

NWX-HHS HRSA OFAM

**Moderator: Christopher Suzich
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6:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen only mode until the question and answer session of today's conference. At that time, to ask a question, you may press star 1 on your touchtone phone and record your name after the prompt. I would like to now turn the call over to Mr. Christopher Suzich. Sir, you may begin.

Christopher Suzich: Thank you (Jennifer). Welcome everybody. Good morning and good afternoon to some of our participants. Thank you for taking time out of your schedules to join us today.

If you were with us on the January call, we will be following a similar format. The purpose of today's call is to talk about the electronic handbooks in part. EHBs, as you already know, is the system that HRSA uses to manage and process all of your grant actions and activities.

At the end of our call, we will have ample time for any questions that you might have and will be pleased to take any questions you have at that time. Before that, we have an esteemed group of my coworkers and colleagues and

we'll be addressing a few points that we'd like to highlight for you around EHBs and things that have been happening lately in HRSA.

So we're excited to provide you with some information. You might want to have a pen and pencil handy because you might want to jot down some notes. This is strictly an audio call. It does not involve any Power Point presentations.

I'd like to first introduce the callers that you'll be hearing from today. My name is Chris Suzich and I'm with the Office of Federal Assistance and HRSA. We'll also be hearing from my colleagues, Vera Messina who is also with OFAM, Darren Buckner, who is with OFAM, Kelly Long, (Melissa Raiz), (Larry Her)- (Larry), I knew I was going to mispronounce your last name. We'll just go with (Larry) and then when (Larry) speaks, he can give everybody his last name.

And last but certainly not least, I want to introduce Rear Admiral Kerry Paige Nessler. Rear Admiral Nessler is the director of HRSA's Office of Global Health Affairs and the chief nurse officer of the US Public Health Service. Kerry, would you like to say a few words?

Kerry Paige Nessler: Hi. Yes, thank you, Chris. And welcome. I'd like to wish a warm welcome to our grantees in the United States Pacific Islands. We're pleased that you can join us today because your work is really important to HRSA and the populations that you serve.

Today, this call is for you to answer your questions and discuss the grants management issues that are most relevant to the Pacific region. I'd also like to welcome the HRSA project officers and any guests from CDC and SAMHSA who may have dialed into the call as well.

We have invited the project officers to listen in so we can all learn about grants management together. Project officers and grants management specialists work together as a team in the government to assist and support you and the great work that you're doing in the Pacific.

The HRSA Office of Global Health Affairs' mission is to improve health worldwide by providing leadership, to develop linkages, foster interconnectedness and facilitate a mutual exchange of expertise that strengthens health systems, access equity and quality.

The Pacific region is a big part of where we focus our work. In fact, a key goal for my office is to improve health access and outcomes in the United States Affiliated Pacific Islands.

We are very committed to you and to your successes because we share your goal of improving health in the Pacific. And today, we've partnered with the HRSA Office of Federal Assistance Management to provide the second quarterly USA API technical assistance call to better serve you, our grantees.

Chris and his staff have been gracious enough to work with us to plan this call specifically for our grantees in the outer Pacific. I'd like to acknowledge and thank Chris Suzich and the HRSA Office of the Federal Assistant Management staff for leading this call.

I'd also like to recognize the Pacific Island Health Office Association, PIHOA, and the many HRSA, CDC, and SAMHSA employees for the assistance in disseminating the invitation to our partners in the Pacific.

So, before we conclude the call this evening, we hope to take a few minutes for you to provide us with feedback on the call today and how we can better

serve you in the future, for example, topics for future calls. So again, thank you all for your participation and we're excited to have you with us here today. So I'll turn it over to you Chris. Thanks so much.

Christopher Suzich: Thank you Kerry. As I mentioned before, you might want to have a piece of paper and a pencil handy to jot down some notes as we go through various points about EHBs.

And if you do have a question for us, at the end of our call, if you could please have your grant number handy, we have some folks that will be able to potentially look up your grant as we speak. And if you are able to provide your grant number, there's a chance that we can provide some real time assistance right while we're on the call.

If we can't answer your call, we have the subject matter experts available to take down your information and we will get back in contact with you for sure to get some resolution to any inquiry that you have.

Forgive me if you've heard this before on the January call, but I think it's useful information and bears repeating. I do want to talk briefly about the HRSA contact center and provide you the contact information in the event you don't have it already for the contact center.

I realize that it's difficult because of the time difference for you perhaps to call the contact center but they also do have an email address and they strive to return any email messages within, I believe, it's four hours after they log in and receive them, at least to let you know that they received the message and that they are working on it even if they can't resolve it immediately.

So the phone number for the HRSA contact center is 877-464-4772. And I know that dialing a toll free number can be difficult for some folks in the outer Pacific and we are - I want you to know that we are working on the possibility of adding a toll number to perhaps make that easier for you, although I realize that a toll number presents other challenges, too.

The email address which might be the most useful means for you to contact the call center in some cases, the email address is callcenter@- that's the at sign - HRSA, H-R-S-A.gov. That is call center, the at symbol, HRSA.gov.

Usually that would be your first stop when you're - if you're encountering problems with the electronic handbooks, if you're trying to file a report or if you're having difficulty doing something. That's usually a good place to start. And if the contact center can't answer your question, they have a protocol in place to elevate it to somebody in the (Parklawn) Building here in (Rockville) or to otherwise get some assistance for you.

That call center shouldn't be confused with the payment management helpdesk. The payment management system, as you are likely familiar, is the system that you go into to draw down the funds for your HRSA grant.

You probably already realize that you don't enter EHBs to actually draw down your funds and move them over to your bank account. Rather, you enter the payment management system. PMS, as we refer to it, is not a HRSA system and they maintain their own help desk, so I do want to provide you with that phone number for PMS in the event that your issue or inquiry involves specifically the drawdown of your grant funds.

