

**FY 2015 Budget Period Progress Report (BPR)
Noncompeting Continuation Webinar**

**July 15, 2014
2:00 PM – 3:30 PM ET**

Coordinator: Thank you all parties for standing by. All lines have been placed on listen only until the question and answer session of conference. Today's call is being recorded. If you have any objections you may disconnect at this time. I will now introduce your speaker, (René Herbert), and you may begin.

(René Herbert): Good afternoon, everyone. Welcome to the grantee technical assistance meeting for fiscal year 2015 budget period progress report, or the BPR as we will refer to it throughout the call. My name is (René Herbert) and I'm the lead public health analyst for the BPR this year. Just a notification that we're currently experiencing some thunderstorms over here, so if we lose Web connectivity please stay logged in on the phone.

You can access the presentation on the technical assistance webpage which is posted on the presentation in front of you. Once again if you're logged into Adobe, we will appreciate if you can answer the polling questions on the screen before we get started. And for those of you on the call, the presentation is available on the technical assistance webpage, or you can click the Adobe link to access the Adobe connection.

The questions on the polling inquired about how many grantees have completed the BPR entirely in EHB since we streamlined the process in 2014, it looks like 70% have gone through the BPR submission entirely in EHB, and about 32% have not done it yet.

So for those who've gone through the process, you'll find the resources today, just elaborating on some of the fine tuning that we've done on the BPR. And then for the first time managers, I assure you that you'll get a sense of the streamlining application process, and we'll walk through the application in its entirety to provide you insight on what we've done this year and how it's streamlined for ease. Before we begin started again, just please note that if we lose Web connectivity, just feel

free to access the presentation on technical assistance webpage, and please stay on the line. We'll continue the presentation.

So once again this call will focus on the 2015 BPR. Please log in, click on the URL in your email announcement to access the link for the presentation and those of you doing the presentation via the TA webpage, I will do my best to reference the slide numbers throughout this call so that you can easily follow along. Moving on to slide 2, the briefing will give you a basic overview of the BPR report including due dates and times, changes to the FY2015 BPR, and the submission process and requirements.

And then I'll touch upon some of the different key sections of the BPR submission including the program narrative update, the performance measures, and the budget presentation. I'll conclude the call with a review of important facts and a list of TA contacts, followed by a question and answer session. All the participants are currently in listen-only mode, so please make a note of any questions that arise as we go along so you can ask them at the end of the presentation. In addition if you are logged into the Webinar, you can also type your questions as we go along, but please note that we will likely be answering the majority of those questions at the end of the call.

On slide 3, I'll just go through a brief overview of the BPR. The BPR provides an update on the progress of the health center program grantees who do not have a project period end date in 2015. Approval of the BPR will provide funding for you in 2015 as well. The BPR serves as an opportunity for you to discuss any changes that have impacted your community or your target population and your organization over the last year as well as plans for the upcoming 2015 budget period. As in 2014, this year the BPR submitted only in EHB, and although the BPR instructions are available on the technical assistance webpage, you will gain access to BPR's EHB approximately six weeks before the submission deadline.

If you do not know whether to submit a BPR or SAC application, we recommend that you check your most recent notice of award, your NOA, for your project period and the budget period details. On the technical assistance webpage, we included a

document titled how to read your notice of award, a guide for grantees, to help you fill out the budget section of the BPR. Additionally you can contact your project officer if you're still unclear.

Just lastly as a reminder please ensure that your SAM registration is active. Although your SAM registration does not hinder you from submitting your BPR, it will impact your ability to receive your award if it's not active by the time of the award.

Just continuing on to slide 4, we provide continuing overview of the BPR. I just wanted to highlight that as in 2014, this BPR submitted only in EHB.

Slide 5 discusses the due dates and the deadlines. The deadlines for each BPR submission varies based on the grantee's budget period start date. Your budget period start date is a calendar date immediately following the budget period end date listed on your notice of award. Again you will receive an email from EHB approximately six weeks before the submission deadline.

So for example, grantees with November 1, 2014, budget start date receive access to EHB this past Thursday, July 10th, and will have until 5pm on Wednesday, August 13th, to work on updating their progress. The grantees for December 1, 2014, budget start date will receive access tomorrow, July 16th, and will have until 5pm, August 27 to work on updating their progress.

On slide 6, let me just highlight changes in this year's BPR from the 2014 BPR. As some of you may know and remember, in 2014 we made considerable changes to the structure of the BPR. In 2014 we streamlined the structure of the application by including pre-populated three years of data were available, and we also updated the BPR EHB user interface with information icons to provide additional directions as grantees completed their BPR submission.

So in 2015 what we've done is just fine-tuned some of the program narrative sections. We didn't change the general structure, but just fine-tuned and updated some of the sections. The patient capacity table includes additional data to facilitate your discussion of progress, and we've incorporated additional columns to reflect

trend data and percentages over the three-year period to help you have a robust narrative so you don't have to calculate that information on the back end.

The supplemental awards table includes a new column for you to provide numeric progress, numeric data on the progress to what your programmatic goal, it can add context to your narrative. Your performance measures table, we've updated that with three new measures, and for the other measure section, we removed the behavioral health measure since the new depression screening and follow-up measure is required.

And lastly we provided a link to your FY2014 BPR submission for those who completed it last year in case you wanted to reference your prior submission.

Moving on to slide 7, just a few more updates and fine-tuning for the 2015 BPR, and 2015 Form 3: Income Analysis form now is programmed into the EHB, the program specific sections, and it's no longer an attachment. We also added a scope verification summary page requesting scope of project certifications for Form 5A and Form 5B, and that's been programmed into EHB, and I'll discuss all these later on in the presentation. Lastly, in the budget presentation section, we have removed the federal object class categories form since the federal non-federal object class breakdown is now included in the budget information, budget details section. So these are just the overall BPR updates, but it'll make more sense as I go through the sections and highlight the specific changes within each section.

Slide 8 provides you with a summary of the required forms and attachments, so in EHB you will have to fill out two basic standard forms, akin to the SF-424, the budget information, budget details form, which is akin to the SF-424, and then there's four program specific forms the Form 2, Form 3, the scope verification summary page, and the program narrative update. The only attachment that you'll have is the budget narrative, so it makes it much easier for you guys not to have to worry about how many attachments, just one.

