

**Service Area Competition
June 23, 2012**

Coordinator: Welcome and thank you all parties for standing by. All lines will be on listen only until the question and answer session. At that time you may press star 1 if you would like to ask a question.

Today's conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the conference over to Cheri Daly. Thank you. You may begin.

Cheri Daly: Thank you Carol. Hi everybody. Welcome to the Technical Assistance call for the Fiscal Year 2013 Service Area Competition or SAC as I'll refer to it throughout the call.

My name is Cheri Daly and I'm a Public Health Analyst in the Office of Policy and Program Development within the Bureau of Primary Health Care at HRSA.

A slide presentation for this call is available at the SAC Technical Assistance Web page. If you received an email announcement about this call, the URL for the TA Web page was included in that message.

And, if you don't have an email announcement handy, the SAC TA page is located at <http://www.hrsa.gov/grants/apply/assistance/sac>. Once again that's <http://www.hrsa.gov/grants/apply/assistance/SAC>. That's S as in service, A as in area, and C as in competition. I'll do my best to reference the slide numbers throughout this call so you can easily follow along.

Slide 2 provides the agenda for this call. The presentation will start with a basic overview of the Service Area Competition FOA including the due dates and times, eligibility requirements, award information, and the two-tiered submission process. Then I'll touch on different key sections of a SAC application including the program narrative, performance measures, and budget presentation. Today's call will conclude with a review of important facts about a list of TA contacts followed by a Q&A session. All participants are currently in a 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.

Slide 3 provides an overview of the focus of the Service Area Competition. This competition provides funding for the provision of comprehensive primary health care services to underserved individuals and special targeted populations.

SAC is a competitive funding opportunity with three potential types of applicants. First, we have a current health center program whose project period is ending and who are applying to continue serving their current service area. Second, we have new applicants who do not currently have a health center program grant who are applying to serve an available service area. Third, we have current health center program grantees who are applying to serve a new available service area in addition to their current service area.

There have already been a lot of calls and emails about this so please let me elaborate. An applicant must have at least one health care facility located in the available service area or a plan to establish a health care facility in the

service area to be operational within 120 days of a notice of award, which may occur up to 60 days prior to the project period start date.

If an existing health center service area competition period is under one particular service number, for example if they're under HRSA-13-221, for which you want to apply to continue your current service area, but you're also interested in also competing for another service area which is listed in a separate SAC announcement number, for example HRSA-13-223, you can apply under the supplemental eligibility component as outlined in the FOA for that second SAC announcement for that new service area. In this case there will be a head-to-head competition for this available service area. The applications will be screened for eligibility and then they will go to the Objective Review Committee for review. And as far as the dollars are concerned, if you are funded and the available service area received \$1 million in funding, then you would receive the \$1 million for this current base funding level as well as your future support years.

Slide 4 provides a notice regarding the budget period progress report. Current health center program grantees who are scheduled to complete a BPR will receive an email message from the EHB system approximately two to three months before their BPR deadline announcing access to the progress report.

So, if you are a health center grantee and you have any doubt about whether you should be completing a SAC application or a BPR progress report, please contact your Bureau Project Officer and they can help you make this determination.

Slide 5 provides a basic overview of the application and submission process. The project periods varies based on the type of applicant. All current health

center program grantees are eligible for a project period of up to five years, including those submitting supplemental applications, while new applicants are only eligible for a project period of up to two years. Project period start dates and submission deadlines vary throughout fiscal year 2013. As you can see on the slide, applications are submitted in two parts.

Basic organization and budget information will be provided in grants.gov, while detailed project information would be provided in the EHB.

Slide 6 provides details on the project period start dates, announcement numbers, and deadlines for both grants.gov and EHB. You must complete both the grants.gov portion and the EHB portion of your application by the specified deadlines. If either deadline is not met, your application will not be screened for completeness and eligibility which means it will not be considered for funding. Current grantees applying to continue serving their current service area should note that the project period start date is the calendar day immediately following the project period end date listed on your notice of award.

Slide 7 provides the basic eligibility requirements and detailed eligibility requirements that are available in the funding opportunity announcement starting on Page 4.

All applicants must be public or nonprofit private entities including tribal, faith-based, and community-based organizations. Additionally, all applicants must propose to serve a current service area and its associated target population as listed on the service area announcement table. The service area announcement table is not included in the funding opportunity announcement downloaded from grants.gov. The table is only available

online. You can find the link for accessing the service area announcement table on the SAC TA Web page and as a reminder the URL for the TA Web page is <http://www.hrsa.gov/grants/apply/assistance/SAC>. Once you are on that page look under the Service Area Announcement Table header for the links to the entire service area announcement table.

Slide 8. In this table you can find not only the available service areas listed by city and state of the current grantee's administrative site location, you can also find the project period start date, target population, HRSA announcement number, grants.gov and EHB deadlines, total funding broken down by target population, service area zip codes, number of patients with known zip codes served in 2011, and a link to the patient origin map. The patient origin map demonstrates where a majority of patients reside within the service area. The data on the map comes from the 2011 UDS and depicts the patient origin of only the current funded service area. There are two shaded areas on the map. The dark blue shows the areas where most of the patients come from - at least 75% of the patients who are served and the light blue shows the remainder of the patients served, which is 75% to 100%. This should assist in determining from where most of the patients come within the service area. The zip codes on the service area announcement table come from the Form 5B service sites, and the zip codes on the map come from the 2011 UDS so they may not be exactly the same because the grantees self-identify the zip codes in their service area, but the map is showing from where the patients actually come.

Slide 9 clarifies the target population information found in the service area announcement table. The available service areas are currently served through one or more funding types that are specific to the population

served, and these include community health centers, migrant health centers, health care for the homeless, and public housing primary care.

Slide 10 details the basic eligibility requirements. An applicant must propose to serve an entire announced service area. For example, on the service area announcement table Portland, Oregon is an available service area.

