

**Instructions for Preparing and Submitting the Fiscal Year (FY) 2015
Health Center Controlled Networks (HCCN) Non-Competing
Continuation Progress Report (NCC)**

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Purpose

This Health Center Controlled Networks (HCCN) Non-Competing Continuation Progress Report (NCC) will provide funding for the fiscal year (FY) 2015 budget period (August 1, 2015, through July 31, 2016). Continued funding is based on program compliance, organizational capacity to accomplish the project's goals, Congressional appropriation, and a determination that continued funding would be in the best interest of the federal government.

Submission and Award Information

Submissions are due in EHB by 5:00 PM ET on April 29, 2015. The anticipated date of award is **August 1, 2015**. The NCC budget request must not exceed the recommended level of support found on line 13 of the most recent Notice of Award (NoA).

Technical Assistance

An HCCN technical assistance Web page is available at <http://www.hrsa.gov/grants/apply/assistance/hccn>. The site includes templates, FAQs, and a slide presentation.

You may obtain business, administrative, and fiscal technical assistance by contacting:

Christie Walker
Division of Grants Management Operations
Office of Federal Assistance Management, HRSA
301-443-7742
CWalker@hrsa.gov

You may obtain programmatic technical assistance by contacting:

Joanne Galindo
Office of Policy and Program Development
Bureau of Primary Health Care, HRSA
301-594-4300
BPHCHCCN@hrsa.gov

Contact the Project Officer listed on your most recent NoA for additional technical assistance regarding completion of the HCCN NCC.

Contact the BPHC Helpline at 1-877-974-2742 or <http://www.hrsa.gov/about/contact/bphc.aspx> for assistance with completing the application in EHB (i.e., help with resolving errors on forms).

Reporting

All HCCNs must comply with the following reporting and review activities.

A. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on scope, frequency, and other aspects of the audits can be found at <http://www.whitehouse.gov/omb/circulars>.

B. Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System (PMS). The report identifies cash expenditures against the authorized grant funds. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

C. Status Reports

Submit a Federal Financial Report (SF-425) in EHB at the end of each budget period to account for expenditures under the project for the budget period. You will be permitted 90 days to liquidate obligations following the end of the budget period. The report will be due October 30, 2015. The due date is the first quarterly reporting date after the 90-day liquidation period.

D. Transparency Act Reporting Requirements

Awards issued are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available at <http://www.hrsa.gov/grants/ffata.html>).

General Instructions

The HCCN NCC must not exceed **40 pages** when printed by HRSA (approximately 5 MB). Submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, or Courier) and 1-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes.

Progress reports lacking all required documents will be considered incomplete or non-responsive and will be returned via a "request change" notification via EHB for provision of missing information. If HRSA does not receive the NCC by the established deadline or receives an incomplete or non-responsive progress report, a delay in NoA issuance or a lapse in funding could occur.

The NCC must include the forms and documents identified in [Table 1](#). In the Form Type column of Table 1, the word “Form” refers to forms that are completed online through EHB. The word “Attachment” refers to materials that must be uploaded into EHB.

Table 1: Forms and Attachments

Progress Report Section	Form Type	Instructions	Counted in Page Limit?
SF-PPR and SF-PPR2 (Required)	Form	Refer to instructions included in the NCC EHB user guide available within EHB.	No
Budget Information: Budget Details Form (Required)	Form	Refer to Section VII: Budget Details Form for detailed instructions.	No
Budget Narrative (Required)	Attachment	Upload the Budget Narrative. Refer to Section VII: Budget Narrative for detailed instructions.	Yes
Project Work Plan (Required)	Form	Refer to Appendix A for detailed instructions.	No
Progress Report (Required)	Form	Refer to Appendix B for detailed instructions.	No
Attachment 1: Program Update (Required)	Attachment	Upload a Program Update document, describing significant changes. Refer to Section VI: Attachment 1 for more information.	Yes
Attachment 2: Staffing Plan (As Applicable)	Attachment	If staffing changes have occurred, provide a revised staffing plan. Refer to Section VI: Attachment 2 for more information.	Yes
Attachment 3: Position Descriptions for Key Personnel (As Applicable)	Attachment	If position descriptions for key management staff, including vacant positions, have changed, provide the new position descriptions. Refer to Section VI: Attachment 3 for more information.	Yes
Attachment 4: Biographical Sketches for Key Personnel (As Applicable)	Attachment	Upload biographical sketches for any new key management staff. Refer to Section VI: Attachment 4 for more information.	Yes
Attachment 5: Summary of Contracts/ Agreements (As Applicable)	Attachment	Upload a brief summary describing any new or revised contracts and/or agreements. Refer to Section VI: Attachment 5 for more information.	Yes
Attachment 6: Other Relevant Documents (As Applicable)	Attachment	Upload other documents to support the progress report, as desired.	Yes