The PMS help desk number is 877-614-5533. And also, just a point, if you do email the contact center, if you could provide as much specific information

about your particular issue as you can, include your grant number for instance, and any other detailed information you might have if you have an EHB tracking number, whatever you might have.

Next up, I'd like to turn the call over to Vera Messina. Vera's going to talk to us a little bit about what we call (internaleze) drawdown process and how we handle the drawdown process and perhaps for some of our grantees, we have a - they might encounter a drawdown restriction measure. And Vera's going to talk a little bit more about that. Vera.

Vera Messina: Yes, here. Thank you Chris. Hello everyone. I'm going to address drawdown restrictions. As Chris mentioned, the vehicle through which award recipients - HRSA award recipients - access their funds is a payment management system.

And in general, access is restricted as unlimited in terms of your ability to go into the payment management system and access your award funds. And it's generally drawn down through a pooled account which means that all of your grants are located sort of under one account and at which point you would drawdown your funds and then you would report disbursements to the various grants under which you have expended those funds.

Now, a drawdown restriction is imposed that - and it means that access to award funds in PMS is restricted and require (choice) approval prior to payment by PMS.

This restriction is put into place usually by a collaborative effort between the applicable program office, the Division of Grants Management operations and frequently, the Division of Financial Integrity and it may be put in place at the time of a competitive or budget period renewal award and it could be based on the application and/or the non-competing progress support or it can be placed

during the budget period based on post-award monitoring activities such as sizes of progress reports or financial reports and analyses.

The rationale for restricting drawdowns may include, now, why is HRSA doing this? Why do we put drawdown restriction in place? Well, there may be deficient financial management systems which are required by both the (code) of federal regulations and the HHS policy statement.

There may be non-compliance with cash management requirements and, for example, a drawdown - an accelerated drawdown of funds or a drawdown of funds and then an ability to account for that drawdown.

Non-compliance with required reporting requirements, we may impose a drawdown restriction if delinquent - certain reports remain delinquent and are not submitted to HRSA in a timely manner.

And there may be other award requirements that may be delinquent and HRSA will impose a drawdown restriction of funds. Some bureaus and/or offices also have procedures that require a drawdown restriction to be imposed based on non-compliance with specific program requirements.

The health (incentive) program, which I'm familiar with, has a compliance around a number of conditions that are placed on a budget period renewal and if a certain number of conditions are placed on the award, then there's an automatic restriction of funds.

And again, you will - that, you know, those programs have issued guidance regarding those program requirements so hopefully the programs that have those drawdown restriction procedures in place will provide a guidance to

grantees regarding what is the threshold for placing a grantee on drawdown restrictions.

HRSA has basically a memory across programs regarding performance. So if there is non-compliance in areas or grantees are placed on drawdown restriction, these things are recorded and flagged in our system and if there is continued - grantees on a continued drawdown restriction and non-compliance and other performance issues, it can lead to other actions such as a discontinuation of funding, disapproval of funding, and/or what we call frozen funds or an inability to drawdown any funds at all.

You know, drawdown restrictions are meant to be finite in order to address certain non-compliance issues and - but if those issues cannot be resolved, HRSA does have remedies to put into place that may be more stringent and/or you know, affect future funding.

Now when grants are placed on drawdown restriction, the Notice of Award, you will receive a Notice of Award, either the budget period renewal award or the - or an administrative action during the budget period that you are being placed on restricted drawdown.

A grants specific term will contain the details regarding the rationale for this restriction. There may also be conditions placed on the award that may have to be met prior to either being taken off of drawdown restriction or to actually access funds at all.

Often a budget regarding the federal funding may be required so that we are aware of exactly how funds will be utilized after they are drawn down. The Notice of Award will also contain instructions on how to draw down funds through the restricted drawdown process.

And like I said earlier, the - you know, usually you - the grantee can go right into the payment management system and request funds, but once we restrict drawdown, a request must come in through the Electronic Handbooks under prior approval, approval to drawdown funds.

And the grant specific term will also note that these funds should be requested at least 14 days prior to the need and in case of an advanced payment. The request must contain, at a minimum, an SF270 called the request for advance or reimbursement.

A line item expenditure justification for the amount being requested may also be required. Funds may only be requested to meet immediate cash needs for the upcoming period of time which means that if you're going to drawdown funds on a monthly basis, you should not be requesting funds for more than the upcoming month and you may request it more frequently than that.

They may be requested bimonthly or even weekly, but again, each one will have to be approved separately. Your grants management specialist and a program officer will review the request and once it is approved, a notification is sent to the payment management system accountant to release those funds in the amount that you've requested.

HRSA may also require that recipients only request funds on a reimbursement basis and additional documents, such as invoices and payroll records may be required to approve payment and, again, that payment may take - that request, that approval may take a little longer due to the additional documentation that must be reviewed to approve that request.

One item that should be noted, the drawdown restriction may apply to one or more of HRSA grants but as PMS uses a pooled account system, what happens in effect is that the restriction is applied to the whole pooled account.

And grantees will need to contact their PMS account representative to access the awards that are not restricted. Often they will request a list of awards that are not restricted to come from you and then those awards may continue to be accessed through the PMS without any kind of approval from HRSA.

A listing of account representatives can be found in the payment management Web site under the contacts area. And as I said, they're each -the accountants are set up by various states. They're allocated by states and by tribal and non-governmental entities as well as non-profit and hospitals. Those are the divisions within the Division of Payment Management.

If you are notified via a Notice of Award that your funds have been restricted, and you require assistance in navigating this process of requesting funds, your grants management specialist is the person to contact and they will guide you through the EHB's submission process as well as any required documentation that must come in for the approval and then also in the case of a reimbursement, what other documentation may be required. At this point, any questions?

Christopher Suzich: We'll take some questions at the end, I think, Vera.

Vera Messina: Oh, okay. I'm sorry, Chris.

Christopher Suzich: No, that's okay. Did you have anything else you wanted to add then, Vera?