If Portland, Oregon's service area is 37 zip codes, an applicant could not propose to serve only 12 of those zip codes and would have to propose to serve all 37 zip codes. An applicant must serve the same target population as what is currently being served. Portland, Oregon service area has two target populations: CHC and HCH. An applicant applying for this service area would have to target its services toward the general underserved population, as well as the homeless individuals. And, an applicant must request an equal or lesser amount of federal funding inclusive of all funding types compared to the current grantee. So if the current grantee for Portland, Oregon is receiving \$550,000 a year, then an applicant applying for this service area can request no more than the \$550,000.

Slide 11 provides basic award information. In fiscal year 2013 we expect to award approximately \$346 million to support comprehensive primary health care services in approximately 220 service areas. That funding is targeted toward the provision of primary health care services so grant funding cannot be used for construction nor can it be used for fundraising, grant writing, or lobbying efforts.

Slides 12 and 13 provide an overview of the two-tiered submission process, which as I noted earlier is grants.gov and EHB. You'll also find resources for registering in the multiple required systems on the SAC TA Web page.

The Central Contractor Registration is now being moved to a new system, which is called the System for Award Management which is effective the end of July, so please read Pages 6 and 7 of the FOA for more detailed information.

The basic steps for registration include obtaining a DUNS number and completing CCR or System for Award Management in that order. Then you should register in grants.gov and EHB. And, if you're a new applicant, please start the registration process immediately, since each step takes time and grants.gov registration could take as long as one month. If you're a current health center program grantee you should already be registered in the appropriate systems.

Slide 14 provides the grants.gov Web address along with a list of the required grants.gov submission components, and this includes the SF-424, Application for Federal Assistance, the SF-424B, Assurances - Non-Construction Programs, the project performance site location form, the grants.gov lobbying form, and the disclosure of lobbying activities.

Slide 15 provides the EHB Web address along with a list of the required EHB submission components, and this includes the program narrative, the SF-424A, Budget Information - Non-Construction, budget justification, attachments, program specific forms, and the program specific information, which are the performance measures.

Slide 16 provides information on the attachments and more details about the attachments can be found in Table 4 on Page 11 of the funding opportunity

announcement. The following attachments are required only if applicable to your organization: Attachment 6, the Co-Applicant Agreement, Attachment 7 - Summary of Contracts and Agreements, Attachment 12 - Proof of Nonprofit or Public Center Status will be provided only if it is not already on file with an HHS agency.

Attachment 13 - Floor Plans will be provided for all new applicants and only the current grantees with significant changes.

Attachments 14 and 15 are where applicants can provide any additional documents desired, but please note that these will count against page limits.

Slide 17 provides information on the forms, and more details about the forms can be found on Table 5 on Page 15 of the funding opportunity announcement. All forms are required with the exception of Form 5C, which is required only if the applicant has other activities locations to describe. And the Form 1C has been revised to incorporate the health center program requirement.

Slide 18 provides an overview of the sections of the program narrative, and these are Need (15 points), Response (20 points), Collaboration (10 points), Evaluative Measures (15 points), Resources/Capabilities (20 points), Governance (10 points), and Support Requested (10 points). Also, we are often asked about the differences between the Program Narrative and the Review Criteria sections of the funding opportunity announcement. The program narrative provides the general items to which you will respond. The review criteria provides details and examples that should be included in a thorough response. This is the section that objective reviewers will use when

assessing your application, so you're going to need to look at both sections when responding to the items in the program narrative.

Slides 19 and 20 begin the discussion of the clinical performance measures. The items on these slides, which I've labeled as standard clinical performance measures, are the ones that should be familiar to current grantees. For all applicants, of the measures on this list, only prenatal health and prenatal health can be marked not applicable, and they can only be marked not applicable if you do not directly provide or pay for these services. For new applicants, please note that all measures on these slides are defined for you, with the exception of behavioral health and oral health for which you can define your own measures based on your behavioral health and oral health services. Details about these clinical performance measures can be found on the SAC TA Web page.

Slide 21 provides a list of the new clinical performance measures. They are coronary artery disease - lipid therapy, ischemic vascular disease - aspirin therapy, and colorectal cancer screening. These new measures will appear in the Clinical Performance Measures form in EHB alongside the performance measures listed on the previous slides. You can choose to either include these measures in the SAC or you can mark them as not applicable. Either way, if your application is funded, you will be required to report on the new measures in the 2012 UDS report which is a yearly data report required for all health center program grantees which will be submitted in early 2013. And, once again, details about these performance measures can be found on the SAC TA Web page.

Slide 22 provides a list of the financial performance measures. As in the past, the three audit related measures noted on this slide with an asterisk can be

marked not applicable by only tribal and public center applicants. Once again, details about these financial performance measures can be found on the SAC TA Web page.

Slide 23 provides general performance measure information. All applicants can add additional performance measures by selecting the Other Measures button at the bottom of the Performance Measures form in EHB. If a current health center program grantee is no longer tracking a previously defined other performance measure, the measure can be marked not applicable to keep it from pre-populating in future BPRs and SAC applications. However, this requires a justification in the Comments field. And while we're talking about justifications in the Comment field, please note that any time any performance measure is marked not applicable a justification must be provided.

For the new clinical performance measures this could be as simple as baseline data is not yet available. Key factor types - applicants must specify at least one contributing and one restricting factor. And lastly, any information that will not fit in the Performance Measures form due to character limits should be provided in the Evaluative Measures section of the program narrative. Please be reminded that any information included in the program narrative will count against your page limit.

Slide 24 provides special instructions for current health center program grantees applying to continue serving their current service area. Current health center grantees applying to continue their service area will not be able to edit their baseline data for the required measures. If you would like to report more current baseline data, this information should be included in the Comments field. Please note that the performance measures will be pre-

populated with data from the 2011 UDS report. You are welcome to override this data with more current data, but if you choose to do so you must provide a justification in the Comments field. Additionally you should use the Performance Measure forms to provide not only your predicted contributing and restricting major action plan, but also a brief description of any progress made toward achieving your performance measure goals since your last yearly submission to HRSA.

