

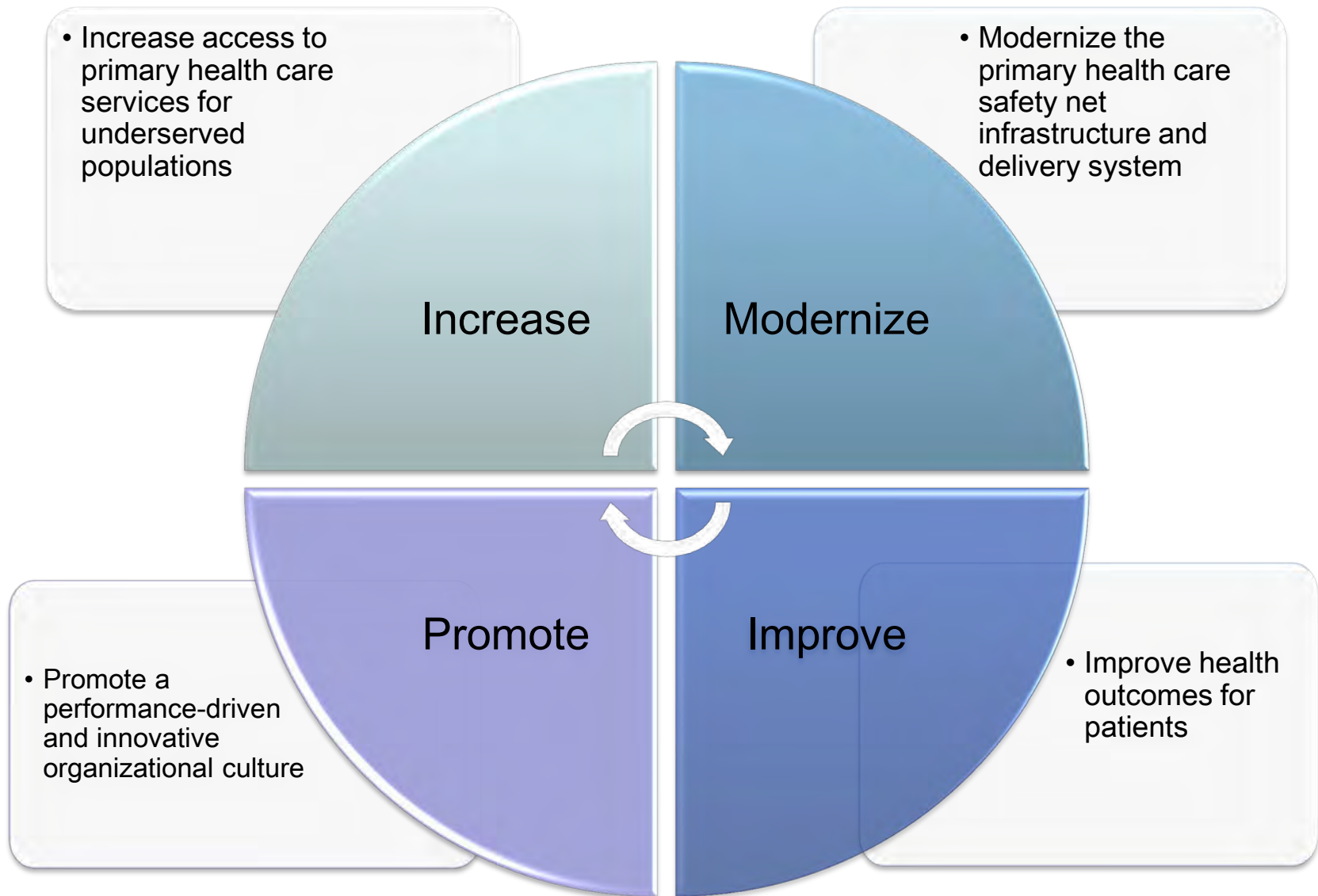


**Fiscal Year 2015  
Health Center Expanded Services (ES)  
Supplemental Funding Opportunity  
HRSA-15-153**

Technical Assistance Webinar

[bphc-es@hrsa.gov](mailto:bphc-es@hrsa.gov)