Vera Messina: No, I'm okay. I know that (Victoria) may have had something to add.

Christopher Suzich: Yes, thank you, though Vera, for that information. That's a - it's a lot of good information and some of it or most of it, our grantee community may not be aware of, but as you pointed out, we are here to work with our grantees wherever they might be in the outer Pacific or anywhere else, and one of the ways that we work with them, of course, is through the grants management specialist.

And a lot of the information that you spoke about it on the NOA, the Notice of Award, so if there are questions about what Vera had to say, please jot them down and feel free to ask them at the end of our call.

At this point, I'd also like to introduce Victoria Carper. Victoria is a grants management officer in HRSA and some of our grantees may recognize that name because it's likely that Victoria's name appeared on the bottom of some of your NOAs as the GMO signatory. So Victoria, would you like to say a few words?

Victoria Carper: Yes, just very briefly, I'd like to say Vera did a fabulous job in giving the overview. Just a few points to underscore, things that I've seen here, and that is probably because of the time delays and such, that we have had some difficulties in communicating with our grantees from the Pacific area.

And specifically, with their inability to submit reports in a timely fashion, and again, just to underscore what Vera has previously said, is that your grants management specialist is your generic point of contact to help you navigate through the EHB system.

Many times we're finding that your inability to submit your financial - federal financial report in a timely fashion requires us to take the action of putting you on a drawdown restriction.

And that is a cumbersome process for both you, as a grantee, and an award recipient as well as our grants management specialist here and our program officers.

So we would all like to work together to ensure that we have things necessary so that we can eliminate that potential problem if we can address it upfront. The Notice of Award, I'm finding sometimes, may not be thoroughly read or understood by the people who actually need to interact with EHBs.

So I strongly encourage you that if you haven't seen one of those recently or have concerns about what's in it, the people that are most closely related to the grant project are clearly identified on there and that - those are your best sources of information to help you address any problems that may be necessary.

So I'll be happy to address any questions at the appropriate time if a grant number is available. I'm quite sure that we'll be able to ferret out the issue or you and figure out the best way to resolve it but I would like to just say that reporting in a timely fashion is in both the grantee's best interest, in the best interest of your financials as well as in the best possibility of getting the work done that HRSA is so interested in seeing achieved.

And thank you for my colleague for sending me an email telling me that I forgot to introduce that I'm the branch chief of the HIV/AIDS and rural health branch, so if there're any grantees specifically that I can recall from American Samoa or (Palow) that have Ryan White HIV grants, I would be the grants

officer that would have been issuing those awards and I'll be happy to address any of those issues at that time. Thank you all.

Christopher Suzich: Thank you Victoria. And just to reiterate what - something that Victoria mentioned that our grantees probably already know but it bears repeating I think, on the NOA, the Notice of Award, the contact information for two important people on each of your grants, the grants management specialist and the project officer, their phone numbers, names and email addresses are all on the Notices of Award.

All right, at this time, we'd like to move on to Kelly Long. Kelly's going to talk to us a little bit about the SF425 or the Federal Financial Report. This is a key document that all of our grantees, almost all of our grantees are required to submit to HRSA typically on an annual basis.

It can be somewhat confusing and Kelly is an expert in the FFR so she's here to walk us through some of the salient points of submitting the FFR. It can be somewhat confusing because the piece that we're going to talk about today is submitted to HRSA electronically through EHBs.

But there is also a portion that some of you, that most of you submit on a quarterly basis to PMS, not to be confused with the part that comes into EHBs. And before I confuse anybody any more, I'm going to turn it over to Kelly. Kelly.

Kelly Long: Hi. Thank you Chris. My name is Kelly Long and I work in the Division of Grants Management Operations within HRSA and my team is primarily responsible for assisting the grants staff in their day-to-day operations of grants management, particularly in the areas of post-award monitoring and closeouts.

So we see a lot of the FFR in closeout and then just the day-to-day operations, so I'm going to talk three points on the FFR. One, I'll reiterate again, so hopefully not to confuse anybody, the difference between the financial reporting to the grants office and HRSA, and then the financial reporting to the payment management system.

Second, I'll touch briefly on carryover request in relation to the FFRs. And then lastly, the importance of submitting your FFRs timely and accurately. So the FFR, as you probably know, is a single page form that you use to file both the cash transactions and your financial status

So since there're two purposes of the forms, you're submitting data, you're submitting that form two places essentially - both to HRSA and to the payment management system.

It's important to know the difference between the FFR reporting requirements to HRSA and then the FFRs to payment management so that you're not confused with thinking, okay, I've submitted one so I'm done.

Know that you have two places to submit this form. So first you're required to file the quarterly cash transactions via the payment management system, so that's the system that you're drawing your grant funds from.

In this report, you're reporting your accumulative disbursements of the cash that you withdrew from payment management. And then this is Lines 10A through 10C on the FFR form, so this is the standard Form 425 that we're talking about.

Then you are reporting your expenditure of funds. And then if applicable, cost sharing or matching dollars and program income. And you're reporting this on a semi-annual or annual basis to HRSA through the electronic handbooks.

This information, your expenditures, cost sharing, program income, is Lines 10D through 10O on that 425 form. So when you're submitting your FFR, to HRSA, if you have an unobligated balance of funds, the system will ask you if you want to carry over those funds.

If you select yes, then you have to submit a prior approval request through the electronic handbooks. That is accomplished through the prior approval module in the EHB.

So as you're doing your FFR, although it is asking you, do you intend on carrying over the money, your carryover request is not with the FFR. It is something submitted separately. And the system will not allow you to submit that carryover request in advance of your FFR submission.

So it's very important to complete your FFR, get that submitted to HRSA and then you can follow up with the prior approval request. And that, again, should be done within 30 days for the FFR submission.