Slide 25 provides information about the budget presentation. In addition to completing the standard form, applicants must also provide a budget justification which we also refer to as a budget narrative.

Because new applicants can only apply for a two-year project period, they must provide a two-year budget justification. Current health center program grantees, whether applying to continue serving their service area or applying to serve a new service area in addition to their current service area, must provide a five-year budget justification. The budget justification must provide sufficient information to show that costs are reasonable and necessary for implementation of the proposed project. If the line-item budget justification, which will consist of sections such as personnel, travel, and supplies does not provide sufficient details, additional narratives should be provided to fully explain all costs. This is new this year. Salary limitations - the federal funds may not be used to pay the salary of an individual at a rate in excess of \$179,700.

Slide 26 highlights important facts. First, your SAC submission may not exceed 150 pages. And as with all health center program applications, the narrative portion of the submission such as the program narrative should be in 12-point font.

Slide 27 provides an overview of resources for technical assistance. There are many resources of support available throughout the application process, so please listen carefully as I describe each one. The most highly accessed resource is the SAC Technical Assistance Web page located at <http://www.hrsa.gov/grants/apply/assistance/sac>. On this site you can access the service area announcement table along with other useful documents such as the FAQs.

And as you can see on the slide, I am the Program Lead – Cheri Daly - so if you have any questions please send an email to the SAC mailbox or give me a call. Donna Marx is the Grants Management Specialist and if you have any questions, please send her an email or give her a call. And, if you have any grants.gov or EHB related questions, please take a look at the slide for phone numbers.

Finally, slide 28 provides a reminder that the Frequently Asked Questions document on the SAC TA page will be updated throughout the SAC application which will be between now and January. Whenever documents are updated on the TA page, you'll see the revised date beside the link, so please check back periodically. A digital audio recording will be posted on the SAC TA Web page approximately in the next week or two. Information about how to access the recording is posted on the SAC TA page in case you need to reference it later. And now I'd like to open the call for Q&As. Thank you.

Coordinator: Thank you. At this time if you would like to ask a question, please press star 1 on your touchtone phone. Please unmute your phone and record your name clearly at the prompt.

Once again please press star 1 if you would like to ask a question. One moment for our first question. And our first question is from Latasha McGraff. Your line is open.

Latasha McGraff: My program serves children in a specific geographic location and I'm trying to determine our eligibility to apply. Would we be able to apply if we're only serving children?

Cheri Daly: No, unfortunately not. You have to provide services to all populations, not just a subset.

Latasha McGraff: Okay.

Coordinator: Stacey Carroll your line is open.

Stacey Carroll: Hi. Good afternoon. We are a continuing applicant and our - my question is in previous SACs we have added several pages worth of optional measures, which over the last couple of years have now become versions of the required measure. Can we delete our optional measures or will that hurt us?

Cheri Daly: Yes, you can delete your optional measures. There is a Delete button and you will be able to select the options one at a time.

(Stacey Carroll): Okay great. Thank you.

Coordinator: Thank you. Rebecca Johnson your line is open.

Rebecca Johnson: I understood that the clinical measures for the BPR are going to be pre-populated with UDS data. And, I was in a budget period renewal yesterday

and it pre-populate with UDS. Is there a delay and that's why it's not showing up on the BPR as currently in there?

Cheri Daly: Yes. There's been a slight delay in the finalization of the 2011 UDS data, and I (think) that they are slated to be finalized about a week from now.

(Rebecca Johnson): Oh okay.

(Rebecca Johnson): They weren't there yesterday.

Coordinator: The next question is from Peter Gall. Your line is open.

(Peter Gall): Thank you very much. Cheri, just a few quick things, this would be a new record in continuing application for (SAC), correct?

Cheri Daly: I'm sorry, (Peter), say that again?

(Peter Gall): Yes, thank you. On the top of Page 1 where they ask for new versus continuing applications and the check box on the SAC, that's the new application, correct?

Cheri Daly: No, it is continuing applications since you are a current grantee applying to continue serving your service area.

(Peter Gall): Thank you, second thing was just there's no way to access the pre-populated forms until Grants.gov submission is complete, is that correct?

Cheri Daly: That's correct Peter, yes it is.

Coordinator: Thank you Ann Hagenrigs, your line is open.

Ann Hagenrigs: Thank you, for Slide 12 where it says the CCRs been moved to a new system the end of July for current grantees who are already registered in CCR who have application due dates of August 1, do we need to go ahead and register in the system, award management system? Or will it be automatically migrated for us?

Cheri Daly: It is automatically migrated. I think as long as you are up to date in the CCR system everything should go over to the new system. You shouldn't see any lapse in your registration.

Ann Hagenrigs: Okay, thank you very much.

Coordinator: Thank you, Jane Sudler your line is open.

Jane Sudler: Yes, hi. We have a school-based health center where we get grants from New York State, it's a New York State school-based health center, and we were looking at maybe expanding these school-based health centers to be district wide. Would that be something that would be eligible to apply for under this grant?

Cheri Daly: Are you providing care to only school-aged children?

Ann Hagenrigs: Currently it's - the mandate of the school-based health center for New York State is really to provide service only to enrolled students but certainly the thought of providing service to their parents and to their family members would - had occurred to us but we couldn't do it under the guidelines of the

New York State school-based health centers. So I'm wondering how that would fit in with this grant.

Cheri Daly: You would have to provide health care to the entire population not just a subset, for example, school-based.

(Ann Hagenrigs): So we'd have to be the entire community.

Cheri Daly: Correct.

Ann Hagenrigs: Okay, all right, thank you so much.

Cheri Daly: Thank you.

Coordinator: Thank you, Kamika Gains Holly, your line is open.

Kamika Gains Holly: Yes, good afternoon. On Slide 10 it says on Number 4, request an equal or lesser amount of federal funding. We will be a new competing organization. Where will we get that information?