Moving on to slide 9, now I'll go through - this will be the first of - first slide discussing the updates to the program narrative, so before I begin discussing the

updates in fiscal year 2015, I just want to remind you that each narrative section is still limited to 3,000 character limit, which is equivalent to one page.

And similar to last year's instructions, the program narrative only requires grantees to report progress over the fiscal year 2014 budget period and predicted impacts and changes for the fiscal year 2015 period in five key areas: the environment, organizational capacity, patient capacity, supplemental awards, and clinical and financial performance measures.

We'll now walk through the required submission sections that will be included in EHB and I'll highlight the new additions in 2015. So for the first section, the environment section of the program narrative update on slide 10, nothing much has changed in this section. Your narrative in this section will still document the impact of the regional state and/or community changes. This environment narrative should still discuss the impact of broad changes in the region, state, and/or community over the past year and predicted impact for the future year.

So some examples of changes that may influence or impact the project, it could be the state local health care law, policy implementation such as ACA, the affordable care act. It could be changes in the service area demographics or in your target population. It could and it also could be changes in health care providers in the service area, so that's just a flavor of some of the updates or changes that may influence this section, and you'll capture that in the narrative.

Slide 11 provides you an overview of the organizational capacity narrative. Again, nothing in this section has changed. You'll discuss the major changes in the organization's capacity over the past year that have impacted or may impact the implementation of the funded projects. Some areas that may impact implementation include staffing, operations, system changes and financial status.

If there's a pending approval of change in data for example, a new site, or a new service change in scope in progress, you should also note this in this narrative. Moving on to slide 12, this is where we'll get started on all the fun changes in 2015. So this slide we'll start discussing the program narrative section for patient capacity.

So in the patient capacity section, you'll still continue to report your progress towards your goal values.

The UDS data for patients in 2011, '12, and '13 will be pre-populated where available. In 2015 what's different is that we added three additional columns of numeric trend data such as percent exchange and the percentage progress towards the goal for each of the four areas listed, and I'll show you a screenshot in the next slide. So for the four - for these three years of data, the trend data, public housing patient data is not available in EHB.

And so if applicable, you must provide this information when completing the patient capacity section. So for grantees that provided 2011 and 2012 public housing data in last year's BPR, it will populate here again and you will only have to provide 2013 public housing data. For instances when the pre-populated data or goals do not match what you expected to see, adjusted projections should be provided and explained within the narrative.

We'll move on to the next slide, slide 13 to provide you more contexts. On slide 13; you will see the screenshot of the patient capacity section in EHB. So going to the screenshot, you see the patient capacity section narrative requires grantees to explain significant changes in the patient numbers and discuss the progress towards reaching the projected patient goal in four patient numbers of categories.

So there are four categories here that are listed in the first column and you'll have to report a narrative for each one of these different columns - categories. The data in the projected number of patients' column is captured from your Form 1A, and the data points are captured from UDS. So as I mentioned in the last slide, in 2015 what we did is we added three new columns, and you can see those there. It is the percentage change from 2011 to 2013 trend, the percentage change from 2012 to 2013 trend, and the percentage progress toward the goal.

These columns are just providing you numeric information that's to help you describe the trends in your data, so these new columns will make the narrative discussion more robust, and will make it easier for you to provide great context in

your progress narrative. So your narrative can use the information in these columns to discuss your progress over 2014 and any projections for 2015.

We also added right above the narrative section; we included a link to your 2014 BPR submission for those who have done the BPR in the past. And in addition, we included your project period above the narrative box to provide a reference point for your progress narrative, and also provide you context for you and your project officer. This is based on feedback we got on questions people asked about their current budget project period and also to get an asset the previous data.

So now we included two links for those who completed the 2014 BPR, a link to your prior progress report, and also to a quick reference to your current project period, so you can use that date there or you'll see it also in your notice of award. This is - so just going through, the system will add to your goal number. It pulled from the last competitive Form 1A or your BPR for 2014, the projected number of patients from recent supplemental awards.

If the goal presented is not what you expected to see based on past and new patient projections, please explain this in the narrative, and this will not be applicable to everyone, but in some cases you may be full and let your BPR notice that the projected number of patients may seem a little bit high. You would want to explain in the narrative any issues or - that you may see in that number, or you can contact us at the technical assistance email address and we can help you with that as well.

Moving on to slide 14, we're going to look at the supplemental awards table. In this section, EHB will be pre-populating data for the supplemental award goals as applicable, so most of the 2015 reporting requirements are the same as 2014 for the supplemental awards. For grantees that receive supplemental awards, you will provide narrative capturing your progress towards the goals, and you should discuss the progress made and implementing the supplemental award.

So what is different this year is that in 2015 we included a column for numeric progress towards your programmatic goal, which allows you to provide additional context for your progress reporting. If the data included in this section does not

match what you expected, please discuss this in your narrative and explain the changes. Since 2014 we've added two new supplemental categories, the Expanded Services (HRSA-14-148) and the Behavioral Health Integration (HRSA-14-110), which will be required once the awards are made, and we've continued reporting for the next satellite awards.

So the next slide I'll show you a screen shot on how the supplemental award section will look in EHB. So on slide 15, you will see that there are five supplemental awards that a grantee may have received, and this is how they will look in EHB. So the screenshot, the supplemental award table has been updated to reflect the most current list of supplemental awards for grantees, and you can see that we added that new column, the numeric progress towards goal as applicable.

In this, if a grantee did not receive a certain supplemental award, they will not have to provide narrative, and the system will display not applicable, so for example in the screenshot in the 2013 new access points satellite brand, there's not applicable in the numeric progress, and numeric goal is not applicable, so that grantee may not have received that award, so they wouldn't have to report on it. But you can see in the 2012 NAP Satellite Site, there's a blank box, and the grantee will be expected to report their numeric progress towards the goal, which is 750 projected patients.

Grantees will have to provide where - what progress have they made since that numeric goal was established for that 2012 NAP Satellite Site. And you'll have a chance to put the numeric number as well as explain that in the narrative section. So just a numeric example, for example if the grantee had added 600 new patients since 2012, and NAP Satellite Site, opened, the numeric progress toward the goal column would be 600, and the narrative would be used to discuss the overall progress towards ensuring comprehensive primary healthcare services at the new NAP, and achieving the NAP Satellite Site patient target of 750 new patients.

