

**FY 2014 Health Center Expanded Services Supplemental Funding Opportunity
Grantee Technical Assistance Call
June 6, 2014
1:00 pm ET**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen only mode. During the Q&A portion of today's conference you may press star 1 on your touchtone phone if you would like to ask a question.

Today's call is being recorded if you have any objections you may disconnect at this time. Now I would like to turn the meeting over to your host Ms. Sarah Costin, Ms. Costin, you may begin.

Sarah Costin: Thank you, good afternoon everyone and welcome to the technical assistance call for the fiscal year 2014 Health Center Expanded Services (ES) supplemental funding opportunity. My name is Sarah Costin, I'm a Public Health Analyst in the Bureau of Primary Health Care and I'll be serving as the program lead for the Expanded Services opportunity.

We have a number of slides to go over during today's presentation and we had prepared to use the Adobe connect Webinar, but we've run into some technical difficulties so we're asking everyone to please follow along with the slides. We have them loaded on our technical assistance webpage, the Expanded Services technical assistance website. The address for the website is <http://www.hrsa.gov/grants/apply/assistance/es/>. I'll read the Web address again, it's <http://www.hrsa.gov/grants/apply/assistance/es/>.

And the link to the technical assistance website was also included in the list serve notification that went out on June 3 announcing the release of the

Expanded Services opportunity. So if you have that on hand you can access the technical assistance website through that link. Also we had a Primary Care Digest update that came out this morning and it's got the link in that Primary Care Digest as well. So if you can navigate to the technical assistance website you'll see the presentation slides are uploaded there and you can just follow along using the Power Point presentation. We greatly appreciate that and we certainly apologize for the technical issues we're running into before we get started today.

All right so before we dive into the Expanded Services piece I'm going to turn it over to Jen Joseph, the Director of the Office of Policy and Program Development in the Bureau of Primary Health Care. She's going to get us started with some introductory remarks.

Jen Joseph: Thank you, Sarah. Good afternoon and good morning to those on the West Coast I'm really excited to be here with you today to talk about this Expanded Services funding opportunity. The fact that you're hearing my voice and not Jim's is no indication of our lack of excitement about this. He would be here if he could. And we know that this is meeting a real expansion need for health centers. We're excited to provide these resources for you to be able to do more of what you already do through the Expanded Medical Capacity portion of this opportunity, and the option to add oral health, behavioral health, vision, and other pharmacy services where they're most needed.

We know that this need has been amplified by all that's been going on with the Affordable Care Act and all of the amazing work that you all have done and others have done and individuals themselves have done to get connected to new insurance. And we also know that you have been a really important source of care for those who didn't have a medical home when in

search of insurance, they did not find what they had hoped to find as a possibility for themselves and instead found you as their new medical home. So we're hoping these resources will help you to serve your community in new and better ways. So I look forward to hearing your questions and even more so to hearing about how this funding makes an impact in your community. And with that I'll turn it back over to Sarah to share additional details with you.

Sarah Costin: Great thanks, Jen. Okay so on Slide 2 we've included an agenda for today's presentation. And I'm going to spend a good amount of time going through the slides today and we'll cover a lot of information about the Expanded Services opportunity. If a question comes into your mind while we're going through the presentation please do jot it down or make a mental note for yourself so you can ask the question at the end during the Q&A session if it hasn't been resolved at that point. And during my presentation I'm going to provide an overview of the Expanded Services opportunity. I'll discuss the eligibility and application requirements. We'll walk through all of the components of the Expanded Services application. I'll go over the review process and future reporting expectations and then I'll provide some useful contact information before we move onto the Q&A session.

Slide 3 outlines the purpose of Expanded Services funding, which is to support increased access to comprehensive primary health care services including oral health, behavioral health, pharmacy, and/or vision services at existing health center sites. All applications are due on July 1 and we'll be making awards in September. [The Expanded Services website](#), which I mentioned earlier, has a number of useful resources that I encourage everyone to check out as you complete the Expanded Services application

and I'll be referring to those resources a few times throughout my presentation today.

Moving to Slide 4, we'll be awarding around \$300 million in Expanded Services funding and the awards will be supplements to existing grantees' H80 operational grants, and we've used a formula to determine the maximum amount of Expanded Services funding for which each grantee is eligible to apply based on UDS data.

And on Slide 5 we've included the actual funding formula. So on top of a base amount of \$178,000, we added \$2 for every health center patient and \$4 for every uninsured patient reported on the grantee's UDS report. And the maximum amount that can be requested is the base amount of \$178,000 in cases where there's no UDS data. So applicants can request up to their maximum eligible amount of Expanded Services funding. And keep in mind this funding allocation amount is for a 1-year period. So it's the maximum amount that you can request per year. HRSA sent out an email to each eligible grantee on June 3 indicating the maximum amount of funding for which they're eligible to request per year based on that formula.

On Slide 6 I want to highlight one particular piece of the Expanded Services funding opportunity that has evolved over time and that's around the eligibility criteria. Expanded Services funding is open to all current health center program grantees with the exception of a small handful of health centers that had not verified that at least one site in scope is operational and providing services by the time that this funding opportunity was released. Over the past few months you may have heard that grantees funded for the first time through a fiscal year 2013 or fiscal year 2014 New Access Point (NAP) application – the FY13 and FY14 newly funded or new start NAPs –

were not going to be eligible to apply for Expanded Services funding. So I want to be very clear about where the eligibility criteria have landed at this point and reiterate the fact that all health centers are eligible to apply unless they have not opened and verified any service delivery sites in scope.

Slide 7 outlines the eligible uses of Expanded Services funding. You'll see that all applicants are required to propose a required Expanded Medical Capacity project, or EMC project, to expand existing primary medical services and they must use a minimum of 50% of their Expanded Services funding on their EMC project. In addition applicants have the option of proposing an optional Service Expansion project, or SE project, in order to establish or expand services in the areas of oral health, behavioral health, pharmacy, and/or vision services.

And while we're on this slide I want to briefly mention something that we've gotten a few questions about. A few months ago, many of you know that HRSA released a competitive Behavioral Health Integration supplemental funding opportunity (BHI). The announcement number was HRSA-14-110 and the awards for that opportunity are set to be announced in August. So if there are applicants that applied for BHI funding and they're also interested in proposing a Behavioral Health Service Expansion project as part of their Expanded Services application they are certainly welcome to do so.

Applicants should make sure that they develop their Expanded Services proposal in such a way that the Behavioral Health Service Expansion project through the Expanded Services grant can be implemented regardless of whether or not the BHI application is funded. So the Expanded Services funded Behavioral Health Service Expansion project should not be dependent upon the BHI project to be implemented or to reach its patient projections.

And I also want to note that HRSA will permit applicants awarded both BHI and Behavioral Health Service Expansion funding through the Expanded Services opportunity to request to re-budget their Expanded Services funding if the two awarded projects overlap and any post award re-budgeting can be requested only for projects that were already proposed in the Expanded Services application.

