

## **NEW ACCESS POINT FY 2011**

### **Frequently Asked Questions**

The following questions and answers are organized by the following headings/topics for the New Access Point (NAP) funding opportunity (HRSA-11-017) available at <http://www.hrsa.gov/grants/apply/assistance/nap>.

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### **ISSUE: General New Access Point Application Background / Information**

#### **1. What is the purpose of the New Access Point (NAP) funding opportunity?**

The purpose of New Access Point is to improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services. Grants awarded under the Health Center Program, authorized by section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b), support a variety of community-based and patient-directed public and private nonprofit organizations serving an increasing number of the Nation's underserved and vulnerable populations.

#### **2. Approximately how much funding is available to support NAP grants in FY 2011?**

HRSA anticipates that up to \$250 million may be available to support approximately 350 NAP grant awards in Fiscal Year (FY) 2011.

#### **3. NEW What is the website for NAP technical assistance?**

Technical assistance for NAP can be found at <http://www.hrsa.gov/grants/apply/assistance/nap>.

**4. What is a new access point?**

A new access point is a new full-time service delivery site(s) for the provision of comprehensive primary and preventive health care services that will improve the health status and decrease health disparities of the medically underserved and vulnerable populations to be served. New access points will address the unique and significant barriers to affordable and accessible primary health care services for the specific population and/or community targeted by the application. Every NAP application is expected to demonstrate compliance (or have a plan for compliance within 120 days of a grant award) with the requirements of section 330 of the PHS Act, as amended and applicable regulations.

**5. To be competitive for a NAP grant, what is expected of an applicant organization?**

Competitive NAP applications must demonstrate a high level of need in their community/population, a sound proposal to meet this need, responsiveness to the health care environment and readiness to rapidly implement the proposal. In addition, applicants must demonstrate that the new access point(s) will increase access to comprehensive, culturally competent, quality primary health care services and improve the health status of underserved and vulnerable populations in the area to be served. Applicants are also expected to demonstrate that the proposal will ensure the availability and accessibility of essential primary and preventive health services, including oral health, mental health and substance abuse services, to all individuals in the service area and that the new access point(s) maximizes established collaborative and coordinated delivery systems for the provision of health care to the underserved in their communities.

**6. What is a satellite applicant?**

A satellite applicant for the New Access Point (HRSA-11-017) grant competition is an organization that currently receives funding under the Health Center Program authorized under section 330 of the PHS Act. In order to be eligible, satellite applicants must propose to establish a new access point(s) that is outside the applicant's approved scope of project. A satellite NAP application should address *only* the service area and target population of the proposed new access point(s).

**7. What is a new start applicant?**

A new start applicant is an organization that is not currently a direct recipient of any grant support under the Health Center Program authorized under section 330 of the PHS Act. A new start application should address the entire scope of the project being proposed for NAP grant support. New start applicants may submit an application for a single site or a multi-site operation. New start applicants may also request funding for one or multiple types of health centers authorized under section 330 based on the populations to be served.

**8. What is the difference between readiness and full operational capacity?**

HRSA expects an organization to apply for section 330 NAP funding when it can demonstrate that the new access point(s) will be operational and providing services in the community within 120 days of a grant award. Applicants must demonstrate their readiness to initiate services, meaning that within 120 days of grant award, a facility will be operational and ready to begin providing services for the proposed population, and providers will be available to serve at the new access point.

HRSA expects an organization to achieve full operational capacity within 2 years of receiving Federal section 330 support. Full operational capacity is determined by the projected provider levels of the proposed new access point(s) when providing all of the services in the manner proposed in the application.

**9. Our health center already receives section 330 funding to provide care at two sites. However, we would like to expand to another population using a medical mobile van. Can we apply for a New Access Point grant for this service?**

New Access Point (HRSA-11-017) funding can be used to support a mobile medical van for the delivery of primary care services as a new access point. To be eligible as a new access point, the proposed mobile medical van must be fully equipped and staffed by health center clinicians providing direct primary care services (e.g., primary medical or oral health services) at various locations. Mobile vans do not need to provide services on a regularly scheduled basis, although this is encouraged to provide continuity and access to care for the target population. Proposals to expand the operation of an existing mobile van within the current scope of project (e.g., add new providers or services, expand hours of operation at current locations) are NOT eligible for consideration for NAP funding. Similarly, vans that are not equipped or utilized for direct patient care are not considered service sites and are therefore not eligible for NAP funding.

**10. Can New Access Point funding be used to operate a school-based health center?**

Applicants may propose to establish a **school-based health center** site for the delivery of primary care services as a new access point. To be eligible as a new access point, an applicant must demonstrate that the school based site will provide, independently or in conjunction with another site(s), all required primary and preventive health care services to the students of the school as well as the general underserved population in the service area without regard for ability to pay.

**11. Can my organization request funding for more than one new access point site?**

Applicants may submit a request for Federal support to establish a single new access point or multiple access points in a single NAP application. An organization cannot request any more than the maximum amount of \$650,000 in Federal funding regardless of the number of new access point sites proposed in the application.

**12. Can my organization request funding for more than one type of health center?**

Applicants may request funding to support one or multiple types of health centers (i.e., CHC, MHC, HCH, PHPC) within a single application based on the population(s) to be served (e.g., an applicant proposing to serve both the general community and migrant and seasonal farmworkers can submit a NAP application requesting both the CHC and MHC funding). Applicants requesting funding to support one or more health center type are expected to demonstrate compliance in the application with the specific requirements of each type. Applicants must indicate on Form 1B their request for section 330 funding.

**13. NEW In terms of school-based health centers, how should my health center address providing services to the general community?**

School-based health centers must demonstrate how members of the general community will have access to all required primary health care services during school hours or any other times when the school-based site is not accessible. This can be accomplished through services at the school, at other sites operated by the organization or through other area providers. All services must be available on a sliding fee scale.

**14. NEW My health center has an administrative site that we would like to change to a service delivery site. Is this site eligible for New Access Point funding?**

Yes. Applicants may propose to change an administrative site to a service delivery site for New Access Point Funding.

