![HRSA Health Center Program]

**FY 2019 Budget Period Progress Report (BPR) Noncompeting Continuation
Frequently Asked Questions (FAQs)**

Below are frequently asked questions and corresponding answers for the fiscal year (FY) 2019 Budget Period Progress Report (BPR). The Frequently Asked Questions (FAQs) are available on the BPR Technical Assistance (TA) webpage located at http://bphc.hrsa.gov/programopportunities/fundingopportunities/continuation/continuation.html. New FAQs will be added as necessary, so please check this site frequently. The FAQs are organized under the following topics:

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General Information

1.   Who should submit a BPR?
The FY 2019 BPR should be submitted by Health Center Program award recipients who **do not** have a project period end date in FY 2019 (October 1, 2018 – September 30, 2019).

2.   When will my BPR become available in the HRSA Electronic Handbook (EHB)?
If you have a BPR due in FY 2019, you will receive notification from the HRSA EHB system on the date the work can begin. The BPR submission notification will be sent to awardees approximately 6.5 months prior to your budget period end date. Please refer to Table 1 in the BPR Instructions or the BPR TA webpage for the date that your BPR will be available in the HRSA **EHB**.

3.   How much time will I have to complete and submit my BPR?
You will have approximately 8 weeks to complete and submit your BPR. Please refer to Table 1 in the BPR Instructions or the BPR TA webpage for the date that your BPR will be due in the HRSA EHB.

4.   What happens if my BPR is late and what should I do?
Failure to submit the BPR by the established deadline, or the submission of an incomplete or non-responsive BPR may result in a delay in Notice of Award issuance or a lapse in funding. You should contact your Project Officer **immediately** if issues arise that may cause your BPR to be late.

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

6.   If I receive multiple Health Center Program funding streams (e.g., CHC, HCH, and PHPC), should the BPR include all of these?
Yes. All target populations (in this case, Community Health Center [CHC], Migrant Health Center [MHC], Health Care for the Homeless [HCH], and Public Housing Primary Care [PHPC]) and their funding streams are considered to be in the current scope of project. You must request continued funding for the same populations and in the same proportions as your current funding, as well as provide relevant updates on progress for all target populations in the BPR submission.

7.   What is included in the Project Narrative Update section?
The Project Narrative Update includes seven Key Areas (Environment; Organizational Capacity; Telehealth; Patient Capacity; Supplemental Awards; One-Time Funding Awards; and, Clinical/Financial Performance Measures) that require narrative reporting. Specifically, the narrative for each section should discuss FY 2018 budget period progress to date, expected progress for remainder of the FY 2018 budget period, and projected changes in FY 2019.

Reporting Your Budget Period Progress
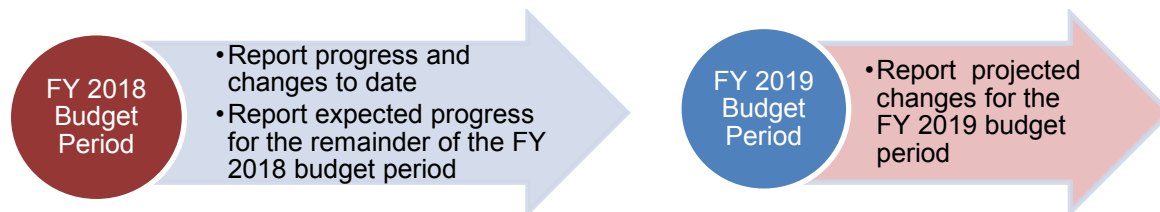
Telehealth

8.   What is the new Telehealth section in the BPR instructions?
Telehealth is a new section in the Project Narrative Update that provides award recipients the opportunity to describe how they are using telehealth to provide comprehensive primary health care services and engage in professional education.

9.   What is the HRSA definition of Telehealth?
Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.

10.   What are included in the Telehealth telecommunication technologies?
Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Patient Capacity

11.   How has the Patient Capacity Table changed in the FY 2019 BPR?
The Patient Capacity Table has been updated to include Patients and Visits by Service Type. Also, the Projected Number of Patients column calculation for each section of the Patient Capacity Table has been updated.