Moving on to the next section, on slide 16, we'll discuss an overview of the performance measure section of the program narrative update. So like the other sections of the program narrative update, EHB will be pre-populating this section with three years of performance measures data along with the end of the project

period goals. Grantees will provide narrative regarding progress towards the goals and factors impacting three major areas of performance measures, financial measures, and other measures.

So as in the past, the three audit related measures will not pre-populate for tribal and public center applicants because they are not applicable, but in 2015, the performance measure section includes three new measures, *Tobacco Use Screening and Cessation*, the *Newly Identified HIV Cases With Timely Follow Up*, and *Depression Screening and Follow Up*.

All information on these new measures can be found on the program assistance letter, the PAL- 2014-01, and we provided a link to that on the technical assistance webpage. Additionally the behavioral health measure included in the other measures category is no longer required because of the addition of the depression screening measure and follow-up. We also added new columns of trend data, and I'll explain the update using a screenshot on the next slide.

So on the next slide, you'll just see part one of the performance measures section as it would look in EHB, and this is for the current disease management section. As in 2014, the narrative box is below the measures in each section, and it will capture the progress and impact all the measures related to that section. In this case, it will capture the progress and impact for all of the measure relates to crime disease management.

What you'll also see is that in some areas there is data not available and some fill in spaces. The data not available items show up because the data was not provided in UDS. In this section shown on the screen, you'll be required to provide an estimated goal in the blank box for the new measures - the *Newly Identified HIV Cases with Timely Follow Up*, and *Depression Screening and Follow Up*. And since the grantees that will be reporting on that may not have experience reporting this data in the past, you can provide estimates and that will be acceptable. And you can also speak to that in the numeric measure goal in the narrative section.

And lastly the three new columns similar to the patient capacity section is the trend columns, and we included a percent change from 2011 to 2013 trend. We included a percent change from 2012 to 2013, and then a percent progress towards the goal. And these new columns are just added to help facilitate your progress reporting in the narrative section.

Slide 18 wraps up some of the things I've touched upon before and the sources from where we pulled a lot of the data. For the pre-populated data in EHB, if the projected data doesn't match what you expected to see we ask that you provide accurate data and explain in the corresponding narrative section. In some cases if the data does not pre-populate or if there's a fill-in space, the system will allow you to provide data in the appropriate field like we discussed earlier with the public housing patient data.

We also, as I mentioned before, included links to the prior BPR submissions so you can access your prior submission directly from the 2015 BPR if you submitted a BPR in 2014. We've also included your Form 5A, services provided, your Form 5B, services site, and 5C, other activities and locations for informational purposes only. These forms are pre-populated and locked so they're only there as a reference.

There may be times when you want to access other previous data, for example submitted in the past competitive applications. We've included tips on how to access that information in the EHB user guide located on the TA website, related to the BPR submission. Additionally you can navigate the BPHC data comparisons Web site for current state and national comparisons when describing your performance measures.

Again, all of this information is included in the BPR instructions, and the frequently asked questions, which will - which are located in the technical assistance webpage. Moving on to slide 19, we'll transition to the budget presentation, so in the budget information, budget details form, which is the primary budget form required in BPR, we added some new items. So new in 2015 is that this form is in EHB and will require federal budget and non-federal details to be provided in the object class categories form.

What this means is that we removed the federal class - the Federal Object Class Categories Form which we required in 2014. The total federal budget value occurring at the top of the form will be updated each time the form is open by pulling information from a grantee's most recent notice of award, so grantees that receive supplemental awards or base adjustments during their open application period will be instructed to close the BPR, reopen it, and revisit this form to ensure that the new funding value is populated. Please note that the individual salary limit is still in place which states that HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$181,500.

Slide 20 provides information about the one required attachment, the budget narrative. The budget narrative must present the budget by object class category for the upcoming budget period broken down by federal and non-federal categories rather than funding stream.

As you complete the budget narrative, provide sufficient information to show that costs are reasonable and necessary. It's a line item budget justification, which consists of sections such as personnel, travel, and supplies. It does not provide sufficient detail. Additional narrative should be provided to fully explain all costs.

Slide 21, and we'll discuss one of the last updates for 2015, the Scope Verification Summary Page. So this summary page will require you to certify that sites and services and scope are accurate, or that a change in scope, a CIS request or self-update has been submitted to correct inaccurate information. If a CIS is required, we encourage you to review the change in scope information available online and to contact your project officer with further CIS questions.

So as you can see on your screen, there are two certification options. You must verify that the information is accurate, or yes, you have reviewed and already submitted a CIS to correct inaccurate information before your BPR deadline to complete this form accurately. There is not a 'will fix' option. If you choose option one you're saying that everything is accurate. If you choose option two, you're saying that okay there may be some inaccuracies but I've already submitted a CIS before the deadline of my BPR, and that's in progress.

It's important to note that for the first two rounds of BPR the Scope Alignment Validation (SAV) process is taking place during your open BPR application, so we ask that for the first two rounds, that is for the November 1 starts and December 1 starts, you refresh your Form 5A and 5B after July 24th in order to ensure that the most current scope information is populated in the BPR.

Slide 22 just provides an overview of resources for technical assistance, so as you see on your screen the TA webpage is a resource of information on the BPR submission schedule. The EHB user guide for the BPR, other TA resources and all the forms required for submission. The forms are just for reference only since they will be filled out in EHB. The TA page also includes the email and phone numbers for the Program and Grant contacts.

Please note that I am the BPR contact for program related questions, so you can send all emails to bphcbpr@hrsa.gov, and I aim to answer all of the questions seventy-two hours or less. Carolyn Testerman is the grants management specialist lead for BPR and will be answering any budget related BPR questions, and please note that in EHB, the link for accessing the BPR EHB User Guide for completing the forms and instructions is disabled, but the User Guide is available on the technical assistance webpage.

The EHB link to the BPR EHB User Guide will be updated to make that user guide active in a few weeks. So very important news, if you're having trouble with following a user guide or you're having any issues in EHB, please, please do not contact the phone number that appears in - on your screen in EHB. Instead contact the BPHC helpline listed on the TA page, and that's listed in the instructions, and it's listed in the FAQs and also on the screen, so you should contact this number if you're having any issues with EHB or filling out the BPR in EHB.

So the final slide will start off the Q&A session, and some important reminders. As I go through the reminders, please take a minute to complete the polling questions on your screen. So progress reports lacking any required documents and information, we'll consider that incomplete or nonresponsive. First reminder is that incomplete or

nonresponsive reports will be returned to you through a request change notification via EHB.