The table in Slide 8 provides a snapshot of the eligible uses of Expanded Services funding. So you'll see in the table that again for the required Expanded Medical Capacity project applicants must use a minimum of 50% of their total Expanded Services funding. Applicants are required to project the number of the new patients that will be served through the Expanded Medical Capacity project and Expanded Medical Capacity funds are expected to go toward hiring medical providers, expanding hours of operation and expanding access to medical services. And listed underneath the EMC project we've listed the optional Service Expansion projects that grantees can propose. And through the Service Expansion projects applicants must project the number of new patients that they'll serve as well as existing patients not currently receiving the targeted Service Expansion services that will be served as a result of the funding. And for the Service Expansion projects, funds will go toward hiring providers, expanding hours of operation, and expanding access to eligible new or existing Service Expansion services.

So just to reiterate, the Service Expansion projects, or SE projects, are not required and we fully expect there to be a good number of Expanded Services applications that come in proposing to use all of their total funding on only the one required EMC project.

Slide 9 outlines the eligible costs for the Expanded Services opportunity including personnel, fringe benefits, travel, equipment, supplies, contractual, and other costs. There is more detail about each of these cost categories included in appendix C of the Expanded Services Instructions document for you to reference. And we've also provided a sample budget justification, and both of those are found on the technical assistance website. And we do have a few more details specific to equipment costs that we're going to review on the next slide.

Slide 10 notes that there is a cap on equipment costs of \$100,000 for the Expanded Services application. In addition, grantees that propose to use Expanded Services dollars toward equipment costs can only do so in year 1 of the project. So in future years, the same amount of money that went toward equipment in year 1 must go toward a non-equipment eligible cost category, like personnel, for example. And lastly there is an equipment list included in the Expanded Services application that's required for grantees that decide to request to use Expanded Services funds to cover equipment costs.

Slide 11 lists the ineligible uses of Expanded Services funding including construction costs and minor alterations and renovations; fixed or installed equipment; and facility, land or vehicle purchases. We also want to highlight the fact that the intent of the Expanded Services opportunity is focused on expanding upon what current health center program grantees are already doing. So we really just want to be clear about the fact that it's not appropriate to supplant or displace existing resources with Expanded Services funding. The Expanded Services dollars should really be used to supplement, not supplant, existing resources.

Slide 12 notes that applicants are expected to propose to use Expanded Services funding in the same special population funding proportions as their current H80 grant. So if your current H80 grant is split 75% general community health center (CHC) funding and 25% healthcare for the homeless (HCH) funding, you must spend your Expanded Services dollars in those same proportions. The email that HRSA sent out to each eligible grantee included, among other things, information about that special population funding breakdown. In addition, applicants cannot propose to serve a special population outside of their current approved scope of project and also must propose to expand services for all special populations currently in scope.

On Slide 13 we address the question of sites and want to point out that applicants may not add new sites to scope through the Expanded Services opportunity.

Moving onto Slide 14 we start to get into the topic of services and when it comes to talking about which services are eligible to be supported through the Expanded Services funding opportunity, it can get a bit complicated because the list of eligible services is specific to the proposed project type. So for example, you can't propose the same services in a Pharmacy Service Expansion project that you would propose in your Behavioral Health Service Expansion project. And then on top of that, in some cases, again depending on the project type, applicants may choose to propose certain eligible changes to their form 5A as part of the Expanded Services application. So we're going to talk a bit more about the Form 5A piece a few minute later but I want to make sure that everyone knows that all of the details around eligible services and eligible modifications to Form 5A are outlined by project in Appendix A of the Expanded Services Instructions.

And in addition once you're actually in the Expanded Services application in EHB and you start filling out the section on services for each project that you propose, you're going to see that the system doesn't allow you to propose to add pharmacy services as part of your Behavioral Health Service Expansion project. The application itself will only allow you to propose changes to the services that are eligible depending on the type of project you're working on. And the other thing to keep in mind when considering this part of the application is that again we expect in many cases applicants are going to choose to use Expanded Services funding to simply do more of what they're already approved by HRSA to do. And so in those cases, you won't need to make any changes to your Form 5A through the Expanded Services application. You'll just be able to hit save and continue and move onto the next step.

So we've talked about the eligible and ineligible uses of Expanded Services funding and now on Slide 15 we'll start to get into a discussion of the actual elements of the Expanded Services application. The screen shot on Slide 15 outlines the components of a sample Expanded Services application. The example here is based on an application that's proposing a required EMC project, which of course every application must include because it's required, and then one optional Service Expansion targeting oral health.

So you can see on the left hand side of the slide that there are five sections of information that must be provided per project. There is the budget, which is the Federal Object Class Categories form, the Services section, which is the Form 5A, a Staffing Impact form, a Patient Impact form and three narrative questions about the proposed project. So those five sections must be completed for every project proposed. If your organization has decided to focus all of your Expanded Services funding on expanding medical capacity

through the required EMC project, then you only have to complete that information once. And then for organizations that want to propose multiple projects, you'll have to complete those five sections multiple times. So in this example of an application proposing two projects, you can see that they have to complete this project specific information twice: once for the EMC project, and then again for the Oral Health Service Expansion project. And when you begin your Expanded Services application in the system, you'll actually see that the system has already created the EMC project for you since it's the one required project.

So then you just have to go in and fill out all of the information for your Expanded Medical Capacity project, and then if you choose to do so, you can also go in and add any of the Service Expansion projects that you want to propose as well. So once you've completed the project specific sections, the information that you included for each project is then rolled up and displayed in several of the consolidated forms, which are listed on the right hand side of the slide. These consolidated elements are required once per Expanded Services application not per project. And the consolidated sections are really helpful because they allow you to see what you proposed in total across all of your projects, which is great in terms of the budget, the patient projections and the staffing impact. I mentioned on the - I mentioned the equipment list already, which must be completed only for those applications that are proposing equipment costs. And lastly there is just one budget justification covering all projects required as part of the application.

So that's a high level overview of the required components of the Expanded Services application. And now we'll go through and touch briefly on each of these over the next few slides.

The Federal Object Class Categories form, as described on Slide 16, is used to collect the federal and non-federal amounts for each project across budget categories for the first 12-month budget period. This form is pretty straightforward, but I just want to remind folks that the details that you provide in the budget justification should align with the information that you enter for the federal - into the Federal Object Class Categories form.

Moving on to the Services section on Slide 17, for each project that you propose in the Services section, you'll be presented with a pre-populated copy of your organization's currently approved form 5A. So the screen shot on this slide provides an example of what you're likely to see and over the next few slides we'll refer to the various service delivery methods that are recorded on Form 5A, and so I just want to highlight them here as well so that we're all on the same page while we're talking about the components of the Form 5A piece of the application. So we have Column I services that are provided directly by the applicant, as you can see on the screen shot here. We have Column II services that are provided by formal written agreement where the grantee pays for the service. And then we have Column III referrals where there is a formal written referral agreement in place and the grantee does not pay for the service.