Cheri Daly: On the Service Area Announcement Table that's located on the SAC Technical Assistance webpage. So what you can do is pull up your city and State, that's the service area that you're interested in, and then it will show you the budget amount. For example, \$500,000; so you cannot request more than that.

Kamika Gains Holly: Okay.

Cheri Daly: Do you see that on the table?

Kamika Gains Holly: Actually I don't.

Cheri Daly: Are you looking at the table?

Kamika Gains Holly: Right, I am on the - in the site now and I see...

Cheri Daly: Scroll down to the center of the page and it will say Service Table -
Announcement Table.

Kamika Gains Holly: Okay, searchable service areas, announcement table, okay.

Cheri Daly: Right, and then once you identify your city and your State then it will narrow
it down to that area and then you'll be able to see the dollar amount of
funding.

Kamika Gains Holly: Okay, I gotcha. I see it now. Thank you.

Cheri Daly: You're welcome.

Coordinator: Thank you. And Trilla Frasier, your line is open.

(Trilla Frasier): Thank you, on the SF 424 for a health center that is - that this is now a
continuation grant, currently funded health center, the continuation grant
box should be checked, not the new grant. Is that correct?

Cheri Daly: If you are a current health center then it would be continuation.

Trilla Frasier: Okay.

Cheri Daly: You're so welcome.

Coordinator: Thank you, Brandy Franklin, your line is open.

Brandy Franklin: Hi, we are a current grantee and we actually have multiple school-based health centers but we have - we provide comprehensive health care in the health centers and we have community health centers. So will we be able to apply with the idea of kind of bolstering the amount that we are able to kind of help serve our health center, our school-based health center patients?

Cheri Daly: I think what you're asking is can you also apply for another service area to increase your level of funding?

Brandy Franklin: Right, because we currently have local funds that help to sustain our school-based health centers but we - we're kind of unsure if it will continue and we wanted to know if we could use this grant opportunity to help sustain our staff and sustain the services that are within the school-based health center now. I'm assuming that maybe what we'll have to do - I guess that's kind of my question, is what should we do if we like some of the funds to help us maintain our school-based health centers.

Cheri Daly: Basically the only way that you could do that is through the service area competition. Take a look at the Service Area Announcement Table, look for the city and State in your area. If you see an available service area, then you would submit a grant application.

Brandy Franklin: Even if we're already a grantee? Yes, to fund the school-based health center if it's possible. I mean if it's not then it's not but if it's possible would that be something that we could actually use some of this (SAC) money for.

Cheri Daly: Well, like I said, you'd have to go out there and look at the Service Area Announcement Table, see if there is a city and State available in your area. You would then submit an application and you would go head-to-head with the current health center that's already in that area.

Brandy Franklin: Okay, so look for that in that area.

Cheri Daly: That's the only way that you could receive more money.

Brandy Franklin: And that's where I think I was getting confused because I was looking at that and I don't know where that would go under. Okay, thank you.

Cheri Daly: Just to follow up on that, you can't request for more money than what is the current funded amount. So you couldn't use your service area competition, the one - currently funded service area to increase the amount of money.

Brandy Franklin: Okay.

Cheri Daly: You'd have to come in at the same level that it's currently funded at.

(Brandy Franklin): Okay, so like, let's say, if we already had a piece of it we wouldn't be able to get more than is already out there.

Cheri Daly: Correct.

(Brandy Franklin): Okay, okay. Thank you.

Cheri Daly: Okay.

Eddy Herrera: We have one staff person that exceeds the salary limitations by about 20%. In the budget how would we show the other 20% of this person's salary?

Donna Marx: I got this one, Cheri. Hi, this is Donna Marx, I'm the Grants Management Specialists, the lead for the (SACs). Sir, I'd be happy - I have this information sheet that's sort of all inclusive and I'd be happy to send that to you if you could just shoot me an email so I have your return email address.

Eddy Herrera: Will do, thank you.

Donna Marx: I'm listed in the guidance, okay.

Eddy Herrera: Thank you.

Coordinator: Thank you, Susan Kremmering, your line is open.

Susan Kremmering: Yes, two things. One - and you may have answered this question earlier, I had to mute for a second and so I may have missed this question and I apologize. If you submit through Grants.gov and your numbers change before your final EHB submission you will have the opportunity to change and adjust those numbers in your SF 424, is that correct?

Cheri Daly: Yes, Susan, you can make the change in the EHB.

Susan Kremmering: Okay, so we can really go ahead and get that out of the way of the housekeeping and getting into EHB even if we're not absolutely certain about the budget numbers being final and it won't be viewed as submitting an application prior to the Board having approved the final budget, is that correct?

Cheri Daly: Correct.

Susan Kremmering: Okay, so that helps us move to getting to the forms earlier. And are you going to post, (Donna), a reference page on the salary amount on the TA page for the FAQ?

Donna Marx: I could just tell you all very quickly. Do you want me to do that, Cheri?

Cheri Daly: Sure, Donna.

Donna Marx: Okay, here's the deal. Up to - you need to separate them on your 424A, okay. You need to put up to the \$179,700 on the federal side and anything above that, of course, you cannot use federal funds for so you would put that on the non-federal column.

And please note in your narrative that you have done that. If we don't see that you have done that and see that there's a salary higher than \$179,700 there will be a statement on the Notice of Award just informing you that you can't use federal funds for it.

Now if you have someone who is less than a full FTE, you need to do what we call annualizing their salary. You need to bring it up to one full FTE and then see if they're over the limit. Does it make sense?

Susan Kremmering: Yes, it does. And on the form where we're showing our staffing, we list them at the full amount and show that carried forward but whatever the FTE is, the FTE amount, and then the budgeted amount.

But we show the full budgeted amount even if it's over - if the (unintelligible) amount was over the \$17,900 - whatever it is, cap limit, we show it on the form too. Where we break it out is on the SF 424 and in the budget narrative.

Donna Marx: Yes, ma'am.