# Primary Health Care: Key Strategies





# ES Overview



- **Purpose:** Expanded Services (ES) funds will support increased access to comprehensive primary health care services, including medical, oral health, behavioral health, pharmacy, vision, and/or enabling services, at existing health center sites.
  - Applications available in EHB on June 26, 2015.
  - Applications due in EHB on July 20, 2015.
  - ES awards anticipated in September 2015.
  - All ES materials available at the ES technical assistance Web page:  
<http://bphc.hrsa.gov/programopportunities/fundingopportunities/ExpandedServices/index.html>



# ES Application Updates



- The ES application was revised for FY 2015.
- Summary of changes included on page 2 of the ES Instructions document.
- The FY 2015 ES application reflects new guidance, including service expansion requirements, eligibility criteria, and Form 5A modifications.
- Forms revised in response to FY 2014 ES applicant feedback.



# Summary of Funding



- HRSA estimates awarding approximately \$350 million in ES funds in FY 2015.
- ES will be awarded through formula-based supplements to existing health center grants.
- Each eligible health center may apply for a set amount of funding based upon patients served in 2014, as reported in the Uniform Data System (UDS).



# Funding Methodology



- The ES funding formula includes:
  - A base amount of \$220,000, plus
  - An additional \$2.00 per health center patient, plus
  - An additional \$4.00 per health center uninsured patient.



# Eligible Applicants



- ES supplemental funding is open to existing Health Center Program grantees, with the exception of:
  - Organizations that received initial Health Center Program grant funding as a new start/new grantee in FY 2015 via a New Access Point, Service Area Competition, or Service Area Competition – Additional Area grant award (i.e., FY 2015 newly funded/new start grantees are **not eligible**).
- **Note:** Existing grantees awarded FY 2015 NAP funding as satellite/supplemental applicants (i.e., health centers already receiving grant funding at the time of NAP application and award) **are eligible**.



# Eligible Uses of Funds



- Applicants must propose to use at least 80% of ES funding to increase capacity to provide one or more of the following eligible services:
  - Medical services
  - Oral health services
  - Behavioral health services
  - Pharmacy services
  - Vision services
- Applicants may propose to use no more than 20% of ES funding to increase the availability of new and/or existing enabling services.





# Equipment Costs



- Cap of \$100,000 for equipment costs.
- ES funds can support necessary equipment costs in Year 1 only. Applicants must describe how Year 1 equipment funds will be spent in future years.
- Applicants proposing equipment costs must also complete an Equipment List form.



# Ineligible Uses of Funds



- ES funds cannot be used for:
  - Construction costs, including minor alterations and renovation
  - Fixed/installed equipment
  - Facility, land, or vehicle purchases
- Health centers may not use Expanded Services funding to supplant other resources (federal, state, local, or private) currently supporting existing services.



# Funding for Special Populations



- ES funding will be provided to each grantee in the same special population funding proportion(s) (i.e., CHC, MCH, HCH, PHPC) as the existing operational grant funding.
- Applicants must demonstrate that the overall ES proposal will result in the expansion of services for all special populations currently in scope.



# Eligible Sites



- All ES-supported services must be proposed at service delivery sites that are in the health center's approved scope of project (Form 5B: Service Sites) as of the date of application for ES funding.
- Applicants may not propose to add new sites through the ES opportunity.