When the financial report is submitted to HRSA, it will be delivered to your grants management specialist for review. They'll review the reports for your rate of expenditures, whether the cost sharing or matching requirements are satisfied, and whether program income requirements are satisfied.

Your grants management specialist will also compare your expenditures with your disbursement reporting to payment management. When submitting a final FFR, so when I say final, that means your - this is the end, the last budget

period of your documents and it's your last FFR of that document, the report cannot contain unliquidated obligations.

And it must match with the cumulative disbursement in PMS. If you can't get them to reconcile, then you're not submitting a final report, or if you have unliquidated obligations to report, you would submit an annual report versus the final.

And then once you liquidate those funds you would follow up with a final report thereafter. If you're GMS requires additional information, they may either give you a call. They may email you to ask clarification on your report. If they spot an error on the report, they will send it back to you as a change request.

That will then come back into your (spending) cast list within the electronic handbooks. You also get an email notification saying that there is something wrong and we need you to correct some information.

HRSA does take the financial reporting requirements very seriously. If you're not in compliance, HRSA may take an adverse action which can include drawdown restrictions. We can withhold continuous funding. We can hold monetary revised awards. For example, the request to carryover funds may be denied if the organization is not compliant with financial reporting requirements.

We may also, in certain circumstances, we may decide to terminate a grant if deemed appropriate. Therefore, it's imperative that you comply with both requirements to ensure continued funding, that you have access to the funds when needed, and for future award opportunities.

And please know that if you have any questions pertaining to either information or data on the FFR, if you're not sure how to complete something, you can contact your grants management specialist. If you have technical issues with the EHB while you're filling out the FFR, you're to contact the HRSA contact center.

And then, of course, if you're having difficulties with your quarterly reporting to payment management, then you're contacting the help desk at PMS. So if you have questions after - at the end of the call, I will be here for questions for the FFR. Chris.

Christopher Suzich: Thank you Kelly. Thank you for all that information. Next up, everyone, we have Darren Buckner. Darren's going to be talking to us and giving us some pointers about how you navigate through another system. We know that there are a lot of systems. It's not always easy to get a grant through the federal government.

One of the requirements is now - it used to be ccr.gov. It's now known as SAM.gov. And that is something that you are likely familiar with because you need to be registered in SAM.gov in order to submit your application, your HRSA application, through grants.gov. So I'm going to turn it over to Darren and he's going to talk a little bit more about that. Darren.

Darren Buckner: Hello. Can everyone hear me?

Christopher Suzich: Sounds good, Darren.

Darren Buckner: Okay, good. I was testing out a headset so I just needed to make sure that everything was working right. Good morning, good afternoon and thank you for everyone who is able to join us, participate in this technical assistance call

to the grantees in the Pacific regions to the colleagues at HRSA, CDC as well as SAMHSA, thank you.

I'm going to switch gears just a little bit and take you to the - what we might consider - one may consider part of the points of entry in terms of federal assistance awards, and that would be the SAM.gov registration.

SAM.gov took over from the CCR registration and in order to do business with the federal government in terms of grants and cooperative agreements, as well as contracts, and when we talk about contracts, we get to talk about our grants and cooperative agreements.

Grantees must have up-to-date information in what's called SAM.gov. SAM stands for the System for Awards Management. And what SAM did was to take over or merge from legacy systems in terms of CCR, VRCA as well as the EPLS into one specific system.

Now to do business with the federal government in terms of applying for federal assistance funds through grants.gov, a grantee or an entity needs to ensure that their registration is up-to-date. If you formerly registered or had information in CCR, the information was transferred.

If we have people who are on the call who may be new entities or new organizations looking to do business with the federal government and you did not have a CCR or anything registered in CCR, you can go directly to SAM.gov.

But for those entities who are current grantees, who were registered in CCR, your information was transferred or migrated over, but what you have to do or make sure that you do on a yearly basis, is to update the information. It's

important that you update the information if you have any changes in terms of your DUNS information, in terms of your employee identification numbers, things of that nature.

And the process was updated on changing information. We want to let you know, it could possibly take some time so if you are looking to respond to a HRSA funding opportunity announcement or do your non-compete and continuation renewal, budget project renewal in the system, it's best that you go in as early as possible to ensure that the information is updated on a yearly basis.

We will be working with Rear Admiral Nessler's office in terms of providing you additional information or additional resources, in terms of probably some You Tube links that GSA is providing for the grantee community as well as the new user communities to help you or assist in navigating through SAM.gov.

But SAM.gov is the initial point of entry that you, as grantees or stakeholders who are looking to do or continue to do business with the federal government, you need to make sure that your registration is updated. You need to make sure that if you have any changes to your organization in terms of the users, all of the privileges have been entered and let me give you SAM's Web site.

The Web site for SAM is www.sam.gov. That's the place that you can look at and you'll see how to create a user account, how to register and update an entity as well as to search for the information.

But HRSA will be providing other assistance as information becomes available to us from GSA. SAM.gov is not a HRSA system but it is a federal system, a federal Web site and again, it's stands for the System for Awards

Management and it replaces or consolidates some of the other legacy systems that are out there that you may have utilized in the past. So Chris, back to you.

Christopher Suzich: Thank you Darren. Next up we have (Larry) from the - again, one of my OFAM colleagues. (Larry) is with the Division of Financial Integrity. And our grantees, you may have seen communications from administrator - HRSA administrator, Dr. (Wakefield), regarding the program integrity initiative.

This is an important effort for us here at HRSA and it is - I won't do anything more than provide the title and I'll turn it right over to (Larry) and ask (Larry) to introduce himself and tell us a little bit about the program integrity initiative, (Larry).

(Larry Harlenos): Chris, thank you very much and for everyone on the line, thank you for allowing me to have a few minutes to describe this incredible program. My name is (Larry Harlenos) and I am an auditor within the Division of Financial Integrity in the Office of Federal Assistance Management.

