FY 2016 Budget Period Progress Report (BPR) Noncompeting Continuation Frequently Asked Questions (FAQs)

Below are frequently asked questions and corresponding answers for the FY 2016 Budget Period Progress Report (BPR). The FAQs are available on the BPR Technical Assistance Web page located at http://bphc.hrsa.gov/programopportunities/fundingopportunities/continuation/continuation.html. New FAQs will be added as necessary, so please check this site frequently. The FAQs are organized under the following topics:

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<u>**General Information**</u>

1. **Who should submit a BPR?**
   Each Health Center Program award recipient with a Budget Period Progress Report (BPR) due in FY 2016 will receive notification from the Electronic Handbook (EHB) system that work can begin on the BPR submission approximately 53 days before the submission deadline. The FY 2016 BPR should be submitted by Health Center Program award recipients who **do not** have a project period end date in FY 2016 (October 1, 2015 – September 30, 2016).

2. **What is the deadline for submitting the BPR?**
   Refer to Table 1 in the BPR Instructions or the BPHC BPR TA Web page (http://bphc.hrsa.gov/programopportunities/fundingopportunities/continuation/continuation.html) for the EHB deadline for each FY 2016 budget period start date.

   Grantees with a previous budget period end date of October 31, 2015, received budget period extensions through their new budget period end date (December 31, January 31, March 31, or April 30) via a Notice of Award issued in May.

   Grantees with a previous budget period end data of November 30, 2015, received budget period extensions through their new budget period end date (December 31, January 31, March 31, or April 30) via a Notice of Award issued in June.

3. **What should I submit as part of my BPR submission?**
    Table 2 of the BPR Instructions identifies the components of the BPR submission. The Budget Narrative is the only required attachment. All other information will be provided directly in EHB.

4. **Can I make changes to my scope of project within the BPR submission?**
    No. Changes to the scope of project must be requested using the Change in Scope module within EHB. In the BPR, Forms 5A: Services, 5B: Services Sites and 5C: Other Locations/Activities will be pre-populated from the official scope of project and cannot be modified. Narrative included in the submission related to changes in scope will not constitute a formal change in scope request.

5. **How should the Program Narrative Update be completed if I have a change in scope request pending HRSA approval?**
    In EHB, a refresh button is available in Forms 5A, 5B, and 5C to ensure that the revised scope information is displayed once a change in scope request has been approved. Address the predicted impact of pending changes in scope in the narrative for each question, as appropriate.

6. **What is the purpose of the Scope Certification Form?**
    Similar to the FY 2015 BPR, this form requires Health Center Program award recipients to annually certify the accuracy of their Form 5A: Services Provided and Form 5B: Services Sites, or to certify that any required Change in Scope requests have already been submitted.

7. **How should the Scope Certification Form be completed if I have a change in scope request pending HRSA approval?**
    The Scope Certification Form gives you two choices:
    1. By checking this option, I certify that I have reviewed my Form 5A: Services Provided [or Form 5B: Services Sites] and it accurately reflects all services and service delivery methods included in my current approved scope of project.
    2. By checking this option, I certify that I have reviewed my Form 5A: Services Provided [or Form 5B: Services Sites] and it requires changes that I have submitted through the change in scope process.

    Select Option 2 if your CIS has already been submitted.

8. **If I receive multiple Health Center Program funding streams (e.g. CHC, HCH, and PHPC), should the BPR include all of these?**
    Yes. All target populations (in this case, general underserved community, people experiencing homelessness, and residents of public housing) and their funding streams are considered to be in the current scope of project and relevant updates on progress should be included in the BPR submission.