And you'll have to provide that missing information or provide clarification. So failure to submit the BPR by the established deadline or submission of an incomplete or nonresponsive progress report may result in the delay in notice of award issuance or a lapse in funding. You should carefully review your BPR to ensure that it's both complete and responsive prior to submission.

And some housekeeping, the digital audio recording for this presentation will be posted on the webpage approximately one week after this call. The Frequently Asked Questions will be posted before the end of the week, so please check the technical assistance webpage periodically for updates, and finally as you wrap up the polling questions, I just want to thank everyone for joining the call on behalf of HRSA and the bureau of primary health care. I will now ask the operator to open up the lines for questions, and we'll be triaging the questions in the chat box as well. So operator, please open up the line for any questions, and thank you.. Have a good one.

Coordinator: Thank you. We will now begin the question and answer session. If you would like to ask a question from the phone lines please press star one. You will be prompted to unmute your phone and record your name. Your name is required to introduce your question. Again that's star one to ask a question. One moment please for the first question. Our first question comes from (Christine Sybil). Ma'am, your line is open.

(Christine Sybil): Hi, thank you. I wondered - I have a November 1 start date, and I'm wondering, will the recent Service Expansion applications in EMC be awarded before the August 13th due date, and will that be at all incorporated into the BPR?

(René Herbert): So. the instructions for the Behavioral Health Supplement stated that we would aim to award those August 1, and for Expanded Services that we would aim to award those September 1, so you can only report on what you know at the time that you submit your BPR. We do ask everyone to hold their BPR submissions until after July

24th so that you can ensure that you update your scope of project through the refresh button and this is for Forms 5A and 5B before you submit.

So it's fine. If you don't know about things at the time that you submit your BPR, you can still submit because we can only base your submission on what you know at the time that your application is due. So it's unlikely based on our published timeline for providing ES funding notices that you would know about ES before your August deadline for your BPR.

(Christine Sybil): Okay, thank you very much.

(René Herbert): You're welcome.

Coordinator: And our next question comes from (Peter Gall). Sir, your line is open.

(Peter Gall): Thank you very much. I wonder if you could tell me on the new measures whether there will be editable boxes for 2013 if you are interested in having data developed for, or whether you would assume that baselines would be set in 2014, and those measures would just provide a goal, could you just discuss that a bit?

Olivia Shockey: (Peter), you'll find that you can only provide goal data for those new measures, but you're welcome to gather some baseline data within the health center to help you develop what those goals might realistically be, and you can certainly provide goal information in the narrative box. The system will not let you populate it into the column where the data would normally appear.

(Peter Gall): If I understand you correctly, you're saying that data might be used to develop a goal, but no data reported would be appropriate to this application.

Olivia Shockey: That's right, but you can certainly include information in your narrative box to provide context for how that goal is developed, so you might say that currently within the health center for this new measure the data point is blah, and so you've made your estimate or your goal a higher number than that.

(Peter Gall): Are you expecting a goal, or can goals be set in 2014?

Olivia Shockey: No, the system won't require you to populate goals.

(Peter Gall): Very good. Thank you so much.

Olivia Shockey: Thank you.

Coordinator: Thank you, and there are no other questions in queue at this time.

Olivia Shockey: There are some questions in the chat pod that I have not had time to respond to, so if people would like to queue and ask your question over the phone line, that would be excellent.

Coordinator: And again it's star one to ask a question from the phone lines. And our next question comes from (Julie Dobret). Ma'am, your line is open.

(Julie Dobret): Hi. You mentioned that change in scope had to be completed. Is that true? We have several changes in scopes that will need to be done before the BPR. Is there any option of saying we're working on them?

Olivia Shockey: So, our goal for the Scope Alignment Verification process is to help people get their scope caught up with their reality within their health centers, and our goal moving forward past that process is to ensure that people look at their scope of project at their BPR and SAC submission time and that if things do not look accurate that they get their change in scope requests submitted before they submit their SAC or BPR so that we can ensure that people are always taking a fresh look, at least once a year at what's in scope and taking steps to rectify that. So if you look at what appears in your BPR after July 24th and it does not look correct, then you'll need to get your change in scope submissions in the queue before you submit your BPR.

(Julie Dobret): Well that's a pretty lengthy process of getting a change in scope submitted.

Olivia Shockey: Yes, we understand, and so you can certainly work with your project officer regarding what you might be able to do ahead of time or start working on now for that process, but we want to make sure that people are taking a look and taking the steps necessary to keep their scope up to date at all times.

(Julie Dobret): Thank you.

Coordinator: Thank you, and our next question comes from (Angela Futrell). Ma'am, your line is open.

(Angela Futrell): Hi, good afternoon. I have a question - I've been informed that this budget period renewal process is condensed or abbreviated. Can you just cite how so from what we've done in the past?

Olivia Shockey: Did you submit a BPR last year or did you submit a SAC application in 2014?

(Angela Futrell): A BPR.

Olivia Shockey: Okay, so then what you see in the system is almost exactly what you saw in the system last year. We know that some of our grantees submitted a SAC application last year and so this is their first time seeing the BPR in EHB. We've streamlined it and we're gathering the updated narrative responses directly in the system, so we'd wanted all of those grantees to understand sort of the look and feel and the streamlined process of what they're seeing.

For anyone that completed a BPR last year, it is going to look much the same as in previous years, but with the new - a few new pieces of information provided to you regarding percentage change and percentage progress toward goal to help you with your narrative sections.

(Angela Futrell): Okay, all right, thank you.

Olivia Shockey: You're welcome.

Coordinator: Thank you, and again it's star one to ask a question from the phone lines. Please unmute your phone and record your name clearly. Again it's star one. And our next question comes from (Susan Crimmering). Ma'am, your line is open.

(Susan Crimmering): Thank you. Thank you for the presentation. I have a question concerning the increased level of attention to making sure that your scope of project is accurately reflected in your Form 5A. My question is concerning - I know that in your service area, additional area of competitions you've published maps from the UDS mapper that have clearly shown where the majority of patients are originating for any area that's been placed up for service area additional area.

Is there going to be any benefit during our budget period renewal for us to include a similar kind of a map showing that we have reviewed where our patient origination zip codes are for the year ending 2013, and if there's any revision to that to reflect that in our Form 5B listings and to redefine or to send in a newly reconfigured service area UDS mapper to be attached? Is there room for an attachment for that?