**15. NEW I would like to open a site in the same building as one of my current sites; the proposed site will be on a different floor and have a different suite number. May I propose this site for New Access Point funding?**

Yes. Applicants may propose additional sites in the same building as long as the proposed site has a separate suite/office/building number and proposes to serve a target population that is outside of the applicants existing scope of project.

**16. NEW Can we seek funding to support a mobile dental van if there is a lack of dental health services in our area?**

Yes. A mobile van may be included as a site under the New Access Point program; however, mobile medical vans are expected to be linked to a fixed service delivery site that will provide the full range of required primary health care services that may not be available through the mobile van. Please note that applicants are expected to assure that all required services are made available through the proposed new access point and applications that propose only to provide oral health services will be deemed ineligible.

**17. NEW We are planning on applying for NAP funding to add a new satellite site by adding a mobile medical van. We estimate the cost of the van to be around \$275,000; may we propose to use the one-time equipment allowance of \$150,000 to support the purchase of the van?**

Yes. Mobile medical vans are considered equipment and are subject to the \$150,000 cap on the use of Federal funds for equipment. You can use other sources of funding to cover the remaining costs of purchasing the van beyond the \$150,000 allowed for equipment.

**18. NEW My health center was awarded a grant under the Capital Improvement Program (CIP) and Facility Investment Program (FIP) or Capital Development (CD) to construct a new facility; is this site eligible for New Access Point funding?**

New sites that were identified for construction and/or alteration/renovation projects under previous funding opportunities (i.e., CIP and FIP or CD) have been included in the health center's scope of project and, therefore, are **not** eligible for New Access Point funding.

## ISSUE: Eligibility

**19. What types of organizations are eligible for NAP funding?**

Organizations eligible to compete for NAP funds include public or nonprofit private entities, including tribal, faith-based, and community-based organizations. Applications may be submitted from new organizations or organizations currently receiving funding under section 330.

**20. What are the eligibility criteria for the NAP funding opportunity?**

To be eligible for NAP funding, applicants must meet the following criteria:

- Applicant is a public or nonprofit private entity, including tribal, faith-based, and community-based organizations.
- Submit only one application for consideration under HRSA-11-017 'New Access Point' in FY 2011.
- Requests section 330 funds to establish a new access point(s) for the provision of required comprehensive primary, preventive, enabling, and supplemental health care services, including oral health care, mental health care, and substance abuse services, either directly on-site or through established arrangements without regard to ability to pay.
- Proposes access to services for all individuals in the targeted service area or population. In other words, applicant does not propose a new access point(s) to exclusively serve a single age group (e.g., children), lifecycle (e.g., geriatric), or health issue/disease category (e.g., HIV/AIDS).
- Requests annual Federal section 330 funding that DOES NOT exceed the established annual cap of \$650,000 in Years 1 or 2.
- Adheres to the 200-page limit on the length of the application when printed by HRSA.
- *New Start Applicants Only:* Application proposes to serve a defined geographic area that is federally-designated, in whole or in part, as a Medically Underserved Area (MUA) or a Medically Underserved Population (MUP). If the applicant is requesting funding only for MHC, HCH and/or PHPC, the applicant is not required to have a MUA/MUP designation for the proposed service area and/or target population.
- *Satellite Applicants Only:* Application proposes to establish a new delivery site, which is not currently in the applicant organization's approved scope of project.

**21. Does the new access point have to be located in a federally-designated Medically Underserved Area to be eligible for NAP funding?**

New start NAP applicants must propose to serve a defined geographic area that is federally-designated, in whole or in part, as a Medically Underserved Area (MUA) or a Medically Underserved Population (MUP). If the applicant is requesting funding only for MHC, HCH, and/or PHPC, the applicant is not required to have a MUA/MUP designation for the proposed service area and/or target population. Although the new access point does not have to be located in an MUA, the applicant must demonstrate that the new access point will serve individuals that reside in an MUA or are a part of a MUP.

**22. My organization wants to start an adolescent diabetes clinic. Can I apply for New Access Point funding to start and operate the diabetes clinic?**

To be eligible, a NAP application must request funding to establish a new access point(s) for the provision of comprehensive primary, preventive, enabling, and additional health care services including oral health care, mental health care, and substance abuse services, either directly on-site or through established arrangements without regard to ability to pay. An applicant may **not**

propose a new access point application to provide only a single service, such as dental, mental health, or prenatal services, or to address a particular disease such as diabetes.

**23. My organization serves only children. Can I apply for New Access Point funding to operate the clinic?**

A NAP application must propose access to services for all individuals in the targeted service area or population. In other words, the applicant cannot propose a new access point(s) to exclusively serve a single age group (e.g., children), lifecycle (e.g., geriatric), or health issue/disease category (e.g., HIV/AIDS). In instances where a sub-population is being targeted within the service area or population (e.g., homeless children and adolescents/children in schools), the applicant must demonstrate how health care services will be made available to other persons in need of care who may seek services at the proposed site(s).

## **ISSUE: Program Requirements**

**24. What are the governance requirements for New Access Point under the Health Center Program?**

All NAP applicants must demonstrate compliance with the governance requirements of the Health Center Program. Competitive applicants must provide a copy of the signed bylaws demonstrating compliance with all functions and responsibilities cited in section 330 (where appropriate). The applicant must describe the structure and size of the board, measures for assuring the Board is compliant with section 330 in addition to compliant with other applicable regulations. The Board is required to hold monthly meetings and conduct strategic planning activities, including self-evaluation. Program requirements are available at <http://bphc.hrsa.gov/about/requirements.htm>.

**25. We can't meet all of the governance requirements because we are a tribal entity. Are we still eligible?**

Yes, as a tribal entity, you are still eligible to apply for new access point funding even though you are unable to meet all of the governance standards. Specifically, there are two governance requirements for which you can submit a waiver, the 51 percent consumer/patient majority and/or the required monthly meetings. Applicants wishing to waive either of these regulations must complete Form 6B to request the waiver. An approved waiver does not relieve the organization's governing board from fulfilling all other statutory and regulatory board responsibilities and requirements.

**26. We are a tribal organization. Do we have to meet all of the program requirements?**

No. Tribal entities operated by an Indian tribe or tribal or Indian organization under the Indian Self-Determination Act or an urban Indian organization under the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.) are not required to meet the governance requirements of the Health Center Program. However, tribal entities are expected to meet all of the other statutory and regulatory requirements.