# ES Application Components



- **Budget Related Sections:**
  - SF-424 Basic Information and Budget Sections
  - Federal Budget Information Form
  - Federal Object Class Categories Form
  - Budget Justification (upload as attachment)
  - Equipment List Form (as applicable)
- **ES Activities Related Sections:**
  - Services (Form 5A: Services)
  - Patient Impact Form
  - Staffing Impact Form
  - Project Narrative Form
  - Summary Verification Form



# SF-424 Application Forms



- SF-424 Basic Information and Budget Sections
  - Provide basic information about the applicant organization and proposed project.
  - Only the fields marked as **\*required** must be completed.
  - The SF-424 Budget Information section is where you will first enter your ES funding request.
    - The funding request may not be greater than the maximum eligible amount sent to you via EHB email.
    - The funding request covers a 12-month budget period.

**Example:** If your maximum eligible amount is \$400,000, and you want to apply for the maximum amount, your budget should outline \$400,000 in annual ES costs.



# Federal Budget Information Form (1/2)



Select services to expand and enter costs.

- If Enabling Services selected, enter costs for each enabling service proposed for expansion.

Federal Budget Information					
Areas of Expansion	Service Category	Federal Funds Requested	Percentage % of Total ES Funds [auto-calculated]	Federal Funds Requested for Equipment	If you requested to use federal funds for Equipment in Year 1, describe how you will use those funds in future years for non-equipment purposes
X	Enabling Services (EN)				
	• Case Management	\$40,000			
	• Eligibility Assistance	\$20,000			
	• Health Education				
	• Outreach				
	• Transportation				
	• Translation				
	• Additional Enabling/Supportive Services (e.g., support access to legal services/legal aid)				
	<b>TOTAL Enabling Services</b>	<b>\$60,000</b>	<b>15%</b>		
X	Medical Services (MS)	\$200,000	50%	\$50,000	Support 1.0 FTE Med Assist
	Oral Health Services (OH)				
	Behavioral Health Services (BH)				
	Pharmacy Services (PS)				
X	Vision Services (VS)	\$140,000	35%		
	<b>TOTAL All Services</b>	<b>\$400,000</b>	<b>100%</b>	<b>\$50,000</b>	

- Enter equipment costs per expanded service, if needed.
- If equipment costs are proposed, describe how funds will be spent in future years.



# Federal Budget Information Form (2/2)



## Form 5A Changes

Review the currently approved Form 5A for your organization. Are modifications necessary to ensure that the services that you will be proposing for expansion are recorded accurately on your Form 5A? If yes, describe the proposed changes below.

Yes or  No

**EXAMPLE:** ABC Health Center is proposing to use Expanded Services funding to increase access to vision services by providing them directly by our staff. We need to add optometry services to scope in Column I (Direct). We are also increasing capacity for well child and immunization services through contracted providers and need to mark Column II as a service delivery method for those services on Form 5A.

- Review your current approved Form 5A by clicking the link.
- If services selected for expansion are already in scope appropriately, no changes to Form 5A are necessary.
  - In this case, select ‘No’ and move on.
- If a service needs to be added or a service delivery method modified, select ‘Yes’ and briefly describe necessary updates.





# Federal Object Class Categories Form



- Collects the Federal and Non-Federal funding distribution across budget categories for the first 12-month period (9/1/2015 – 8/31/2016).
- Costs in Federal Object Class Categories Form should align with Budget Justification.

Budget Categories		
Object Class Category	Federal	Non Federal
a. Personnel	\$300,000	
b. Fringe Benefits	\$35,000	\$70,000
c. Travel		
d. Equipment	\$50,000	\$10,000
e. Supplies		
f. Contractual	\$15,000	\$70,000
g. Construction	N/A	N/A
h. Other		
<b>i. Total Direct Charges (sum of a-h)</b>	<b><u>\$400,000</u></b>	<b><u>\$150,000</u></b>
j. Indirect Charges		
<b>k. Total Budget Specified in Section A - Budget Summary (sum of i-j)</b>	<b><u>\$400,000</u></b>	<b><u>\$150,000</u></b>



# Budget Justification



- Complete one Budget Justification that details all activities proposed in the ES application.
- Upload as an attachment (the only attachment in ES).
- Clearly detail the costs of each line item consistent with the Federal Object Class Categories form.