On Slide 18 we start to get into the list of eligible Form 5A modifications that applicants are able to propose, which I mentioned briefly earlier. For the service - for any of the services that are eligible under the EMC project, applicants may propose to start providing a service directly that previously had been provided through a formal written agreement in which the grantee pays for the service. So if there's a service currently marked in Column II on Form 5A and an applicant wants to use Expanded Services funding to start providing that service directly, they can propose to add it to Column I. And

there's also an option to propose to begin providing directly or through a formal written agreement in which the grantee pays for the service, a service that's currently a Column III referral that's not paid for by the grantee.

For the EMC project, applicants do not have the option to propose to add any new additional specialty or other services. So only those services that are already listed on the grantee's current Form 5A are eligible to be modified in the ways that I just went over. Again the list of eligible services for the EMC project is detailed in appendix A of the instructions. I also want to point out here that the services that are eligible under the Service Expansion projects, which we'll talk about on the next slide.

So oral health, behavioral health, vision, and pharmacy services, those are not eligible services under the EMC project. They'll be covered in the Service Expansion projects.

Slide 19 brings us to the list of eligible Form 5A modifications for the optional Service Expansion projects. So for the oral health, behavioral health, and vision Service Expansion projects, applicants are permitted to add a new service to scope that's not currently provided. However, for pharmacy Service Expansion projects, no new services can be added [to scope] because all eligible pharmacy services should already be in the scope of project for all grantees as they're required services per Form 5A.

The other two eligible Form 5A modifications listed on this slide mirror what we just talked about with the Expanded Medical Capacity project. So applicants may propose to start providing a service directly that currently is provided through a formal written agreement in which the grantee pays for the service. And there's also the option to propose to begin providing

directly or through a formal written agreement in which the grantee pays for the service, a service that's currently a Column III referral that is not paid for by the grantee.

Slide 20 outlines the requirement that new services added to scope through the Expanded Services opportunity must be available within 120 days of award. So if an applicant proposes a change to Form 5A and then they're awarded Expanded Services funding, there will be a related scope verification condition added to the notice of award that goes out. Grantees will have to respond to that scope verification condition once they begin provision of the new service to verify that the service is now being provided. And if for any reason there is an issue with the application where there's not enough information provided about the proposed new services, or the information is not clear for some reason, you may see a condition on your award requiring more information before new activities can begin or we may request re-budgeting.

Moving onto Slide 21, which covers the Staffing Impact section. In this section, applicants will enter new full-time equivalent staff (or FTEs) that will be supported with Expanded Services dollars. Similar to the Services section, this part of the application is also specific to the project type. So you can't propose to hire 1.0 FTE dentists as part of a Pharmacy Service Expansion project, for example. This system again will only allow you to enter information for the eligible position types based on the kind of project that you're proposing. In addition, administrative and supportive staff that will be involved in the implementation of the Expanded Services projects are allowable across all project types. So these types of positions include case managers and health education staff, for example.

On Slide 22 we'll go over a few important considerations regarding the Staffing Impact section. So you can use Expanded Services funds to support direct hire staff, contracted staff or a mixture of both. But keep in mind that in the Staffing Impact section of the application, you'll only report information for direct hire FTEs. There is a separate section of the application where you'll enter FTEs for any contracted staff and we'll mention that a little bit later on.

So when it comes to using funds on staffing we do expect to see proposals that demonstrate a staffing plan that will result in an increase in access to eligible services. And again in Appendix A of the Expanded Services Instructions you'll also find details on eligible staffing and position types per project type.

On Slide 23 we move onto the Patient Impact section of the application. Applicants are required to include projections for the number of patients they'll serve through their Expanded Services funded projects over a two-year period. So we talked at the beginning of the presentation about the fact that the funding amount that you can request covers a 1-year budget period but activities in the application should cover a 2-year project period.

So when you're developing your Patient Impact targets and you're setting your goals, you should consider a 2-year timeline. For the required EMC projects, applicants must provide projections for new patients to be served. And for the optional Service Expansion projects, applicants must provide projections for both new patients and existing health center patients that are not currently receiving the proposed services that will be impacted by this funding.

For further clarification on this piece on Slide 24 we've included definitions for new and existing patients. So for the purposes of the Expanded Services funding opportunity, a new patient is an individual who has not been seen by the health center in the past 12 months and who is not reported on table 3A of the grantees 2013 UDS report. And an existing patient is a current health center patient that will be receiving a new service as a result of Expanded Services funding. So for example, the number of current medical patients projected to access a new oral health, behavioral health, pharmacy, or vision service from the health center for the first time would count as existing patients.

Slide 25 outlines a few important considerations around the patient projections. We strongly encourage applicants to develop Patient Impact projections that are realistic and achievable. Applicants will be held accountable for reaching the total number of new patients across all Expanded Services projects. So it is recommended that applicants propose targets that they know they can meet as opposed to what they hope they can achieve.

And we expect to be able to see that the projections are realistic in the justifications that are required to explain how the patient projections were developed.

When you're thinking about your patient projections as you develop each proposed project, make sure that you're not double counting patients across projects. So if you propose to serve 100 new patients via the EMC project and then 100 new patients via a Behavioral Health Service Expansion project, that amounts to a total of 200 new patients that you're projecting to see by the end of the 2-year period.

Slide 26 provides an overview of the three narrative questions required for each proposed project. The questions cover the topics of Need, Response, and Impact. There is a limit of 3,000 characters for each of the three responses, which is equivalent to about two pages for each response. And note there is no special formatting supported in this section so try to avoid the use of bulleted lists or other special formatting. And there's no special project narrative attachment required; this section is it for the narrative piece of the application.

I want to remind everyone of the need to be consistent throughout the application. So the details that are provided in the narrative responses about each project should align with the information provided throughout the rest of the Expanded Services application, so around patient projections and new FTEs, things like that.

The narrative questions are listed in the application itself in EHB, of course, but they are also included in full in the Expanded Services Instructions for your reference.

So we'll just go over the narrative questions briefly starting on Slide 27. For the Need section, applicants must describe the need to expand or begin providing the proposed services, as well as how the proposed project will respond to the health care needs of the target population. And this description should reference any special populations, demographic characteristics, and any access to care or health status indicators relevant to the proposed project.

Slide 28 covers the Response section and the information covered here gives applicants an opportunity to describe the appropriateness of any changes to their Form 5A that are proposed, so please ensure that you give this section adequate attention. In the Response section, applicants must describe their timeline for implementing the proposed project, which must include the provision of new and expanded services within 120 days of award, how services will be integrated into the organization's existing service delivery model, and incorporated into the QI/QA plan. It should include the process for ensuring that all employed and contracted providers are appropriately licensed, credentialed, and privileged, as well as ensuring that appropriate risk management plans are in place for all proposed services.

The Response section also requires a description of how the sliding fee discount program will be used to ensure all services will be accessible without regard to a patient's ability to pay. And the description should include the applicant's plans to ensure that all patients will have reasonable access to any proposed new services. And lastly, where applicable, the applicant must describe how the health center maintains oversight over all services that are provided by contracts or agreements.