Attachment Instructions

Attachment 1: Program Update (Required)

Provide a brief narrative highlighting **broad issues, significant progress, and challenges** that have impacted the HCCN project since August 1, 2014. This section expands on the updates provided in the structured Project Work Plan in EHB. The Program Update should include a discussion of:

1. **Any significant progress/proposed changes** (beyond those included in the Project Work Plan) to the approved HCCN project. Include any updates to proposed key activities and strategies to address the unique needs of participating health centers in the areas of adoption and implementation of HIT, including meaningful use of EHRs and technology-enabled QI strategies.
2. **Any significant changes or outcomes** (beyond those included in the Project Work Plan) that occurred as a result of the HCCN activities, including challenges that have been encountered and strategies taken to overcome them.
3. **Any significant changes/updates** that have occurred to linkages or partnerships, including those with Primary Care Associations and other organizations that address issues related to health care quality and/or HIT.
4. **Any significant challenges** encountered in recruiting and retaining key management/project staff to accomplish the key objectives in the work plan.
5. **Any major expected changes/plans/considerations** for activities beyond the upcoming budget period (August 1, 2015 – July 31, 2016).

Attachment 2: Staffing Plan (*As Applicable*)

If the staffing plan has changed since the last HCCN submission, upload a revised staffing plan that includes the education, experience qualifications, and rationale for the changes. See <http://www.hrsa.gov/grants/apply/assistance/hccn> for a sample that provides details on the information required for inclusion.

Attachment 3: Position Descriptions for Key Personnel (*As Applicable*)

If position descriptions for key management staff, including vacant positions, have changed since the last HCCN submission, upload new descriptions. Indicate on the position descriptions if key management positions are combined and/or part time (e.g., CFO and COO roles are shared). Each position description should be limited to one page and must include, at a minimum, the position title; description of duties and responsibilities; position qualifications; supervisory relationships; salary range; and work hours.

Attachment 4: Biographical Sketches for Key Personnel (*As Applicable*)

Upload biographical sketches for any new key management staff, if not previously submitted to your Project Officer. Each biographical sketch should be limited to one

page. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse populations served.

Attachment 5: Summary of Contracts/Agreements (As Applicable)

Upload a summary describing any **new or revised** project-related contracts and/or agreements. The summary must address the following items for each contract and/or agreement:

- Name and contact information for each affiliated agency
- Type of contract and/or agreement (e.g., contract, Memorandum of Understanding)
- Brief description of the purpose and scope of the contract and/or agreement (i.e., type of services provided through the agreement, how/where services are provided)
- Timeframe for the contract and/or agreement

Attachment 6: Other Relevant Documents (As Applicable)

Upload other documents to support the progress report, as desired, e.g., publications, presentations, survey instruments, data summary charts, indirect cost rate agreement. Merge documents as needed to create no more than two attachments. Please note that these documents will count against the page limit.

Budget Instructions

A complete budget presentation includes the submission of the Budget Information: Budget Details form to be completed electronically in EHB and the budget narrative attachment. The budget should address only the HCCN project activities to be supported through federal funds during the upcoming budget period (August 1, 2015 – July 31, 2016). HRSA recommends the following resources to facilitate development of an appropriate budget.

- The HHS Grants Policy Statement available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.
- The HHS Grants 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.

Please remember that HCCN funds may not be used for the following purposes:

- 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

A. Budget Information: Budget Details Form (Required)

Do not provide other sources of funding. The budget request should reflect the federal HCCN funding only.

In Section A: Budget Summary, the HCCN NCC grant request in the federal column is pre-populated and cannot be edited. The federal funding requested equals the Recommended Federal Budget figure that appears at the top of the Budget Information: Budget Details form. This figure corresponds with the recommended future support figure (Line 13) on the most recent Notice of Award.