**27. Are organizations other than tribal entities eligible for a governance waiver?**

Yes, applicants requesting targeted funding solely to serve migrant and seasonal farmworkers (section 330(g)), people experiencing homelessness (section 330 (h)) and/or residents of public housing (section 330(i)) that do not receive or are not requesting to receive general (Community Health Center - section 330(e)) funds may request a waiver of one or both of the following governance requirements: the 51 percent consumer/patient majority and/or monthly meetings. The applicant must complete Form 6B to request a waiver. An approved waiver does not relieve the organization's governing board from fulfilling all other statutory and regulatory board responsibilities and requirements.

## **ISSUE: Application Budget Preparation**

### **28. How much Federal funding can a NAP applicant request?**

HRSA has established an annual **cap of \$650,000 for section 330 support** of new access points. The cap is the **maximum amount of section 330 funding** that can be requested annually in a new access point grant application in FY 2011 regardless of the number and/or type of new access points to be supported and/or populations to be served through the application. Applicants may request Federal section 330 grant support up to \$150,000 in Year 1 only for one-time minor capital costs for equipment and/or alterations/renovations; however, the total request for section 330 support **MUST NOT** exceed the established annual cap of \$650,000 in Year 1 or Year 2. Ongoing support beyond YEAR 1 is capped at \$650,000 in section 330 grant funds to support the **operational expenses** of the new access point(s). Applications that present a request for support in excess of the established annual cap in either Year 1 or Year 2 are considered ineligible for review.

### **29. I have specific questions about preparing my NAP application budget, who should I contact?**

NAP applicants with questions concerning the business, administrative, or fiscal issues related to the NAP application may contact:

Angela S. Wade  
Grants Management Specialist  
HRSA/OFAM/DGMO/HSB  
5600 Fishers Lane, Room 11A-02  
Rockville, MD 20857-0001  
301-594-5296 (phone)  
301-443-6686 (fax)  
[awade@hrsa.gov](mailto:awade@hrsa.gov)

### **30. Can NAP funding be used to cover costs incurred prior to the award date?**

NAP funds are intended to support only the costs incurred after the project start date. Any costs incurred before receipt of the Notice of Grant Award will not be covered by funding for new access points.

### **31. Do applicants submit one budget for all requested NAP funds?**

No. An individual budget should be prepared for each 12-month period of the 2-year project period—one each for Year 1 and Year 2. The requested annual amounts in either year MUST NOT exceed the annual funding cap of \$650,000.

**32. What is included in a budget justification?**

A detailed budget justification in line-item format must be completed for each 12-month period of the 2-year project period. **The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's goals.** The budget justification MUST be concise and is not intended to expand the program narrative. Please see sample budget justification on the TA webpage <http://www.hrsa.gov/grants/apply/assistance/nap>.

**33. Are there any specific requirements for the budget for new-start organizations?**

Yes, each new start applicant must budget for and set-aside a minimum of 2 percent of the expected award for technical assistance and performance improvement activities.

**34. What is the Non-Federal share in the NAP application budget?**

The non-Federal share includes Program Income (fees, premiums, third party reimbursements, and payments generated the projected delivery of services) and Other Income (State, Local, or other Federal grants or contracts; local or private support that is not generated from charges for services delivered).

## **ISSUE: Eligible Use of Funds**

**35. Can applicants request funding for alteration/renovation or construction?**

In FY 2011, applicants may request up to \$150,000 in Year 1 only to support minor alteration and renovation and/or the purchase of equipment. No section 330 funds may be requested or used for construction of a facility.

**36. Are equipment purchases allowable?**

The purchase of equipment is an eligible use of funds in the NAP funding opportunity. Applicants may request one-time funding of up to \$150,000 in Year 1 only for the purchase of equipment and or minor alterations and renovations of a facility.

**37. Can I purchase an EHR with NAP funding?**

New electronic health record (EHR) systems are an allowable cost in addition to site licenses and associated hardware for an existing certified EHR system. Applicants may request one-time funding of up to \$150,000 in Year 1 only for the purchase of equipment and or minor alterations and renovations of a facility.

**38. I have specific questions about the eligible use of funds, who should I contact?**

Applicants with questions concerning the business, administrative, or fiscal issues related to the NAP application may contact:

Angela S. Wade  
Grants Management Specialist

HRSA/OFAM/DGMO/HSB  
5600 Fishers Lane, Room 11A-02  
Rockville, MD 20857-0001  
301-594-5296 (phone)  
301-443-6686 (fax)  
[awade@hrsa.gov](mailto:awade@hrsa.gov)

## ISSUE: NAP Grant Application

### **39. Where can I get the New Access Point application package?**

The New Access Point (HRSA-11-017) application package is available at <http://www.grants.gov>. Additional technical assistance materials are available online at <http://www.hrsa.gov/grants/apply/assistance/nap>.

### **40. Who should I contact with programmatic questions concerning the new access point application requirements and process?**

If you have questions regarding the FY 2011 New Access Point application and/or the review process described in this application guidance, please call Tiffani Redding in the Bureau of Primary Health Care's (BPHC) Office of Policy and Program Development at 301-594-4300 or [BPHCNAP@hrsa.gov](mailto:BPHCNAP@hrsa.gov).

### **41. UPDATED What technical assistance is available as I develop my application?**

Applicants are encouraged to visit <http://www.hrsa.gov/grants/apply/assistance/nap> for the technical assistance resources related to the NAP funding opportunity, including forms and frequently asked questions.

Throughout the application development and preparation process, applicants are highly encouraged to collaborate with the appropriate Primary Care Associations (PCAs), Primary Care Offices (PCOs), and/or National Cooperative Agreements (NCAs) in determining their readiness to develop a NAP application. Refer to <http://www.bphc.hrsa.gov/technicalassistance/> for a complete listing of PCAs, PCOs, and NCAs.

### **42. Can more than one application be submitted by an organization?**

No, only one application per organization is permitted for consideration under New Access Point (HRSA-11-017) grant competition in FY 2011. If more than one new access point application is submitted for consideration under HRSA-11-017, HRSA will only accept the last application received for review, and all other applications from the same organization will not be reviewed.

