HRSA
Health Resources & Services Administration

FY 2017 Budget Period Progress Report (BPR) Noncompeting Continuation Frequently Asked Questions (FAQs)

Below are frequently asked questions and corresponding answers for the FY 2017 Budget Period Progress Report (BPR). The FAQs are available on the BPR Technical Assistance 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 2017 BPR should be submitted by Health Center Program award recipients who **do not** have a project period end date in FY 2017 (October 1, 2016 – September 30, 2017). Each Health Center Program award recipient with a BPR due in FY 2017 will receive notification from the Electronic Handbook (EHB) system that work can begin on the BPR submission approximately 53 days before the submission deadline.

2. **What is the deadline for submitting the BPR?**
   Refer to Table 1 in the BPR Instructions or the BPR TA webpage for the EHB deadline for each FY 2017 budget period start date.

3. **What should I submit as part of my BPR submission?**
   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 EHB.

4. **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 Change in Scope module within 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 changes in scope will not constitute a formal change in scope request.

5. **How should the Program Narrative Update be completed if I have a change in scope request pending HRSA approval?**

In EHB, a refresh button is available in Forms 5A, 5B, and 5C to ensure that the revised scope information is displayed once a change in scope request has been approved. Address the predicted impact of pending changes in scope in the narrative for each question, as appropriate.

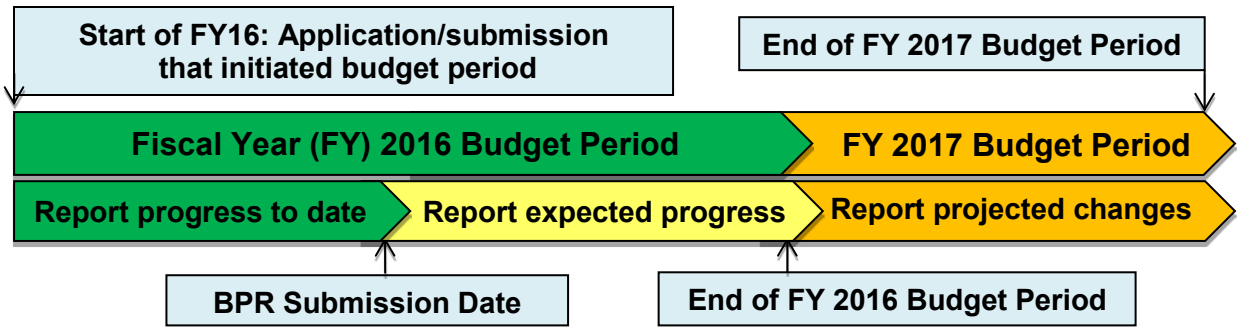
6. **What is the purpose of the Scope Certification Form?**
   The Scope Certification form requires Health Center Program award recipients to annually certify the accuracy of their Form 5A: Services Provided and Form 5B: Service Sites, or to certify that any required change in scope requests have already been submitted.

7. **How should the Scope Certification Form be completed if I have a 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 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 change in scope process.

   Note: Select Option 2 if your CIS has already been submitted.

8. **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, general underserved community, people experiencing homelessness, and residents of public housing) and their funding streams are considered to be in the current scope of project and relevant updates on progress should be included in the BPR submission.

9. **What is included in the Program Narrative Update section?**
   The Program Narrative Update includes six sections (Environment, Organizational Capacity, Patient Capacity, Supplemental Awards, One-Time Funding Awards, and Clinical and Financial Performance Measures) that require narrative reporting. Specifically, the narrative for each section should discuss FY 2016 budget period progress to date, expected progress for remainder of the FY 2016 budget period, and projected changes in FY 2017.



Patient Capacity

10. How has the Patient Capacity Table changed since FY 2016?

The Projected Number of Patients column calculation for each section of the Patient Capacity Table has been updated.

11. 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 value provided via email to award recipients on April 21, 2016. The BPR does not allow any changes to the patient target value.

