

HRSA-13-267
FY 2013 Health Center Controlled Networks (HCCN)
Funding Opportunity Announcement (FOA)

Frequently Asked Questions (FAQs)

Below are common questions and answers for the fiscal year (FY) 2013 Health Center Controlled Networks funding opportunity. The FAQs are available on the HCCN Technical Assistance website at <http://www.hrsa.gov/grants/apply/assistance/HCCN>. New FAQs will be added as necessary, so please check this site frequently. The FAQs are organized under the following topics:

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ISSUE: General Information and Eligibility

1. What is the purpose of the HCCN funding opportunity?

The purpose of the HCCN funding opportunity is to advance the adoption and implementation of Health Information Technology (HIT) and to support quality improvement in health centers throughout the United States and its territories. HCCN grants will support the adoption and meaningful use of electronic health records (EHRs) and technology-enabled quality-improvement strategies in health centers.

2. What types of organizations are eligible to apply for the HCCN funding opportunity?

To be eligible, the applicant organization must:

- Be a public or private non-profit organization, including tribal and community-based organizations.
- Be either:
 - A practice management network (also referred to as a Health Center Controlled Network or HCCN) controlled by and acting on behalf of health centers funded under Section 330 of the PHS Act. The HCCN must be majority controlled and, as applicable, majority owned by such health centers. For the purposes of this FOA, the term “controlled” means to have the authority collectively to appoint a minimum of 51 percent of the HCCN’s board members; **OR**

- A health center, funded for at least the two consecutive preceding years under Section 330 of the PHS Act, applying on behalf of a HCCN.
- Provide evidence of at least 10 Health Center Program grantees committed to participating with the HCCN to achieve the three goals of the grant program (adoption and implementation, meaningful use, and quality improvement) within their organizations.

This FOA also has exclusionary criteria. To be eligible, the applicant organization **CANNOT**:

- Be an HCCN funded in December 2012 under HRSA-13-237.
- Propose participating health centers that are currently participating in projects funded under HRSA-13-237.

See <http://www.hrsa.gov/grants/apply/assistance/HCCN> for a list of current HCCN grantees and their participating health centers.

3. How do you define a participating health center?

Participating health centers are Health Center Program grantees (organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act) committed to working with the applicant throughout the 3-year project period toward accomplishment of the grant goals, as evidenced by executed Memoranda of Agreement and the Participant Verification Sheet. Applicants are required to include a minimum of 10 participating health centers. Health center participation under the HCCN grant does not require dues-paying membership in the HCCN, and the HCCN cannot charge participating health centers for the services provided under this grant.

4. Can a Health Center Program grantee sign up to work with two different applicants?

No. A Health Center Program grantee can only serve as a participating health center for one FY 2013 HCCN grantee or grant application. Therefore, applicants cannot include health centers that are currently participating health centers with an HCCN funded in FY 2013 under HRSA-13-237. See <http://www.hrsa.gov/grants/apply/assistance/HCCN> for a list of current participating health centers.

5. Is a current PCA/NCA eligible to apply for the HCCN funding opportunity?

A PCA/NCA is eligible if it is controlled by and acting on behalf of health centers funded under Section 330 of the PHS Act and provides the following services:

- Reduce costs associated with the provision of health care services;
- Improve access to, and availability of, health care services provided to individuals served by the centers;
- Enhance the quality and coordination of health care services; or
- Improve the health status of communities.

For the purposes of this FOA, the term “controlled” means that the organization’s governing board contains a majority of health center representatives and health centers have the collective authority to appoint or elect a minimum of 51 percent of the HCCN’s board members.

If the PCA/NCA is a for-profit organization, it would not be eligible.

6. Are limited liability corporations (LLCs) eligible to apply for the HCCN funding opportunity?

The LLC must be a public or private non-profit organization. For non-profit entities, evidence of eligibility includes one of the following documents:

- A copy of a currently valid Internal Revenue Service tax exemption certificate;
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status;
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status; or
- Any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

7. Since an applicant does not need to be a current HCCN, are there guidelines or standards that govern the structure of an HCCN that the applicant would need to satisfy in order to qualify as an HCCN within the HRSA-13-267 definition?

