

HRSA-20-008

FY 2020 PCTE

Primary Care Residency Program

Frequently Asked Questions (FAQs)

1. Are existing Teaching Health Center residency programs eligible to apply?

Answer: Yes, existing Teaching Health Center residency programs are eligible to apply if they meet the accreditation requirements. However, the project cannot duplicate activities funded by the HRSA Teaching Health Center (THCGME) award.

2. Can we apply if we are not currently accredited but are working towards accreditation during the grant period?

Answer: No, you must have at least provisional accreditation at the time of submission of your application. The accreditation information details are listed on page 6 of the NOFO. This NOFO requires you to be accredited by the application submission date, not the start date of the grant project.

3. Just to clarify -- each organization can only apply one time, my Family Medicine and Internal Medicine programs cannot both apply?

Answer: Per the NOFO, multiple applications from an organization with the same DUNS number are not allowable. No more than one application per organization or campus with the same DUNS number will be accepted.

An applicant must select and submit an application for only one of the following specialties for any given DUNS number:

- Family medicine or
- General internal medicine or
- General pediatrics or
- combined internal medicine and pediatrics (med-peds)

The applicant may include a request for resources for a branch campus or similar entity as part of their application if the branch campus program or similar entity has the same residency specialty (i.e., family medicine, internal medicine, pediatrics, or med-peds) as the applicant organization, is under the same accreditation as the applicant organization, and has the same DUNS number.

4. Can an organization submit one proposal for multiple residency programs (e.g. internal medicine and general pediatrics)?

Answer: No, an organization must select and submit an application for only one of the following specialties for any given DUNS number:

- Family medicine or
- General internal medicine or
- General pediatrics or
- combined internal medicine and pediatrics (med-peds)

5. If an affiliated medical school is already applying, could a residency program associated with that medical school but primarily affiliated with a hospital also apply?

Answer: If the organizations have the same DUNS number, they cannot apply separately. If the DUNS numbers are different, they can apply separately. Only the entity that holds the ACGME accreditation for the specialty in the application (family medicine or internal medicine or pediatrics or med-peds) can apply. If the hospital does not hold the accreditation then they are not eligible to apply. See Section III.3 of the NOFO for more details.

6. Would there be a preference for a medical school and multiple affiliated primary care residencies to submit a single application?

Answer: No, there is no preference for a medical school and multiple affiliated primary care residencies to submit a single application.

An applicant must select and submit an application for only one of the following specialties for any given DUNS number:

- Family medicine or
- General internal medicine or
- General pediatrics or
- combined internal medicine and pediatrics (med-peds).

7. Does the longitudinal experience in a rural area for 3 months or longer need to be done in succession or can it be spread over the 3 years?

Answer: The minimum three-month longitudinal clinical training experience in rural and/or underserved areas can be done in three consecutive months or more. It can also be spread over the 3 years of residency. See Program Requirements in Section IV.2 of the NOFO. Also, note that the minimum three-month clinical rotation experience does not have to be in the same rural location -- the rotation can be spread out among multiple rural sites.

8. Will HRSA issue a modification to the official NOFO to clarify that programs holding ACGME's initial accreditation [i.e., NOT YET continued accreditation] status are indeed eligible to apply?

Answer: No, HRSA will not be issuing a modification to the official NOFO for the purpose of accreditation clarification. Applicants with initial or provisional ACGME accreditation are eligible to apply and you must have it at the point of submitting your application. See Section III.1 of the NOFO for more details. The full letter of accreditation is not required with the application.

9. Is the telehealth focus on linking primary care physicians in rural areas with consultants, or on enhancing access for patients to a provider via telehealth, or both?

Answer: Both. Per the NOFO, applicants must provide dedicated clinical experiences to residents in the use of telehealth technology to improve access to health services and improve patient outcomes.

10. If a rural track was started, do all these resident requirements only apply to those in the rural track or to all residents in the program?

Answer: It applies to all residents participating in activities funded by the award.

11. On the NCHWA document, does it mean if a state has a positive Primary Care Provider 2025, the State-based programs are not eligible under the Underserved Area criteria?

