



Fiscal Year 2018 Health Center Controlled Networks (HCCN) Non-Competing Continuation (NCC) Progress Report

Technical Assistance Webinar February 8, 2018 – 1pm EST

Technical Assistance Website:

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



HRSA
Health Resources & Services Administration

Agenda

- **Submission Requirements**
- **Key Information**
- **Components**
- **Reminders and Review**
- **Technical Assistance Resources**
- **Questions**

Submission Requirements

- **Progress Reports must be submitted in the HRSA Electronic Handbooks (EHB) to receive continued funding for the Fiscal Year (FY) 2018 budget period (August 1, 2018 – July 31, 2019)**
- **Complete the submission by providing the following:**
 - Updates on activities since August 1, 2017, your current budget period start date.
 - Activities planned for the FY 2018 budget period
- **Forms are completed directly in EHB; attachments must be uploaded**
 - Single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Calibri) and one-inch margins
 - Smaller font (no less than 10 point) may be used for tables, charts, and footnotes

Key Information

- Instructions available on the HCCN Technical Assistance (TA) website at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html>
- Progress reports were made available in EHB on **February 2**
- Progress reports are due **March 29 by 5 PM ET**
- Notices of Award to be released on or around **August 1**
- To submit the progress report in EHB, you must be listed as the Project Director (PD) in the grant folder in EHB or have the EHB privileges needed to submit

Submission Components

Forms

- SF-PPR and SF-PPR2
- Budget Information: Budget Details Form
- FY 2018 Project Work Plan
- Progress Report Table

Attachments

- Budget Narrative
- Attachments 1 - 8

Budget Forms

SF-PPR and SF-PPR2

- Prepopulated information can be updated as needed

Budget Details Form

- Section A: Budget Summary
 - FY 2018 funding amount is prepopulated and cannot be edited
- Section B: Budget Categories
 - Provide the object class category breakdown (e.g., Personnel, Fringe Benefits) for the Year 3 funding amount specified in Section A
 - The total in Section B should match the prepopulated amount in Section A
- Section C: Non-Federal Resources
 - Leave blank - do not provide other sources of funding

Budget Narrative

- **Provide a detailed line-item Budget Narrative attachment that explains each cost in the upcoming 12 month budget period (August 1, 2018 – July 31, 2019)**
 - Must be consistent with amounts requested for each object class category in Section B of the Budget Details form
- **Details are included in the FY 2018 HCCN NCC Instructions document**
- **A sample is available on the HCCN Technical Assistance website**



Participant Question 1

True or False:

The Budget Information: Budget Details Form should include all funding that the organization receives, including program income and non-federal sources of funding?

- A. True
- B. False**

Funding Restrictions

- **Unallowable uses of funding include, but are not limited to:**
 - Equipment, supplies, or staffing for use at individual health centers
 - Direct patient care
 - Fundraising
 - Support for lobbying/advocacy efforts
 - Incentives (e.g., gift cards, food)
 - Construction/renovation costs of facilities
 - Facility or land purchases
 - Vehicle purchases

FY 2018 Project Work Plan

- **Prepopulated with the information in your approved project work plan outlining plans for the upcoming 12-month budget period.**
 - FY 2016 Baseline Data included for reference and not editable
 - Goal Targets were set for a three-year period and are not editable
 - Provide the current values for each goal
 - Revise Key Factors as needed
 - Enter progress on current activities to date since August 1, 2017 in the comment fields
 - Revise activity each as needed to outline plans for future activities in the next budget period (August 1, 2018 – July 31, 2019)

Progress Report 1/2

- **Gathers Progress Report Table information on Participating Health Centers**
- **Complete one form for each Participating Health Center**
- **Patient Details**
 - Total patients prepopulated with UDS data
- **Healthy People 2020 Measures**
 - Discuss progress toward increasing the percentage of Participating Health Centers meeting or exceeding Healthy People 2020 goals for at least five measures. Measures can be different for each Participating Health Center.

Progress Report 2/2

- **PCMH Recognition**
- **EHR and Health IT Implementation Status**
- **Meaningful Use**
- **Data Quality and Reporting**
- **Health Information Exchange (HIE) and Population Health Management**
- **Quality Improvement**
- **Promising Practices**

Attachment 1: Project Narrative

Discuss the following:

- Significant progress, challenges, and changes to the approved HCCN project
- Significant Outcomes
- Significant changes to collaborations, partnerships, and coordinated activities
- Significant changes to project staffing
- Major expected changes, plans or considerations for activities beyond the upcoming budget period (beyond August 1, 2018 – July 31, 2019)
 - Provide an overview new activities advance Health and Human Services or Health Resources and Services Administration priorities.



Knowledge Check Question 2

True or False:

Rent, utilities, organizational membership fees, and insurance are an allowable cost.

- A. True
- B. False

Attachments

1: Project Narrative

2: Project Organizational Chart

3: Staffing Plan

4: Position Descriptions for Key Project Staff

5: Biographical Sketches for Key Project Staff

6: Summary of Contracts and Agreements

7: Distinction Document

8: Other Relevant Documents

Submission Reminders

- Submissions are due in EHB by 5 PM ET on **March 29**
- The following are required for submission:
 - SF-PPR and SF-PPR2
 - Budget Information: Budget Details Form
 - FY 2018 Project Work Plan
 - Progress Report Table
 - Budget Narrative
 - Attachment 1: Project Narrative

Incomplete Progress Reports

- **Progress reports without all required information will be considered incomplete or non-responsive**
 - Incomplete submissions will be returned via a Change Requested notification in EHB with a request for the missing information
 - If HRSA does not receive the submission by the established deadline or receives an incomplete or non-responsive submission, a delay in NoA issuance or a lapse in funding could occur

HCCN Technical Assistance Website

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

- HCCN NCC Instructions
- HCCN NCC EHB User Guide
- Frequently Asked Questions
- Presentation Slides
- Technical Assistance Webinar Recording
- Sample Documents
 - Staffing Plan
 - Budget Narrative
 - Project Work Plan
 - Progress Report Table



Knowledge Check Question 3

True or False:

If significant progress is described in Attachment 1: Project Narrative, then the FY 2018 Project Work Plan is not required.

- A. True
- B. False**

HCCN Technical Assistance Contacts

| Topic | Contact |
|--------------------------------|--|
| General Technical Assistance | <p>HCCN Technical Assistance Website http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html</p> |
| HCCN Budget/Fiscal Questions | <p>Christie Walker Office of Federal Assistance Management Division of Grants Management Operations cwalker@hrsa.gov or call 1-301-443-6859</p> |
| HCCN Progress Report Questions | <p>HCCN Response Team Submit a Web Request at https://www.hrsa.gov/about/contact/bphc.aspx For Issue Type, select “Application/Progress Report: Instructions/Requirements Questions” and for Application Subcategory, select “Health Center Controlled Networks (HCCN)” or call 1-301-594-4300</p> |
| EHB Submission Assistance | <p>BPHC Helpline Submit a Web Request at https://www.hrsa.gov/about/contact/bphc.aspx For Issue Type, select “Application/Progress Report: EHB System Questions” or call 1-877-974-BPHC (2742)</p> |

Questions