While an applicant does not have to be a current HCCN, they should have the expertise and infrastructure in place to be able to carry out the requirements and activities of the grant program. HRSA offers guidance on the steps to take for developing an HCCN at <http://www.hrsa.gov/healthit/toolbox/HealthITAdoptiontoolbox/OpportunitiesCollaboration/dev/elophccn.html> and <http://www.hrsa.gov/healthit/networkguide/index.html>.

8. If an HCCN is awaiting funding to finalize contracts, agreements, bylaws, and other organizational documents, how should it proceed with the application?

Applicants may submit draft documents in the application. However, applicants should carefully examine the eligibility and review criteria that will be used in the assessment of the application when considering how components that are under development will impact the review of the application.

9. Is an HCCN precluded from this funding opportunity if all of the participating health centers have already adopted EHR? How would their application be scored?

No. Applicants should propose activities that demonstrate the HCCN's capacity to meet all three program requirements (adoption and implementation; meaningful use; quality improvement) for the duration of the 3-year project period and work plan. The proposed program activities should be positioned to help advance the required goals, and should be based on identified participating health centers' needs. The Review Criteria section of the FOA describes the indicators that Objective Reviewers will use to assess each application.

ISSUE: Award Information

10. Approximately how much funding is available to support HCCN grants under HRSA-13-267?

HRSA anticipates that up to \$2 million may be available to support three to five HCCN grant awards under HRSA-13-267.

11. What is the maximum amount of federal funds that can be requested?

The yearly maximum is dependent upon the number of participating health centers committed to working with the applicant throughout the 3-year project period toward accomplishment of the grant goals.

Table 1: Funding by Participating Health Centers

Number of Participating Health Center Program Grantees	Annual Award Maximum Amount
10-14	\$400,000
15-19	\$475,000
20-24	\$550,000
25-29	\$625,000
30-34	\$700,000
35-39	\$775,000
40-44	\$850,000
45-49	\$925,000
50 or more	\$1,000,000

12. When will HCCN funds be awarded?

The HCCN awards will be issued on or around August 1, 2013.

13. What is the length of the project period?

The project period will be up to 3 years. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, satisfactory performance, and a decision that continued funding is in the best interest of the federal government.

ISSUE: Application Development and Submission

14. Where can I access the HCCN funding opportunity announcement and application package?

The HCCN FOA and application package are available at Grants.gov. Follow the instructions below:

- Go to <http://www.grants.gov>.
- Under the Quick Links header on the right, select the Grant Search link.
- Under the Search by Funding Opportunity Number field, enter HRSA-13-267 and click the SEARCH button.
- Click the FOA title (Health Center Controlled Networks).
- Click the Application button (to the right of the Synopsis and Full Application buttons).
- Under Instructions and Application, click the Download link.
- Click the Download Application Instructions link for the FOA.
- Click the Download Application Package link for the electronic application.

15. How do I submit my application and when is it due?

The entire application will be submitted through Grants.gov only. To submit in Grants.gov, you will download the application package per the instructions above, complete the forms and required attachments (saving them to your computer/network), and then upload the entire

application into Grants.gov using the Save & Submit button on the application package and following all subsequent prompts. The due date in Grants.gov is April 3, 2013 at 11:59 PM ET.

16. Is there a page limit for the HCCN application?

Yes. There is a 100-page limit (approximately 10 MB) on the length of the total application when printed by HRSA. Please refer to Tables 3-4 of the FOA for more information on what is counted in the page limit. It is critical that the page limit is strictly followed. Applications exceeding the page limit may be deemed unresponsive.

17. Does HRSA have guidelines (e.g., font type, font size) for the Project Narrative of the HCCN application?

Yes. Applicants should submit single-spaced narrative documents with 12-point, easily readable font (e.g., Times New Roman, Ariel, Courier) and 1-inch margins. Smaller font (no less than 10-point font) may be used for tables, charts, and footnotes.