The last narrative section is the Impact section, which is detailed on Slide 29. For this section, applicants must describe the impact of the proposed project in terms of the number of proposed new patients, existing patients with increased access to services (as applicable), and new providers (again, as applicable).

They must also include a detailed explanation for how the patient projections were calculated, including the data sources used. So your response in this section is your chance to provide a narrative description and justification for

the patient projection numbers that you included in the patient impact section.

And here is where you want to make sure that the information that you provide in the Impact section is consistent with the projections that you've already provided and you also want to make sure that you demonstrate that your goals again are realistic and achievable.

And with that, we've covered all of the project specific sections of the application. So now on Slide 30, we'll move onto the consolidated sections that are only required once per application. There's a consolidated budget section, the Consolidated Federal Object Class Categories form, which is a read-only form, meaning that you can't make any changes to it directly on the form. And this form provides a summary of the line item budget information that you included in your project specific Federal Object Class Categories forms. So for this section, the total federal budget proposed must be less than or equal to the maximum allowable amount of Expanded Services funding as indicated in the email notification that you received. And the system is programmed to control for this, but you should just double check as well to ensure that you're requesting the appropriate amount before submitting your application. And as I said this is a read only form, so if you need to make any changes to it you have to go back and update the project specific budgets.

Slide 31 outlines the Consolidated Project Information form. There is a read only section on this form that provides summary information about the total new and existing patient projections across projects, as well as the total staffing impact for all projects. It's really important for you to review the summary information comprised of everything that you entered about

patient and staffing impacts in the individual proposed projects to make sure that it's correct. In this section you'll see, for example, the total number of new patients proposed across all projects and that's the number that you'll be held accountable for serving. So you should double check in this section that the number is both correct and that you're again not double counting any patients either.

There are also a few sections of this form that are not read only and that you do have to fill out. And this is the part of the application that I mentioned earlier where you can indicate if there are any contracted FTEs that will be supported by Expanded Services funding. You would enter that information in this section and also if you requested to use Expanded Services funding on equipment costs, this is the section of the application where you're required to describe how those funds that went toward equipment in year 1 will be spent on non-equipment costs in future years.

Moving to Slide 32, as I mentioned earlier, there is one budget justification required for the Expanded Services application that will cover all proposed projects. The budget justification is the only attachment uploaded to the application. All of the other pieces of the application are actually built into the EHB forms. In the budget justification, applicants should clearly detail the cost of each line item from the Consolidated Federal Object Class Categories form and explain how each cost contributes to meeting the projects goals and objectives. There's a sample budget justification available on the [Expanded Services website](#) that you can refer to, and you can use it if you'd like to, and further details on completing the budget justification are included in Appendix C of the Instructions document.

Slide 33 covers the requirements of Expanded Services applications.

Expanded service proposals must address how: the organization will provide access to new and Expanded Services within 120 days of award, incorporate Expanded Services activities into the health center's existing service delivery model and QI/QA plan, and demonstrate an increase in primary care medical capacity to support new patients receiving primary medical care via the Expanded Medical Capacity project.

On Slide 34 we circle back to that email that I mentioned previously that went out to all eligible applicants. It was sent out to all Authorizing Officials (AO), Business Officials (BO), and Project Directors (PD) at eligible health centers on June 3; it was around mid-day that it went out. And that email included the link to access the application in EHB, a special eligibility code needed to begin the application, the maximum eligible amount of Expanded Services funding for the grantee based on the formula that we went over, the minimum amount of Expanded Services funding required to go toward the EMC project, and then a breakdown of Expanded Services funding based on the applicant's current special population funding proportions. So if you believe that your organization should be eligible but you did not receive this email, first check with the individuals at your organizations that are assigned the roles of Authorizing Official, Business Official, and Project Director in EHB. And if they haven't received the email either reach out to us by email (bphc-es@hrsa.gov) and we'll certainly look into the situation.

Slide 35 notes the fact that the Expanded Services application is completed entirely within EHB. There is an EHB User Guide for the Expanded Services application that walks through each step of the application process and it has a lot of great screenshots to help guide applicants. It's available on the [Expanded Services website](#), so please do reference that document as you

complete your application. The Expanded Services application period opened on June 3 and all applications are due by 5:00 PM Eastern Time on July 1.

Please note that even though this is not a competitive opportunity through grants.gov, the EHB deadline is a strict deadline – it's not a soft deadline. So you must meet the application deadline in EHB. To submit an application in EHB, you must have the submit privilege. So if you're not the Authorizing Official, or 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. The AO is the only individual that can submit the application so please ensure that he or she is available to submit the application before the deadline. Please, if at all possible, do not wait until the last minute before the deadline as it can sometimes take as long as 30 minutes for the application to show up for the AO after you hit that 'Submit to AO' button. And if you run into any technical issues with submitting the application, please contact the BPHC help line. And we'll go over all the contact information at the end.

Slide 36 covers the review process. HRSA will conduct internal reviews for completeness, eligibility, and allowable costs. Awards will be made in September and it's really important that you make sure that your organization's registration at SAM.gov is active around this time because an active registration is required at the time of award, so please keep that in mind.

In addition, about 45 days prior to award, so around mid-July, we will assess the compliance status of grantees applying for Expanded Services funding and awards will not be made if a grantee has five or more 60-day health

center program requirement progressive action conditions, or one or more 30-day health center program requirement progressive action conditions. So you'll want to start thinking ahead and communicating with your Project Officer about taking any necessary steps to see if you can avoid falling into one of those two categories.

Reporting requirements are covered on Slide 37. There's no separate reporting requirement for the Expanded Services opportunity. Future UDS reports are expected to demonstrate progress toward meeting overall Expanded Services targets. Achievement of new patient projections will be monitored through 2016 UDS data, and health centers will be required to provide updates on their progress with their Expanded Services goals in future Budget Period Progress Report (BPR) submissions. And lastly, contingent upon congressional appropriation, Expanded Services funding is expected to be incorporated into grantees' ongoing base awards. Though HRSA may withdrawal the support, in part or in total, if projections proposed in the Expanded Services application are not met.

Slide 38 lists all of the important contact information for the Expanded Services opportunity. As I've mentioned we have a number of great resources like Frequently Asked Questions, which we'll continue to update, and we have the EHB User Guide. All of those resources are available on the [Expanded Services website](#). For any programmatic questions about the Expanded Services opportunity, please reach out to the email address listed for the Expanded Services team at bphc-es@hrsa.gov. And we're asking applicants to primarily funnel all of your questions to us by email, and that's because we're expecting a high volume of inquiries coming in and we're able to respond to those questions more quickly when they're emailed to us because we have a team of staff members monitoring the email inbox at

bphc-es@hrsa.gov. The contact person for any budget related questions is Clare Oscar, and of course, the BPHC help line information is included as well for any technical EHB issues or questions.