### **43. What is the page limit for the applications? What forms are included in that page limit?**

New Access Point (HRSA-11-017) applications are limited to 200 pages. Included in the page limit are the Project Summary/Abstract, Program Narrative, Budget Justification, and all attachments (with the exception of the audit).

### **44. How should attachments be formatted?**

All attachments can be provided to HRSA in a computer-readable format (i.e., do not upload text as images). To the extent possible, HRSA recommends PDF files but will accept Microsoft Word or Excel files as well. Please do not use spaces or special characters when naming files. Applicants should avoid Excel documents with multiple spreadsheets as individual worksheets may not print out in its entirety. Be sure to upload the attachments in the order indicated in the forms.

**45. Can applicants upload additional attachments?**

Applicants may upload additional relevant material in Attachment 14 of the NAP application. Please note that all attachments are included in the 200-page limit.

**46. Is there a specific order required for the assembly of the application?**

Yes. All applications should follow the order described in Section IV. Application and Submission Information of the New Access Point funding opportunity announcement (HRSA-11-017).

**47. If I request NAP funding in Year 1 for alteration and renovation, are there any additional requirements of which we need to be aware.**

HRSA requires applicants that are requesting **any Federal funding for alteration and renovation** (which may include the installation of equipment) to complete the Other Requirements for Sites Form (see Program Specific Information section of the funding opportunity).

**48. We are applying as a new start. How long is the project period?**

The project period for new start NAP applicants is two years.

**49. Will Federal funding for my new start NAP grant continue beyond the 2-year project period?**

Applications for continuation grants funded under these awards beyond the initial 1-year budget period, but within the 2-year project period, will be entertained in subsequent years on a noncompetitive basis, subject to availability of funds, satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Federal government.

**50. What are the priorities for funding under the New Access Point funding opportunity and how are these applied?**

A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The NAP funding opportunity, HRSA-11-017, has three funding priorities: (1) applicants that demonstrate a significant portion of their target population is from a high poverty area; (2) applicants that demonstrate that at least 25 percent of the total Federal section 330 funds requested in the NAP applications are targeted to serve a special population(s); and (3) applicants that demonstrate that the entire service area to be served by the proposed New Access Point(s) has seven (7) or less people per square mile.

**51. How is the Need For Assistance (NFA) Worksheet calculated and how is this score incorporated into the overall score for the application?**

The NFA Worksheet will be scored based on responses presented in the completed Form 9 using the NFA Worksheet scoring criteria. The NFA Worksheet score of up to 100 points will be converted to a scale of 20 points to determine Part A of the Need score using the Conversion Table. The Part A score will account for 20 of the 30 total points for Need in the Review Criteria. Applicants will have the NFA Worksheet score validated by the Objective Review Committee (ORC) as part of the complete assessment of the application.

**52. Besides the ORC score and the priority points, what other factors will HRSA consider in making NAP awards?**

HRSA intends to achieve a wide distribution of NAP awards. HRSA will consider all of the following factors, in addition to the funding priorities indicated above, in making awards for naps in FY 2011: rural/urban distribution of awards; proportionate distribution of funds to support the various types of health centers; and geographic consideration and the extent to which an area may currently be served by another section 330 health center.

**53. NEW Have any changes been made to the New Access Point Funding Opportunity Announcement, HRSA-11-017, regarding the core health indicator categories on the Need for Assistance Worksheet?**

Yes, changes have been made to National and state benchmark data for three (3) core health indicator categories on the Need for Assistance Worksheet (Form 9). These corrections can be found on the following pages of the FOA:

- Page 78: Diabetes – 1(f) should now read “Adult Obesity Prevalence”
- Page 78: Cancer 3(a) – the National benchmark should now read “13.8%”
- Page 78: Cancer 3(a) – the severe benchmark should now read “16.0%”
- Page 78: Child Health 5(b) – should now read “Percent of children tested for elevated blood lead levels by 36 months of age.”

**54. NEW I have noticed on page 79, Section 3: Other Health Indicators that “(g), Three Year Average Pneumonia Death Rate” has a national benchmark of 1 per 10,000 but the foot note at the bottom of the page references 100,000—which is correct?**

The National benchmark should be 1 per 100,000.

**55. NEW I have noticed a discrepancy in the Funding Priorities section of the New Access Point funding opportunity announcement and the electronic form (Form 1A) in the EHB regarding “high poverty application.” Do applicants have to demonstrate that the percent of the population at or below 100 percent of poverty exceeds 30 percent in the entire service area to be served or the target population?**

The funding opportunity announcement is correct. In order to receive the priority points for a high poverty area, applicants will need to demonstrate that the entire service area have a poverty rate that exceeds 30 percent. The Funding Priority Areas information on Form 1A should read as follows:

- Percent of **Service Area** at or below 100 percent of poverty to be served by the applicant exceeds 30 percent: \_\_\_\_\_
- Percent of **Service Area** at or below 100 percent of poverty: \_\_\_\_\_

**56. NEW What are the project start and end dates for both years of the New Access Point funding opportunity?**

The project period dates for both years are as follows:

- Year 1: August 1, 2011 to July 31, 2012
- Year 2: August 1, 2012 to July 31, 2013

## **ISSUE: Application Submission Process**

**57. How do I submit my application and when is it due?**

For FY 2011, HRSA will use a two-step submission process for NAP applications via Grants.gov and the HRSA Electronic Handbooks (EHB):

- **Phase 1 - Grants.gov:** must be completed and successfully submitted via Grants.gov by 8:00 PM ET on November 17, 2010.
- **Phase 2 - HRSA's EHBs:** must be complete and successfully submitted by 5:00 PM ET on December 15, 2010.

Applicants can only begin Phase 2 in HRSA's EHBs after Phase 1 in Grants.gov has been completed by the assigned due date and HRSA has assigned the application a tracking number. Applicants will be notified by email when the application is ready within HRSA's EHBs for the completion of Phase 2. This email notification will be sent within 7 business days of the Phase 1 submission. Refer to <http://www.hrsa.gov/grants> (HRSA Electronic Submission Guide) for more details.