9. **What is included in the Program Narrative Update section?**
   The Program Narrative Update includes five sections (Environment, Organizational Capacity, Patient Capacity, Supplemental Awards, and Clinical and Financial Performance Measures) that require narrative reporting. Specifically, the narrative for each section should discuss FY 2015 budget period progress to date, expected progress for remainder of the FY 2015 budget period, and projected changes in FY 2016.
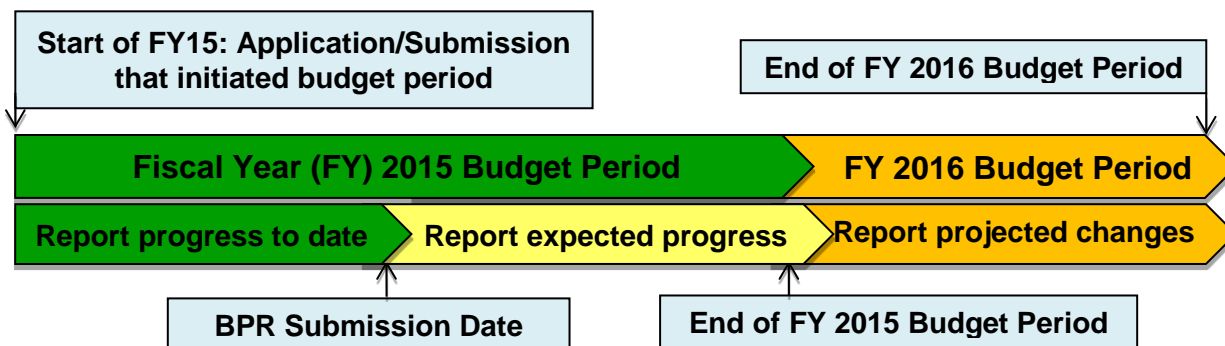
Patient Capacity

10. **How has the Patient Capacity Table changed since FY 2015?**
    The FY 2016 BPR Patient Capacity Table includes two major updates:
    1. The Patient Capacity Table has been separated into two sections 1) Total Unduplicated Patients and 2) Special populations (Migrant Health Center - MHC, Health Care for the Homeless - HCH, and Public Housing Primary Care - PHPC).
    2. The *Projected Number of Patients* column calculation for each section has been updated.

11. **How has the *Projected Number of Patients* column been updated?**
    In the Total Unduplicated Patients Section, the data in this column reflect the Patient Target value provided via email to grantees on May 21, 2015. The BPR does not allow any changes the patient target value.

    In the Special Populations (MHC, HCH, and PHPC) section, the Projected Number of Patients column is pre-populated from the patient projection in the application that initiated your current project period (SAC or NAP), plus selected supplemental funding awarded after the start of the current project period:

Patient Capacity For Special Populations (MHC, HCH, and PHPC Populations)						
App that initiated the current PP	Base + Columns marked with an X	FY 2014 ES	FY 2015 ES	FY 2013 NAP	FY 2014 NAP	FY 2015 NAP
FY 2015 SAC	Special Pops projections in the FY15 SAC	X	X	Already included in the base (As Applicable)	Already include in the base (As Applicable)	X
FY 2014 SAC	Special Pops projections in the FY14 SAC	X	X	X	X	X
FY 2012 SAC	Special Pops projections in the FY12 SAC	X	X	X	X	X

Supplemental Awards

12. What are the changes to the Supplemental Awards table in FY 2016?
The Supplemental Awards table has been updated to reflect the most current list of supplemental awards. The supplemental awards that will appear in this section include:

Supplemental Award	FY 2013	FY 2014	FY 2015
New Access Point	X	X	X
Expanded Services	NOT APPLICABLE	X	X
Behavioral Health Integration	NOT APPLICABLE	X	X

13. I have a pending FY 2015 ES application. What should I include in this section for this application?
Progress reports are only required for supplemental funding that has been awarded by the time the BPR is submitted. The narrative should include the progress made on each funded project from the date of award until the date of BPR submission; the expected progress for the remainder of the budget period; and any projected changes in the FY 2016 budget period.

14. What should a grantee that did not receive any supplemental awards include in this section?
If you did not receive a specific supplemental award, the system will display 'Not Applicable' and will not require information to be provided. Only prepopulated awards require a narrative to be completed.