So with that I think we are ready to move on to the Q&A session. I have a few colleagues available on the line who will jump in to help me answer some of these questions. And there may be some questions that come up that we need to look into a bit further before answering, so we may ask you to email those questions to us at bphc-es@hrsa.gov so that we can do the necessary digging that we need to do to get you a response, but we'll try to answer as many as we can today.

So with that I'll ask the Operator to please open up the call for questions.

Coordinator: Yes, if you would like to ask a question you press star 1 on your touchtone phone and then record your first and last name clearly at the prompt so that I may introduce your question.

Again that's star 1, please be sure that your line is un-muted and then record your first and last name clearly at the prompt. One moment we have several questions coming in. Our first question comes from Lynn Zaris.

Lynn Zaris: Yes thank you. You said that we could not add the same patients into the new patient count across different services. So my question is if we're proposing a Service Expansion into behavioral health and we project a particular number of new patients that we'll see. But they also become - they use us as their medical home now they - it's the same patient using two different services. So how do we not duplicate that count?

Olivia Shockey: Hi, this is Olivia Shockey in the Office of Policy and Program Development. Our advice for you on that would be to divide those patients out across your projects so that when you look at the cumulative new patient total it comes out to the correct number. So if you believe that based on your EMC project you are going to attract 1,000 new patients to your health center, and your behavioral health projects might also be serving 50 of those new patients then you're welcome to put 1,000 minus 50 so 950 in one spot and 50 in another.

Or you also have the option of listing patients in your Service Expansion projects, so in your case behavioral health, as being existing patients that will receive the new service. So my suggestion would be if you believe they will be brand new patients to the health center entirely, put 1,000 here (EMC), 50 here (BH SE) and that's 1,050 new patients total. And if that doesn't seem like the right cumulative amount, you can make some adjustments within your projects accordingly so that you get the right number of new patients across all projects at the end.

Lynn Zaris: Okay thank you.

Coordinator: Our next question comes from Rena Speigel.

Rena Speigel: Yes hi thank you. I wanted to know from what I understand, a couple of questions. If we had a capital grant to build a new building and this expansion money can be used to provide - it's going to increase our services. So if there are an increased number of patients we can use this money at that site where the new building is built?

Olivia Shockey: Right so the funding is intended to increase services across all sites in scope. So we're looking at expanding on top of things that have already been committed or that you are doing at this point.

Rena Speigel: Okay and then the EMC project, if we were going to use all our money for expanded let's say adult services, it's one project if we're using it across - we have 14 sites, so if we were using it across our 14 sites it's still just considered one project?

Olivia Shockey: Yes, that's correct – one project.

Rena Speigel: Okay and then I think my final question, thank you, is that for new patients it will be the number of new patients over 2 years but our just - our existing patients would be just the number of existing patients in a year? I'm not sure - I can't seem to upload or download the form, I'll have to call the help line, so I couldn't see how the form works because we have to give you new patients over 2 years and existing patients over 2 years?

Olivia Shockey: Yes, and the most important part as you're working on these numbers is to ensure that your new patient projection for the 2-year period is realistic and achievable in terms of new patients coming into your health center across all projects. The number that you're projecting for existing patients that are going to be accessing new services is also factored into your projection, but keep in mind that if you're doing an Expanded Medical Capacity project only, then it's highly likely that all of your existing patients are receiving the types of services that are listed under Expanded Medical Capacity. So you will only be projecting new patients for EMC. [In fact] EMC requires a new patient number only. It's [only] the Service Expansion projects that require both new and existing patient projections.

Rena Speigel: Okay got it, okay great thank you so much.

Coordinator: Our next question comes from Fred Jackson.

Fred Jackson: Yes question 42 on the FAQ indicates they won't allow expenses prior to September 1. But if you have an expansion that you want to implement earlier in the summer, can you go forward with the expansion but then not use the expenses until after September 1? [That] is question one.

And then the second question is we have sites that were added with an administrative change of scope, which said that we could not utilize grant funds for them if we're looking to expand those sites now. Can we now use the ES funding for them?

Sarah Costin: Sure, so I will take the first part of that question, which was about implementing prior to the funding - the award goes out in September - but not using any pre-award costs. So pre-award costs, any costs prior to the award comes out, are not eligible. And, so you know, based on your plans and what's appropriate for your health center, implementation of a proposed project is allowable prior to the award date if it will result in an overall increase in FTEs and/or access to services. Pre-award costs as I said are not allowable but implementation of your plan prior to September is allowed.

Olivia Shockey: So let's just give an example because we've had several questions come into our inbox that said, you know, summer is the big hiring period for bringing on new providers and we don't want to miss our chance to bring on a new provider. They are going to be working on this Service Expansion project when we get this money if we get this money. And so can we hire this

provider now and know that they're going to be supported through this Expanded Services grant later. And the answer to that is yes, but please keep in mind that this is not guaranteed funding. It is an application, and it is contingent upon appropriations. So please just keep that in mind as you make commitments in the community for bringing on new providers at this point.

To answer your second question, yes – if you've added sites through a Change in Scope or other methods where you stated that you were not going to be needing any additional Health Center Program grant dollars to implement that change, that site is now part of your scope and you are welcome to use your Expanded Services funding at those sites to support the expansion of services at those sites. Just keep in mind we're not asking you to pinpoint sites where you're expanding services through this application.

This is about your entire scope of project. So if you know provider A is going to be at one specific site out of five, services need to be available across the entire grant project. So I think some of the questions that have been coming in specific to sites are based on applications that we've created in the past that really ask you to specify which sites you were using for expansion projects. This project is not linked to those sites, we just want you to know that the funding is only intended to support services at sites in your approved scope of project.

Fred Jackson: Okay thanks.

Coordinator: Our next question comes from Donna Bevers.

Donna Bevers: Yes hello thank you. At the top of the call I think someone mentioned that there was some new link posted today, maybe I misheard that but was there some mention of that there was a new resource posted today on the website?

Sarah Costin: We don't have any new resources listed on the website. We have the slides that are - that we used for today's call - they are posted there. They've been there since we went live with the Expanded Services opportunity.

Donna Bevers: I have every - I've already downloaded everything that's posted there I just thought somebody had mentioned that there was something new posted today and I didn't see it on the website so I just wanted to clarify that.

And then as far as additional resources that might be posted, will there be any like templates of the online forms posted or is that pretty much incorporated into the User Guide?

Sarah Costin: There are a lot of screenshots in the User Guide that are going to be really helpful as you go through the application. We're not going to post the forms on the website because they're all sort of project specific forms. So it really depends on what you're - what piece you're working on, what you're proposing, when you're in the application.

Donna Bevers: Great go it, thank you very much.

Coordinator: Our next question comes from Karen Norton.

Karen Norton: Hi I'd like to know if you can spend all of the Service Expansion funds on equipment or do you have to divide it up between staffing and equipment?