HRSA recommends that applications be submitted in Grants.gov as soon as possible to ensure that maximum time is available for providing the supplemental information in HRSA EHBs.

**58. If I encounter technical difficulties when trying to submit my application electronically in Grants.gov or HRSA's EHB, who should I contact?**

The Grants.gov Contact Center is accessible at 1-800-518-4726 or <http://www.grants.gov>.

The HRSA Call Center can be reached at 1-877-464-4772 or <http://www.hrsa.gov/grants/userguide.htm>.

**59. How will I know if my application has been received in EHB?**

There will be an acknowledgment of receipt of applications from the EHB. The submitting authorized official (AO) receives the EHB acknowledgment via an email transmittal.

**60. Is there any formal notification of a NAP award from the Health Resources and Services Administration (HRSA)?**

Yes. HRSA will electronically transmit a formal notification in the form of a Notice of Grant Award (NGA) that will be provided to the applicant organization/institution.

**61. Is a letter of intent required?**

No. Letters of intent are not required for the NAP funding opportunity.

## ISSUE: Application Review

### 62. Who will review NAP Applications?

NAP applications will be subject to an internal and external HRSA review. The internal review assesses completeness, eligibility, service area overlap, verification for receipt of funding priorities, and environmental impact. Applications will also be reviewed by an ORC. HRSA has established the method to assess the technical merit of applications to provide for an objective review of the applications. The review criteria outlined in the NAP guidance (HRSA-11-017) will be used to review and rank applications. The review criteria are designed to enable the review panel to assess the quality of the application and determine the likelihood of its success.

### 63. What criteria do the ORCs use in assessing the NAP applications?

Applicants should refer to the Program Narrative requirements and the Review Criteria, described in Sections IV and V of the NAP guidance. The Program Narrative and accompanying Review Criteria are organized into eight (8) categories: Need, Response, Collaboration, Evaluative Measures, Impact, Resources/Capabilities, Support Requested, and Governance. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewers with a standard for evaluation. HRSA encourages applicants to carefully review the Program Narrative requirements and the Review Criteria to ensure that they submit strong applications that meet or exceed the established criteria.

## ISSUE: Environmental Information and Review

### 64. What are the Federal environmental laws?

While there are many, the Federal environmental laws that most often relate to HRSA funded projects include: the Clean Water Act, the Clean Air Act, the Coastal Barriers Resources Act, the Coastal Zone Management Act, the Resources Recovery and Conservation Act, the Endangered Species Act, the National Historic Preservation Act, and the National Environmental Policy Act (NEPA).

### 65. What is NEPA and how does it relate to the other laws?

The National Environmental Policy Act (NEPA) requires that HRSA includes an environmental prospective in project planning by evaluating the potential environmental impact of the proposed project and ensuring that an appropriate level of public involvement takes place. The NEPA review process is the means HRSA uses for identifying and considering the requirements of the other environmental laws that apply to the project(s). A fundamental requirement of NEPA is that the review must be completed prior to starting the project.

### 66. Who needs to complete the Environmental Information and Documentation Checklist?

A completed Environmental Information and Documentation (EID) Checklist must be submitted for each proposed new access point site to indicate whether any potential environmental impact exists specific to that site.

Following the review of the EID and the project proposal, HRSA will make a determination if the potential exists for the project to have a significant impact on the environment. If HRSA determines a potential environment impact exists, then HRSA will contact the applicant and require that they initiate and prepare a draft Environmental Assessment (EA) that is in compliance with NEPA. The cost for hiring a qualified environmental consultant to prepare the draft EA is an eligible cost under this program.

Based on a review of the draft EA, HRSA will determine if there is a Finding of No Significant Impact (FONSI) or a significant impact on the environment. If the draft EA reveals no significant impact on the environment, the applicants will prepare a draft FONSI document briefly presenting the reasons why the project will not have a significant effect on the environment. The FONSI will be forwarded to the HRSA for review and approval.

If the proposed site has already received an Environmental Assessment at the Federal, State, or local level, a copy of the assessment must be sent to HRSA in Attachment 14 as part of the NAP application.

**67. Can NAP funds be used to pay for an environmental analysis?**

Yes, costs related to filling out the EID, or preparing a draft Environmental Assessments, and associated costs are allowable.

**68. Can my project be exempt from NEPA?**

No, a completed Environmental Information and Documentation (EID) Checklist must be submitted for each proposed new access point site to indicate whether any potential environmental impact exists specific to that site.

**69. How will I know if the other laws apply to my project?**

A "Yes" response to any questions in the EID Checklist is an indication that requirements of one or more of these laws might be applicable to your project. If your project is near or affects a stream, a wetland or other body of water, requires the destruction of an area of natural vegetation, or is in or near a special resource area, like a wildlife refuge, it is likely that you will need input from HRSA.

**70. If my project gets its environmental clearance from HRSA and is subsequently funded, do I still need to get a local, State, or Federal permit to complete my project?**

Generally, yes, unless the local, State, or Federal regulations have permit exemptions to the work proposed. HRSA will require as a condition of funding that all applicable permits are obtained. It is therefore important that the regulatory agencies be contacted about any exemptions and expedited permit processes that may be applicable. Work completion in violation of the law runs the risk of losing its Federal grant funding from HRSA.

**ISSUE: Clinical and Financial Performance Measures UPDATED!**

**71. For public centers, the financial performance measures that pertain to cost per patient and per visit are easily tracked; however, those related to Net Assets, Working Capital, and Debt to Equity Ratio are not relevant and/or do not apply to public centers. What do we do?**

Only applicants that identify as Tribal, Urban Indian, or Public Entity should select “N/A” for an audit related measure (Change in Net Assets to Expense Ratio, Working Capital to Monthly Expense Ratio, Long Term Debt to Equity Ratio). Instead, these organizations are encouraged to add additional appropriate measures and report on those. Selecting measures that are comparable to the audit measures but are limited to the scope of proposed health center operation is recommended. For example, a substitute measure for a public center is surplus or loss as a percent of total cost. Please note that public centers are expected to respond to the two remaining financial measures—total cost per patient and medical cost per medical visit.