And if we were in a conference room right now, I'd be looking out and you'd all be waiting to hear these great words and what I wanted to start out, is to ask you a question which you won't be able to answer, but you know, later on, if you have questions, I'll definitely be able to address them.

And that is how many on the line actually know that they're part of this initiative? And when I get done, hopefully you'll see where you are a part of this great initiative that HRSA is a part of.

The program integrity initiative is a direct result of the President challenging the entire federal government to improve our efforts to eliminate improper payments and reducing the risks of fraud, waste and abuse.

Particularly for health and human services, in responding to that challenge, Secretary Sebelius, created the - and established the program integrity initiative. And she defines that initiative as the operation of HHS programs by both HHS and our external partners in an effective and efficient manner in accordance with applicable laws and regulations and without conflict of interest or the appearance of conflict of interest.

And I want to stop there for a minute and just highlight it's the operation of HHS programs by both HHS and our external partners. So that means your federal HRSA folks and then also the grantees. We're in this together.

And the intent of the program, it's designed to target the greatest risk of fraud, waste and abuse, reduce those risks by enhancing existing program integrity operations, share new and best program integrity practices and measure those results.

So let me tell you how we're doing this at HRSA. All right, bottom line with these programs is that every time you might hear, "Well, how are we going to improve our operations?" Well, to improve our operations at HRSA, we're doing Webinars, workgroups and taskforces all geared towards making our operation more effective, whether it's in the financial area, how we take a look at grantees, whether it's in the Division of Grants Management.

Any time that we get a chance to look at our operations and approve them, we're coming up with lists of priorities and then addressing them through these different workgroups.

Comprised - and really the stakeholders, everybody on this call from HRSA in some way, shape or form is involved in the program integrity initiative. And

again, just like I was talking about, the Webinars, workgroups and taskforces, one of the byproducts is technical assistance.

And these calls - this call tonight is a part of that initiative. So I challenge you to go back into your operations and when you have the opportunity to go, “How can we make something work better, be more efficient, waste - reduce waste, fraud and abuse,” just think and make the connection that you’re a part of the program integrity initiative at HRSA.

Lastly, I just wanted to mention that, you know, and whether it - and it covers all facets of your operations, whether it’s reducing A133 findings with your financial audits, whether you’re making your programs run more efficiently and effectively, or whether you’re strengthening your internal controls within your programs.

So it’s a great opportunity for you to - and you’ve heard the phrase, “think outside the box,” but to take a look at how you’re doing business and really taking the time to reduce the waste, fraud and abuse which ultimately results in the most important thing, our customers, our patients, our recipients getting what they deserve from our programs. So with that, Chris, I’ll turn it back to you.

Christopher Suzich: Thank you (Larry). I appreciate that information and as you said, it’s an important initiative that has grown in HRSA and in department wide here. And I’m glad that you were available tonight to pass on that message to our grantees in the far Pacific.

Next up we have (Melissa Raiz). (Melissa)’s going to talk to us a little bit more about some points around EHBs. And she’s also going to provide some information about some help that you can find within EHBs on the help tab

and at our various Web sites to provide information for you, videos for you, documentation.

We realize that more and more that people are less likely to go to a document and read through ten pages but more likely to click on a video that lasts two or three or five minutes to learn how to do something like submit or fill out an FFR, for instance.

So HRSA continues to bring more videos and load those onto HRSA Tube, which is a part of You Tube. And I think Melissa's going to talk a little bit about that also. (Melissa).

(Melissa Raiz): Thank you Chris, and thank you everybody for joining. Before I go into the different resources, I'm going to touch on a couple of items regarding EHBs. The first thing I'll speak on are prior approval requests.

Prior approval requests, the first thing I'm going to mention, is that you would need to have the appropriate approval just to work on a prior approval request the same as you would any other report or submission.

Navigationally speaking, if you do have the prior approval privileges, once you've logged into EHBs, you would click on the grants tab and then the grant folder link.

And from there, you'll be able to request new prior approval or work on existing prior approvals. Items that you can request prior approval on include administrative supplements. My colleague, Vera, spoke on drawdown restrictions. If any of you are on drawdown restrictions, you can do a prior approval to drawdown the funds - approval to drawdown the funds, carryover of unobligated balances.

One thing I will point out on that is as Kelly mentioned previously, the FFR has to be submitted showing an unobligated balance before you can request a carryover via prior approval.

And it does have to be submitted separately from the FFR. You have to - the carryover request has to be either less than or equal to the amount of the unobligated balance that you entered on the FFR.

And when you're entering that amount in, just remember it should not have any special characters - cents, dollars, decimal points or whatnot or else it'll give you an error.

Also for prior approvals, you can choose to request an extension of the grants with or without funds. Please note that this is extension of the product or budget period.

Sometimes we see grantees submit extension requests for actual submissions this way but to do that, there's usually, for many submissions anyway, there's a request extension link, you know, when you're actually in the EHB trying to work on the task.

You can submit prior approval requests for project director changes, re-budgeting and others such as name changes, constructions, et cetera. One thing I wanted to mention as well, something that we do recommend that's a project director of the organization, it's recommended that you assign a backup user.

What I mean by that is that you give somebody else the very same privileges that you have, or at the minimum, there's a privilege called administer users,

so if you're ever away or on vacation and a report needs to be submitted, someone else at the organization will have the ability to submit reports.

EHBs accounts, they're disabled after 180 days of inactivity. So if you're not using the EHBs that often, you know, the account would automatically be disabled after 180 days. You would have to contact a HRSA contact center to have the accounts enabled.

Now I'm going to go over a few areas where you could get help. Chris mentioned HRSA Tube, so the easiest way, I think, is if you just to go www.youtube.com, you could either type in HRSA or HRSA Tube. It would just - it would bring up the link so you could route the various videos.

