All applicants must submit a three-year budget justification that breaks out the federal and non-federal revenue and line-item expenses. The budget justification will correspond to the revised 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 justification (which will consist of sections such as Personnel,

Travel, and Supplies) does not provide sufficient details, additional narrative should be provided to fully explain all costs. If you propose to serve less than the patient target in the SAAT, the required reduction in the federal funding request must be entered on the SF-424A and the budget justification narrative. Federal funds may not be used to pay the salary of individuals at a rate in excess of \$181,500. Appendix C of the FOA provides more information on the budget presentation requirement.

Slide 30 - HRSA links project period length to health center performance. Please see section of the same name in the FOA for details which is section 5.2.

Slide 31 - Submissions may not exceed 160 pages. Tables 1-4 of the FOA note which items will be included in the page limit. Applications that exceed the page limit will be deemed ineligible. As with all Health Center Program applications, the narrative portions of the submission (such as the Project 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 also on the SAC-AA TA website. Please note, failure to complete and include all of the documents listed as required for completeness will result in the application not making it through the completeness and eligibility screening and will be deemed ineligible (see tables 2-4 in the FOA for the list of required for completeness and required for review documents).

Slide 32 provides technical assistance contacts. If you have any questions for all technical assistance resources for the SAC-AA, please see the technical assistance website which is <http://www.hrsa.gov/grants/apply/assistance/sac>. We encourage you to bookmark this website. Any program-related questions can be submitted to me, Beth Hartmayer at [bphcsac@hrsa.gov](mailto:bphcsac@hrsa.gov). Budget-related questions can be submitted to Donna Marks at [dmarks@hrsa.gov](mailto:dmarks@hrsa.gov). Any EHB-related questions can be submitted to the BPHC hotline by emailing [bphchelp@hrsa.gov](mailto:bphchelp@hrsa.gov). Thank you for listening to the presentation for the Service Area Competition-Additional Area.