**Example:** If the Federal Object Class Categories Form lists \$300,000 in Personnel costs, the Budget Justification must also indicate \$300,000 in Personnel costs in Year 1. Provide a narrative description of the costs, and include required salary details for staff supported with ES funds.

- Sample Budget Justification on the ES TA Web page.



# Form 5A: Services Provided Overview



## Sample Form 5A

Service Type	Direct (Health Center Pays) ⓘ	Formal Written Contract/Agreement (Health Center Pays) ⓘ	Formal Written Referral Arrangement (Health Center DOES NOT pay) ⓘ
★ General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
★ Diagnostic Radiology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
★ Screenings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- **Column I:** Services provided directly by applicant
- **Column II:** Services provided by formal written agreement (applicant pays for service)
- **Column III:** Services provided by formal written referral arrangement/agreement (applicant DOES NOT pay for service)



# Service Expansion Activities



## Strategies may include:

<b>No changes to Form 5A required:</b>	<ul style="list-style-type: none"><li>• Expand hours and/or hire additional staff/providers to support services currently provided</li></ul>
<b>Form 5A modification required:</b>	<ul style="list-style-type: none"><li>• Add a new eligible service (available within 120 days of award)</li></ul>
	<ul style="list-style-type: none"><li>• Provide an existing service directly (Column I) that is currently offered through an agreement in which the grantee pays for the service (Column II)</li></ul>
	<ul style="list-style-type: none"><li>• Provide a service directly (Column I) or pay for the service through an agreement (Column II) that is currently offered through a referral arrangement in which the grantee does NOT pay (Column III)</li></ul>



# Eligible Services



- Applicants may propose limited changes to Form 5A that are relevant and necessary for the provision of new and/or expanded services.
- Applicants may use ES funding to support the expansion of existing services in scope. Changes to Form 5A are NOT required and should only be proposed when necessary to implement the ES project.
- Note: Applicants may propose to expand access to medication-assisted treatment (e.g., Methadone, Buprenorphine, Naltrexone) as needed. Such activities are considered Substance Abuse services.

**See Appendix A of the ES Instructions for the list of eligible services and staff/provider types by service category.**



# Form 5A Considerations



- Applicants may not add the following services to scope or modify the service delivery through the ES funding opportunity:
  - Additional Medical Services (i.e., recuperative care, environmental health services, occupational therapy, physical therapy, speech language pathology/therapy, nutrition, and complementary alternative medicine); or
  - Other Additional and/or Specialty Services.
- Applicants may propose to expand these services if they are in scope as of the date of application and there is demonstrated need in the service area for expansion (i.e., do more of what they are currently doing).



# Service Implementation Requirements



- New services added to scope through ES must be available within 120 days of award.
  - Applicants must respond to a related scope verification condition on the Notice of Award signifying that the service is being provided.
- HRSA reserves the right to request a re-budgeting of funds if HRSA is unable to approve new services as a result of insufficient information in the application.



# Staffing Impact Overview



- Enter only new FTEs for service categories selected for expansion.
  - Include direct hire and contracted FTEs.
- If Enabling Services proposed for expansion, specify the Enabling Service position types to be supported by ES funding.

Staffing Categories	Total New FTEs Proposed (Direct Hire and/or Contracted Staff)
Enabling Services (EN)	
• Case Managers	<b>1.0 FTE</b>
• Patient/Community Education Specialists	
• Outreach Workers	
• Transportation Staff	
• Eligibility Assistance Workers	<b>0.5 FTE</b>
• Interpretation Staff	
• Other Enabling Services Staff	
<b>TOTAL Enabling Services (EN)</b>	<b><u>1.5 FTE</u></b>
Medical Services (MS)	<b>1.5 FTE</b>
Oral Health Services (OH)	
Behavioral Health Services (BH)	
Pharmacy Services (PS)	
Vision Services (VS)	<b>0.5 FTE</b>
Facility (Administrative) and Non-Clinical Support Staff	





# Staffing Impact Considerations



- Only include FTEs to be supported directly with ES funding on the Staffing Impact form.
- In addition to direct care FTEs, applicants may propose to support the following staff if necessary to ensure increased access to the proposed services, including:
  - Administrative staff (e.g., front desk staff, records management staff).
  - Positions focused on service delivery improvement activities directly related to the services selected for expansion (e.g., quality improvement, practice transformation, health informatics, clinical data analytics, workforce development/training staff).