12.   How has the *Projected Number of Patients* column been updated?
In the Total Unduplicated Patients section, the data in this column reflect the Patient Target values noted in the Patient Target Management Module in the HRSA EHB.

In the Special Populations (MHC, HCH, and PHPC) as well as the Patients and Visits by Service Type sections, the *Projected Number of Patients* column is pre-populated from the patient projection in the application that initiated your current project period (SAC), plus the patient projections from selected supplemental funding awarded after the start of the current project period.

13.   If my Projected Number of Patients values are not accurate, what should I do?
Pre-populated patient projections cannot be edited during the BPR submission. If your pre-populated Projected Number of Patients values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

14.   Should the Projected Number of Patients in the Unduplicated Patients section and the total for the Projected Number of Patients in the Special Populations section be the same?
No, because the values were extracted from different sources. See Item 12 above for details.

Supplemental Awards

15.   What are the changes to the Supplemental Awards table in FY 2019?
The Supplemental Awards table has been updated to reflect the most current list of supplemental awards.

16.   What should I include in this section if I did not receive any supplemental awards?
If you did not receive a specific supplemental award, the system will display "Not Applicable" and will not require information to be provided. Only Supplemental awards that were received require a narrative response.

17.   Should I include supplemental awards received in FY 2018?
No, supplemental awards released late in FY 2018 or early in FY 2019 will be included in the FY 2020 BPR.

One-Time Funding Awards

18.   What are the changes to the One-Time Funding Awards table in FY 2019?
The One-Time Funding Awards table has been updated to reflect the most current list of one-time awards.

19.   What should I include in the *Activities* column for One-Time Funding Awards?
For all one-time awards received, describe how funding will be or was already spent and the impact on the organization, if applicable. However, if you recently received a One-Time Funding award and do not have any activities to report as of yet, write "No Progress to Date" in the *Activities* column.

20.   What should I include in this section if I did not receive any one-time awards?
If you did not receive a specific one-time award, "Not Applicable" may be entered in the narrative section of the Activities column. Only One-Time Funding awards that were received require a narrative response.

Performance Measures

21.   How has the Performance Measures section changed in the FY 2019 BPR?
The Performance Measures table in the Project Narrative Update section was updated to highlight the HRSA and BPHC Clinical and Financial Priority Measures. It was also updated to reflect the two Clinical Performance Measures (Cervical Cancer and IVD) that were updated in the 2017 Uniform Data System (UDS). For more information on the updated Clinical Performance Measures, see PAL 2016-02.

22.   What are the HRSA and BPHC Clinical and Financial Priority Measures?
The HRSA and BPHC Clinical and Financial Priority Measures are key performance measures that will be used to track and evaluate progress toward meeting the Agency's goals. Currently, those measures are:
- Diabetes: Hemoglobin A1c Poor Control
- Screening for Clinical Depression and Follow-Up Plan
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- Body Mass Index (BMI) Screening and Follow-Up
- Health Center Program Grant Cost Per Patient (Grant Costs)

23.   Am I required to report on both positive and negative trends in the Clinical and Financial Performance Measures?
For the Measures Aligned with HRSA and BPHC Clinical and Financial Priorities, you must report on **both** positive and negative trends. However, for the remaining sections in Table 6: Performance Measures (e.g. Preventive Health Screenings and Services), you are only required to discuss measures for which you have experienced a negative trend. If you have no negative trends within one or more of these sections, state this in the Measure Narrative field of the relevant section(s).

24.   Can I update/adjust my performance measure goals in my BPR application?
Performance measure goals cannot be edited during the BPR submission. If pre-populated performance measure goals are not accurate, explain the adjusted goal in the appropriate Measure Narrative section.

25.   What is the source of the pre-populated performance measures data?
The Clinical and Financial Performance Measures Table has been pre-populated with 2015, 2016 and 2017 UDS data. However, because of the changes in the 2017 UDS measure definitions, two Clinical Measures (Cervical Cancer and IVD) will not display data in some fields due to lack of comparable data in past UDS reports.