In the Special Populations (MHC, HCH, and PHPC) section, the Projected Number of Patients column is pre-populated from the patient projection in the application that initiated your current project period (SAC), plus selected supplemental funding awarded after the start of the current project period (see table below).

Patient Capacity For Special Populations (MHC, HCH, and PHPC Populations)									
App that initiated the project period	**Base + Columns marked with an X**	**FY 2014 ES EMC**	**FY 2015 ES**	**FY 2013 NAP**	**FY 2014 NAP**	**FY 2015 NAP (May awards)**	**FY 2015 NAP (Aug awards)**	**FY 2016 Substance Abuse**	**FY 2016 Oral Health**
FY2016 SAC	Special Pops projections in the FY16 SAC	Already included in the base (as applicable)	X	Already included in the base (as applicable)	Already included in the base (as applicable)	Already included in the base (as applicable)	X	X	X
FY 2015 SAC	Special Pops projections in the FY15 SAC	X	X	Already included in the base (as applicable)	Already included in the base (as applicable)	X	X	X	X
FY 2013 SAC (5-yr project period)	Special Pops projections in the FY13 SAC	X	X	X	X	X	X	X	X

12. How has the Public Housing Primary Care (PHPC) section been changed?

The 2014 and 2015 public housing data are pre-populated from UDS. However, since 2013 public housing data were not included in Table 4 of the UDS Report, these data are pre-populated from your FY 2016 BPR submission.

13. If my public housing data is not pre-populated, what should I do?

If public housing data is not pre-populated, award recipients must provide the 2013 public housing data number from your health center data, as applicable.

14. What do I do if my projected values that populate for the special populations are incorrect?

If you have concerns regarding the projected values that populate the special populations, you should address your concerns in the Patient Capacity Narrative field in this section.

Supplemental Awards

15. What are the changes to the Supplemental Awards table in FY 2017?

The Supplemental Awards table has been updated to reflect the most current list of supplemental awards. The supplemental awards that will appear in this section include:

Supplemental Award	FY 2014	FY 2015	FY 2016
New Access Point	X	X	
Behavioral Health Integration	X	X	
Expanded Services	X	X	
Substance Abuse			X
Oral Health Expansion			X

16. What should an award recipient that did not receive any supplemental awards include in this section?

If you did not receive a specific supplemental award, the system will display 'Not Applicable' and will not require information to be provided. Only prepopulated awards require a narrative to be completed.

One-Time Funding Awards

17. What are One-Time Funding Awards?

One-Time Funding awards are activities supported with one-time funds. These activities do not receive any future year support. Award recipients are asked to report on the Quality Improvement Assistance (QI) awards and Delivery System Health Information Investment (DSHII) awards in the FY17 BPR.

One-Time Funding Award	Allowable Activities	Dec. 2014	Aug. 2015	Sept. 2016
Quality Improvement Assistance	Developing and improving systems, infrastructure and care delivery systems, as well as care delivery systems	X	X	X
Delivery System Health Information Investment	Implementing strategic investments in health information technology (health IT) enhancements			X

18. **How many Quality Improvement Assistance awards were funded?**
    There were three Quality Improvement Assistance awards funded: two in FY 2015 (December 2014 and August 2015), and one in FY 16 (September 2016).

19. **I do not remember which One-Time Funding Awards I received. Where would I find information related to One-Time Funding Awards?**
    A list of recipients for each one-time award is available on the BPR TA webpage.

20. **What should I include in the Activities column for One-Time Funding Awards?**
    Describe how funding will be or was already spent for all one-time awards received and the impact on the organization, if applicable.

21. **What should an award recipient include in the Activities column if they did not receive a specific One-Time Funding Award?**
    Type "Not applicable" in the Activities column for any one-time awards that were not received.

