HRSA Grantee Conference
Call and Q&A
US Affiliated Pacific Island Grantees
February 2020

Office of Federal Assistance Management (OFAM)
Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People
Operator

• Listen-only mode initially

• How/when to ask a question

• HRSA personnel will present information. Then open the call for questions and answers
Agenda

- Welcome
- Reminders
- Salary Cap and System Updates
- Payment Management System Updates
- Terms, Conditions, and Reporting Requirements
- Fiscal Technical Assistance
- Q&A
Training

We provide multiple training options so you understand how to manage your HRSA grant.

Recent Webcasts and Presentations

October Grantee Conference Call Recordings
- October 2019 Conference Call
  - Toll-Free: 800-839-4938 | No Passcode
  - Download: October 2019 Conference Call Slides (PPT - 2.3 MB)
- October 2019 Pacific Basin Conference Call
  - Download: October 2019 Pacific Basin Conference Call Slides (PPT - 2.3 MB)
HRSA Contact

• HRSA Contact Center hours: 8 a.m. to 8 p.m. (ET)

• HRSA Contact Center number: (877) 464-4772
Payment Management System

• Payment Management Services (PMS): 877-614-5533 or https://pms.psc.gov/

• Bureau of Primary Health Care: 1-877-974-2742. or http://www.hrsa.gov/about/contact/bphc.aspx
Resources

• EHBs Help and Ticketing System:
  http://www.hrsa.gov/about/contact/ehbhelp.aspx

• Additional Resources: etc. Visit
  http://www.hrsa.gov/grants/manage/index.html

• The HRSA Grants TA webpage:
  http://www.hrsa.gov/grants/apply/
SAM.gov and Grants.gov

• Update your SAM.gov and Grants.gov registrations.
• SAM.gov and Grants.gov are free
• Expired registrations will not receive HRSA funding
Become a HRSA Grant Reviewer

HRSA has specific interest in the following areas:

- Health Professions training
- HIV/ AIDS
- Maternal and child health
- Organ transplantation
- Primary care for underserved people
- Rural health
- Register in the HRSA Reviewer Recruitment Module (RRM)
- https://rrm.grantsolutions.gov/

Division of Independent Review
2020 Grantee Workshop

• Registration is free and your travel costs may be allowable under your grant.
• Workshops are being held in the following locations:
  • Rockville -- May 19-20, 2020
  • Chicago -- June 17-18, 2020
  • Seattle -- July 29-30, 2020
Electronic Handbook Help and Knowledge Base
How are we doing?

• Please take the time at the end of the call to complete the poll for this TA call.
Salary Cap and System Updates
Division of Grants Policy (DGP)

February 2020

Ericka Williams
Grant Policy Analyst, Division of Grant Policy
Office of Federal Assistance Management (OFAM)

Vision: Healthy Communities, Healthy People
Annual Salary Cap Update:

• Effective January 2020 Rates of Basic Pay for the Executive Schedule Level II, has been updated to $197,300.00
Financial Reporting:
• Financial reporting will be consolidated for all HHS grant recipients via a single point of entry through PMS by fiscal year 2021.

HHS/HRSA Notice of Awards (NoA):
• Effective fiscal year 2021, every HHS Notice of Award (NoA) will have a standard page one.

DUNS Phase out reminder:
• Effective December 2020, the DUNS number will no longer be the official identifier for doing business with the U.S. Government.
HHS Systems: Updates and Reminders

DUNS Phase out reminder:

What is changing?
- The unique entity identifier (UEI) used to do business with the government is changing.
- The process to get a UEI to do business with the government is changing.
- The definition of entity uniqueness is not changing.

Over the next year:
- Phase out the DUNS number as the official identifier for doing business with the Federal Government.
- Introduce a new UEI, generated in the System for Award Management (SAM.gov), as the official identifier for doing business with the government.
- Make it easier to request a UEI to do business with the government.

HRSA’s Notice of Funding Opportunity (NOFO) and Intimate Partner Violence (IPV):

• HRSA’s Office of Women’s Health developed and implemented an agency-wide strategy to address IPV through HRSA programs.