Susan Kremmering: Very good, thank you.

Donna Marx: You're welcome.

Coordinator: Thank you, and I have a question from the Community Clinic. Your line is open.

Woman: Hello, thank you very much. I have a two-parter and I may have already heard your answer but I would like to get a little clarity again. On your first page of your RFA on I under eligible applicants, we are going to come in - Community Clinic is a currently funded community health center.

And we serve two in-service areas counties in Northwest Arkansas but the supplemental section here where we could actually potentially serve another area during this application within the service area, can you clarify that for me? I'm confused on that one.

Cheri Daly: Sure, if you are a current health center right now and you see on the service area announcement table that there is an available service area that you would like to compete against, what you'll do is submit an application for your current service area and then you'll submit another application as a supplemental to compete with the other health center service areas.

Woman: Gotcha, so what if - say our current service area we just were competing more or less against ourselves because we want to put in another site within our service area. I realize the funding would not change but we want to go ahead and change our scope of services by putting that site in our own service area with this supplement.

Cheri Daly: Are you saying there's two service areas that are announced right now?

Woman: No, ma'am. I'm saying that the current service area that I would want to put a new site in is currently the service area in which our Community Health Center is occupied in a different location in our county. Is there a way to do that?

So there's nobody in this - the specific town we want to put a community health center in although the county is our service area already.

Cheri Daly: Okay, so I think what you're asking or what you're stating is that on this Service Area Announcement Table right now there's a location in Arkansas and that is your current area.

Woman: Yes, ma'am.

Cheri Daly: And you are going to apply for that because you're in a SAC year.

Woman: Yes, ma'am.

Cheri Daly: Then there's also another area in Arkansas that is available and announced.

Woman: No.

Cheri Daly: If there's not, then you cannot submit a supplemental, because there's no announced service area available.

Man: So just to clarify, this is not an opportunity for us to increase the number of sites in our scope.

Cheri Daly: I think what you're thinking about is the new access point.

Woman: No, but I think you've answered our question. So then I have a two-parter to this, is it a possibility that we could change from a 330(c) to a 330(h) at this point? We're adding - that would be another question. So can we serve a different population within this service area competitive application?

Cheri Daly: So you want to add another target population?

Woman: Yes, ma'am.

Cheri Daly: Yes, this is not the opportunity to do that. You cannot do that in a service area competition.

Woman: Okay, and what opportunity can I do that in?

Cheri Daly: New access point.

Woman: All right, now on that last question, this is really just much more technical, once we submit Phase 1 is there a - what is our waiting time to submit Phase 2?

Cheri Daly: So in other words when you submit in Grants.gov how long will it take for you to get access to EHB?

Woman: Yes, ma'am.

Cheri Daly: It should take between 3 and 5 business days. I can assure you it doesn't take that long but that's the average. Thank you.

Woman: Thank you for your help.

Cheri Daly: Okay, thank you.

Coordinator: Thank you, Eve Macinini, your line is open.

Eve Macinini: Hi, my question is about the table and the amount I'm seeing here. It looks like it has the amount from our last BPR and so I heard you say that was the maximum amount of funding we could request for the SAC.

What if through a supplemental opportunity that has increased? I happen to know it's a little bit more than that. Will that number be adjusted before these applications are due? Or do we go back to that number?

Cheri Daly: I would use the number that's on the Service Area Announcement Table.

Eve Macinini: Okay, all right. So we'll just - so that is the maximum amount and it won't be adjusted.

Cheri Daly: It will not - not at this point, no.

Eve Macinini: Okay, all right, thanks so much. And I just wanted to - or I guess ask a question about the supplemental again. I just wanted to confirm, we were interested in serving a new target population. It is already - I guess this is kind of confusing.

On 5A, our services, it's already in approved service but if we wanted to sort of beef up our services to a particular target population will we just write that into our normal continuing application and not - it's not an opportunity to submit a supplemental application. Is that correct?

Cheri Daly: That's correct, yes. This is not - you cannot right now make any changes to your Form 5A, 5B, and 5C.

(Eve Macinini): Okay, okay. Thanks so much.

Cheri Daly: Yes.

Coordinator: Thank you, the next question is from Victor Kirk. Your line is open.

Victor Kirk: I have a concern. We're applying for a continuation but in our service area is a zip code where another health center has done a change in scope, got approval on the change in scope to build a new site. This new site is across

the river from us so that zip code - actually I think is a barrier for them to come to us.

My concern is the way the supplemental reads, am I to believe that this health center that wants to seek funding for this new site that they've built, which is in my zip code, will have no choice but to apply for a competing proposal to handle my entire service area? Because they can't apply for one zip code. They're going to have to compete head-to-head with me for the entire service area.

Cheri Daly: They are currently a 330 now and what you're saying is one of your zip codes is part of their zip code?

Victor Kirk: Yes, because they did a change in scope that has put this new site - and they put about \$2 million into this site.

Woman: If they've already gotten an approved change of scope that's already in their service area so they wouldn't have to engage in a competition to serve them. That zip code is just being served by more than one health center.

Victor Kirk: Okay, so they're not going to get any funding for it because it's going to be considered a satellite of the existing location.

Now if they did not get a change in scope then in order for them to receive funding for that site that's in my present zip code because I haven't deleted it from my service area, they'll have to compete head-to-head against - with me if I understood it correctly.

Woman: Well, we can't really speak on what that other health center is going to do but - I mean we can answer your questions about your service area. It sounds like maybe that there is a lot of need in that area so that there's more than one health center that there's enough need for more than one health center to be serving both of - both that zip code.

So if it's already in their scope they - it's - you know, they're already serving that zip code already.

Victor Kirk: Well, what we're saying is that this was a situation where State funds were allocated to this health center, this other health center, for them to build a new site in a city that's across from the river where we are now. It was in our service area initially and still remains in that service area.