Answer: No. Eligible entities include accredited public or nonprofit private hospitals, schools of allopathic medicine or osteopathic medicine, or a public or private non-profit entity which the Secretary has determined is capable of carrying out a residency training program in family medicine, general internal medicine, general pediatrics or combined internal medicine and pediatrics (“med-peds”), which for the purposes of this program are those accredited by the Accreditation Council for Graduate Medical Education (ACGME).

However, applicants that list at least one clinical training site located in one of the following rural and/or underserved areas (as listed in Table 1, Attachment 5) will receive up to 9 points out of 25 total in Criterion #1 if:

1. The data in Table 1, Attachment 5 indicates that the state has a projected shortage of primary care providers in 2025, using the NCHWA shortage projections for primary care shortage for FY2025 (1 point); and/or
2. The data in Table 1, Attachment 5 indicates that at least one clinical training site is located in an area considered rural as determined by the Federal Office of Rural Health Policy (FORHP) (8 points).

12. Do placements of a residency program graduate as a hospitalist count as a primary care placement for the Purpose and Needs section and for the MUC preference?

Answer: No, placement as a hospitalist does not count as a primary care placement for either the Purpose and Needs section or for the MUC preference.

13. The PowerPoint download for today's TA indicates that biographical sketches DO NOT COUNT in the page limit; however, p. 8 of the NOFO indicates they will be counted. Which is correct?

Answer: The attached biographical sketches WILL be counted; the OMB-approved form, “SF-424 RESEARCH & RELATED Senior/Key Person Profile (Expanded)” will not be counted in the page limit. Please refer to Section IV.2 Application Page Limit of the NOFO for more details.

14. The NOFO states that the FY2020 President’s Budget does not request funding for this program, that this notice is a contingency action taken to ensure that HRSA can process

applications and award funds in a timely manner should funds become available for this purpose, and that the program may be cancelled prior to award. Do you have any idea whether the funding will be available? In your experience, what is the likelihood that grant awards will be made?

Answer: At this time, HRSA does not have any information other than what is provided in the NOFO.

15. What was the range of scores for programs funded in the previous cycle for this program AND what percent of those funded in the previous cycle received a funding preference?

Answer: This is a brand new program with no previous competitive information.

16. If we apply as a consortium of 4 primary care residency programs, how does the preference get calculated: lump all programs together, or each program separately has to meet the preference for graduates in MUCs?

Answer: This NOFO does not allow for collaborative applications. The funding preference data must come solely from the residency program submitted in the application and not all residencies within the organization.

17. Could you please explain more about geographic discretion as a funding determination-- where does that fit with score and funding preference?

Answer: Geographic distribution are not funding priorities with points or funding preferences. Geographic distribution is a programmatic consideration to adjust for the distribution of awards across the nation.

18. Looking at, for example, the Northeast region - how does falling within a grouping of shortage states, but in a state with less shortages than other states in the region affect consideration?

Answer: Falling within a shortage state with less shortages than other states in the region is not an eligibility requirement. All applications in this hypothetical scenario will receive fair and equitable review.

19. Will an FAQ be published for this NOFO?

Answer: Yes, these are the published frequently asked questions (FAQs) for this NOFO.

20. Are there any qualifications or requirements for the PI/Program Director, such as medical specialty?

Answer: The Project Director must be a board certified physician, employed by the applicant organization, and must dedicate approximately 20 percent of their time (may be in-kind or funded) to grant activities. The Project Director is encouraged to have a minimum of three years of experience in the education and training of primary care residents. See Section IV.6 of the NOFO for more details.

21. When serving a rural and/or underserved area, if the applicant's zip code is urban, how will this affect eligibility?

Answer: Serving a rural and/or underserved area is not an eligibility requirement for this funding opportunity. All applications will receive fair and equitable review regardless of zip code. The zip code is required for Table 1, Attachment 5- Clinical Training Site Documentation.

22. Is travel to national conferences for outcomes dissemination acceptable/allowable?

Answer: Yes, if the cost is reasonable and necessary to achieve the project objective.

23. Are Tuition costs potentially covered for residents if this coursework supports their development in community needs assessment for instance?

Answer: Yes, if the cost is reasonable and necessary to achieve the project objective.

24. Where do resident salaries go in the budget?

Answer: Resident salaries could be put it in Section E. Participant/Trainee Support Costs “Other” – this would be a trainee related expense, not salary for Personnel.