There're videos, you know, on EHBs and just various videos on HRSA so that's very helpful. Another Web site to go through would just be the HRSA Web site, www.hrsa.gov. There's a grants tab so if you click on the grants tab, and then manage your grant, you're going to see the transcripts, for example, from different conference calls that we've had in the past, quick reference guides for the financial reports, et cetera.

The last thing I wanted to mention, as far as help goes, is the actual EHB itself. I'm going to say the Web site now for the EHBs and, of course, I can repeat it later on. The Web site for EHBs is <https://grants.hrsa.gov/webexternal/login.asp>. So when you get there, right at the login page, there's actually, towards the (lever) right, there's actually a help link.

Also, on the other right-hand corner, there's a support link. And if you use the dropdown feature, you'll see a link that says, EHBs help. But here you'll find

a wealth of information. It'll go over all your tabs and the EHBs, your home tab, task tab, grants tab, organization tab.

There's a section on the federal financial report, different performance reports, requests and registration and user accounts, different submissions, et cetera. So I do encourage all of you, as necessary, to take advantage of these resources.

Also, I just wanted to repeat, like, if you needed help over the phone or via email, you could either contact a HRSA contact center via phone at 1-877-464-4772 and, of course, Chris mentioned the issue with the calls. And their email address again, is callcenter@hrs.gov. Thank you. Chris.

Christopher Suzich: Thank you (Melissa). That's some valuable information and I just wanted to reiterate that the three key ways that (Melissa) mentions to find help regarding EHBs and that's You Tube and instead of - a lot of people to You Tube, of course, for videos and other things, but you can also go to You Tube to find HRSA videos about doing things, making submissions into EHBs and helping you with different EHB functions.

So that's a valuable resource. In addition to embedded into the EHB's Web site itself, you have a tab also that's available for you that has valuable help documentation.

And, of course, HRSA Web site itself, under the grants tab also has valuable information. And under that HRSA.grants tab, we will be putting a transcript of this call, in fact, in a few days. So thank you Melissa.

Victoria Carper: Chris, this is Victoria Carper again. If it's okay, I'd like to jump in here for a minute.

Christopher Suzich: Yes, please.

Victoria Carper: Okay, I just want to underscore (Melissa)'s comments that the program director establish a backup within the organization to have access to EHB. I'd like to illustrate the importance of this, having a correct point of contact identified EHB based on a recent experience I had with three different grantees.

So it happens more commonly than we would like. As the grants officer for HIV/AIDS and rural health branch, I recently had the unfortunate incident of contacting several grantees with multiple people identified in EHB as their correct point of contact.

And I received multiple bounce backs from the email addresses being incorrect, out of date, as well as responses from individuals stating that they were no longer assigned or responsible for that project.

So as (Melissa) stated, it's really important that we have more than one point of contact and that when you establish a backup, if that person leaves, it should be replaced and those email addresses are valid and completely workable.

It's extremely important that we have open lines of communication with our grant recipients and given the time zone differences, email is the most frequent mode of communication. It's also the easiest way for us to get your questions formulated, take the time to research them in depth and provide you with the best available information and guidance we have.

I remember the call - this call in January and I believe there were several people who said, well, you know, our time zone provides us - we're hampered because we can't talk to people. And so we have to rely on email communication and your emails as designated in EHB are our primary source of how we communicate to you.

As I mentioned earlier, the grants management specialist who has the most direct line of communication on that individual grant program as well as the grants management officer, who releases the funds associated with that grant program are both identified on the Notice of Award.

So you have the email contact information as well as phone numbers. So we should be readily available to get back to you with any kind of information that you need. And so I just want to really underscore the importance of your organization's responsibility to make sure those contacts are correct and the point of contacts are correctly identified in EHBs. Thank you.

Christopher Suzich: Thank you Victoria. Well, everyone, we're about at the end of our formal agenda, so we're about to open it up for questions and answers. We heard a lot of good information today. I hope you learned something from a lot of our speakers. We heard about the program integrity initiative, about the process that we have internally for drawdown restrictions.

We heard about SAM.gov, the different tools also that are available to our grantee community to provide help when it comes to EHBs. We heard a little bit more about tips when you use EHBs and certainly around the important submission of the SF425, the federal financial report.

So I hope you have found this information useful. At this time, I'd like to ask the operator to provide the instructions to everybody if they'd like to ask a question unless, Kerry, you'd like to say something first.

Kerry Paige Nessler: No Chris, that'd be great. Let's move to questions. Thank you.

Christopher Suzich: Okay, (Jennifer). (Jennifer), can you provide the instructions for anybody that would like to ask a question now?

Coordinator: Yes. To ask a question, you may press star 1 on your touchtone phone, unmute your phone, record your name clearly after the prompt and I will introduce you for your question. To withdraw your question, you may press star 2. One moment please for incoming questions. We do have a...

Christopher Suzich: (Jennifer), do you also have the phone number for folks that might not be on the call but I believe they'll have the ability or the next 30 days to call a phone number and listen to the audio of this call again, a recording. Is that true?

Coordinator: Yes, yes, until May 20th.

Christopher Suzich: Okay, and do you have that phone number handy? Maybe you could give to everybody now.

Coordinator: I do. Yes, I do. The instant replay number is 1-800-841-8570. And again, that's available until May 20th in the evening.

Christopher Suzich: Thank you. So for the next 30 days, everyone, and for our project officers out there that maybe know of some of our grantees that could not be on the call tonight, there is an audio recording of this call on that phone number. You

just have to dial that number and I realize that there are folks, again, that have issues dialing the toll free number.

And for those folks who will also be providing a transcript of the call on the HRSA.gov Web site in a few days. I'm sorry, (Jennifer). Do we have anybody on the queue for a question?

Coordinator: Yes, we do have a couple people. The first question is from (Johnnie Ebel). Your line is open.

Christopher Suzich: Okay, go ahead.

(Johnny Ebel): Okay, the EHB access on different computers, when I was in a different place using the laptop to access to EHB, I cannot. So I was told that it may be if you already used another computer at your office, then that's the only computer you will be able to access on EHB. Is that correct?