Olivia Shockey: (Susan), there's not room for an attachment for that through your BPR, but certainly if you look at the service area zip codes on 5B and they don't appear to be up to date based on where patients are originating from or where the majority of patients are originating from, grantees are encouraged to go through the self-update or change in scope process so that they can modify their zip codes.

(Susan Crimmering): But we don't have to submit a new service area map?

Olivia Shockey: That may or may not be required as part of change in scope for addressing zip code changes. I'm not positive, so I don't want to provide improper guidance on that. Definitely reach out to the project officer if that's something that needs to happen.

(Susan Crimmering): Okay, thank you.

Olivia Shockey: Thank you.

Coordinator: Thank you, and our next question comes from (Denise Calibrisi). Ma'am, your line is open.

(Denise Calibrisi): Yes, thank you. Well I guess that we'll be entering all of the information directly into the EHB with the exception of the budget narrative. I was wondering if there'll be a simple way to get screenshots of everything because I think most of us work offline, and then we'll just be entering in instead of going in screen by screen and having to print out screenshots which are not so easy to read.

(René Herbert): Hi, thank you for the question. So we will be uploading on the technical assistance webpage the program narrative update which is a different section that I went through in today's presentation. We'll be providing a Word document with those samples, which you can work on offline, but you'll still have to update it in EHB.

And the user guide also provides screen shots of each of these sections so you can see how it will look in EHB. So those are the two options for you to kind of technically like work out the system, but you still have to complete and submit everything in EHB once you're ready before the deadline.

(Denise Calibrisi): Thank you.

Coordinator: Thank you, and our next question comes from (Don Yell). Sir, your line is open.

(Don Yell): Thank you. This has to do with due dates. Our NOA shows a budget period beginning 6/1/2014. I'm assuming that we will fall under the June 1, 2015 listing in due dates and times so that our EHB will be due February 18, is that correct?

Olivia Shockey: Could you give me the dates that your notice of award has listed for your current project period start and end dates, just so I can confirm that for you?

(Don Yell): Yes, budget period box #7, budget period, says 6/1/2014 through 5/31/2015.

Olivia Shockey: And what about your project period?

(Don Yell): Project period shows 6/1/2012 through 5/31/2017.

Olivia Shockey: Okay, so you're definitely a June 1st start BPR for this year. I just wanted to make sure you weren't falling into a back cycle, because sometimes our grantees forget to check their project period end date and they only look at the budget period end date, and they believe their BPR when they are not. So please check carefully.

Please make sure that your project period is not ending in FY15 before you make the assumption that you are in a BPR cycle for the upcoming year. And if you need assistance in just confirming this, please reach out to your project officer. They are adept at helping grantees read their notice of award, and if there's anything confusing and your project officer is not positive, you and/or your project officer can reach out to us at bphcbpr@hrsa.gov and we can certainly help you.

(Don Yell): Thank you.

Coordinator: Thank you, and our next question comes from (Susan Smith). Ma'am, your line is open.

(Susan Smith): Hello, I have a kind of follow-up question related to the expanded services funding and other supplemental funding that is coming up. Last year with the base grant adjustments there was multiple health centers that had issues with submitting appropriate budgets and having what the funding amount reflected in their BPR with what was happening with the base grant adjustment. I was just wondering if you guys had any information to share or guidance about how health centers should approach doing their budget, if they're getting the patient centered medical home supplemental funding or any of the other funding that's coming up for this BPR?

Olivia Shockey: We acknowledge that there was some confusion when people got supplemental awards around the time that their BPR was due, but what a great problem for our grantees to have! More money coming your way is a really wonderful thing, even if it does sometimes create a little bit of confusion at your BPR submission date. Your BPR can only be submitted in the system if your budget forms request the amount that pre-populates at the top of that form.

So it's a good idea to hang on to your BPR submission until close to the due date, refresh that form by closing it, closing out the entire BPR, revisiting the BPR and revisiting that form. It will repopulate with the correct amount. If there have been any supplemental awards that have been pushed out, you know, between the time that you first visited the BPR and the time that you're getting ready to submit.

We will do our very best to be as clear as possible with you about future funding impacts of supplemental awards, but please note that there may be some unavoidable confusion that happens around the time of submissions. There may be some returning of submissions by project officers in order to ensure that BPRs are submitted for the full amount if awards happen to come through right around the time that people are submitting their BPRs, and some have updated amounts and some don't.

So we'll do our best to limit confusion but always want to try to refocus ourselves and everyone else in the health center program community that getting more money is a good thing, even if it does require a little bit of back and forth work at the end, so we'll do our best to limit the impacts on you. Does that answer your question or are there any other questions on the line?

Coordinator: Thank you. Our next question comes from (David Laudersbach). Sir, your line is open.

(David Laudersbach): Hi, there. I have a question about sub-contractors and sub-recipients of federal salary statements. In our last budget period renewal, our program just provided the federal salary statements for our direct - our own staff, but then we were required later on to actually provide statements for funding that we provided to sub-contractors and sub-recipients around their federal salary statements. Should we include those types - that information in our budget period renewal going on, and if so, where?

(René Herbert): Hi, thank you for the question. So we currently don't have a grant management specialist on the call, but if you can send that question to the bphcbpr@hrsa.gov

inbox or you can also include Carolyn Testerman, we will get back to you with a response.

(David Laudersbach): Thank you.

Coordinator: Thank you, and our next question comes from (Abdul Galbi). Sir, your line is open.

(Abdul Galbi): My question has already been answered. We have an initial grant for 15 months, November 1st, and I was asking if the new budget would be 12 months or more, longer. So the answer I got is 12 months, is that correct?

Olivia Shockey: Yes, BPR includes a 12-month budget for the upcoming budget period.

(Abdul Galbi): Very good, thanks.

Coordinator: Thank you, and the next question comes from (Theodora Malacheski). Ma'am, your line is open.

(Theodora Malacheski): Thank you. On the BPR application in EHB, I am unable to view the screen showing Form 5A, and I get an error message when I try to open it. I'm wondering if this is something wrong or if Form 5A will be able to be viewed at some later date.

Olivia Shockey: Yes, we recommend that you refresh the screen after July 24th and it should be fixed and adjudicated, but if you're still having that issue after July 24th, please contact us.

(Theodora Malacheski): Okay, thank you.