18. How many contracts should be submitted?

Applicants should submit a summary of contracts and agreements that fall under the scope of the proposed project, including an overview of the contracts/agreements that contribute to the success of the services proposed for this funding opportunity. Contracts for a substantial scope of the project activities must be thoroughly described in Attachment 8 and referenced in the budget, work plan, and project narrative, as appropriate.

ISSUE: Project Work Plan

19. Where can I access the Project Work Plan template?

The Project Work Plan template should be downloaded from the HCCN Technical Assistance webpage at <http://www.hrsa.gov/grants/apply/assistance/HCCN>, completed, and uploaded into Grants.gov as Attachment 1.

20. Should the Project Work Plan cover one year or all three years of the project period?

The project work plan is expected to detail the activities to be conducted over the entire 36-month project period.

21. What are the required performance goals?

Each focus area has two required performance goals:

Required Performance Goals
Adoption and Implementation
Goal A1: Percent of participating health centers' sites that have implemented a certified EHR system
Goal A2: Percent of eligible providers using a certified EHR system
Meaningful Use
Goal B1: Percent of eligible providers who have registered and attested/applied for EHR Incentive Program payments
Goal B2: Percent of eligible providers receiving EHR Incentive Program payments

Required Performance Goals
Quality Improvement
Goal C1: Percent of health centers that meet or exceed Healthy People 2020 goals on at least one UDS clinical quality measure
Goal C2: Percent of health centers that achieve PCMH recognition or maintain/increase their PCMH recognition level

22. Which UDS clinical quality measures align with the Healthy People 2020 goals?

A chart outlining the UDS clinical quality measures that align with the Healthy People 2020 goals is available on the HCCN Technical Assistance webpage located at <http://www.hrsa.gov/grants/apply/assistance/HCCN>.

23. What are the components of the Project Work Plan?

The Project Work Plan has three focus areas: Adoption and Implementation; Meaningful Use; and Quality Improvement. Each focus area has two required goals. Applicants enter percentages and baselines for each goal. For each focus area, at least two key factors that contribute to or restrict progress on achieving the goals must be identified. Applicants must identify at least two activities for each focus area. See Appendix A in the FOA for a list of potential program activities that fall under each focus area. For each activity, identify at least one person/area responsible, time frame, and expected outcome.

24. How many activities does an applicant need to propose under each focus area?

Applicants should propose two activities for each of the 12 focus areas, which will vary based on identified participating health centers' needs. Some activities may be relevant to some health centers and not to others. As such, there can be different MOAs across participating health centers based on identified needs.

Applicants should propose activities that demonstrate the HCCN's capacity to meet all three program requirements for the duration of the 3-year project period and work plan.

25. Will the Project Work Plan count toward the page limit?

Yes. The Project Work Plan will count toward the 100-page limit.

26. Are there any resources available to help me develop my Project Work Plan?

There are a number of resources available to grantees to help develop the HCCN Project Work Plan and application:

- HCCN TA Website <http://www.hrsa.gov/grants/apply/assistance/HCCN>
- HRSA Electronic Submission User Guide <http://www.hrsa.gov/grants/apply/userguide.pdf>
- The Network Guide <http://www.hrsa.gov/healthit/networkguide/index.html>
- Certified HIT Product List <http://onc-chpl.force.com/ehrcert>
- Medicare and Medicaid EHR Incentive Programs <http://www.cms.gov/EHRIncentivePrograms/>
- HRSA Patient-Centered Medical/Health Home (PCMHH) Initiative <http://bphc.hrsa.gov/policiesregulations/policies/pal201101.html>
- Healthy People 2020 <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

ISSUE: Budget

27. Should the budget presentation include non-federal funding (i.e., program income)?

HCCN applications should include only budget information related to the activities to be supported under the proposed HCCN project. Do not identify program income in the Standard Form 424A or detailed line-item budget. If desired, applicants can provide information on other program income and resources in the narrative section of the budget justification.