**72. Is there a limit of how many financial and/or clinical performance measures may be included?**

There is no limit to how many performance measures may be included. Applicants are required to include up to six clinical measures, at least one behavioral health and oral health measure, and five financial measures. Applicants may add optional measures if these measures highlight important aspects of the health care that they provide to patients.

**73. Please clarify what additional or different information should be included in the Evaluative Measures section of the narrative as compared with the Clinical and Financial Performance Measures form—if any? The narrative questions seem to be asking for similar information that is requested in the performance measure forms. Is it acceptable to repeat the same answers in both places?**

Information in the Evaluative Measures section is offered as suggestive text for applicants who would like to submit additional information regarding a particular performance measure that can not fit into the comment text box in the HC/BP form. Alternatively stated, applicants are limited to the number of characters (1000) that can go into the comment text boxes that go with each measure. Depending on the responses regarding individual performance measures, space in the form may be fully utilized. If this occurs, then they are encouraged to use the Evaluative Measures section of the report to add additional comments. Otherwise applicants should NOT include the same information in the two respective places.

**74. What was the basis/rationale for selecting the clinical measures for applicants to report?**

The five (5) clinical measures that have been identified were selected based on their relevance to health center patients because they cover different patient ages and genders and include chronic conditions and preventive care as well as the feasibility for applicant reporting. The selected measures have been carefully aligned with those endorsed by the National Quality Forum and are consistent with HRSA Core Clinical Measures.

**75. Do my Behavioral and/or Oral Health Performance Measures have to focus on patient-centered or agency-centered outcomes?**

The behavioral and oral health performance measures may be patient-centered or agency-centered. In general, patient-centered measures focus on patient outcomes and agency-

centered measures focus on processes of care. In choosing patient-centered performance measures, applicants may wish to focus on areas such as diagnostic screenings and exams, patient receipt of treatment services, or actual behavioral and oral health outcomes such as depression scores and dental caries. In choosing agency-centered performance measures, applicants may wish to focus on areas such as patient referrals, patient treatment plans, and the monitoring of follow up care.

**76. How do I develop a Behavioral Health and/or Oral Health Performance Measure if the performance measures are not applicable to my center based on the services that we currently provide?**

Most applicants provide primary care that includes components of oral health and behavioral health screening; these can be developed as performance measures. While oral health screening is a required primary care service, the minimum requirement for behavioral health is that applicants formally refer for this service. A performance measure related to referrals to behavioral health care would be relevant for applicants that do not include behavioral health screenings in primary care visits. Applicants may find it helpful to examine the Behavioral and Oral Health Performance Measures of other health centers that serve similar target populations when developing new Behavioral and Oral Health Performance Measures for their center.

**77. How do I calculate “Projected Data” for the performance measures?**

Projected data are forecasted based on data trends to date and targets/expectations for the end of the 2-year project period. Qualitative judgment is needed to make a realistic forecast based on contributing or restricting factors and past performance. Projected data should be forecasted starting from the baseline year.

**78. How do I know when to use “Percent” or “Ratio” when I’m calculating Behavioral and Oral Health Performance Measures?**

The measure type is based on the numerator and denominator for that measure and is self-selected for both the Behavioral and Oral Health Performance Measures. In general, most clinical performance measures are expressed as percents and most financial performance measures are expressed as ratios.

**79. The Pap test performance measure identifies women ages 21 – 64 who receive one or more Pap test during the measurement year. However, both the numerator and denominator descriptions ask for women age 24 to 64. Please clarify the correct age range.**

The measure is for women receiving a pap test in the measurement year or 2 years prior – 2 years prior creates a “look-back period” (e.g., a woman may be 24 now, but could have been 21 when she received the test 2 years prior to the current measurement year). The data reflects women aged 21 – 64, though the 24 to 64 age range is used to obtain the data.

**80. The NAP guidance specifies that applicants submit line-item budget justifications for a two-year period. How long should the timeline be for the clinical and financial performance measures?**

Timelines for the clinical and financial performance measures should be projected for up to two years. The timelines should include annual goals and benchmarks within the two-year plan for

which progress can be monitored, evaluated, and reported in subsequent budget period renewals.

**81. NEW Is there a field on the clinical and financial measures form to enter the percentage for the measure baseline?**

The baseline data entered for each clinical performance measure includes baseline year, measure type, numerator, and denominator. The percentage is not actually calculated.

**82. NEW Is it okay for applicants to include measures other than the required measures?**

Yes. Applicants who receive special populations funding (migrant, homeless, public housing) are encouraged to include at least one measure that relates to that population. The applicant will likely be monitoring additional measures in their performance improvement program internally, but it is not necessary to list them all or to report on them to BPHC. Applicants may also identify performance measures unique to their own state and local community.

**83. NEW For applicants that do not have electronic health records (EHRs) is it okay for them to use sampling to report on the measures?**

For applicants without EHRs, sampling is appropriate for four of the required clinical measures (i.e., childhood immunizations, Pap tests, HbA1c levels, controlled blood pressure). The number of charts selected for manual chart review will be the lesser of 70 charts or all patients who meet criteria. For additional information on sampling, refer to Appendix C, "Sampling Methodology for Manual Chart Reviews" in the 2009 Uniform Data System (UDS) manual at <http://www.hrsa.gov/data-statistics/health-center-data/reporting/2009udsreportingmanual.pdf>. The two perinatal measures require applicants to report on ALL of their pregnant patients / deliveries.

**84. NEW If BPHC is only asking applicants to develop goals on Pap tests for women 24-64 years of age does that mean we should be targeting that age group for that service?**

A clinical measure is not the same as a clinical guideline. The measure focuses on a particular event, outcome, or patient group that can be quantified. A practice guideline, however, includes all the specific details of care that a clinician would need to take into consideration. Applicants should continue to provide Pap tests to women according to clinical guidelines and standards of care.

**85. NEW What is the minimum sample size? We are a large organization and would like to sample more than 70 charts to develop and identify our baseline and goals. Is this permitted?**

Based on the UDS manual, applicants are strongly encouraged to sample all patients charts that meet the selection criteria (age limits, etc.) or a random sample of 70. For additional information on sampling, refer to Appendix C, "Sampling Methodology for Manual Chart Reviews" in the 2009 UDS manual at <http://www.hrsa.gov/data-statistics/health-center-data/reporting/2009udsreportingmanual.pdf>. A list of random numbers to sample patient charts can be created at the website <http://www.randomizer.org/form.htm>.