Performance Measures

22. **How has the Performance Measures section changed since FY 2016?**
    In the FY 2017 BPR, the Performance Measures table in the Program Narrative Update section requires award recipients to establish an Oral Health-Sealants goal if one was not established in FY 2016. Additionally, because the diabetes goals and reported UDS data are based on different diabetes measure definitions, N/A will be shown for all fields, and narrative progress towards the goal is not required for this submission.

23. **How can I update/adjust my Performance Measure goals in my BPR application?**
    The Performance Measure goals (with the exception of Oral Health) cannot be updated in your BPR. If pre-populated Performance Measure goals are not accurate, provide adjusted goals and explain (e.g., goal for the blood pressure control measure has increased based on improved patient tracking via a new EHR) in the appropriate Measure Narrative section.

24. **What is the source of the pre-populated performance measures data?**
    The Clinical and Financial Performance Measures Table has been pre-populated with 2013, 2014 and 2015 Uniform Data System (UDS) data. The Measure Goals column has been pre-populated from the goals included in the FY2016 SAC/BPR application/submission.

25. **Where can I find more information on 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 EHB. General performance measure information is also available in the BPHC 2015 UDS Reporting Manual (http://bphc.hrsa.gov/datareporting/reporting/index.html) and via the Health Center

Reporting and Technical Assistance site (http://bphc.hrsa.gov/datareporting/index.html).

26. Are there any changes in the Low Birth Weight performance measure?
The Low Birth Weight measure was updated in FY 2016. However, the measure should now clearly reflect the changes from year to year and reflect your progress toward the goal for FY 2017.

27. How has the Oral Health—Sealants Measure changed?
The % Progress Toward Goal field will be prepopulated unless the award recipient did not provide an Oral Health measure goal in last year's application (i.e., SAC/BPR). An Oral Health goal must be established in the FY17 BPR if one was not established last year.

28. My organization provides preventive dental services only via formal referral (Form 5A, Column III). Is the oral health measure applicable to my organization?
The oral health measure is currently only applicable to health centers that provide preventive dental services directly or via formal arrangement in which the health center pays for service (Form 5A, Columns I and II). A health center that only provides preventive dental services via formal referral (Form 5A, Column III) can set the goal for the oral health performance measure as zero. However, if a goal of zero is set for the required measure, the applicant must include a self-defined Oral Health Sealants goal in the Additional Measures section.

29. Is the new oral health measure specific to services provided by dentists or does it also apply to services provided by medical providers?
The Oral Health measure applies only to services provided by dentists and dental hygienists since sealant placement is a dental procedure.

30. Where can I find more information on the Oral Health measure?
The Oral Health measure is endorsed by the National Quality Forum (NQF) (http://www.qualityforum.org/QPS/QPSTool.aspx) and is part of the 2015 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html).

For additional information regarding value sets and e-specifications related to the UDS dental sealant measure, see the Agency for Healthcare Research and Quality's (AHRQ) United States Health Information Knowledgebase (USHIK) website, under Measure ID CMS277v0.0.005 https://ushik.ahrq.gov/mdr/portals

31. How has the Diabetes measure changed?
Award recipients do not have to report on the diabetes measure this year due to the fact that goals set in previous applications and data reported in UDS were based on different diabetes measure definitions. In the FY 2017 BPR "N/A" will be shown for all fields, and a narrative progress toward the goal is not required in this submission.

However, award recipients are expected to continue work on this measure and show progress in their 2016 UDS submission.

32. Can you define the numerator and denominator for the Health Center Program Grant Cost per Patient measure?

The Health Center Program Grant Cost per Patient measure is designed to capture the grant funding that supported activities during the reporting period.

Numerator: The total accrued BPHC Health Center Program grant drawn-down for the period from January 1 to December 31 of the calendar measurement year.

Denominator: The total unduplicated patients for the period from January 1 to December 31 of the calendar measurement year.

