

FY 2015 HCCN NCC Frequently Asked Questions

FY 2015 Health Care Center Network (HCCN) Non-Competing Continuation (NCC) instructions are available at the HCCN technical assistance (TA) Web page, <http://www.hrsa.gov/grants/apply/assistance/hccn>. Below are common questions and corresponding answers for the FY 2015 HCCN NCC. The FAQs are organized under the following topics:

Submission Development and Attachments.....	1
Program Narrative Update	2
Budget.....	3
Progress Report Table	4
Project Work Plan.....	5
Technical Assistance (TA).....	7

Submission Development and Attachments

1. When are the NCC submissions due in the HRSA Electronic Handbook (EHB)?

Submissions are due in EHB by 5:00 p.m. ET on April 29, 2015.

2. Which HCCNs are required to submit an NCC by April 29, 2015 at 5:00 p.m. ET?

The 6 HCCNs originally funded August 1, 2013 received an EHB task for NCC submission on March 18, 2015 and are required to submit by April 29, 2015.

3. Is there a page limit for the NCC submission?

Yes, there is a 40-page limit on the length of the total submission when printed by HRSA. Refer to Table 1 on pages 4-5 of the HCCN NCC instructions for information on what is counted in the page limit.

4. Which forms and attachments are required?

The SF-PPR, Budget Information: Budget Details Form, Budget Narrative, Project Work Plan, Progress Report Table, and Attachment 1: Program Narrative Update are required for successful submission. Refer to Table 1 on page 4 of the HCCN NCC instructions for more information.

5. When should Attachments 2-5, noted as *applicable*, be uploaded with the NCC submission?

A revised Staffing Plan, Position Descriptions for Key Personnel, Biographical Sketches for Key Personnel, and Summary of Contracts/Agreements should be submitted if

information contained within has been revised since the FY 2014 HCCN NCC and/or the FY 2013 HCCN competitive application.

6. How is the Staffing Plan (Attachment 2) different from the Position Descriptions (Attachment 3) and Biographical Sketches (Attachment 4)?

The staffing plan is a presentation and justification of **all staff** required to execute the project. Other attachments are limited to key personnel. A staffing plan template is available on the HCCN TA Web page, <http://www.hrsa.gov/grants/apply/assistance/hccn>.

7. Who in the organization is considered key personnel for Attachment 3 (Position Descriptions) and Attachment 4 (Biographical Sketches)?

Key personnel includes any individual who will be directly involved in the oversight of the HCCN grant activities. Key personnel may include the Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Information Officer (CIO), and Chief Operating Officer (COO), among others as determined by the organization.

Program Narrative Update

8. What is the purpose of the Program Narrative Update given that progress will be reported in the Progress/Comments field of the Project Work Plan?

The purpose of the Program Narrative Update is to discuss broad issues and changes that describe overarching progress, changes, and issues since August 1, 2014, not captured in updates provided within the individual activity updates and work plan.

9. What are the differences in items 1 through 5 of the Program Narrative Update?

Item 1 – Describes overarching progress beyond what is captured in the individual activity progress updates in the work plan. This item provides grantees with the opportunity to describe major progress and proposed changes.

Item 2 – Focuses on high-level outcomes as a result of HCCN activities, including how challenges have been overcome.

Item 3 – Describes changes in linkages and/or partnerships.

Item 4 – Describes challenges in recruiting and retaining key management and/or project staff.

Item 5 – Describes plans for sustainability beyond the funded project period.

10. If new participating health centers have joined the HCCN project, how is their information captured in the NCC?

Provide details about new participating health centers in Attachment 1: Program Narrative Update. You will not be able to add new participating health centers in the Progress Report Table section of the NCC. This form is pre-populated with information

on the participating health centers proposed in your competitive FY 2013 HCCN application.

Budget

11. What are the dates of the upcoming budget period?

The budget period will be August 1, 2015, through July 31, 2016.

12. What is the cap in the budget request?

The budget request must not exceed the recommended level of support found on line 13 of the Notice of Award. The maximum allowable budget value will be pre-populated in your NCC.

13. Is the Budget Narrative the same as a budget justification?

Yes, for the purpose of the HCCN NCC submission, they are the same. The sample Budget Narrative provided at the HCCN TA Web page, <http://www.hrsa.gov/grants/apply/assistance/hccn> includes a comment field for providing an explanation of costs beyond what is provided in the line-item descriptions.

14. What should be included in the Budget Narrative?

The Budget Narrative must detail the costs of each line item within each object class category from the Budget Details Form. It is important to ensure that the Budget Narrative contains detailed calculations explaining how each line-item expense is derived.

15. Should the Budget Details Form or the Budget Narrative include non-federal funding (e.g., program income)?

No. Budget requests should only identify federal HCCN funding. Do not identify other sources of income.

16. Does HRSA require organizations to have an indirect cost rate agreement?

No. Organizations are only required to have an indirect cost rate agreement if indirect costs are budgeted. If an organization does not have an indirect cost rate agreement, costs that would fall into such a rate (e.g., administrative salaries) may be charged as direct line-item costs. If an organization wishes to apply for an indirect cost agreement, more information is available at <http://rates.psc.gov>.

17. If an organization has an indirect cost rate, what needs to be included in the submission?

Organizations must include a copy of the indirect cost agreement in Attachment 6: Other Relevant Documents.

18. Where can an organization find more information about costs pertaining to conferences and publications?

The following resources are recommended to facilitate development of an appropriate budget.

- The HHS Grants Policy Statement available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
- The HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications, available at http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html.

19. How should FY 2014 funds that will not be spent in FY 2014 be noted in the NCC?

You cannot report unobligated balances or request carry-over with the NCC. Please work with your Project Officer and Grants Management Specialist to request carryover, if needed.