26.   Where can I find more information on the changes to the performance measures?
Refer to Table 6: Performance Measures of the BPR Instructions for details on how to complete the Performance Measures Table in the HRSA EHB. General performance measure information is also available in the 2017 UDS Reporting Manual (https://bphc.hrsa.gov/datareporting/reporting/2017udsreportingmanual.pdf) and via the Health Center Reporting and Technical Assistance site (http://bphc.hrsa.gov/datareporting/index.html).

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

Use the following rules to help you interpret your progress using the "% Progress Toward Goal" value:
- If the "% Progress Toward Goal" value is more than 100%, you've exceeded your goal, which should be explained in the narrative section.
- If the "% Progress Toward Goal" value is 100%, you've met your goal.
- If the "% Progress Toward Goal" value is less than 100%, you have not met your goal.

28.   How should I report on the Dental Sealants measure if we do not currently directly provide or pay for preventive dental services (Form 5B, Columns I or II)?
If you only offer preventive dental services through formal referral (Form 5A, Column III), the goal value for this measure was likely set as zero during your last submission (i.e., SAC or BPR). If this is the case, you do not have to report progress on this measure. However, you do have to continue to report on a self-defined Oral Health measure.

29.   How is the Financial Performance Measure "Health Center Program Grant Cost per Patient" calculated?
The calculation for the "Health Center Program Grant Cost Per Patient" measure is the total accrued BPHC Health Center Program grants drawn-down reported for the measurement calendar year divided by the total number of patients.

Budget Presentation

30.   Are there any activities that are ineligible for BPR funding?
Yes. In brief, BPR funding may not be used for construction of facilities, fundraising/grant writing, lobbying efforts, gun control, or abortion services (see exception below). The HHS Grants Policy Statement (HHS GPS) available at HHS Grant Policy (https://www.hrsa.gov/grants/hhsgrantspolicy.pdf) includes detailed information about allowable expenses.

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

31.   Are award recipients required to document any prohibited activities?
You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all federal funding requirements and prohibitions. The effectiveness of these policies, procedures, and controls is subject to audit.

32.   Can I use Community Health Center (330e) funds for a newly proposed Health Care for the Homeless (330h) project?
No. Funding must be requested and will be awarded proportionately for all population types currently funded under the Health Center Program. If you wish to add a target population, refer to the Scope of Project: Target Population resources at https://bphc.hrsa.gov/programrequirements/scope.html.

33.   Does HRSA require my organization to have an indirect cost rate?
No. If you do not have an indirect cost rate agreement, you may claim the 10% "di minimus" rate as long as you include a statement of what you are claiming in the budget. Alternatively, costs that would fall into such a rate (e.g., the cost of operating and maintaining facilities, administrative salaries) may be

charged as direct line-item costs. If you wish to apply for an indirect cost rate agreement, more information is available at https://rates.psc.gov/.

34.   Should I include my organization's Indirect Cost Rate Agreement in my BPR submission?
Yes, if an Indirect Cost Rate agreement is in place, include a copy in the Budget Narrative attachment section in the HRSA EHB.

35.   What should be included in the budget narrative?
The budget narrative is for one year based on your upcoming 12-month budget period (FY 2019 budget period). The budget narrative should provide details on both federal and non-federal resources and must include a table of personnel to be paid with federal funds. Use the budget narrative to clearly explain each line-item within each cost element. It is important to ensure that the budget narrative contains detailed calculations explaining how each line-item expense is derived (e.g., number of visits, cost per unit).

A sample budget narrative is available at the BPR TA webpage.

36.   What format is required for the budget narrative?
There is no required format for the budget narrative. However, the BPR TA webpage includes a sample budget narrative template that you may use as desired.

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

37.   How do you update the sub-programs (e.g., CHC, HCH) in the Budget Information: Budget Details form?
In the Budget Information: Budget Details form, click the Change Sub-Program link, and then select the applicable sub-program(s). Once the correction is made, the incorrect sub-program will be deleted and the selected sub-program(s) (i.e., Community Health Center, Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care) will appear. Further instructions are included in the HRSA EHB User Guide for BPR/NCC located in the HRSA EHB and posted on the BPR TA webpage.