25. As an FQHC that hosts a residency program in partnership with an accredited hospital and sponsoring university, would the FQHC be an eligible applicant, or must the hospital or university apply directly?

Answer: The entity that holds the ACGME accreditation for the specialty in the application is the eligible entity.

26. Is there a cap on indirect cost in this application, or will we use our federal rate?

Answer: Yes, indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Refer to Section IV.2.iii for further information.

27. Are you able to provide guidance as to permissible software or hardware costs related to the telemedicine focus of the NOFO?

Answer: Yes, Kim Ross, Grants Management Specialist can provide guidance on specific permissible software or hardware costs. Ms. Ross’ contact information is KRoss@hrsa.gov or (301) 443-2353.

28. Double checking that construction is an unallowable cost

Answer: Correct, construction is an unallowable cost under this funding opportunity.

29. What is DATA-2000 waiver for a provider?

Answer: DATA-2000 waiver for a provider means applying for a practitioner waiver to prescribe or dispense buprenorphine under the Drug Addiction Treatment Act of 2000, (DATA-2000) to treat opioid use disorders.

30. Can the grant be used for (new) resident salary support to establish a rural training track within an existing program, if the existing program meets funding qualification 1?

Answer: No, grant funds cannot be used for (new) resident salary support to establish a rural training track within an existing program, even if the existing program meets funding qualification 1.

31. If we are not in a designated rural area, but are in an MUA are we eligible to apply? We are an accredited THC over 3 years old.

Answer: Yes, you are eligible to apply if you are an accredited public or nonprofit private hospital, schools of allopathic medicine or osteopathic medicine, or a public or private non-profit entity which the Secretary has determined is capable of carrying out a residency training program in family medicine, general internal medicine, general pediatrics or combined internal medicine and pediatrics (“med-peds”), which for the purposes of this program are those accredited by the Accreditation Council for Graduate Medical Education (ACGME).

32. Can one residency program (Pediatrics) be the applicant but include other eligible residency programs such as Internal Medicine in the application?

Answer: No, this NOFO does not allow collaborative applications. An applicant must select and submit an application for only one of the following specialties for any given DUNS number:

- Family medicine or
- General internal medicine or
- General pediatrics or
- combined internal medicine and pediatrics (med-peds)

33. Can we use this grant funding to expand the number of residency training spots between 2020-2025?

Answer: Yes, grant funds can be used to expand the number of residency training spots between 2020-2025.

34. What is the definition of provisional accreditation?

Answer: Provisional accreditation is accreditation that is preliminary to full accreditation. Please refer to ACGME for more information. <https://www.acgme.org/>

35. Underserved area eligibility: California is projected to have a positive or adequate supply of primary care providers in 2025...does this mean no California based programs are eligible under the Underserved Area criteria?

Answer: Having a projected positive or adequate supply of primary care providers in your state in 2025 does not make an accredited entity ineligible to apply for funding.

36. I am from a medical school that has developed two new ACGME rural training track family medicine residency programs. Could the base family medicine residency program and the associated RTT programs apply through the medical school?

Answer: The application must be submitted by the entity that holds the ACGME accreditation for the program, with only one application per DUNS number.

37. Our Department of Family Medicine has three separate fully accredited residency programs, each with its own accreditation documentation. Can we submit one proposal including all three FM residencies, or must we select only one of them for the proposed project?

Answer: No, this NOFO does not call for collaborative applications. An applicant can submit an application for only one accredited program.

38. Is this opportunity only available to residency training programs in family medicine, general internal medicine, general pediatrics or combined internal medicine and pediatrics (med-peds)?

Answer: Yes, eligible entities include accredited public or nonprofit private hospitals, schools of allopathic medicine or osteopathic medicine, or a public or private non-profit entity which the Secretary has determined is capable of carrying out a residency training program in family medicine, general internal medicine, general pediatrics or combined internal medicine and pediatrics (“med-peds”), which for the purposes of this program are those accredited by the Accreditation Council for Graduate Medical Education (ACGME).

39. If I missed the PCTE: Residency Training in Primary Care HRSA-20-008 TA Webinar held on October 23, 2019 how can I listen to the recorded version?

Answer: You can listen to it by calling the phone number below

Audio Replay details

- Toll Free: 800-947-6766
- Passcode: 102319