**86. NEW What is the best way to use data from Healthy People 2010?**

Healthy People 2010 shares several of the BPHC core clinical measures and can assist applicants in setting goals. It is important to keep in mind that HP2010 data and targets are for

the United States as a *whole*, while CHCs are serving an underserved population. Also, the HP2010 targets are set based on patient self-reported data that typically are higher than those based on medical records.

**87. NEW Are the financial measures using UDS defined data for the NAP only or for the current scope of federal project plus the proposed NAP site?**

The financial measures using UDS data are for the NAP site only. FQHC applicants awarded NAP funds will adjust their financial performance measure goals for the total scope of federal project including the NAP site as may be necessary in their next application.

**88. NEW Are the financial measures using audit data for the NAP site only or for the applicant's audit data plus the proposed NAP site?**

The financial measures using audit data are for the NAP site only, however, the financial measures using audit data are intended to measure the applicant organization's financial operations and condition and by definition include all activity included in the audit. Applicants are to use their prior fiscal year data which includes all corporate activity for the three financial performance measures using audit data to set baselines. Goals are to be set using all corporate activity including the NAP.

**89. NEW How does an applicant not currently in operation at the proposed NAP set baselines for the financial performance measures?**

The two financial measures based upon UDS defined data, the total cost per patient and the medical cost per medical visit require operational data to set baselines. Applicants with no operations may enter "0" in the baseline field and indicate when they expect baseline data to be available in the comments field. Applicants with comparable operations elsewhere are encouraged to use that experience as a basis for estimating baselines for the NAP for the two financial measures which use UDS defined data. The use of estimated baseline data is to be noted in the comments field. Applicants with no prior operations at the NAP but corporate activity elsewhere are to use their prior fiscal year audit data to set baselines for the three financial measures using audit data. Applicants with no prior corporate activity at either the NAP or elsewhere will not be able to report baseline data for the NAP for the three measures which use audit data. These applicants may enter "0" in the baseline field and indicate when they expect baseline data to be available in the comments field.

**90. NEW How does an applicant with operations at the proposed NAP set baselines for the financial performance measures?**

FQHC and non-FQHC applicants with operations at the proposed NAP are to use prior calendar year UDS defined data for NAP-only activity to set baselines for the total cost per patient and medical cost per medical visit measures. Applicants are to use prior fiscal year audit data to set baselines for the three measures using audit data.

If the applicant has not yet completed an audit but has financial statement data, this data may be used to estimate the baselines for the audit measures. Applicants with completed audits are to use audit data, not more recent interim financial statement data to set baselines. Applicants without an audit or financial statement data need not set baselines for the audit measures.

**91. NEW How does an applicant currently in operation at the proposed NAP site set baselines for the two financial performance measures using UDS defined data if they have not filed UDS reports previously?**

Applicants are to use prior calendar year data and the UDS definitions for total cost, patients, medical cost, and medical visits to set baselines. Definitions can be found in the UDS manual. The most recent version of the manual is found at <http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html>.

**92. NEW How do you calculate baseline data for a clinical or financial measure if you are a new satellite site and you never existed?**

Use baseline data available from your existing site as a starting point for estimating baselines for the NAP and account for the providers and patient population that the NAP is expected to serve.

**93. NEW If we are a satellite site and we already have a good way of tracking measures in our EHR, can we use the same measures in the NAP application?**

Yes, but these may be added as supplemental measures in addition to the required measures. Applicants are strongly encouraged to define measurable goals as identified on page 86 of the NAP guidance.

**94. NEW Are the clinical and financial measures based on the entire organization or the NAP site only?**

The measures are based on the NAP site only.

**95. NEW How will the measures be evaluated?**

The key factors, major planned actions, and project data (or goals) will be evaluated based on whether or not they are realistic and feasible. Applicants will not be penalized for not reaching their goals as stated in the NAP application. The emphasis of the clinical and financial performance measures is on performance improvement and setting realistic goals for your NAP.

**96. NEW There seems to be a discrepancy in the age range for the Pap test measure in the UDS and the NAP guidance? NAP specifies age 21-64 while UDS specifies 24-64.**

The correct label for this measure is: Percentage of women 21 -64 years of age who received one or more tests to screen for cervical cancer.

This label is changed to be consistent with the label used by national standard setting organizations. The numerator and denominator for this measure are correct. The data reflect women aged 21 – 64, though the 24 to 64 age range is used to obtain the data. The reason is that the measure is for women receiving a pap test in the measurement year or 2 years prior; 2 years prior creates a “look-back period” (e.g., a woman may be 24 now, but could have been 21 when she received the test 2 years prior to the current measurement year).

**97. NEW If we are already performing very well in our measures, for example, the baseline of our hypertension measure is high, will this affect our application?**

If you are already performing well on a measure and your baseline is favorable, then your baseline and projected data (or goals) will focus on sustaining those levels. The level of your baseline does not affect your application.

**98. NEW If we are a public entity, will we be penalized for not submitting substitute audit measures?**

No, it does not impact your final scoring.

**99. NEW If you do not have long term debt, does it affect your application?**

Absence of long term debt is positive. You may enter a “0” into the baseline field and provide an explanation in the “comments” field.

**100. NEW Can we set our NAP clinical and financial measures baselines based on the progress of our larger organization over the past 2 years?**

Use baseline data available from your larger organization as a starting point for estimating baselines for the NAP and account for the providers and patient population that the NAP is expected to serve.

**101. NEW Our low birth weight data is deficient because our population is transient. How do we report on this measure?**

If you are awarded a NAP, the expectation is that your health center will have tracked all or most of your patients, but with highly mobile patients, this is sometimes difficult. Explain the baseline, projected data, and challenges in the comments section. There are tracking systems available from Migrant Clinicians Network (<http://www.migrantclinician.org/>) that can assist you in tracking such patients.

**102. NEW Our audit will not be completed in time for the application due date, do we use preceding years’ audit results?**

Yes, use the most up to date completed audit data.