See **Appendix A** in the ES Instructions for details on eligible staffing/position types per project.



# Patient Impact Overview



Include patient impact projections for all service categories to be supported by ES funding, demonstrating an overall increase in new patients in the ES application.

Patient Impact Questions						
1. As a direct result of this funding, how many <u>NEW</u> patients do you predict will access services at your health center?						
<b>1,650</b> [number entered by applicant]						
	NEW Patients by Service Category (as applicable)					
	Enabling Services (EN)	Medical Services (MS)	Oral Health Services (OH)	Behavioral Health Services (BH)	Pharmacy Services (PS)	Vision Services (VS)
Projected NEW Patients	<b>300</b>	<b>900</b>	N/A	N/A	N/A	<b>450</b>
Total NEW patients for all services			<b>1,650</b> [read-only number calculated by EHB]			

Attribute new patients to only one service for which ES funding is requested, even if some new patients are expected to receive multiple expanded services.



# Patient Impact Considerations



- Projections should be realistic and achievable; new patient commitments associated with the ES application will be added to the service area patient target for future SAC competitions.
- Describe how projections were derived in the Project Narrative.
- Ensure that FY 2015 ES patient projections are additive and do not duplicate previous patient projections (e.g., New Access Point and/or FY 2014 Expanded Services patient projections).

**Note: Applications must propose activities and services that will support achievement of the ES new patient projection by December 31, 2017.**



# Project Narrative Overview



- One Project Narrative form for entire ES application (NOT uploaded as an attachment).
- Must address all service expansion activities to be supported through ES funding.
- Project Narrative sections include:
  - Need
  - Response
  - Impact
- Details in the Project Narrative should be consistent with information provided throughout the rest of the ES application (e.g., patient projections, new FTEs).



# Project Narrative: Need



## Need Section:

- Describe the need to expand or begin providing the proposed service(s) and how this proposal will respond to the health care needs of the target population.
  - Include reference to relevant special populations, demographic characteristics, and/or access to care/health status indicators.
- Response to this section should be no longer than 2,000 characters, not counting spaces (approximately one page).



# Project Narrative: Response



## Response Section :

- Timeline that demonstrates readiness to provide new and expanded services within 120 days of award.
- How all proposed services are or will be integrated into existing service delivery model.
- How all proposed services are accessible without regard to ability to pay through sliding fee discount program.
- How all patients will have reasonable access to any proposed new services, as appropriate. Include details about 'Other Enabling Services' if selected on Form 5A or Staffing Impact Form.
- How health center maintains oversight over all services provided via contracts/agreements (if applicable).

Responses should be no longer than 1,000 characters for each question (approximately half of a page).



# Project Narrative: Impact



## Impact Section:

- Describe the impact of the ES proposal, including the number of:
  - Proposed new patients,
  - Existing patients with increased access to services, and
  - New staff/provider FTEs.
- Include a detailed explanation for how the projections were calculated (including data sources).
- Response to this section should be no longer than 2,000 characters, not counting spaces (approximately one page).



# Summary Verification Form



- Read-only summary of select elements proposed in previous sections of the application, including:
  - Total new patient projection.
  - Maximum amount of Federal funding eligible to be requested per year.
  - Total Federal funding requested per year.
  - Summary of changes to Form 5A (see next slide).
- Applicants must verify that the information is correct or make necessary changes before submitting the Expanded Services application.