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

38.   How much information does HRSA need on staff supported by H80 grant funding (federal section 330 funding) versus those supported solely with non-federal funds (not paid with Health Center Program funding)?
Refer to Table 8 in the BPR Instructions (also included at the bottom of the Sample Budget Narrative posted on the BPR TA webpage for the information that must be provided. This includes the name of the staff person (if applicable), the position, percentage of full-time equivalent (FTE), base salary, adjusted annual salary (if the salary must be adjusted to conform to the current salary limitation, which is $189,600), and federal amount requested (BPR funding requested to support the position).

39.   To whom does the salary limitation apply?
This limitation applies to salaries paid to all individuals that are employed by a Health Center Program award recipient or sub-recipient, and whose FTE or partial FTE is charged to the Health Center Program grant project.

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

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

41.   Since applicant budgets reflect multiple revenue sources in addition to the Health Center Program grant, consistent with authorizing statute, is it permissible for a budget to contain salaries at a rate in excess of Executive Level II (i.e., $189,600)?
Yes, budgets may contain salaries at a rate in excess of $189,600 if the differences are supported by program income. Consulting with your auditor regarding appropriate accounting of income sources for such expenditures is recommended. In addition, HRSA recommends that health centers retain documentation that salary levels above the cap have been approved by the governing board as being reasonable and consistent with local and prevailing salary levels for such positions and furthering the objectives/mission of the project.

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

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

Scope of Project

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

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

46.   What is the purpose of the Scope Certification Form?
The Scope Certification form ensure that at least once per year each award recipient reviews the scope of project and requests any needed changes. The form requires Health Center Program award recipients to annually certify the accuracy of their Form 5A: Services Provided and Form 5B: Service Sites, or to certify that any required Scope Adjustment or CIS requests have already been submitted.

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

You should select Option 2 if your Scope Adjustment or CIS has been submitted and is pending HRSA approval.

Application Submission

48.   When is my BPR due?
Refer to Table 1 in the BPR Instructions or the BPR TA Webpage for the HRSA EHB deadline for each FY 2019 budget period start date.

49.   Where can I get the BPR Instructions?
The BPR Instructions are available on the BPR TA webpage.

50.   Is there a page limit?
There is no page limit because the majority of the application is completed in the HRSA EHB. However, within the HRSA EHB, there is a 2,000-character limit (including spaces) for each narrative response, which is equivalent to approximately 1.5 pages.

51.   When can I begin the HRSA EHB submission process?
You will receive notification from the HRSA EHB system that work can begin on the BPR submission approximately eight weeks before the BPR submission deadline. Notification from the HRSA EHB will go to all individuals who have noncompeting continuation edit privileges in the HRSA EHB. In the HRSA EHB system, after logging into the HRSA EHB, click the Grants tab on the HRSA EHB Home page to navigate to the My Grant Portfolio – List page. On the Grant Home page click on the *Work on My NCC Report* link under the Submissions section.

52.   How will I be notified if my BPR is not successfully submitted in the HRSA EHB?
After attempting to submit, you will receive any error message directly on your screen. All errors must be corrected and the BPR must be submitted prior to the HRSA EHB deadline.

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

Award Information

54.   When will BPR funds be awarded?
FY 2019 BPR awards will typically be issued prior to the budget period start date (see the BPR TA webpage).

Technical Assistance and Contact Information

55.   Who should I contact with programmatic questions concerning the BPR submission requirements and process?
Refer to the BPR TA webpage for TA slides, a recording of the TA call, the HRSA EHB User Guide for BPR/NCC, FAQs, and samples of the Program Specific Forms, among other resources. You may also contact Karen A. Fitzgerald in the Bureau of Primary Health Care's Office of Policy and Program Development at 301-594-4300 or https://www.hrsa.gov/about/contact/bphc.aspx.

56.   Who should I contact with specific questions about budget preparation, including eligible costs?
Contact Travis J. Wright in the Division of Grants Management Operations at 301-443-0676 or twright@hrsa.gov.

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