Performance Measures (New FAQs)

15. How has the Performance Measures section changed since FY 2015?
For the FY 2016 BPR, the Performance Measures table in the Program Narrative Update section includes two new measures – the *Oral Health* clinical performance measure and the *Health Center Program grant cost per patient* financial performance measure. The *New HIV Cases with Timely Follow Up* has been

renamed *HIV Linkage to Care*. Additionally, the audit-related financial performance measures are no longer required.

16. **What is the source of the pre-populated performance measures data?**
The clinical/financial performance measures table has been pre-populated with 2012, 2013, and 2014 Uniform Data System (UDS) data. The Measure Goals column has been pre-populated from the goals included in the most recent application/submission (NAP/SAC/BPR).

17. **Where can I find more information on the performance measures?**
Refer to Table 5: Performance Measures of the BPR Instructions for details on how to complete the Performance Measures table in EHB. General performance measure information is also available in the BPHC 2014 UDS Reporting Manual (http://bphc.hrsa.gov/datareporting/reporting/index.html) and via the Health Center Data and Reporting Web page (http://bphc.hrsa.gov/datareporting/index.html).

18. **Has the Low-Birth Weight performance measure progress data been adjusted to reduce confusion experienced in FY 2015?**
Yes. The Low Birth Weight measure % Change 2012 -2013 Trend, % Change 2013-2014 Trend, and the % Progress Toward the Goal calculations have been updated since FY 2015 and should now clearly reflect your data changes from year to year, as well as your progress toward the goal.

19. **How should I set the goal for the new Oral Health measure?**
The Oral Health measure is designed to capture the integration of oral health into primary care. You will establish an end of project period goal for the new Oral Health measure in the FY 2016 BPR. See PAL 2015-05 (http://bphc.hrsa.gov/programrequirements/policies/pal201505.html) for guidance on establishing the goal.

20. **Should my organization continue to track and report our previous self-defined oral health measure?**
The new oral health measure is required for all grantees. Your organization may choose to: (1) continue to collect and track your previous self-defined oral health measure in addition to the new required oral health measure, or (2) stop collecting and tracking your previous self-defined oral health measure.

21. **NEW My organization provides preventive dental services only via formal referral (Form 5A, Column III). Is the new oral health measure applicable to my organization?**
The new oral health measure is currently only applicable to health centers that provide preventive dental services directly or via formal arrangement in which the health center pays for service (Form 5A, Columns I and II). A health center that only provides preventive dental services via formal referral (Form 5A, Column III) can set the goal for the new oral health performance measure as zero.

22.NEW Is the new oral health measure specific to services provided by dentists or does it also apply to services provided by medical providers?
The new oral health measure applies to only to services provided by dentists and dental hygienists since sealant placement is a dental procedure.

23.Where can I find more information on the oral health measure?
This oral health measure is endorsed by the National Quality Forum (NQF) (http://www.qualityforum.org/QPS/QPSTool.aspx) and is part of the 2015 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html).

For additional information regarding value sets and e-specifications related to the UDS dental sealant measure, see the Agency for Healthcare Research and Quality's (AHRQ) United States Health Information Knowledgebase (USHIK) website, under Measure ID CMS277v0.0.005 (https://ushik.org/QualityMeasuresListing?draft=true&system=dcqm&sortField=570&sortDirection=ascending&enableAsynchronousLoading=true).

24.Can you define the numerator and denominator for the Health Center Program Grant Cost per Patient measure?
The Health Center Program grant cost per patient measure is designed to capture the grant funding that supported activities during the reporting period.

Numerator: The total accrued BPHC section 330 grant drawn-down for the period from January 1 to December 31, of the calendar measurement year.

Denominator: The total unduplicated patients for the period from January 1 to December 31, of the calendar measurement year.

25.How do I interpret the *% Progress Towards the Goal* when it is greater than 100%?
The "% Progress toward Goal" for a measure is calculated as follows: Value from Latest UDS Report/Measure Goal Value) x 100%.

Use the following rules to help you interpret your progress using the "% Progress toward Goal" value:
- If the "% Progress toward Goal" value is more than 100%, you've exceeded your goal.
- If the "% Progress toward Goal" value is 100%, you've met your goal.
- If the "% Progress toward Goal" value is less than 100%, you have not met your goal.