# Summary of Changes to Form 5A



- Currently approved 5A on the left (in green)
- Updated 5A based on ES application on the right (in red)

Form 5A Services Service Type	Currently Approved Form 5A			Updated Form 5A		
	Column I (Direct – Health Center Pays)	Column II (Formal Written Contract – Health Center Pays)	Column III (Formal Referral – Health Center DOES NOT pay)	Column I (Direct – Health Center Pays)	Column II (Formal Written Contract – Health Center Pays)	Column III (Formal Referral – Health Center DOES NOT pay)
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Well Child Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Optometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If proposed updates on the right are not correct, revise Form 5A section of ES application.



# FY 2015 ES Project Timeline



- Patient projections included in the ES application should be reached by December 31, 2017.
- Budget details in the ES application are reported per 12-month period starting September 1, 2015.
- ES funding will be incorporated into grantees' ongoing base awards. HRSA may withdraw this support, in part or in total, if ES projections are not met.



# Notification of ES Application



- Authorizing Officials, Business Officials, and Project Directors at all eligible health centers received an email via EHB on **June 26, 2015**, that includes the following:
  - Link to ES application in EHB.
  - Eligibility code to access the application.
  - Health center's maximum eligible amount of annual ES funding.
  - Maximum amount of ES funds that may go toward expansion of enabling services (20%).
  - Required breakdown of funding based on current subprogram/special population funding proportions.



# Application Submission



- Applications must be completed electronically and submitted in EHB.
- Applications available in EHB on **June 26, 2015**.
- Applications due in EHB by **5:00 PM ET on July 20, 2015**.
- To submit an application in EHB, you must have the 'Submit' privilege.
  - If you are not the AO, a “Submit to AO” button will be displayed at the bottom of the Submit page for you to notify the AO that the application can be submitted to HRSA.

**Note: Ensure you leave adequate time for the AO to complete the submission process prior to the deadline.**



# Application Review



- HRSA reserves the right to request a rebudgeting of funds if an application is not fully responsive to the ES application requirements, or if ineligible activities are proposed.
- Awards anticipated to be announced in September 2015.
- Active SAM.gov registration is required at time of award.
- HRSA will assess applicants' grant status prior to award. Awards will not be made if a grantee has:
  - 5 or more 60-day program requirement-related conditions or
  - 1 or more 30-day program requirement-related conditions



# Reporting



- Future UDS reports should demonstrate progress toward meeting overall ES targets. Full achievement of new patient projections will be monitored through 2017 UDS data.
- Health centers will be required to provide updates on their progress in meeting established ES goals in future Budget Period Progress Report (BPR) submissions.
- No ES-specific reports will be required.



# ES Application Resources



Resources available on the ES technical assistance Web page:

<http://bphc.hrsa.gov/programopportunities/fundingopportunities/ExpandedServices/index.html>

- ES Instructions Document
- ES Application User Guide
- Frequently Asked Questions (FAQs)
- Sample Budget Justification
- Blank copies of the ES application forms
- Presentation slides and recording of TA presentation



# Agency Contacts



Assistance Needed	Contact
<b>General technical assistance</b> (Instructions, FAQs, etc.)	ES TA Web page: <a href="http://bphc.hrsa.gov/programopportunities/fundingopportunities/ExpandedServices/index.html">http://bphc.hrsa.gov/programopportunities/fundingopportunities/ExpandedServices/index.html</a>
<b>Programmatic questions</b>	BPHC Expanded Services Team: <a href="mailto:bphc-es@hrsa.gov">bphc-es@hrsa.gov</a>
<b>Budget or fiscal questions</b>	Clare Oscar: <a href="mailto:coscar@hrsa.gov">coscar@hrsa.gov</a>
<b>EHB electronic submission questions</b>	BPHC Helpline: 1-877-974-BPHC (2742) <a href="http://www.hrsa.gov/about/contact/bphc.aspx">http://www.hrsa.gov/about/contact/bphc.aspx</a>