So the building is not complete. I would suspect that if the building is not complete they're going to be looking for whether or not there are federal funds to fund the operation. If not then I'm - I would speculate that they would be building - that they would be applying for a competitive proposal against us unless I find out that they have done a change in scope.

If they've done a change in scope that's included and there would not be any funds available, but if they have not done a change in scope because the building is not complete or have not completed a change in scope then we're going to have a mess on our hands.

Cheri Daly: Sir, why don't we do this, why don't you give us a call at 301-594-4300 and we can discuss this situation.

Victor Kirk: Who should I ask for?

Cheri Daly: Cheri Daly.

Victor Kirk: Cheri, okay.

Cheri Daly: Yes, sir.

Coordinator: Thank you, Susan Kremmering, your line is open.

Susan Kremmering: Yes, I forgot to ask these other two questions and following that last caller I want to make sure I have clarification. If you have a pending change in scope that has been submitted to HRSA and is under review but yet has not been approved and so it's therefore not reflected yet in your Form 5A, B, and C.

If you receive an approval on it prior to the submission of your SAC will there be a button in EHB that will allow you to update and refresh your scope to reflect the changes that had been approved since it was first loaded in the EHB?

Cheri Daly: Susan, as always, you ask such wonderful questions and the answer is yes. There will be a refresh button so all you will need to do is press the refresh button and you will see the new services sites.

Susan Kremmering: Thank you. And thank you for answering the difficult questions because I sometimes feel a burden but the other one is in relation to the service area analysis and I think this is something that if done - if it is done routinely as the regulations for HRSA require that a lot of the issues just like what were being discussed earlier would be a moot point because if my understanding is

correct the program requirements require for the Board to do an annual analysis of the patient origination by residents and zip code being the easiest to do that. Some places have to break it down by census track depending on the density of your population.

But if the Board does that and on an annual basis follows the regulations that then adjust their definition of their service area to reflect the area geographically as defined by boundaries that reflect where the majority of their patients originate from, then if patients or even it's listed previously in your zip code list, if they're not coming from there then it shouldn't be in your service area. Your service area should reflect the geographic populations that you're serving.

Is that correct?

Cheri Daly: You are absolutely correct. I couldn't have said it better myself.

Susan Kremmering: Okay. So if everybody will update their patient origin zip code analysis to those zip codes only that are showing - that your patient majority originate from, then your service area will be accurate for the funding that you're receiving and we wouldn't be having to worry about a zip code that somebody else has built a facility or seeks to serve because our funding will be tied to the zip codes where we're really serving the people from.

Cheri Daly: Yes, Susan thank you very much.

Susan Kremmering: Okay. And with that then if we take it out of our zip code list this year based on that rationale, if in fact opens up and we don't have a site in that zip code would we then be able to apply for that in future year fundings for

(maps) to serve that zip code if the need exists and someone else doesn't have a site there?

Cheri Daly: Yes. The answer is yes.

Susan Kremmering: Thank you.

Cheri Daly: You're welcome.

Coordinator: Thank you. Tonya Ziegler your line is open.

Tonya Ziegler: Good afternoon. My question is regarding multiple sites. If we would like to submit a proposal that will serve two service areas, a primary and then a satellite location is - can we do so with one application or do we need to submit it for both locations?

Cheri Daly: You would need to submit two applications, one for your current service area and then one for the additional service area that you would like to apply for.

Tonya Ziegler: Okay. And then we'll still be held to the funding requirements based upon any existing organizations in those areas then, correct?

Cheri Daly: That is correct. Yes.

Tonya Ziegler: Okay.

Coordinator: Thank you. Noreen O'Shea your line is open.

Coordinator: Thank you. Peter Gall your line is open.

Peter Gall: Thank you very much. So Cheri based on the last couple of questions my understanding now is that for existing applicants submitting for a SAC they hit continuation box at the top of the grants.gov form?

Cheri Daly: Yes. That is - yes, correct.

Peter Gall: Okay, terrific. And finally, on the service area zip code map that I just downloaded per your instructions, what I'm finding there is that the actual zip codes used by some of the communities due to their remote nature and the central handling in Ketchikan, Alaska are not accurate or not consistent with what is being used.

Do you want us to revise the addresses for those satellite sites to utilize that zip code that is shown on the map notwithstanding the fact that regular mail does not reach them that way?

Cheri Daly: You should update your zip codes in the Form 5B. Is that what you're asking?

Peter Gall: Yes, exactly. And also on the grants.gov there's a performance site list requirement.

Cheri Daly: This would be a great opportunity for you to take a look at the map and your Form 5B to check the zip codes and make any necessary changes. And if you want to do that you can certainly do that through a self-update through EHB.

Peter Gall: So it is your direction though that - again if you wish me to call back just let me know. It is your direction though that although in a particular remote community the zip code with which are familiar is 99950 is shown as the

central Ketchikan location zip code of 99901 and basically I have to choose one. And would you prefer that we use the one that's on your map versus the one that I would use when I'm sending a letter down to that site?

Cheri Daly: What you need to address are the zip codes on the Service Area Announcement Table.

Peter Gall: Okay.

Peter Gall: More specifically that in these remote sites they go out of a central city. And your map uses the zip code of the central city whereas in the system here they use a generic zip code for these remote sites which is different from the central city.

Cheri Daly: Peter this might be too much information, but also on our maps we use the zip code tabulation area which sometimes are a little bit different from the actual zip codes.

So what you're seeing on the map in some cases is a zip code tabulation area number that includes several zip codes. So that might also be in these remote areas. That might also be a reason why you see a difference.

Peter Gall: Let's use that description. And if that were the case for our forms you would prefer that we use the zip code shown on the map.

Cheri Daly: The zip code shown on the Service Area Announcement Table because those are the ones that are in scope at this moment.

Peter Gall: Okay. I will review that and if necessary get back to you specifically. Thank you so much.

Cheri Daly: Sounds great. Okay, thank you Peter.

Coordinator: Thank you. And as a reminder to ask a question please press star 1. Please be sure to unmute your phone and record your name clearly. The next question is from Eve MacAnine. Your line is open.