Budget Presentation

26. **Are there activities that are ineligible for BPR funding?**
    Yes. BPR funding may not be used for construction of facilities, fundraising/grant writing, or lobbying efforts. The HHS Grants Policy Statement (HHS GPS) available at HHS Grant Policy (http://www.hrsa.gov/grants) includes detailed information about allowable expenses.

    Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599); health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all funding included under this non-competing continuation and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

27. **Does HRSA require grantees to have an indirect cost rate?**
    No. If you do not have an indirect cost rate agreement, costs that would fall into such a rate (e.g., the cost of operating and maintaining facilities, administrative salaries) may be charged as direct line-item costs. If you wish to apply for an indirect cost rate agreement, more information is available at https://rates.psc.gov/.

28. **What should be included in the budget narrative?**
    The budget narrative is for 1 year based on your upcoming **12-month budget period** (FY 2016 budget period). The budget narrative should provide details on both federal and non-federal resources and must include a table of personnel to be paid with federal funds. Use the budget narrative to clearly explain each line-item within each cost element. It is important to ensure that the budget narrative contains detailed calculations explaining how each line-item expense is derived (e.g., number of visits, cost per unit).

    A sample Budget Justification Narrative is available at the BPHC BPR TA Web page (http://bphc.hrsa.gov/programopportunities/fundingopportunities/continuation/continuation.html).

29. **What format is required for the budget narrative?**
    There is no required format for the budget narrative. The BPHC BPR TA Web page (http://bphc.hrsa.gov/programopportunities/fundingopportunities/continuation/continuation.html) includes a sample budget narrative template.

    HRSA will accept PDF, Microsoft Word, and/or Excel files. If using Excel or other spreadsheet documents, be aware that reviewers will only see information that is set in the "Print Area" of the document. Upload the attachments in portrait orientation.

30. **How do you update the sub-program (e.g., CHC, HCH) on the Budget Information: Budget Details form?**
    On the Budget Information: Budget Details form, click the Change Sub-Program link, and then select the applicable sub-program(s). Once the correction is made, the

incorrect sub-program will be deleted and the selected sub-program(s) (i.e., Community Health Center, Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care) will appear. Further instructions are included in the EHB User Guide for BPR/NCC located in EHB and posted on the BPHC BPR TA Web page (http://bphc.hrsa.gov/programopportunities/fundingopportunities/continuation/continuation.html).

Please note that your Budget Information: Budget Details form must include all sub-programs for which you are currently funded, at the same proportions as your current award.

31. **How much information does HRSA need on staff supported by H80 grant funding (federal section 330 funding) versus those supported solely with non-federal funds (not paid with Health Center Program funding)?**
Refer to Table 7 in the BPR Instructions (also included at the bottom of the Sample Budget Narrative posted at BPHC BPR TA Web page) for the information that must be provided. This includes the name of the staff person (if applicable), the position, percentage of full-time equivalent (FTE), base salary, adjusted annual salary (if the salary must be adjusted to conform to the salary limitation, which is $183,300) (see the Q&As below), and federal amount requested (BPR funding requested to support the position).

32. **What individuals does the salary limitation apply to?**
This limitation applies to salaries paid to all individuals that are employed by a Health Center Program grantee or by a sub-recipient of a Health Center Program grantee and whose FTE or partial FTE is charged to the Health Center Program grant project.

33. **Does the salary limitation apply to individuals performing services on behalf of the Health Center Program award recipient via a contract?**
The salary limitation does not apply to the typical types of contractual arrangements into which Health Center Program award recipients enter. The exception is Health Center Program award recipients that contract with other organizations for core provider staff and/or key management staff (i.e., a substantial portion of the health center project is being carried out via a contract). In these cases, the salary limitation applies only when amounts paid by the Health Center Program award recipient are based solely on a FTE percentage that is applied to an individual rate of pay and these details are clearly specified within the terms of the contract.