In Section B: Budget Categories, provide a breakdown of the budgeted federal funds by object class category (e.g., Personnel, Fringe Benefits). You may want to use the Budget Information: Budget Details form submitted with your last HCCN NCC as a reference point, noting that the total value for each Object Class Category may be different from year to year based on programmatic changes. The total in Section B should match the total in Section A.

The amounts in the Total Direct Charges row and the Total column will be calculated automatically. Indirect costs may only be claimed with an approved indirect cost rate (see details in the Budget Narrative section below).

B. Budget Narrative (Required)

Include a line-item budget narrative which explains the amounts requested for each row in Section B: Budget Categories of the Budget Information: Budget Details form. The budget narrative (also referred to as the budget justification) is for **1 year based on the upcoming 12-month budget period (August 1, 2015 – July 31, 2016)**. Upload the budget narrative in the Budget Narrative Form section in EHB.

Use the budget narrative to clearly explain each line-item within each cost element. The budget narrative must be concise and should not be used to expand the Program Update.

NOTE: It is important to ensure that the budget narrative contains detailed calculations explaining how each line-item expense is derived.

Include the following in the Budget Narrative:

Personnel Costs: Personnel costs must be explained by listing the exact amount requested each year along with the following information for each staff member within the proposed scope of project: name (if possible), position title, percent full time equivalency (FTE), and annual salary.

Fringe Benefits: List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan,

and tuition reimbursement). The fringe benefits must be directly proportional to the portion of personnel costs allocated for the project.

Travel: List travel costs, including proposed meetings, training, or workshops, categorized by local and long distance travel. For local travel, include the mileage rate, number of miles, reason for travel, and staff/board members completing the travel

Equipment: Identify the cost per item and justify the need for each piece of equipment to carry out the proposed project. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

Supplies: List the items that the project will use, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures).

Contracts: Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Each applicant is responsible for ensuring that its organization has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.

Construction: Construction costs are unallowable and should not be included.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost. In some cases, rent, utilities, and insurance fall under this category if they are not included in an approved indirect cost rate.

Indirect Costs: Costs incurred for common or joint objectives which cannot be readily identified but are necessary to organizational operation (e.g., the cost of operating and maintaining facilities, depreciation, administrative salaries). Indirect costs may only be claimed if the recipient provides documentation of an approved indirect cost rate. If an organization does not have an approved indirect cost rate, one may be obtained through the HHS Division of Cost Allocation (DCA). Visit <https://rates.psc.gov/> to learn more about rate agreements, including the process for applying for them. **Note: If your organization claims indirect costs in your budget, you must upload a copy of your most recent indirect cost rate agreement. The indirect cost rate agreement can be uploaded under Attachment 6: Other Relevant Documents.**

Appendix A: Project Work Plan Instructions

EHB will pre-populate your FY 2014 HCCN NCC Project Work Plan into this form, which you will use to: (1) report progress and (2) revise activities, as needed, to focus on plans for the **upcoming** 12-month budget period (August 1, 2015 – July 31, 2016). A sample project work plan is provided on the HCCN technical assistance website (<http://www.hrsa.gov/grants/apply/assistance/hccn>).

How to Provide Updates in EHB

Use the table below along with the HCCN NCC User Guide available at <http://www.hrsa.gov/grants/apply/assistance/hccn> to complete the Project Work Plan.

Table 2: Project Work Plan Update Guidance by Field

Field	Is this Field Pre-Populated?	Is this Field Editable?	About this Field
Goal/Goal Description	YES	NO	This field contains the standard goals.
Goal Percentage	YES	NO	The percentage goal for each measure based on predicted change by the end of the project period will appear.
Baseline Data - Numerator - Denominator	YES	NO	The baseline data presented in the competitive application/work plan revision will appear as a numerator and denominator.
Baseline Value	YES	NO	The baseline data presented in the competitive application/work plan revision will appear as a percentage.
Current Value	NO	YES	For goal percentage, the current value should be the same as the pre-populated goal value from the competitive application. Consult with your Project Officer prior to submission regarding the need to adjust target goal percentage, if applicable. Provide the current data for each measure by providing a numerator and denominator. The system will calculate the current percentage based on your inputs.
Goal Comments	NO	YES	Provide any needed goal-specific comments. For example, if new baseline data were calculated after the competitive application was submitted, provide the new baseline data and an explanation in this field.