• HRSA NOFO template instructions will be updated to include new language from OWH that provides recommended IPV references for NOFOs that support the Strategy

HRSA Strategy to Address Intimate Partner Violence
✓ https://www.hrsa.gov/about/organization/bureaus/owh
Payment Management System – Federal Financial Report

Mausami Kothari
Supervisory Financial Management Specialist
Payment Management System
What is our Goal?

- To capture grant recipient expenditure data at time of payment to improve the timeliness and accuracy of internal expenditure reporting and to facilitate closeout actions by initially working towards creating a “single source of truth” for financial and expenditure data.
What is our Goal? (cont’d)

HHS to further execute government-wide objectives outlined within:

- The President’s Management Agenda (PMA) for reducing burden by eliminating the need for grant recipients to report duplicative information across multiple reporting sources and instead allow grant recipients to report/certify expenditure data once through a single entry point.
- The DATA Act Section 5 Grants Pilot;
- OMB Memorandum-18-24 “Strategies to Reduce Grant Recipient Burden”
How to achieve the Goal?

• Allow grant recipients to submit the Federal Financial Report (FFR) (SF-425) in one system, rather than in multiple systems. HHS has identified Payment Management System as a single point of entry for the submission of the Federal Financial Report.
• Automate the current reconciliation process of federal awards.
• Implement controls to ensure that drawdowns reconciles with the reported expenditures on the final FFR at time of submission in Payment Management System (PMS).
What is our Current Process?

- The SF-425/FFR form consists of two previously separate and distinct reports, the Federal Cash Transaction Report (FCTR SF-272) and the Financial Summary Report (formerly FSR or SF-269). Lines 10a to 10c on the FFR/SF-425 (previous FCTR/SF-272) is the cumulative cash on hand calculation and is used to determine grant recipient’s cash needs (i.e. the amount of the requested cash advance).
What is our Current Process? (cont’d)

• The bottom of the SF-425/FFR (previous FSR/SF-269) requires grant recipients to report all relevant financial status information of the grant program at a specific proportioning in time (usually annually), including Federal Expenditures and Unobligated Balance. Additionally, grant recipients certify expenditures incurred and/or to be incurred within a specific timeframe on quarterly basis.
What is the Revised Process?

- Consolidate the grant recipient’s Standard Form-425 (SF-425)/Federal Financial Report (FFR) data reporting responsibilities to one entry point within PMS, enforcing the appropriate validations and edits to automate the reconciliation between their payments, expenditures, and other SF-425/FFR data points.
What are the benefits of the Revised Process?

By streamlining the capture of the full FFR through a single point of entry via the payment system, HHS can:

• Ensure that all financial and expenditure data is being reported consistently through one source

• Work to eliminate duplicative data entry across the various grants systems by sharing all reported and reconciled data to the HHS grants management systems
What are the benefits of the Revised Process? (cont’d)

• Assist with timely monitoring of the grant recipients and financial performance of the award and closeout of grants
• Reduction in Expired Award Payment because system internal controls will prevent the grant recipient from withdrawing further funds without submitting a revised FFR
• Reduce the burden on the grant recipient and Department grants management staff by reducing manually intensive processes
• Achieve a single source of truth for financial and expenditure data
PMS FFR Functionalities

• Ability to search FFR’s based on different criteria's Ex. Payee Account, Grant Document number etc.
• Ability to upload supporting documentation
• Group Functionality
  ▪ Grantee can certify multiple FFRs at the same time.
  ▪ Grantee user can print or download multiple reports at the same time.
• Depending on agency requirements we can have any fields under section 10 as editable, non-editable, pre-populated, auto-calculated, or validating matching percent
PMS FFR User Roles and Responsibilities

Grantees:

• Request access to FFR report.
• View, Prepare, Revise and/or certify FFR report on behalf of their organization.
• Combining Authorities on the same account.
  ▪ Based on the workflow process of the organization, the Signing Official (SO) or Business Official/Administrative Official (BO/AO) may share same responsibilities
• View Submission History.
• Upload supporting documentation
Agency users:
• Provide information for FFR’s to be created in PMS.
• Review (Approve or Reject) FFR report.
• Run Compliance Reports.