**103. NEW We are a new applicant with no prior health center funding. How do we calculate baselines and samples for the clinical measures?**

Refer to the most recent version of the UDS manual, found at <http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html>. The UDS manual specifies exclusion criteria, baseline formulas (numerator and denominator), and sampling methodology for each measure.

**104. NEW Please clarify the reporting requirements for the prenatal access to care (i.e., trimester of entry) and low birth weight measures.**

New Access Point applicants are required to report the prenatal and low birth weight measures if prenatal services are or are proposed to be in their scope of project. These services are in scope if they are provided directly or by referral with a written formal agreement. Key factors that indicate these measures should be reported are the existence of a prenatal care program, the initiation of care with the health center, the assumption of responsibility for some or all of a patient’s prenatal care services, and the tracking and follow up of patients that are referred.

**105. NEW Are applicants that propose services for special populations required to report the clinical measures?**

Yes, applicants are required to report the eight measures identified in the guidance, including the prenatal access to care and low birth weight measures (when in scope); the Pap tests, childhood immunizations, hypertension blood pressure under control, and diabetes HbA1c levels measures; and the behavioral health and oral health measures. Note that there is an opportunity to report on additional measures identified by the applicant. This enables special populations applicants to report on a limited number of clinical measures most relevant to their program. The NAP guidance encourages applicants to do so.

**106. NEW Are satellites required to report the clinical measures if the measures are not relevant to the services they are proposing?**

Yes, all applicants are required to report on all the clinical measures, except when the two prenatal measures are not in scope. There is an opportunity to report on additional measures identified by the applicant that are most relevant to the satellite. Additional guidance will be forthcoming for competing continuation grant applications prior to completion of the first year of the NAP award.

## **ISSUE: Miscellaneous**

**107. In “Form 8: Health Center Affiliation/Checklist - Governance Section” what is the Reference Document?**

A Reference Document refers to any documentation that is submitted to support the responses provided in the Health Center Affiliation Checklist. Examples of reference documents can include By-laws, affiliation agreements, etc.

**108. Is there a limit to the number of Board Members that may be included on Form 6-Part A?**

Consistent with program regulations, for CHC and MHC applicants, the minimum is nine (9) Board Members and the maximum is 25.

**109. NEW The Data Resource Guide is linked to an outdated document. Where can I find the correct web link for the Data Resource Guide?**

The Data Resource Guide has been corrected and can be found on page 75 of the New Access Point funding opportunity announcement or by using the following web link <http://www.hrsa.gov/grants/apply/assistance/NAP/dataresourceguide.pdf>.

## **ISSUE: Public Housing Primary Care Program NEW!**

**110. NEW Are residents with section 8 vouchers in an area or a facility considered under the definition of “public housing” Public Housing Primary Care Program?**

No. Section 8 housing vouchers are not considered “public housing” under the definition of the PHPC program. Based on section 3(b)(1) of the Housing Act, the term “low-income housing” means low-income housing developed, acquired, or assisted by a public housing agency including dwelling units in a mixed finance project that are assisted by a public housing agency with capital or operating assistance other than support under section 8 of the Housing Act (section 8 vouchers). In other words, a facility that accepts section 8 vouchers and receives no assistance under any other section of the Housing Act does not fall under the definition of “public housing.”

**111. NEW If a facility accepts section 8 vouchers and receives funding from the local housing authority for the operation of the facility, is it eligible for consideration under the Public Housing Primary Care Program?**

Yes, Based on section 3(b)(1) of the Housing Act, the term “low-income housing” means low-income housing developed, acquired, or assisted by a public housing agency including dwelling units in a mixed finance project that are assisted by a public housing agency with capital or operating assistance. In other words, a facility that accepts section 8 vouchers and receives assistance under any other section of the Housing Act does fall under the definition of “public housing.”

**112. NEW Are mixed finance projects eligible for consideration under the Public Housing Primary Care Program?**

Low-income housing units within a mixed finance project that receives capital or operating assistance from a public housing agency—other than or in addition to section 8 housing vouchers—are considered “public housing” under the Public Housing Primary Care Program. A mixed finance project that does not receive any capital or operating assistance from a public housing agency, or receives only section 8 housing vouchers, does not fall under the definition of “public housing.”

**113. NEW What is considered areas immediately accessible to public housing” under the Public Housing Primary Care Program?**

In authorizing the Public Housing Primary Care Program, Congress’ intent was to address the significant health disparities experienced by these populations by assuring services are provided at an easily accessible location for the residents through a health care service delivery strategy developed to meet the unique and pressing health care needs of these residents. Therefore, the intent under the Public Housing Primary Care Program is for the primary health care services to be available and easily accessible for the populations residing in the public housing facilities and those living in the immediate surrounding areas of the facility.

**114. NEW What if my new access point will serve residents of public housing as well as the general population in the area?**

The intent under the Public Housing Primary Care Program is for the primary health care services to be available and easily accessible for the populations residing in the public housing facilities and those living in the immediate surrounding areas of the facility through a health care service delivery strategy developed to meet the unique and pressing health care needs of these residents. If a site will serve both residents of public housing and the general population, this can be supported under either section 330(e) Community Health Center or a combination of section 330(e) and section 330(i), Public Housing Primary Care. In addition, the ORC will be assessing the appropriateness of the service delivery strategy based on the requested section 330 funding and targeted populations as part of the review of the new access point application.

**115. NEW Is there a minimum number/percentage of public housing residents that must be served to be eligible under the Public Housing Primary Care Program?**

No, there is not a minimum number/percentage of public housing residents that must be served to be eligible under the Public Housing Primary Care Program. However, the intent under the Public Housing Primary Care Program is for the primary health care services to be available and easily accessible for the populations residing in the public housing facilities and those living in the immediate surrounding areas of the facility through a health care service delivery strategy developed to meet the unique and pressing health care needs of these residents. If a site will

serve both residents of public housing and the general population, this can be supported under either section 330(e) Community Health Center or a combination of section 330(e) and section 330(i), Public Housing Primary Care. In addition, the ORC will be assessing the appropriateness of the service delivery strategy based on the requested section 330 funding and targeted populations as part of the review of the new access point application.