Eve MacAnine: Hi. I know we've had a lot of discussion about zip codes. But I am now a bit confused only because early on in the call Cheri I think you said that it was required for us to use or to list the zip codes that were on the table. And now I'm hearing something different from (Susan)'s question which says that we should be reviewing those patient origin studies and zip codes and on the report the zip codes that we are primarily serving.

So can you answer which...?

Cheri Daly: You should be reporting on the zip codes that are in your scope of projects which are on the Service Area Announcement Table and those come from the Form 5B.

What Susan was indicating earlier was it would be great and helpful if everybody looked at the map and looked at the Form 5B and then did an analysis of the two to see what you want to do and what the difference is in the zip codes because you might want to do a self-update to add the other zip codes that are on the map to your Form 5B. And that would be outside of the SAC application process.

Eve MacAnine: Okay. Okay, thank you for the clarification.

Cheri Daly: Oh sure.

Coordinator: Thank you. And I'm showing no further questions. As a reminder it's star 1 to ask a question. Please standby for our next question.

Okay and I do have a question from Peter Gall. Your line is open.

Peter Gall: So thank you. Cheri sorry to be back but I am following up on the last thing, I looked at the two sources where these zip codes are listed by HRSA; one being the chart and the other being the map, the two downloaded documents.

The map is discrepant from the zip code list and the chart. It uses 99901 whereas the chart uses 99950 the latter being consistent with the Form 5B.

And so my real question is when there's a discrepancy between the map and the chart from which the map was supposedly derived do we go with the chart with those zip code numbers that you say are in scope even though they're in fact not shown on the actual map?

Cheri Daly: Yes. Peter you're going to use the Service Area Announcement Table because those zip codes are part of your scope of project right now.

Peter Gall: Thank you.

Cheri Daly: And then Peter outside of your SAC application what you'll do is a self-update to conduct an analysis of the map and your current zip codes on 5B and

maybe at that point you'll realize that there are some that should be added.
And then you can do that through the self-update.

Peter Gall: Okay. I won't trouble you further here. I'm going to send you an email with the specific and I think it'll be clear. Thank you so very much.

Cheri Daly: Okay.

Coordinator: Thank you. And Jerry Meyer your line is open.

Jerry Meyer: Yes, hello. I have several questions. When we - going back to zip codes in our UDS Report we report a lot of zip codes. And those are not reflected in the Service Area Competition Zip Code Announcement.

How do we resolve that?

Cheri Daly: You can do that outside of the SAC application through an EHB self-update.

Jerry Meyer: Okay.

Jerry Meyer: Is that like a change in scope?

Cheri Daly: No sir. It's just a self-update. You go into the EHB and you will be able to self update the zip codes.

Woman: For Form 5B.

Jerry Meyer: Okay, great.

Jerry Meyer: Okay. Regarding clinical measures, when we first established our baseline several years ago, we were using chart audits. We've now gone partially to EHR and have discovered that some of that data that we use to establish baseline is not all that good.

Is there an option to change our baseline through this SAC?

Cheri Daly: You cannot make any changes to the baseline this year. But if you would like to, add any justification in the comment field.

Jerry Meyer: Okay, all right. I'd like to talk now about Form Number 9 which is the Needs For Assistance Work Sheet.

We have five clinics located across three counties. And I don't know how we're going to - you know I mean how do we deal with that data in the Needs Assistance Work Sheet? Because I mean do we proportion it out?

We've got three sites in one county, one site in another county, and one site in another county, I mean...

Cheri Daly: Well the data would be based on your total service area.

Jerry Meyer: Right.

Cheri Daly: Your whole service area so all of your sites.

Jerry Meyer: Yes but to do the research on our service area we have to research by county. There is no data field that talks about our service area. The data is usually broken down by counties and cities.

Cheri Daly: So you can combine all that data that you get from each county that you're serving.

Jerry Meyer: Okay, yes. All right, well that just - so basically we just make it up.

Cheri Daly: No.

Jerry Meyer: Well I mean how would you...?

Cheri Daly: Maybe I'm not understanding your question.

Jerry Meyer: ...for example, the incidence of diabetes, okay. We've got three clinics in one county, one clinic in another count, and one clinic in another county.

How would we establish the incidence of diabetes in our service area using data that - all the data that comes out of California is based on counties, so how would we accurately come up with a diabetes incident rate for our service area?

Cheri Daly: So are you saying - you're saying your service area is smaller than the counties?

Jerry Meyer: Yes, it is.

Jerry Meyer: We have one clinic in the southern part. You know our service area; the two counties that we serve are larger than probably four or five states, okay. And so we have one clinic located in the very southern part of one county, one

clinic located in the very northern part of another county, and then three clinics located in another county.

The data that I can get is based on countywide data. How do I - you know I mean how do we present that, I mean...?

Cheri Daly: I believe in the FOA and maybe on the technical assistance web site there is a resource guide that talks about how to get that data and parse it out to your service area if your service area isn't exactly what - how the data is presented from, you know, from the state and from your counties.

So if you could take a look at that and if you still have questions let us know.

Jerry Meyer: Sure.

Jerry Meyer: Okay another question about floor plans.

Cheri Daly: Yes.

Jerry Meyer: So if we're an existing grantee do we need to submit floor plans for all of our sites?

Cheri Daly: No. The only time you would need to submit them is if there's been significant changes. Otherwise no, you don't need to.

Jerry Meyer: So if we move one site to another site then we would submit that floor plan only, correct?

Cheri Daly: Correct, yes, absolutely.

Jerry Meyer: Okay.

Cheri Daly: So any major significant changes.

Jerry Meyer: All right. Let's see. I think that's all. Thank you very much.

Cheri Daly: Okay, thank you for your time.

Coordinator: Thank you. Christine Schaffer your line is open.

Christine Shaffer: Hi. Thanks. I have a couple of questions. The - sorry, I'm trying to - for the grants.gov piece it says that we should submit an abstract.