Sarah Costin: The rules around equipment are really that you have to spend less than \$100,000 on equipment across all of your projects. And they have to, of course, be appropriate for your project and you'll want to keep in mind that you'll still have to be able to demonstrate how you're going to increase access to services through that project, how you'll reach new patients and existing patients if it's a Service Expansion project. And Olivia, maybe there's more that you want to jump in and share on this one.

Olivia Shockey: Yes, I just wanted to stress the point that equipment purchases need to really support the intent of the Expanded Services project, which is increasing access to services for patients. And so any equipment purchases in year 1, which is \$100,000 or less of funding, need to correspond to an equivalent amount of services in year 2. So you may be supporting a \$50,000 equipment purchase in year 1 but that \$50,000 needs to be allocated in year 2 to services.

So it may be expanding hours or adding providers or some other method of expansion, because equipment purchases cannot be supported through year 2 of your budget, only year 1.

Karen Norton: Thank you.

Coordinator: Our next question comes from Jim Beaumont.

Jim Beaumont: Good morning, we have multiple special populations and so we have proportions broken out in our email. And my question is in building the projects, do we have to maintain that proportion through every project within each category of EMC (e.g., CHC and HCH)?

Sarah Costin: You have to just keep that proportion for the total Expanded Services application. So not at the per-project level - no. The one thing to keep in mind is that if any of your projects do propose a new service, you will have to make sure that all of the special populations that you're funded to serve have access to that new service. But in terms of breaking up the funding by special population, it just has to happen at the total application level, not the project level.

Jim Beaumont: Okay thank you.

Coordinator: Our next question comes from Edward Michael.

Edward Michael: Yes I have a question regarding CHC and HCH money for the homeless. We could expand our homeless much faster and quicker and have more numbers but we would be limited in the dollars that we could use for it. Can we move some of the CHC money over and ask for a special waiver to do that?

Olivia Shockey: Shifting of funding between funding streams is not permissible through this Expanded Services project. But if that's something that you're considering for your entire project I do recommend that you follow up with your Project Officer to talk about needs within your current population, but it's not allowable through this project.

Edward Michael: Okay, not the answer I wanted to hear.

Coordinator: Our next question comes from Debra Pickens.

Debra Pickens: Yes, something in - early in the call there was something said about renewing these funds. Is - obviously depending on appropriation but is this - I know it's a one-year thing but - that's added to our grant but if our application was successful then could we conceivably receive that same amount another year?

Sarah Costin: Yes, the intent is, contingent upon, as you said, contingent upon congressional appropriation, Expanded Services funding is expected to be incorporated into your ongoing base award.

Debra Pickens: Okay, all right, and one other question. On Slide 11 it says not eligible for construction costs, including minor alterations and renovation. We do have some electrical work to be done to meet a changed code for adding radiology. Would that be considered construction cost?

Olivia Shockey: I would suggest that you send your question into our inbox, but based on what I've heard, the answer is yes, that would be construction, alteration, or renovation, and no, that would not be allowable.

Debra Pickens: Okay, all right thank you.

Coordinator: Our next question comes from Maria Clemmons.

Maria Clemmons: Okay I actually have two questions. We are a health center who actually did apply for the BHI money but not knowing the outcome of that award I just want to make sure I understood your statement correctly that if we proposed a medical capacity in a behavioral health Service Expansion in this opportunity, if for some reason we did get the BHI award we could re-budget our expanded service to a different service is that correct?

Sarah Costin: So you can't change your project type but you could re-budget. You could move, you know, you could request, I should say, to re-budget, and if it's appropriate you could maybe move some of the funding around, but you couldn't add a new project, for example, or change project types.

Maria Clemmons: So I couldn't go from behavioral health to say pharmacy?

Sarah Costin: You could not do that, correct.

Maria Clemmons: Okay and then the second question I have is around staffing. I know that there was some language around administrative staff specific to health education and case management. Would it be okay to propose say additional patient support, stuff like a receptionist or a care coordinator?

Sarah Costin: Those should be appropriate position types, and what I would suggest is, as I've said, everything is sort of project specific, but those administrative and supportive staff are applicable across all project types. So when you're in the Staffing Impact section of the application you'll see all of the eligible positions depending on what you're working on. And so another great resource for you is the UDS Manual and we've got a link to that on the [Expanded Services website](#) and also in the User Guide. And we use the definitions for the staffing positions that the UDS manual uses. So we have categories on the Staffing Impact form and if you need clarification about which positions fall under those categories, just head over to the UDS Manual and you'll find all those definitions there.

Maria Clemmons: And so if I was going to hire one FTE but it supported multiple - the multiple projects could you just split them up between the projects even though it's one person?

Olivia Shockey: Yes that's allowable. If staff time needs to be allocated across various projects for an individual person, just please be careful that someone does not go over 1.0 FTE. So given the amount of hours someone may already be working under your projects and the amount of hours that you'll be adding through the projects for the expansion, please be mindful of that.

Maria Clemmons: Okay thank you.

Coordinator: Our next question comes from Susan Dobra.

Susan Dobra: Hi thanks. I have two questions and the first one is, is there a minimum number of new and existing patients that we'll be expected to serve?

Sarah Costin: There is no minimum amount calculated for you but as I said there is a justification required so we do expect to see that applicants fully describe how they came about their patient projections, the data sources that they've used and we will be looking to see that they are, as I said, realistic and achievable and meet the intent of the funding opportunity.

Susan Dobra: Okay great thanks. And then as a new start do we just get the base amount even though we did submit a report and feel like the calculations may be off, can we get it re-calculated?

Sarah Costin: I would say for anyone who feels like there may be an error with the calculation, please shoot us an email at that email address that I've listed (bphc-es@hrsa.gov) and we can look at it on a case-by-case basis.

Susan Dobra: Okay great thanks. And then finally I know you said that you weren't going to post any templates for the forms in the EHB but it's useful to work off line on some things like the staff plans. So we created an Excel sheet for the EMC, which everyone is going to be doing and we'd be happy to mail it to you and if you'd like to put it up on the TA site.

Sarah Costin: You can certainly send it into the email address that I just mentioned and we'll see what we can do.

Susan Dobra: Okay thanks.

Sarah Costin: Thank you very much.

Coordinator: Our next question comes from Joan Kimrowski.

Joan Kimrowski: Hi yes, my question is related to Page 37 where the first bullet it says the achievement of new patient projections will be monitored through 2016 UDS data and I'm just wanting clarification that that is as compared to 2013 UDS data.

Olivia Shockey: Yes and please keep in mind that patient increases are not in isolation. In UDS we don't have the ability to distinguish which projects resulted in the new patients. So we will be looking at the whole as grantee increases given their supplemental awards. So if a grantee receives a NAP award and an Expanded Services award, we'll have to look at all of those cumulatively. But

we also will be asking you to provide very specific updates on anything that you do with this expansion funding through your Budget Period Progress Reports (BPR) as well.

Joan Kimrowski: And I have one more question, I also want to confirm that the budget justification, which is for the entire ES project, it's a given that it will include projected income earned as a result of this project.