PMS staff:
• Grant access to grantee and agency users based on the access request.
• Create FFR’s based on information provided by awarding agencies.
• Provide operational support in filling and reviewing the report.
Timeline

February 26-27 2020:
Inform Recipients of the FFR Transition to PMS

May 19-20, 2020:
Demo to Recipients at HRSA Grantee Conference (Rockville) June 24-25

June 17-18, 2020 at HRSA Grantee Conference (Chicago)

July 29-30, 2020 at HRSA Grantee Conference (Seattle)

June 24-25 2020:
Recipient TA calls to recap pending changes, inform updates, etc.

October 2020:
Implement the submission of FFR in PMS
Thank You

CONTACT INFORMATION:

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• Email: Mausami.Kothari@psc.hhs.gov

Internet Access
Payment Management Services
Home Page
pms.psc.gov

Hours of Operation
Monday through Friday:
5 a.m. until 11 p.m. ET*

Saturday and Sunday:
9 a.m. until 9 p.m. ET*

*Requests for payment submitted after 5 p.m. ET will be processed as if received on the next business day.

Help Desk Number
Telephone #: 877-614-5533
E-Mail: PMSFFRSupport@psc.hhs.gov
Terms, Conditions, and Reporting Requirements
Division of Grants Management Operations (DGMO)

February 2020

Sarah Hammond
Team Leader, Health Center Branch
Office of Federal Assistance Management (OFAM)

Vision: Healthy Communities, Healthy People
Grant Terms, Conditions, and Reporting Requirements

• Notice of Funding Opportunity (NOFO)
• Notice of Award (NoA)
  ▪ Terms/Conditions
  ▪ Progress/Final Reports
  ▪ Financial Reports
Terms, Conditions, and Reporting Requirements

Terms and Conditions
Failure to comply with the remarks, terms, conditions, or reporting requirements is considered non-compliance and HRSA may take a variety of steps including restricting drawdowns of funds from the Payment Management System or denials of future funding.
Terms, Conditions, and Reporting Requirements, cntd.

• **Term:** Provides information and requirements that must be adhered to for the duration of the project
• **Condition:** requirement placed on an award that requires a specific response or deliverable
• **Reporting Requirement:** Federal Financial Report (FFR); Programmatic or project-related
• All may be added to all types of Notices of Award (NoA) throughout the grant period- monetary awards and revisions
Steven’s Amendment or Acknowledgement of Federal Funds:
The FY 2018 Consolidated Appropriations Act requires recipients to state the following on products developed with federal funds:

- The percentage of total costs financed with federal funds
- The dollar amount of federal funds for the project
- The percentage and dollar amount of the total costs of the project that will be financed by non-federal funds

Including, but not limited to:

- Press releases and other public statements
- Publications and other documents
- Toolkits/Resource guides
- Websites and Visual Presentations
- Requests for proposals and bid solicitations
Steven’s Amendment Term

Example of Acknowledgement of Federal Funding Statement

“This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”

More information and additional examples:

Acknowledge HRSA Funding Webpage
Key Terms of Award

Salary Cap Limitation: The Further Consolidated Appropriations Act, 2020, § 202, (P.L 116-94), enacted December 20, 2019 restricts the amount of direct salary that may be paid to an individual under a HRSA grant or cooperative agreement to a rate no greater than Executive Level II of the Federal Pay Scale. Effective January 2020, the Executive Level II salary level is $197,300.
Key Terms of Award- Salary Limitation

• Reflects an individual’s base salary exclusive of fringe benefits
• HRSA funds may not be used to pay a salary in excess of this rate
• An individual's base salary is NOT constrained by the rate limitation. It simply limits the amount that may be awarded and charged to HRSA awards
• The limitation also applies to sub-recipients under a HRSA award
• Does not apply to payments made to consultants under this award although, as with all costs, those payments must be reasonable and be consistent with recipient’s institutional policy.
Specific Award Conditions may be added by HRSA:

• Withholding authority to proceed until performance requirements are met
• Additional, more detailed financial reporting
• Additional prior approval requests (i.e. approval to draw down funds)
• Requiring payments as reimbursements instead of advance payments
Conditions Requirements

When imposing a condition, the award recipient must be notified of:

• The nature of the additional requirements
• The reason they are being imposed
• The nature of the action needed to remove the condition
• The time allowed to complete the required action
• The method for requesting reconsideration of the additional requirements imposed
• See 45 CFR §75.207
Drawdown Restriction Term

Notice: You are on drawdown restriction for the following reason: [REASON]. All drawdown of Federal funds from the Payment Management System (PMS) concerning this grant must have approval of the Grants Management Officer before funds are drawn. Beginning immediately, by the 20th of each month or a minimum of 10 days before funds are needed, an original signed SF 270 must be submitted and subsequently approved for anticipated expenditures, along with documentation to substantiate the request.

The drawdown restriction may be removed when [EXAMPLE]. This restriction is expected to be temporary, pending resolution of the above concerns by your organization. HRSA will determine when such resolution has occurred, and will notify the grantee in writing when the restriction has been lifted.
Reporting Requirements

• Federal Financial Report (FFR)
• Progress Reports
• NoA provides deadlines
• Submitted through the Electronic Handbooks (EHBs)
Fiscal Technical Assistance Initiative

• Fiscal Technical Assistance
  ▪ Proactive and Preventative
  ▪ One HRSA Voice
  ▪ Explain Financial Management Requirements (examples and best practices)

• HRSA Goals
  ▪ Build a Rapport with HRSA Recipients
  ▪ Proper Grants Management/Reporting

• HRSA Grant Recipient Outcomes
  ▪ Effective and Efficient Use of HRSA Grant Funds
  ▪ Avoid and Reduce Audit Findings/Avoid Unallowable Costs
  ▪ Resource for Questions
Fiscal Technical Assistance Initiative

Overview

• What Fiscal Technical Assistance is not?
  ▪ Audit, Grant or Financial Management Review.
  ▪ Not Designed to Identify Questioned Costs.
  ▪ Not Designed to say “Gotcha.”
  ▪ Not Designed to trigger an Audit or Grant Review.

Note: In rare instances, if fraud, waste and abuse is identified we must elevate the issue.
Fiscal Technical Assistance Initiative

Overview

• How is FTA Conducted
  ▪ Onsite
  ▪ Remote
  ▪ The FTA process covers 6 months and we provide ongoing support that includes 90-day and a 6-month follow up.
## HRSA Top 5 Single Audit Findings

### FY 2017-2019 Data – All HRSA grant recipients

<table>
<thead>
<tr>
<th>FY 2017 (516 Findings)</th>
<th>FY 2018 (803 Findings)</th>
<th>FY 2019 (734 Findings)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reporting (22%)</td>
<td>1. Reporting (37%)</td>
<td>1. Reporting (26%)</td>
</tr>
<tr>
<td>2. Cash Management (18%)</td>
<td>3. Program Income (24%)</td>
<td>2. Special Tests and Provisions (18%)</td>
</tr>
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<td>3. Program Income (18%)</td>
<td>2. Cash Management (21%)</td>
<td>3. Allowable Costs/Cost Principles (15%)</td>
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<td>4. Special Tests and Provisions (17%)</td>
<td>4. Program Income (15%)</td>
</tr>
<tr>
<td>5. Allowable Costs/Cost Principles (4%)</td>
<td>5. Allowable Costs/Cost Principles (1%)</td>
<td>5. Cash Management (10%)</td>
</tr>
</tbody>
</table>
Contact Information

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Facebook: facebook.com/HRSAgov
Questions and Answers

• Please have your grant number ready

• If we cannot answer your question, we will take your contact information and get back to you
Contact Information

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Web: https://www.hrsa.gov/about/organization/bureaus/
Twitter: https://twitter.com/HRSAgov
Facebook: https://www.facebook.com/HRSAgov/
Topic Ideas

• Do you have a topic you would like to see presented during an upcoming TA call?

• Email your ideas to HRSAPostAwards@hrsa.gov
To learn more about our agency, visit

www.HRSA.gov

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