Cheri Daly: Yes.

Christine Shaffer: Now if we are trying to go ahead and get the grants.gov piece out of the way so that we can move onto the more substantive pieces within the EHB, how detailed - I mean how detailed do we need to make that abstract if we are - should we - you know there's times that we've - I've made a dummy abstract and put it in simply to satisfy that requirement in order to get the grants.gov phase one out of the way. Is that abstract going to be what we are held to?

Cheri Daly: You can access the abstract in EHB and make any editorial changes you would like. But, you cannot go back into grants.gov to access it.

(Christine Shaffer): Okay, thank you.

Cheri Daly: You're welcome.

Christine Shaffer: I just want to make sure I'm clear. The Form 5B if we do the comparison between the map and the Form 5B and we discover that we'd like to actually add zip codes to there, it does not change the scope. It's simply just a couple of the steps within the EHB to ensure that those zip codes are accurately reflected.

Cheri Daly: Correct. It's through a self-update only. And you don't need approval from your Project Officer.

(Christine Shaffer): Okay, great. And then we - and then that will be what we are measured against within our SAC.

Cheri Daly: Right. Well actually when you apply for the SAC you're going to apply based on what's announced on the Service Table Announcement Table.

Christine Shaffer: So it's not in any update.

Cheri Daly: Correct. Right, because those will not be reflective on the Service Area Announcement Table.

Christine Shaffer: Okay. And then for progress information since this is (a SAC) in the (BPR) then are your - you mentioned reporting progress against our clinical measures and our financial measures.

So within the - are we going to be required to report progress against that in this application so sort of a kind of how are you doing plus what are you proposing to do the next five years at the same time or is there going to be a separate opportunity to also reflect back on? Since especially a lot of us are

applying and our budget period will have not been over so therefore we haven't completely - does that make sense?

Cheri Daly: Yes. So basically what we had discussed was that to discuss your progress for the past year but also moving onto your projection for the next five years for your SAC. Is that correct?

Christine Shaffer: Yes. I mean I guess what I'm trying to say is reporting on what - how we're doing is one thing and then reporting on what we're going to do is a different thing.

Charlie Daly: Well the focus clearly is on, you know, what you plan to do, you know through this SAC. And I believe the slides or the guidance here says that if you wish you can, you know, report your progress with respect to, you know, your prior SAC or BPR. You don't have to but you do have that opportunity if you want to make that comment.

Christine Shaffer: Okay. And I'm trying to just make sure that I've got everything.

I'll - of course there's - there'll be opportunities if questions do arise throughout the application process to email you guys.

Cheri Daly: Please do. Feel free to.

Christine Shaffer: All right, that's all for now. Thank you so much.

Cheri Daly: Thank you so much.

Coordinator: Thank you. Once again as a reminder please press star 1 and unmute your phone to ask a question.

And our next question is from Susan Krimmering. Your line is open.

Susan Krimmering: Yes. Again if we do the self-update beforehand and refresh it, and it changes within our scope section of EHB, at that point I think I understand from what you just previously said is that even though we did that self-update and change of scope and refreshed it we still are to list all of the zip codes that are on the Service Area Matrix Form even though at that point they've been refreshed and they're no longer officially in our scope.

Cheri Daly: Yes.

Susan Krimmering: Okay.

Cheri Daly: The Service Area Announcement Table zip codes is exactly what everybody should be reporting on in their application.

Susan Krimmering: Okay. So will we have to go back after we receive SAC funding and redo the update because they'll reload all of those that were in our SAC applications?

How will that impact that?

If we go through and take out zip codes because they aren't where the majority of patients originate from and then we apply for and we refresh it under the self-updated change and scope process and then we apply with the SAC and we still list those on the SAC and where we list, you know, what

zip codes you serve like on the General Information Work Sheet I think it is,
1A.

If we do it there then will it go back into our scope again because of the SAC
and we'll have to take it back out again?

Cheri Daly: That is a great question. We will check it out and get back to via email.

Coordinator: Thank you. Victor Kirk your line is open.

Victor Kirk: Just one question about the floor plan. I'm presuming that most of us that
receive CIP monies for construction that we submitted an approved floor
plan so we're going to be submitting it again and so that's what we're trying
to do on this particular request.

Cheri Daly: Yes. You would submit a new floor plan for the Service Area Competition.

Victor Kirk: Thank you.

Coordinator: Thank you. And I'm showing no further questions. Please press star 1 to ask a
question; one moment for the next question.

And we do have a question from Eve MacAnine. Your line is open.

Eve MacAnine: Hi. I just wanted to confirm floor plan. So we're just submitting a floor plan
for sites that have been previously funded for construction under HRSA or do
we submit floor plans for all of our clinics?

Cheri Daly: No. You're only going to submit floor plans for any significant changes to floor plans.

Eve MacAnine: Okay.

Cheri Daly: So of course if you have a new site, yes, please provide that or if you made any additional changes to your other satellite that would be fine as well.

But if you've made no changes then no, they don't need to be attached.

Eve MacAnine: And this was since the last SAC when you're saying changes.

Cheri Daly: Correct. Yes.

Eve MacAnine: Okay, great. Thank you.

Coordinator: Thank you. Brandy Hudson your line is open.

Brandy Hudson: Yes. I just wanted to confirm. Our project period runs January 1, 2006 through December 31, 2013.

Are we to apply for the SAC?

Cheri Daly: What I'd like you to do please is contact your Bureau Project Officer and then both of you can take a look at your latest notice of award and make that determination.

Brandy Hudson: Okay. Thank you.

Coordinator: Thank you. Once again I'm showing no further questions. Please press star 1 to ask a question.

And I'm still showing no further questions.

Cheri Daly: All right, well thanks everybody. And if you have any questions, please give me a call or send me an email and we'll respond to you immediately. Thank you again for your time.

Coordinator: Thank you. This concludes today's conference. You may disconnect at this time.

END