20. What activities are ineligible for HCCN funding?

HCCN funding may not be used for the following activities:

- Direct patient care
- Fundraising
- Construction/renovation of facilities
- Support for lobbying/advocacy efforts
- Purchase of equipment or supplies at the participating health center level or for individual participating health center staffing.

Progress Report Table

21. Does the Progress Report Table have to be completed for each participating health center?

Yes. There will be a separate form for each participating health center in EHB based on your current scope of project. If a participating health center populated in EHB is no longer part of the HCCN project, complete the form based on information available, and contact your Project Officer for additional guidance. If new, participating health centers have been added and do not have a form, provide information about these centers in Attachment 1: Program Narrative Update.

22. Will the Progress Report Table be pre-populated?

Yes. The Progress Report Table will be pre-populated with the information that you submitted for each health center during your last NCC. You must update this information accordingly.

23. Does progress toward all clinical quality measures have to be reported for each participating health center?

No. Report progress toward only the clinical quality measures that are applicable to your HCCN project (as outlined in your Project Work Plan and competitive application).

24. What data sources should be used for the Progress Report Table?

To update the Total Patients, the Number of Patient Charts in EHR, and progress toward the Healthy People 2020 Measures, use participating health center data as of December 31, 2014 (e.g., 2014 UDS Report data). Use the Comments field to indicate the data source/timeframe utilized to gauge progress.

25. When determining the “Number of Providers receiving an Adopt Implement Upgrade (AIU)/ Meaningful Use (MU) Payment”, how do HCCNs account for a provider who moved from one participating health center to another?

If an eligible provider has moved to a new participating health center and plans to pursue MU payments at the new participating health center, count the provider under the new (current) participating health center.

26. Can an HCCN consider a physician who has pursued MU under a private practice to be an eligible provider when determining the “Number of Providers receiving an Adopt Implement Upgrade (AIU)/ Meaningful Use (MU) Payment”?

No, count only the eligible providers who pursue MU or are already receiving MU payments under the participating health center.

27. What health center data must be included when reporting progression of Healthy People 2020 Measures?

Grantees should provide a data-based assessment of whether each participating health center has met the Healthy People 2020 goals for those measures being tracked under the grant. Include the participating health center’s data (e.g., 2014 UDS data) in the Comments field as desired.

Project Work Plan

28. What is the time period for the Project Work Plan?

The Project Work Plan should cover the final year of the project period from August 1, 2015, through July 31, 2016.

29. What are the required performance goals?

The six performance goals include:

Program Requirements Goal	
Adoption and Implementation	
A1	Goal A1: Percent of participating health centers' sites that have implemented a certified EHR system.
A2	Goal A2: Percent of eligible providers using a certified EHR system.
Meaningful Use	
B1	Percent of eligible providers who have registered and attested/applied for EHR Incentive Program payments.
B2	Percent of eligible providers receiving EHR Incentive Program payments.
Quality Improvement	
C1	Percent of eligible providers who have registered and attested/applied for EHR Incentive Program payments.
C2	Percent of eligible providers receiving EHR Incentive Program payments.

30. Can organizations propose additional performance goals or focus areas in the Project Work Plan?

No. Ensure that all proposed activities align with the existing goals and focus areas.

31. What should organizations do if the pre-populated target percentage goals are no longer accurate?

Consult with your Project Officer regarding the need to adjust target percentage goals, if applicable. If necessary, new target percentage goals can be provided in the Project Work Plan.

32. What is the purpose of the Progress/Comments field?

The Progress/Comments field is a required field. Use it to report progress toward each activity. If no progress has been made, indicate this within the field and provide a brief explanation. If an activity is no longer applicable, use the Progress/Comments field to provide an explanation.

33. Will information in the Progress/Comments field pre-populate?

Yes, comments from the last NCC will pre-populate. Visit each Progress/Comments field to provide current progress and revise comments as needed. Please note the 1,000 character limit for reporting progress.

34. How should we work with our Project Officer (PO) in the development of the Project Work Plan?

Consult with your PO on the submission as needed. Please note that the PO will review the entire NCC submission (including the Work Plan) and, if necessary, negotiate with you on required revisions and/or place conditions on the Notice of Award to address areas of non-compliance, as appropriate.

35. Can we use the NCC process to submit a Change in Scope request?

No, the change in scope request must be completed outside of the NCC process under the direction of your HRSA PO. If you are in the process of completing a Prior Approval process, you may document this action in the comments section of the work plan.

Technical Assistance (TA)

36. Who should we contact with NCC module or other EHB issues related to the HCCN NCC?

If you are experiencing any problems in the EHB system, please contact the BPHC Helpline at <http://www.hrsa.gov/about/contact/bphc.aspx> or 1-877-974-2742.

37. How will organizations be notified that the NCC was successfully submitted in EHB?

EHB will generate a confirmation page upon successful submission. Organizations are encouraged to save and print this confirmation page, since no email confirmation will be sent.

38. Who should be contacted with programmatic questions concerning the NCC submission requirements and process?

Organizations may contact Joanne Galindo in the Bureau of Primary Health Care's Office of Policy and Program Development at BPHCHCCN@hrsa.gov or 301-594-4300. Refer to the HCCN TA Web page at <http://www.hrsa.gov/grants/apply/assistance/hccn> for submission instructions, TA slides, a replay of the TA call, FAQs, and samples, among other resources.

39. Who should be contacted for questions about budget preparation, including eligible costs?

Contact the Grants Management Specialist (GMS) listed at the bottom of your Notice of Award. If your GMS is unable to assist, contact Christie Walker in the Office of Federal Assistance Management's Division of Grants Management Operations at cwalker@hrsa.gov or 301-443-7742.