Christopher Suzich: I'll go ahead and attempt to answer that and then I'll open it up to any of my colleagues that want to chime in. You should be able to access EHBs from - as long as you have an Internet connection, with any computer, you should be able to access EHBs. (Melissa) or Kelly, did you want to chime in?

(Melissa Raiz): No, that's correct. You should be able to access EHBs just as long as you have Internet. If you had maybe an older version of certain browsers, there may be, you know, some errors once you're in the EHBs but you should still be able to access it.

(Johnny Ebel): Okay, thank you very much for the answer but I'm speaking of an experience when I was in DC and tried to work with my project officer to explain some of

the technical problems that we've seen and tried to log on so that I can walk through where I have problems on EHB. I cannot and that's what she told me.

Maybe the computer at your office where you've already been using it, that's the only one you will be able to access to. But knowing the capability of the programs like this, I thought once you get on the Internet and log on with the proper username and password, you can still access the page that you are looking for. That is why I raised this question. Can you sort of clarify? Thank you.

(Melissa Raiz): One thing I wanted to mention - and I'm not sure if your particular scenario would fall into that but I've seen it happen on rare occasions where, for whatever reason, the IP address of the computer you're using might be blocked.

So like I said, I've seen this in rare occasions where we've had to have our OIT department take the block off. So I'm thinking, you know, without knowing, you know, the circumstances entirely that maybe this was the case.

Christopher Suzich: (Johnny), are you having trouble now accessing the EHBs from where you are?

(Johnny Ebel): No, not where I am. When I - on - through the travel, like when were at the (all grantee) meeting in DC, we were trying to go over with our project officer to explain the technical problem that we face and was hoping that by using the laptop that we had with us, can help us to go through for her to also understand because the urgency of trying to correct this problem is that we are one of the grantee's that have been trying to upload our FFR but somehow have difficulty in doing that.

In fact, we have been already penalized for not submitting. We tried to also submit it electronically to show the report with documenting the expenditure - not expended from 75 application requirements, to show that's what we're trying to input into the EHB. But for some reason, we were unable to succeed. So that's why...

Christopher Suzich: Well, if it happens again, (Johnny), please feel free to contact me directly and we'll try to get it sorted out. I'm glad to hear that you're not having trouble now accessing EHBs.

(Johnny Ebel): Oh no, not now.

Christopher Suzich: Okay. Okay, we're good. Did you have any other questions?

(Johnny Ebel): No more.

Christopher Suzich: Okay, thank you very much.

Coordinator: The next question comes from (Manuel Palo). Your line is open.

(Alexis): Sorry (Manuel). This is (Alexis). I just wanted to ask the operator, it looks like FSM (Chuuk) is not able to connect. Ma'am - (Jennifer), can you try calling back out to them again?

Coordinator: Yes. To which...

(Alexis): To (Chuuk)

Coordinator: Okay, I can try that.

(Alexis): Thank you.

Coordinator: Yes.

(Alexis): And sorry to interrupt. Go ahead with your question.

(Darnel): Can you hear me?

Christopher Suzich: Yes, go ahead.

(Darnel): This is (Darnel) with (Palo) Community Health Center.

Christopher Suzich: Yes, go ahead.

(Darnel): I have two questions. One is in regards to when you get on EHB and the homepage, there's a concept verification on email. We've been verifying that for at least four times already but according to my project officer, we're not getting our NOA through email as well. And so he wanted me to bring it up on this call today.

Christopher Suzich: (Melissa), if I'm not mistaken, that email validation issue is supposed to be corrected with the (release tonight) I believe.

(Melissa Raiz): Yes.

Christopher Suzich: We are aware of that (Darnel) and...

((Crosstalk))

(Darnel): ...and I just want to make sure the screen is actually responding to our verification.

Christopher Suzich: Yes, are you able to navigate beyond that screen though?

(Darnel): Yes, I can.

Christopher Suzich: Okay, we hope to have the fixed later tonight.

(Darnel): Okay. My second issue is when you go on task and you want to edit on a particular performance, once you go in, click edit, you get a window to do whatever you need to go, attach documents and if I want to send, there're two buttons. One is the submit to HRSA and the other one is close window. It doesn't allow me to close the windows and get back to the name page or the task page.

(Melissa Raiz): Which report are you working on? Can I get your grant number, please?

(Darnel): Yes you may. Grant number

(Melissa Raiz): Thank you. Do you know which report you're working on?

(Darnel): Well, I have several documents that I have to work on that were due this April 15th and 16th. When I press - I click on edit and I upload all my documents and but I was not ready to submit and I wanted to get back to the name page or the task page but it won't allow me to close that window. It keeps refreshing and it leaves me on the same window. But (69-1) is - we just submitted that. But the issue is that I have to close the whole HRSA site and then log in again.

(Melissa Raiz): You shouldn't have to do that. So, like, if you close your window, do you have that option? It doesn't take you back to EHBs?

(Darnel): Yes, every time I click on the closed window, it doesn't allow me to go back to the main window or the home or the task page.

(Melissa Raiz): Okay, that sounds like something I'll have to look into. Could I get your email address?

(Darnel): Yes, it's...

(Melissa Raiz): Okay, I'll go ahead and I'll look into that. And I'll go ahead and I'll send you an email.

(Darnel): Okay.

Christopher Suzich: Thank you (Darnel).

(Darnel): And then I have one more question.

Christopher Suzich: Oh, okay. Go ahead.

(Darnel): One last one. Sorry. When applying for an extension, is that a (button) that may be provided to you or is there a place in EHB where we go and just request for extension or is it depending on the particular task that you are (meaning) to do?

(Melissa Raiz): Well, it's going to depend on the task. I mean, most submissions will allow you to request an extension. If you go to the task tab and then you click on

submissions on the left, if your report is late already, you're actually going to automatically see the request extension link.