Coordinator: Thank you, and our next question comes from (Angela Futrell). Ma'am, your line is open.

(Valda Branch): I think - I'm sorry, this is (Valda Branch). I - we're using the same line. Okay, sorry for the confusion. We have a question, though, about the removal of the behavioral

health measure. Can you kind of talk about that since there's still depression screening and follow-up as a new measure?

Olivia Shockey: Certainly. So HRSA made a decision to add a new performance measure, the depression screening and follow-up measure that would be standardized for all and required for all health center program grantees. Prior to this, each grantee reported on one or more self-defined behavioral health performance measures, and the decision was made that if you choose to, you will no longer have to report on the self-defined measures, since you will be required to report on the depression measure moving forward.

((Crosstalk))

Olivia Shockey: On your self-defined, behavioral health measures, whatever those were, they may have been related to screening or treatment or a variety of things based on services provided within your health center. But all grantees will be required to report on the new depression measure moving forward.

(Valda Branch): Okay, all right. Thank you.

Coordinator: Thank you, and the next question comes from (Jack Alcorn). Sir, your line is open.

(Jack Alcorn): Yes, if the goals are not pre-populated, where should we pull that from?

(René Herbert): Yes, are you referring to the information for the three new measures?

(Jack Alcorn): Wherever it's asking for goals, in all the sections where goals are required.

(René Herbert): So in the other measures, with most of them there wouldn't be a fill-in spot. You might see data not available, and that would be because the data was not provided in UDS so they couldn't pull that information, but for the new measures you would have a location where you have to fill in that data. If you want to populate data and you can't because it's data not available, you can use the narrative box to provide context for anything that you think that you may have.

(Jack Alcorn): So for the new measures we do not need to set a goal?

Olivia Shockey: You will need to set a goal for the new measures, and if there are places where you believe that measure goals should be populating, things that you've reported on in the past or that you've included in past applications that you're not seeing goal data populate in the system, please take a screen shot of that and send it in to bphcbpr@hrsa.gov just so we can take a look at what you're seeing and make sure that it's not a system glitch.

(Jack Alcorn): Okay, thank you.

Coordinator: Thank you, and our next question comes from (Dan Allard). Sir, your line is open.

(Dan Allard): Yes, last year we had to provide a list of each staff that was reported and then break out the amount that was part of their federal - charge to the federal grant on the budget narrative. Is that still the case this year?

(René Herbert): Yes that will be Form 2 staffing profile. That still will be required.

(Dan Allard): Thank you.

Coordinator: Thank you, and our next question comes from (Susan Crimmering). Ma'am, your line is open.

(Susan Crimmering): Yes, thank you. On the budget narrative justification with the level of detail, is the level of detail that's in the Word document that's going to be reposted on the website sufficient or are you looking for more detail beyond that example to show that it supports - you said to show that it supports the program objectives. Is that level of detail sufficient or do we need to say that office supplies includes pens and paper and whatever else but to support the office administration for the delivery - I mean, do we need to go beyond that or is that, you know, kind of self-evident?

Olivia Shockey: Some of that will be self-evident, (Susan). You'll be able to see the sample once we fix those document files. I'm not sure why you're not able to view them now, but I got your note in the chat pod...

Olivia Shockey: If those files are not opening properly for you, so we'll have our office of communications check on that. What we're looking for in the budget justification is probably very similar to what you've provided for previous submissions to HRSA. Nothing has changed except that we now require additional detail on staff that are supported through federal funding, and that's actually the same as last year as well. We asked for people to submit an additional table that provided us with much more detailed information on staff that are supported with the federal dollar, and we're looking for that again.

(Susan Crimmering): Okay, very good. Well I just wanted to make sure that if we followed the example that was in the sample, that that is sufficient level of detail and we don't have to go beyond that, unless it's an extraordinary kind of an expense that would require explanation.

Olivia Shockey: You do have the option for providing additional justification for anything that you think might not be self-evident for your project officer and your grants management specialist, so keep in mind that when you submit a BPR, it's really to help us meaning your project officer, your grants management specialist, understand what you're going to be doing in the next year, and especially if anything's going to be different than what you did this year. So please don't hesitate.

You have a 40-page limit. This attachment is the only thing that you're going to be attaching that counts against that limit. We certainly do not expect it to be 40 pages, but please feel free if you think an additional paragraph of information might be useful, to submit that.

(Susan Crimmering): Okay, and just as a note for the person that asked about being able to get to the forms and print it out, there is that print to an HTML function usually up in the corner. I hadn't seen it, because it hadn't opened up yet, but it's that there, you can print it to an HTML PDF file and print the whole thing blank right out of your EHB.

Olivia Shockey: Thank you, (Susan).

Coordinator: Thank you, and our next question comes from (Christine Sybil). Ma'am, your line is open.

(Christine Sybil): Hi, thanks, sorry to call twice. This question is about scope verification and July 24th, so we have an August 13 due date for the BPR, and we have a number of changes to our scope that we will be handling through the SAV, and my understanding so far with the SAV is that some of the requests for change and scope for example, dropping a site that is no longer active, we'll find out - we're going to request for a note in the narrative section and the SAV that that change needs to happen, and then we're going to get a response.

I'm not clear exactly how, but whether or not that change can be made as part of the SAV or whether or not it requires a CIS, and so I'm just wondering do you anticipate that the responses to the SAV text kind of communication will happen in time for us to then make CIS requests for the August 13 BPR date?

Olivia Shockey: So if you have already requested those changes through the self-alignment verification process, then that's equivalent of submitting a CIS request at this point, because it's going to function in a similar way, and if for some reason you get feedback back through that process that says more information is needed, please submit a formal CIS request, then you can do it at that time.

But if you've covered the changes that need to be made, either through what auto-populates after July 24th, when you push the refresh button, changes that you made through SAV that now show up for you before you submit your BPR, or you've also covered any additional changes also through the SAV process with requesting removal of sites or things like that that don't automatically show up and require some human intervention on the back end, then you're okay to go ahead and check the certification box that you've done what you need to do, that what you're seeing on your 5A or 5B is not accurate but you have initiated the change of scope process.

So you should feel comfortable doing that, and if you want to add a little note about that somewhere in your application, you do have a 40-page budget justification attachment, so you can certainly add a little sentence or two at the end of your budget justification, maybe skip a blank page and throw it in there so that your project officer is aware that the additional changes that you needed to make to your 5A or 5B that aren't showing up or submitted. They're SAV and you're still waiting to hear back.