28. What should be included in the budget justification?

A detailed budget justification in line-item format must be completed for EACH requested 12-month period of federal funding in the 3-year project period. The budget justification must detail the costs of each line item within each object class category from the SF-424A: Budget Information – Non-Construction Programs. It is important to ensure that the budget justification contains detailed calculations explaining how each line-item expense is derived. For subsequent budget years, the narrative explanation should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. A sample budget is available on the HCCN Technical Assistance webpage located at <http://www.hrsa.gov/grants/apply/assistance/HCCN>.

29. Are there activities that are ineligible for HCCN funding?

Yes. HCCN funding may NOT be used for the following activities:

- Construction/renovation of facilities;
- Direct patient care;
- Fundraising; or
- Lobbying.

30. Can HCCN grant funds be used to purchase equipment?

Funds awarded under this program may not be used to purchase equipment or supplies for use at the center level or for individual center staffing (e.g., stipends for participating health centers are not allowable). These funds may be used to purchase equipment at the network level, which may include data and information systems as well as training and technical assistance related to the provision of HIT and HIT-enabled care services. Funds may also be used for the one-time purchase of software for use at the network level. All EHR software and licenses purchased must be certified by an ONC-ATCB.

31. We already provide many of the HCCN types of services. If funded would we need to stop charging for those services despite the grant not covering all the expenses for providing those services? How do we cover that cost?

Funds awarded under the HCCN grant opportunity must support distinct program activities as outlined in the FOA. The HCCN grant must be kept separate and distinct from other organizational activities and membership fees. Applicants should carefully consider the activities and services to be provided under the grant because applicants cannot charge participating health centers for those specific services during the grant period. Applicants are advised to avoid duplication of effort, and build on current services and resources. HCCNs can collect membership fees, but these fees must be for activities provided outside of this proposed grant.

32. Can the HCCN charge health centers that are not participating in the grant application project for the same services proposed?

Since the HCCN grant is separate and distinct from other organizational activities and membership fees, any services provided or membership fees charged would be outside the grant scope of project. HCCN members or other health centers that are not identified in the application and scope of work would not be considered participating health centers under this grant.

33. Does HRSA require applicant organizations to have an indirect cost rate?

No. Applicants are only required to have an indirect cost rate agreement if they are budgeting for indirect costs. If an organization does not have an indirect cost rate agreement, costs that would fall into such a rate (e.g., administrative salaries) may be charged as direct line-item costs. If an organization wishes to apply for an indirect cost agreement, more information is available at <http://rates.psc.gov>.

34. If an applicant organization has an indirect cost rate, what needs to be included in the application?

If not currently on file with HRSA, organizations with previously negotiated federal indirect cost rates must provide the current Federally Negotiated Indirect Costs Rate Agreement in Attachment 11 or 12: Other Relevant Documents.

ISSUE: Technical Assistance and Contact Information

35. If I encounter technical difficulties when trying to submit my HCCN application, who should I contact?

Refer to http://www.grants.gov/applicants/applicant_fags.jsp or call the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov. Register as early as possible since registration may take up to one month.

36. Who should I contact with programmatic questions concerning the HCCN Funding Opportunity Announcement and application requirements?

Contact Andrea Bainbridge in the Bureau of Primary Health Care's (BPHC) Office of Policy and Program Development at 301-594-4300 or BPHCHCCN@hrsa.gov.

37. Who can I contact for specific questions about budget preparation?

Contact Bryan Rivera, Grants Management Specialist (GMS), at 301-443-8094 or brivera@hrsa.gov.

38. How can an applicant recruit participating health centers, and find those that are not already part of a network?

Contact your state or regional Primary Care Association or National Cooperative Agreement (See <http://bphc.hrsa.gov/technicalassistance/partnerlinks/index.html> for links to lists of PCAs and NCAs). The State Performance Profiles, posted at <http://www.hrsa.gov/grants/apply/assistance/HCCN>, provide the number and percentage of health center grantees that have EHR systems, PCMH recognition, and have met Healthy People 2020 goals.