Refer to Uniform Guidance 2 CFR 200, as codified by HHS at 45 CFR 75 (http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a819a4f7e71965c4eaaf01d556522d85&r=PART&n=pt45.1.75), for the definition of "substantial" and characteristics of a subrecipient or contractor agreement. Applicants must use judgment in classifying each agreement

as a subaward or a procurement contract, based on the substance of the relationship.

34. **Since applicant budgets reflect multiple revenue sources in addition to the Health Center Program grant, consistent with authorizing statute, is it permissible for a budget to contain salaries at a rate in excess of Executive Level II (i.e., $183,300)?**
Yes, budgets may contain salaries at a rate in excess of $183,300, if the differences are supported by program income. Consulting with your auditor regarding appropriate accounting of income sources for such expenditures is recommended. In addition, HRSA recommends that health centers retain documentation that salary levels above the cap have been approved by the governing board as being reasonable and consistent with local and prevailing salary levels for such positions and furthering the objectives/mission of the project.

35. **Does the salary limitation apply to other forms of compensation (bonuses, incentives, fringe benefits, etc.) that are awarded to individuals employed by the health center?**
No, the salary limitation does not apply to other forms of compensation; however, health centers should ensure these are reasonable and further the objectives of the Health Center Program.

36. **How are total patients reported on Form 3: Income Analysis?**
The Form 3 total patient number is the projected number of patients to be served in the upcoming budget period.

Application Submission

37. **Where can I get the BPR Instructions?**
The BPR Instructions are available on the BPHC BPR TA Web page (http://bphc.hrsa.gov/programopportunities/fundingopportunities/continuation/continuation.html).

38. **When is my BPR due?**
Refer to Table 1, in the BPR Instructions or the BPHC BPR TA Web page (http://bphc.hrsa.gov/programopportunities/fundingopportunities/continuation/continuation.html) for the EHB deadline for each FY 2016 budget period start date.

39. **How do I submit my BPR? When can I begin the EHB submission process?**
All components of the BPR submission are to be provided to HRSA via EHB.

You will receive notification from the EHB system that work can begin on the BPR submission approximately 8 weeks before the BPR submission deadline. Notification from EHB will go to all individuals who have noncompeting continuation edit privileges in EHB. In the EHB system, after logging into EHB, click the Grants tab on the EHB Home page to navigate to the My Grant Portfolio - List page. On the Grant

Home page click on the *Work on My NCC Report* link under the Submissions section.

40. **How will I be notified if my BPR is not successfully submitted in EHB?**
    After attempting to submit, you will receive any error message directly on your screen, not by e-mail. All submission errors must be corrected prior to the EHB deadline.

41. **What happens if HRSA determines that a BPR submission is insufficient?**
    An incomplete or non-responsive BPR submission will be returned through a "request change" notification via EHB. You will be required to provide clarification or submit missing information within a short time-frame. Failure to submit the BPR by the established deadline or submitting an incomplete or non-responsive progress report may result in a delay in Notice of Award issuance or a lapse in funding.

Award Information

42. **When will BPR funds be awarded?**
    BPR funding will be issued on or around the FY 2016 budget period start date (see the BPR TA Web page).

Technical Assistance and Contact Information

43. **Who should I contact with programmatic questions concerning the BPR submission requirements and process?**
    Refer to the BPHC BPR TA Web page (http://bphc.hrsa.gov/programopportunities/fundingopportunities/continuation/continuation.html) for TA slides, a recording of the TA call, EHB User Guide for BPR/NCC, FAQs, and samples of the Program Specific Forms, among other resources. You may also contact René Herbert in the Bureau of Primary Health Care's Office of Policy and Program Development at BPHCBPR@hrsa.gov or 301-594-4300.

44. **Who should I contact with specific questions about budget preparation, including eligible costs?**
    Contact Carolyn Testerman in the Division of Grants Management Operations at 301-594-4244, or ctesterman@hrsa.gov.

45. **If I encounter technical difficulties when trying to submit my application in HRSA EHB, who should I contact?**
    Contact the BPHC Helpline Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding federal holidays), at 1-877-974-2742, or submit a request online (http://www.hrsa.gov/about/contact/bphc.aspx).