(Christine Sybil): Okay, so if I'm hearing you correctly, if the textbox in the SAV addresses a question that we don't have an answer yet about as long as I mentioned it in the SAV, it's been communicated through the SAV and I - maybe I don't know yet if I am going to have to have a CIS for that item, but I can check the box and say that something has been initiated, is that what you're saying?

Olivia Shockey: Yes, you can. And certainly for people that have applications or BPR submissions due after this process, then maybe the November and December 1 submission groups are in this bucket, but the January, February, March, April, you should have heard back on all of your SAV information, you know, as you get closer to your BPR submission date. So please just keep in mind that the guidance that we're giving in this particular situation may not apply to your particular situation based on when your BPR is due, and feel free to reach out to us if you have questions.

(Christine Sybil): Thank you very much.

Coordinator: Thank you and our next question comes from (Dan) - I'm sorry, (Dan Allard). Sir, your line is open.

(Jill Farnham): I think it was (Stan Eiler), and he's left but this is (Jill Farnham) and I will follow up on his question. We were asking about the staffing details, and the budget narrative and the response was that the detail goes in the Form 2, the staffing profile, which is then put directly into EHB versus on the budget narrative which is uploaded. Does it go both places?

Olivia Shockey: Yes, you'll need to provide staffing detail in both places, for staff that are only supported through non-federal funds, referencing Form 2 as sufficient. For staff that is supported in part or in whole through your federal funding, you'll need to provide additional details, and the additional details that are required are included both in a table and the BPR instructions as well as on that budget narrative sample document found on the BPR TA webpage.

(Jill Farnham): Okay, so the additional details that was on the budget narrative...

Olivia Shockey: Yes.

(Jill Farnham): Okay. Thank you.

Olivia Shockey: You're welcome.

Coordinator: Thank you, and there are no other questions at this time.

Olivia Shockey: Are there any other questions from people that have sent a question in the chat pod but I have not had a chance to respond? I just want to give people one last chance to ask their questions before we end today's call.

Coordinator: Okay, and we do have one question that just came in. One moment, please. And that question comes from (Sharon Whitman). Ma'am, your line is open.

(Sharon Whitman): Yes, I have two questions. One, we're a newly funded grantee as of November 1. Is there any means for an extension for the BPR? And if so, how would we go about that and then the other question would be currently in our EHB we don't even see the BPR showing up. We have the SAV that we know we need to do, but we have no access to the BPR in EHB as of now.

Olivia Shockey: Can you tell me what your project period start date was?

(Sharon Whitman): November 1.

Olivia Shockey: November 1, 2014?

(Sharon Whitman): 2013, I'm sorry, November 1, 2013.

Olivia Shockey: Okay, so please send an email to our inbox, bphcbpr@hrsa.gov. If this is not showing up in your queue, then we need to do a quick check on that for you to make sure that we're able to look at your most recent notice of award, look at your project period start and end dates and make sure that we have your BPR enabled or provide you with some technical assistance about when your BPR or SAC application may be due. So just send us an email and we can provide you with that.

(Sharon Whitman): Can you repeat that email address again please?

Olivia Shockey: Sure, it's [bphcbpr](mailto:bphcbpr@hrsa.gov), so bureau of primary health care, budget period progress report, minus one P, at HRSA.gov, so bphcbpr@hrsa.gov.

(Sharon Whitman): Great, okay, thank you.

Olivia Shockey: Yes.

Coordinator: Thank you, and the next question comes from (Rebecca Johnson). Ma'am, your line is open.

(Rebecca Johnson): Yes, thank you. Can you clarify that on the budget narrative, did you say that you don't want the funding all broken out if there's any special population funding?

Olivia Shockey: Special population breakdowns are no longer a requirement on the budget narrative, so you will break it down by federal and non-federal across all projects, so total federal and total non-federal.

(Rebecca Johnson): Okay, thank you.

Olivia Shockey: Thank you.

Coordinator: Thank you, and the next question comes from (Courtney Cochran). Ma'am, your line is open.

(Courtney Cochran): Yes, hi. My question was more with the extension and (Sharon) might have - (Sharon Whitman) might have already asked the question. Will there be any extensions allowed for these due dates?

Olivia Shockey: Is the issue that your application is due in the first round and you're having trouble getting it in?

(Courtney Cochran): Yes, yes, definitely.

Olivia Shockey: Okay, so - I'm sorry, please reach out to your project officer, but please make every effort to get your BPR submitted on time. If you look at what's requested in the system, it's not a lot of narrative. For each narrative text box, you're limited to no more than one page of text and usually submissions are much shorter than that.

So you may find that once you start working in the system, it may not be that difficult to get it in on time. If you're struggling as you get towards the deadline, please reach out to your project officer at that point, but please go ahead and make every attempt at this point to complete your BPR submissions on time.

(Courtney Cochran): Okay, thank you.

Coordinator: Thank you, and our next question comes from (Anne Scott). Ma'am, your line is open.

(Anne Scott): Hi, thank you. I just wanted to get clarification one more time. I see for the new HIV and the behavioral health goal, I see where we must apply a goal in EHB, but I didn't see where we should or could provide measure information, so I just wanted to again affirm that you don't have an expectation that we would have data on our performance on that measure at this time, or are we supposed to include that in the narrative that follows that section?

(René Herbert): So your understanding is correct. You will have two blank boxes to fill in - well, for the new measures you'll have the three measures, measure goal boxes blank where you can put an estimate, since we know that this is a new measure for everyone, and the narrative can provide context for that. You don't have to put in excruciating detail about how you are achieving that measure, but the narrative will provide context.

(Anne Scott): So context for your estimate.

(René Herbert): Yes.

(Anne Scott): Okay, and then just another quick question, so we had our behavioral health goal under other measures, which I'm understanding that one is apparently no longer required because we have this new required behavioral health depression screening goal, so we should provide our data for this year as planned, it's optional, it's a choice? I just want to get clarification on what we're supposed to do under the other measures where we have it - go ahead.

(René Herbert): So on the other measures, the behavioral health measures are no longer required, but if you are still recording and you want to continue that, you can go - you can include that information and provide progress towards that, but it's not required.

(Anne Scott): Okay, okay. Thank you very much.

Coordinator: Thank you, and our next question comes from (David Michaels). Sir, your line is open.