33. The 2013 data in the Health Center Program Grant Cost per Patient reflects "Data Not Available." Why?

Award recipients did not report on this financial measure in FY2013 and it will not be factored in this goal. In FY18, award recipients will have three years of trend data.

34. 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 and are keeping costs lower than your goal.

Budget Presentation

35. Are there any activities that are ineligible for BPR funding?

Yes. BPR funding may not be used for construction of facilities, fundraising/grant writing, lobbying efforts, gun control, or abortion. The HHS Grants Policy Statement (HHS GPS) available at HHS Grant Policy (http://www.hrsa.gov/grants) 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 funding included under this non-competing continuation and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

36. Are award recipients required to document any prohibited activities?

YES. 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.

37. Can I use 330e funds for a new 330h project?
NO. You may not use requested funds for population types that have not been previously approved. Funding must be requested and will be awarded proportionately for all population types currently funded under the Health Center Program.

38. Does HRSA require award recipients to have an indirect cost rate?
No. If you do not have an indirect cost rate agreement, your organization may opt to claim the 10% "di minimus" rate as long as this is stated in the budget. 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/.

39. Should an award recipient submit an Indirect Cost Rate Agreement?
Yes, if an applicable Indirect Cost Rate agreement is in place, it should be uploaded in the Appendices section of the application in EHB.

40. What should be included in the budget narrative?
The budget narrative is for one year based on your upcoming 12-month budget period (FY 2017 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 justification narrative is available at the BPR TA webpage.

41. What format is required for the budget narrative?
There is no required format for the budget narrative. The BPR TA webpage includes a sample budget narrative template.

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

42. 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 EHB User Guide for BPR/NCC located in 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, at the same proportions as your current award.

43. 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 salary limitation which is $185,100 (see the Q&As below), and federal amount requested (BPR funding requested to support the position).

44. 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 by a sub-recipient of a Health Center Program award recipient, and whose FTE or partial FTE is charged to the Health Center Program grant project.

45. 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.

46. 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., $185,100)?

Yes, budgets may contain salaries at a rate in excess of $185,100 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.

47. Does the salary limitation apply to other forms of compensation (bonuses, incentives, fringe benefits, etc.) that are awarded to individuals employed by the health center?
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.

48. 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.

Application Submission

49. When is my BPR due?
Refer to Table 1 in the BPR Instructions or the BPR TA webpage for the EHB deadline for each FY 2017 budget period start date.

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

51. Is there a page limit?
There is no page limit because the majority of the application is completed in EHB. However, within the EHB application submission, there is a 3,000 character limit (including spaces) for each narrative response.

52. How do I submit my BPR? When can I begin the EHB submission process?
All components of the BPR submission are to be provided to HRSA via EHB.

You will receive notification from the EHB system that work can begin on the BPR submission approximately eight weeks before the BPR submission deadline. Notification from EHB will go to all individuals who have noncompeting continuation edit privileges in EHB. In the EHB system, after logging into EHB, click the Grants tab on the 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.

53. How will I be notified if my BPR is not successfully submitted in EHB?

After attempting to submit, you will receive any error message directly on your screen, not by e-mail. All submission errors must be corrected prior to the EHB deadline.

54. 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 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

55. When will BPR funds be awarded?
BPR funding will be issued on or around the FY 2017 budget period start date (see the BPR TA webpage).

Technical Assistance and Contact Information

56. 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, EHB User Guide for BPR/NCC, FAQs, and samples of the Program Specific Forms, among other resources. You may also contact Karen Fitzgerald in the Bureau of Primary Health Care's Office of Policy and Program Development at BPHCBPR@hrsa.gov or 301-594-4300.

57. Who should I contact with specific questions about budget preparation, including eligible costs?
Contact Carolyn Testerman in the Division of Grants Management Operations at 301-594-4244 or ctesterman@hrsa.gov.

58. If I encounter technical difficulties when trying to submit my application in 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 (http://www.hrsa.gov/about/contact/bphc.aspx).