Field	Is this Field Pre-Populated?	Is this Field Editable?	About this Field
Key Factors	YES	YES	<p>If necessary, update the key factors predicted to contribute to and restrict progress toward reaching each goal (limit 500 characters).</p> <p>A minimum of 2 key factors must be included for each goal. At least 1 restricting key factor and 1 contributing key factor must be identified.</p> <p>Key Factors that do not need to be updated require no action.</p>
Focus Area/Focus Area Description	YES	NO	<p>This field contains the standard focus areas. Focus areas cannot be deleted or added. All proposed activities must fit under the specified focus areas.</p>
Activity	YES	YES	<p>Update the activities as needed to reflect activities planned for the remainder of the project period, with a focus on the upcoming budget period of August 1, 2015 through July 31, 2016 (limit 200 characters).</p> <p>At least 2 activities must be listed for each focus area, with a maximum of 10 per area. Within each activity, identify at least 1 person/area responsible, time frame, and expected outcome.</p> <p>Discontinued activities. Activities cannot be deleted, but they can be edited. Justify edits in the Progress/Comments field (e.g., Changed the number of webinars from 5 to 15 based on year 2 plans). If an activity will no longer be conducted in Year 3, edit the activity description to state why the activity is being discontinued. For example, "This activity is being discontinued in Year 3 because we are shifting resources to support learning community activities."</p> <p>New activities. List any new activities added since the last progress report and provide a statement of progress on each.</p>
Person/Area Responsible	YES	YES	<p>Identify at least 1 person/position that will be responsible and accountable for carrying out each activity (limit 500 characters).</p> <p>Provide justification to support any revisions in the Progress/Comments field.</p>

Field	Is this Field Pre-Populated?	Is this Field Editable?	About this Field
Time Frame	YES	YES	Identify at least 1 expected time frame for carrying out each activity (limit 500 characters). Provide justification to support any revisions in the Progress/Comments field.
Expected Outcome	YES	YES	Identify what you anticipate will happen as a result of the proposed activities (i.e., quantifiable results). Identify at least 1 outcome for each activity (limit 500 characters). Provide justification to support any revisions in the Progress/Comments field.
Progress/Comments	NO/ YES	YES	Provide a brief summary of progress for each activity by revising Progress/Comments pre-populated from the FY 2014 HCCN NCC (limit 1,000 characters). Provide additional updates as needed, including a justification for any revisions to activities. This is a required field. If there has been no progress to date, provide a brief explanation.

Appendix B: Progress Report Table Instructions

The Progress Report Table will gather information about the HCCN's participating health centers with respect to performance on clinical quality measures, adoption/implementation of health IT, participation of providers in Meaningful Use, and Patient-Centered Medical Home (PCMH) recognition.

For each participating health center, the table will be pre-populated with information submitted during the last NCC and must be updated with participating health center 2014 UDS data or other data sources, where applicable:

- Number of patient charts in the center's EHR
- Number of center providers receiving AIU/MU payments
- Status of clinical quality measures
- Type of PCMH recognition; narrative is required if No Recognition or Other is selected
- Use of an EHR certified by an Office of the National Coordinator for Health IT (ONC) Authorized Testing and Certification Body (ATCB)
- Use, and type, of other health IT (e.g., dental EHR)

Under Patient Details, the total patients field is pre-populated from the participating health center's Calendar Year 2013 UDS report. All fields should be updated with the most recent data available.

When reporting the status of clinical quality measures for each participating health center, update the Exceeded, Met, Not Met, or Not Applicable selection for each Healthy People 2020 goal. **Provide a brief narrative discussing progress to date for only the clinical quality measures you have been working with participating health centers on as part of your HCCN activities.** Include the participating health center's data (e.g., 2014 UDS data) in the Comments field.

For all other measures, select **Not Applicable**. The listed measures include Hypertension, Immunization, Prenatal Care, Low Birth Weight, Diabetes Control, Cervical Cancer, Tobacco Use, and Tobacco Cessation.

Note: Additional clinical performance measures may be added based on the focus of the HCCN project; if measures are added, provide an associated narrative.