Olivia Shockey: It should be a total budget so please include federal and non-federal support.

Joan Kimrowski: Okay thank you.

Coordinator: Our next question comes from Anthony Waihi.

Anthony Waihi: I've got a question about the budget as well. I just wanted to clarify my understanding that the funds that we were emailed are for a 1-year period but the data that we'll be collecting is over a 2-year period that will be monitored, and that we're not supposed to break out the funds over a 2-year period as well.

Sarah Costin: That's absolutely correct. The funding is a per year amount.

Anthony Waihi: Okay so just to verify then that's per year so we're doing a 2-year budget with that same amount each year or just doing the 2-year amount or the one-year budget?

Sarah Costin: In the budget justification you should provide a 2-year budget.

Anthony Waihi: With the same amount that will be received each year?

Sarah Costin: Yes.

Anthony Waihi: Perfect, thank you.

Olivia Shockey: And I just want to clarify for the second half of that question that when people project our their new patient increase by the end of year 2, that that's total patients across the two years, total new patients. So if you think you're going to see 1,000 new patients the first year but no extra new patients the second year – you'll just maintain those – then it's 1,000 new patients by the end of the 2-year period. Or if you think you're going to grow over time and it's 500 the first year and 1,500 the second year, that's 2,000 new patients by the end.

So please just keep in mind how those numbers work as well. It's the same way it works in your current SAC applications so I think people are familiar with how to do these projections, but just want to remind people that it's total by the end of that period.

Coordinator: Our next question comes from Harold Kaufmann.

Harold Kaufmann: Yes just to clarify the percentages I guess I'm looking at Slide 8. If we had a community health center amount for \$200,000 and a healthcare for the homeless amount for \$40,000 we would be able to use the community health center amount for the EMC portion and the healthcare for the homeless portion for Service Expansion, is that a correct assumption?

Sarah Costin: Yes that's correct as long as you stay with those proportions for the total ES application, you can certainly do that. And as I mentioned earlier, if you do

add a new service through that Service Expansion project then you'll want to make sure that both of your special populations have access to that service. But as long as you follow those funding proportions at the total application level, that should be fine.

Olivia Shockey: And please keep in mind that the two figures do not need to be treated as two separate buckets of money. You might choose to use half of your CHC dollars and half of your homeless dollars together for your EMC project and the same way for another project within the total Expanded Services application.

Coordinator: Our next question comes from Cathy McKlendan.

Cathy McKlendan: Yes my question is about tracking and I understand that there will be reporting in the BPR. Would those be tracked encounters for each new provider hired, will it be that specific?

Olivia Shockey: No. We are going to look, probably in the BPR, and the question has not been fine tuned yet, but it is probably going to be something like 'Report your progress toward the total new patients that you projected within your Expanded Services application' and there may be a follow up 'Report your progress toward reaching the total number of new providers you plan to hire.' It will be a more holistic-type question.

Cathy McKlendan: Okay thank you.

Coordinator: Our next question comes from Joanne McNamara.

Joanne McNamara: Hi good afternoon. I have a question regarding the eligible staff for new hires for the Expanded Medical Capacity project, the first one in the Appendix A, it had a list of eligible staff and one of the ones listed was other medical personnel. And I was just wondering could nutritionists be included in the staff that can be proposed as part of the EMC project?

Sarah Costin: So those definitions as I mentioned a little bit earlier are outlined in the UDS Manual. I know nutritionist is allowable, I can't remember off the top of my head if it falls under that category. So you may just want to double check in the UDS manual where exactly you should put it on the Staffing Impact section for that project, but it should be allowable.

Joanne McNamara: Okay thank you so much.

Coordinator: Our next question comes from Carey Clark.

Carey Clark: Hi, I have a question about the budget period. When the funding is received in September are we going to receive it for like September - our project year starts March 1. So do we receive it from September to March 1 and then the 2-year cycle ends or is it going to be a different cycle than our regular budget cycle or are we going to change our program cycle?

Olivia Shockey: HRSA is still determining now those awards will be pushed out. Please note that we'll make it make sense and we'll be sure to explain it to you when the awards come out in terms of what the funding period is, but with the goal of reaching that 2-year period of the 2 years.

Carey Clark: Okay thanks.

Coordinator: Our next question comes from Gail Sweady.

Gail Sweady: Hi, I have two questions. The first is, is there a particular benchmark and I know you've kind of gotten this question about how many new patients you really should consider in EMC. Should you look at your patient - your current patient cost per or your cost per patient to help you determine, should you look at provider panel if you're adding one FT provider? I mean do you have any guidance because we don't want to over - obviously we don't want to over estimate but we don't want to under estimate and, you know, not be seen in compliance?

Olivia Shockey: Right, so we would ask you to use all of your available resources to make them [your projections] as reasonable as possible regarding new patients for this project. So that means looking at your current cost per patient for the types of services that you might be expanding. That might mean talking to other neighboring health centers who are providing services that you are not currently providing directly but may want to do so, and it may mean reaching out to your PCA to talk about what costs tend to average in the state for certain services.

There's lots of ways that you can look for data that would help guide you in making your patient projection. We would certainly rather see you make a conservative projection and meet or exceed it than to make a pie in the sky projection that there's no way that you're going to get there. These applications are going to be looked at it in terms of reasonableness so we do really want to see you making reasonable projections that are achievable.

Gail Sweady: Okay and I had a second question and that is under EMC and I guess I just don't understand it and that's where we're looking at doing our project is

completely through EMC. We were looking at not just adding obviously medical staff but then adding an additional contract for outreach and enrollment to sort of beef up those activities. Would that be appropriate?

Olivia Shockey: Outreach and enrollment activities are not activities that are going to be supported through this Expanded Services funding because there is separate funding for those kinds of activities.

Gail Sweady: Okay thank you.

Coordinator: Our next question comes from Susan Krimering.

Susan Krimering: Yes I have several, one it says the new patient definition not in the last one the one that said not on the 2013 UDS report, so that means a patient that we haven't seen since 2012, is that correct?

Olivia Shockey: Yes, and there could be patients that you have never seen also.

Susan Krimering: Okay and we've got multiple sites and we have a change in scope in process, so for an expansion for say behavioral health, I know you said it's not site specific and you can't propose something for a site that's not currently in your scope. But if that site comes into scope later on and if you bring any other future sites into your scope during the two-year period, are you allowed since it's not site specific if they're in scope for that behavioral health person to include them in their rotation of going to all the sites or do you have to tell people that you can't deliver that service there, they have to go to another site?

Olivia Shockey: Susan, you're breaking up just a little bit in your question but I think I gathered the gist of it. And it's 'If we, over the course of this 2-year period or over the course of our grant, if we add sites do we have to limit the providers added through this Expanded Services project to only providing services at the sites that were in our scope at the time of our application?' And the answer to that is no, so we want you to think, when you're developing your application, about what your scope is now and make it make sense, but keep in mind that we're not asking you tell us what site providers are going to.