(David Michaels): Hi, thank you. My question is about the scope verification. So I forgot, I'm sorry, your name, mentioned that if we do anything during this - right now during this scope alignment verification, changing, you know, checking on some boxes, that is effective as a CIS.

And when you were answering the question earlier, I don't know if I missed this part or I'm just not clear on it, you can also during the scope alignment verification like

write in a note that maybe there's an additional change that you were not able to do, like maybe removing something from column three to column one or two.

If we put in one of those notes requesting that then and we haven't gotten an answer back by the time our due date, which ours is August 27th, I think, are we still to just go ahead and say I certify that it is current or because we may not know at that time if we need to submit a formal change in scope.

Olivia Shockey: Right, so the choices for the certification are yes, what I'm seeing in the system is accurate. It sounds like you're going to be in the bucket where that's not the case, but you have something hanging out in a gray area because you've described it through the SAV process and you're waiting to hear back about whether that change is going to be implemented or not, and if that's the case then you can select the second option, which is no, what I'm seeing in the system right now is not correct. But I've already taken the actions necessary to have this corrected.

(David Michaels): Okay, so putting that note in is okay, is like saying that we've done the scope, and then our project officer will get back to us eventually and tell us if they need more information or whether it's been approved.

Olivia Shockey: Right, or your project officer might say I need you to submit a formal change of scope request now because I need more detail. There may be a variety of things that happen at that point, and please note that not all things that you need to clean up in your scope may be available for cleanup through the SAV process.

And so there may be a case where you have a mixture of things, things that you submitted through SAV that you can refresh your 5A and 5B in the system, and it looks great, all the changes you needed to make are there, your scope looks wonderful. There may be a few things that you were able to note through the SAV process that need to be fixed, or there may be things that you didn't note through the SAV process that you know need to be fixed, that you need to go ahead and submit a change in scope request before you submit your BPR.

So please don't put all your eggs in the basket of we did SAV so we've done everything we need to do to get our scope corrected. That may not always be the case.

(David Michaels): Well I guess my worry is, and I think the previous person who asked is, is that we get notice that we need a formal CIS like August 22nd, it's due August 27th, and we won't have time to get the change in scope actually in, so that - I guess that's the worry, that so then I can't necessarily check or we can't that we have submitted the change in scope yet because we haven't.

Olivia Shockey: Right. We'll work those out on a case by case basis with you and your project officer.

(David Michaels): Okay.

Olivia Shockey: So let's wait and see how things play out, if that happens. Then certainly we may be able to figure out a way that you can feel comfortable that you've been true and correct in your BPR submission and that you've done what you can do.

(David Michaels): Okay, all right, perfect.

Olivia Shockey: So we'll deal with them on a case by case basis. Thank you.

(David Michaels): Thanks.

Coordinator: Thank you, and our next question comes from (Amy Forsythe Stephens). Ma'am, your line is open.

(Amy Forsythe Stephens): Yes, hi, thank you. We are a new start and we are very confused about whether we need to do a BPR at this time. We had gotten an email saying one is due August 13th, and it is enabled in our EHB queue. However, our project period ends in fiscal year 2015 and I'm just like, three - it would appear that we don't do a BPR but rather do a service area competition next spring, which is what we were told we would be doing a service area competition next spring. So we're very confused.

Olivia Shockey: Do you happen to have your notice of award in front of you?

(Amy Forsythe Stephens): I do.

Olivia Shockey: Okay, can you tell me your project period start and end date?

(Amy Forsythe Stephens): Yes, it starts 9/1/2013 and it ends 10/31/2015.

Olivia Shockey: So 10/31/2015 is tricky. That's actually FY16, because our fiscal year for the government does not follow a calendar year, so you are a BPR for FY15 and you will be a SAC for FY16.

(Amy Forsythe Stephens): So we'll be a SAC for FY16 and a BPR for '15.

Olivia Shockey: Yes.

(Amy Forsythe Stephens): Okay, thank you for clarifying that.

Olivia Shockey: No problem, it's very confusing when we get to those November and December 1, 2015 starts, because those actually fall in 2016, so feel free to always ask these questions, because we don't want you to be confused.

(Amy Forsythe Stephens): Okay. Slide 3 then would be confusing, because the dates there in parentheses are not consistent with what you just said.

Olivia Shockey: Okay, we'll take a look at slide 3 and if we need to do an update we'll certainly update it on the TA page.

(Amy Forsythe Stephens): Okay, thank you.

Olivia Shockey: Thank you.

Coordinator: Thank you, and it looks like our last question comes from (Stan Eilert).

(Stan Eilert): Yes, and my question actually is related to extensions as well, so you may have already addressed it. I am asking the question for a different reason than the other callers were, but wondering if there is a possibility to discuss extensions. We've got some extenuating circumstances surrounding the timing of when this is due.

Olivia Shockey: So I know that our first round of submissions are due in about 5 weeks, so hopefully given the burden in the system, grantees can make every effort to get their submissions submitted in time. Project officers do the initial level of review on these, so if you are struggling and something is happening, if you get to that deadline and you know you're not going to make it but you're going to be very close, please reach out to your project officer.

Extensions are not something that we encourage. We need to keep our BPR submissions on schedule due to the fact that we need to keep the awards processing through the system in order to get everyone's award out in time, and I know there's information in the BPR instructions that say that late or incomplete submissions may cause delay in award, but please just note that you can reach out to your project officer at the bphcbpr@hrsa.gov inbox should extenuating circumstances arise.

(Stan Eilert): Okay, thank you.

Coordinator: Thank you, and there are no other questions in queue at this time.

(René Herbert): Do we have any more questions, Operator?

Coordinator: No, ma'am, there are no other questions in queue at this time.

(René Herbert): Okay, so we will be wrapping up the call, so again on behalf of HRSA and the Bureau of Primary Health Care, we would like to thank everyone for joining the call and asking questions. If you have additional questions that weren't answered or something pops in your mind after the call, please feel free to send an email to bphcbpr@hrsa.gov. That's bphcbpr@hrsa.gov, and we will answer your questions.

You can also check the technical assistance webpage. We will be posting frequently asked questions within the next day or so, and please check the Web site periodically for any updates or additional questions added to that document. Once again thank you, everyone, and have a great day.

Coordinator: Thank you. That concludes today's conference. Thank you for your participation. You may disconnect at this time.

END