But if it's not late, and say, it's due in a couple weeks, for example, there's a triangle next to the edit link. If you click on that, you would see the option to request extension.

(Darnel): Can you say that again. We go to edit...

(Melissa Raiz): Well, you went - click on edit but there's, like, an inverted triangle, a little arrow next to the edit link and you should see request extension as one of the options.

(Darnel): So if it's not an option, does that mean that it's not approved or allowed?

(Melissa Raiz): That may be the case. Some submissions, extensions are not allowed, so.

(Darnel): Okay. Thank you.

Christopher Suzich: Thank you (Darnel). Can we have the next question, (Jennifer)?

Coordinator: Yes, the next question comes from (Clifford Chang). Your line is open.

(Clifford Chang): Thank you. This is (Clifford Chang). I'm with the Pacific Islander's Primary Care Association. I wanted to - I'm not sure if Darren is still on the phone with regard to SAM. We've been working with a number of our entities in the Pacific, particularly those in the freely associated states, so the ones that are the independent countries, (unintelligible), Micronesia, (public) to the Marshall Islands and (Palou) in terms of getting registered on SAM.

And because they're international organizations and don't have EIN numbers, there've been numerous difficulties in getting them registered. Could you please help me? Is there, like, someone identified within SAM that can be designated specifically as a contact point on working on international registration?

Darren Buckner: This - can you hear me?

(Clifford Chang): Yes.

Darren Buckner: Okay, I can bring that up to our change control board with HHS as they negotiate and discuss things with GSA for SAM's registration. It is true that the SAM's registration is really for entities that have EIN numbers. And nine times out of ten, those are organizations and if there are some instances or cases where some of our territories or Pacific Island grantees may not have EIN numbers, we can approach them with how do we - or how will we handle those situations and those scenarios and point that out as an issue? So let me take your contact information and I can give you a call directly.

(Clifford Chang): That'd be great, Darren. So I'm in Honolulu. I'm with the Pacific Islands Primary Care Association.

Darren Buckner: Okay, I will send you an email. I know that there's supposed to be a meeting within the next two weeks and I can definitely put this as an issue.

(Clifford Chang): That'd be great because it is - there's - I can identify numbers of places where we've run into difficulties.

Darren Buckner: Okay, and we want to help you work through those.

(Clifford Chang): Thank you very much, Darren. Appreciate it.

Coordinator: At this time, I'm showing no further questions. Again, if you would like to ask a question, you may press star 1 on your touchtone phone, unmute your phone and record your name clearly after the prompt so I may introduce you for your question. One moment, please, for incoming questions. Our next question is from (Arty Mana). Your line is open.

(Arty Mana): Thank you very much. This is not a question but a suggestion or perhaps a question. Are there minutes that will be passed out after this - the call?

Christopher Suzich: We won't have minutes but we will have a transcript of the conversation of the entire call, sir.

(Arty Mana): Okay, so that will be mailed out to everyone, right?

Christopher Suzich: No, we're going to post it on our Web site and if you'd like it mailed out, I can print it out and send it to you if you want to give us your address.

(Arty Mana): Okay, please. I would like that because I am basically new to this HRSA program and would like to get as much information, especially with the subject matters that were presented today because I recently registered for the (election mechanical) but I'm still not too familiar with it and I need more.

Christopher Suzich: Okay, do you want to give me your contact information, sir?

(Alexis): Chris, this is (Alexis). I have that and I can go ahead and make sure that it gets out to him.

Christopher Suzich: I appreciate that. So we'll make sure that you get that, sir.

Woman: And we can send you the transcripts from the January conference call, too.
That might be helpful for you.

(Arty Mana): Thank you very much.

Woman: Okay, great.

Coordinator: At this time, I am showing no further questions. Again, if you would like to ask a question, you may press star 1.

Christopher Suzich: Does anybody else have any questions that they'd like to ask of anybody?

Coordinator: At this time, I'm showing no further questions.

Christopher Suzich: Kerry, would you like to say anything in closing?

Kerry Paige Nessler: Yes Chris. Thanks so much Chris, to you and your staff for taking the time this evening. I know for our time zone here, it's 8:30 at night and I really do appreciate you and all your staff taking the time to share your expertise and really showing your dedication through providing this service to our Pacific population.

I'd also like to thank PHOA and the project officers and program managers from HRSA, CDC, and SAMHSA for helping make this call a success.

And, of course, a big shout out to my staff, Lieutenant Commander (Alexis Beyer) and Lieutenant (Dave Young) and last, but of course not least, I'd like to thank each and every one of our grantees for participating on this call to better help serve you.

We are planning our next call for July of 2013 so please watch for that invitation and feel free to share this information with as many people that would be interested in the Pacific Basin and which you think would be helped in this.

And we would like to reach as many grantees as possible. One of the topics that we'd like to provide for you on the next PA call in July is regarding the required steps that potential grantees in the freely associated states must complete for grants.gov and SAM.gov prior to applying for federal assistance from the US government.

And Mr. (Chang), I know I heard you ask about that question, so we'll be looking into that for you. So if there're any other further topics that you'd like to see covered on the subsequent calls here, please let Lieutenant Commander (Alexis Beyer) know.

She's at A-B-E-Y-E-R@HRSA.gov. That's (Alexis Beyer) or you would spell it A-B-E-Y-E-R@HRSA.gov. And thanks again for all your work in helping move those health outcomes in the Pacific Basin. Thanks Chris.

Christopher Suzich: Thank you Kerry and thank you to all my colleagues that are on the call tonight and that provided such valuable information. One more chance, (Jennifer), did we have any other questions come in?

Coordinator: No, there are no further questions.

Christopher Suzich: Okay. I want to thank everybody for joining and we hope that we are able to get together again in July as the Admiral said. Thank you again.

Coordinator: This concludes today's conference. Thank you for your attendance. You may disconnect at this time.

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