So as your scope expands over time and providers that were hired through this funding are available to travel to different sites, then that 's perfectly okay. What we don't want to see is people submit an Expanded Services application that proposes providers to go to a site that is not in scope now and may never be in scope and is not linked to their Health Center [Program] project. So when we talk about sites it's really to keep people focused on what's in scope versus what's not in scope.

Susan Krimering: Now if we're currently doing physician dispense then we have pharmacy marked in Column I in order to cover us for any malpractice that might occur under a physician dispensed pharmacy model and doing a patient assistance. That is from what I understand by this definition would exclude us from being able to start a Pharmacy Service Expansion project.

Olivia Shockey: Susan, I don't think I know enough about the question that you just asked to give you a great answer in the moment. So if you could email that to our Expanded Services inbox we will follow up with you.

Susan Krimering: All right and two final questions, under patients in our medical home, if we've had collaborative partnerships that have agreed to fund a provider

position so we have a commitment for additional funding for a new provider but it doesn't cover any money for the kind of wrap around service that the patients in our medical home advocate for, if those are all going to be new patients can we just propose only the supported kind of case managers and help the patient to support that provider where the funding is coming from somewhere else and those patients will be new to that provider but they will be served as new patients by the support staff?

Olivia Shockey: Susan, that makes sense to me based on what's allowed on the forms for provider types that can be proposed, but please go ahead and email that to us in conjunction with your other question so that we can just mull them over a little bit here.

Susan Krimering: Okay and when we're talking about increasing access if we've currently got a long wait for existing patients that may be three weeks out, by bringing on a new provider we could shorten that time. That wouldn't really be consistent with what the funding allows, is that correct, because it's only for new patients?

Olivia Shockey: Increases in access for current patients are also a part of the holistic project but I think you're talking specifically about EMC where we don't ask you to report impact on existing patients that are currently receiving services. That doesn't mean that that couldn't be part of a proposed project as long as you're also proposing activities that are going to increase the number of new patients that are able to be served.

Susan Krimering: So if we have a blend of reducing the appointment time, shortening that along with seeing new patients that would be part of that information you

said like our resources to determine what that projected number of new patients is.

That would be logical to say, you know, a good portion of what we're going to be doing is this extra capacity to shorten that time but we're also going to be seeing X number of new patients. So it might be less than, you know, the number of new patients that an FTE would be normally advocated for if it was just all new patients?

Olivia Shockey: I think we need to think about also in terms of if you're shortening wait times there may be new patients able to be brought in. So let's talk off line about the specifics of your questions and just because I think they're really tailored to your health center's needs versus maybe things that others on the line might be holding to ask because I think we're close to time.

Susan Krimering: Okay thank you.

Coordinator: Our next question comes from Mark Harris.

Mark Harris: Yes hello, I had a question about equipment and do we, I guess, so say we proposed an EMC project and then a dental project, does the equipment need to be split like 50-50 between them or, you know, does it have to be proportionate I guess to what the request is? Does 50% at least have to be EMC or could like all of it be used under a dental project?

Sarah Costin: You don't have to use equipment costs at all so there's no requirement about how funds are spent on equipment as long as the total amount of equipment costs across all projects doesn't exceed the cap on equipment, which is \$100,000.

Mark Harris: Okay great and then I also noticed in like the budget instructions it seemed like you guys had moved where you put all the equipment regardless of the \$5,000 threshold in the equipment line item. And it appears as if you're kind of going back to the way you used to do it where you only want over \$5,000 in the equipment line item and you want the under \$5,000 in the supplies am I reading that correctly?

Sarah Costin: I think it would be great to verify this. We do have a grants person who is going to be helping with this funding opportunity. So if you have a specific question about that piece or you just want further clarification it would be great if you could email us that question and I'll make sure to send it to Clare so she can verify with us the definition of equipment and that \$5,000 threshold.

Mark Harris: Okay I'll do that because you guys had kind of shifted where you kind of lumped it all together over the last few years and it looks like you're kind of splitting it out again. And then so in the equipment list though we would put all the equipment regardless of if it was under or over \$5,000 in there or again I should email that question?

Sarah Costin: Everything that's equipment should go into the equipment list.

Olivia Shockey: So just to answer your question specifically, please do send it in, you're right that the way that equipment is defined might look a little bit different in this funding opportunity announcement than in others in recent history. So please just email your question in and if we think it would be helpful for the entire group of grantees we'll update the FAQ.

Mark Harris: Okay I mean I think I'll go ahead and submit it. I think I understand and it makes sense I just kind of wanted to clarify because it's been a little different in the last few years. So that's good, and the last thing I just wanted to ask again was about - someone asked about this earlier. So say we hire, you know, a medical provider, we should show what our projected revenue is for that provider based on our projected number of patients that we're putting in there in the budget justification in the overall budget and then we'd also need to show where we're spending that revenue is that correct?

Olivia Shockey: So report revenue to the extent that it supports the project, right. So we want federal and non-federal funding in your budget, and if revenue is coming back in the project as it should, then we do want that shown in your budget.

Mark Harris: Okay and so we should also follow though the same sort of allowable costs with what we're saying we're going to spend the revenue on like allowable staff cost and other things?

Olivia Shockey: Yes, yes and all the general rules about your H80 dollars apply here as well.

And we can take one more question. I know we're over time, so let's take one more on the phone call and then any other questions that people have that have not been answered, please go ahead and send them into our inbox.

Coordinator: Okay our final question comes from Mary Ellen O'Driscoll.

Mary Ellen O'Driscoll: Hi all of you, thanks for the call today. Someone asked this question earlier but I feel like the clarity maybe got lost. They had asked about whether a program income needs to be included. And for me the question

is, I understand that we'd be including in the budget justification the federal versus non-federal cost but the question I have is but do you also require program income? It wasn't included in the guidance so I assume not, but I just want to make sure.

Olivia Shockey: So let us follow up with you on that. I believe that there's probably a spot on the budget justification - a sample that's online - that asks for information about program income and if you see it there, we would like you to include it, but we will follow up and add a new FAQ just so everyone is clear.

Mary Ellen O'Driscoll: And I don't believe there was one when I checked it out.

Olivia Shockey: Okay so that might answer the question but do let us follow up.

Mary Ellen O'Driscoll: Thank you.

Sarah Costin: Okay, great so it looks like we've gone over time just a few minutes. So I really want to thank everyone for your participation in today's Expanded Services technical assistance call. Thank you for bearing with us with our technical difficulties. Please do send any questions about the Expanded Services opportunity to our technical assistance inbox at bphc-es@hrsa.gov.

We'll also have a recording of today's call and a transcript available. We'll try and get those out to folks, we'll post them on the [Expanded Services website](#), and we'll try to get that posted as soon as we can, hopefully within a week or so.

So thanks again everyone, enjoy the rest of your Friday and your weekend.
Thank you.

Coordinator: Thank you for joining today's conference you may disconnect your lines at this time, if our speakers will hold for post conference.

END