



Fall 2011 Quarterly Webinar for Grantees

Department of Health and Human Services
Health Resources and Services
Administration
Bureau of Health Professions
Division of Medicine and Dentistry
Primary Care Medical Education Branch



Welcome

Kathleen Klink, MD

Director

Division of Medicine and Dentistry

HRSA: America's Health Care Safety Net

- **Mission**
 - To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs
- **Goal I:** Improve access to quality care and services
- **Goal II:** Strengthen the health workforce
- **Goal III:** Build healthy communities
- **Goal IV:** Improve health equity



HRSA Introduction

Shannon K Bolon, MD, MPH

Branch Chief

Primary Care Medical Education Branch

Division of Medicine and Dentistry

Webinar Purpose

- Attendees
 - Residency Training grantees
 - Primary Care Residency Expansion grantees
 - Faculty Development in Primary Care grantees
 - GME Stakeholders
- Strengthen relationships with each other and HRSA
- Information sharing
- Technical assistance



FY 11 Competition Summary

- Peer review process improvements
- Changes to funding preferences and priorities



The New Residency Training in Primary Care Grantees

- 86 applications
- 30 grantees awarded
- \$5,889,745
- 22 States
- We received many high quality applications and those with high score and MUC funding preference ranked high on the funding list.
- A few applications were not considered for review because they exceeded the page limit as set in the program guidance.
- Also some application reviewed were not recommended for funding by the peer review panel because they did not present a viable project

We funded programs in the fields of family medicine, general internal medicine, general pediatrics, and Med-Peds.



The New Faculty Development in Primary Care Grantees

- 69 applications
- 23 grantees awarded
- Total first year budget = \$4,420,420
- 15 States
- 7 rural programs; 100% focus on community-based training, recruitment of underrepresented minorities and research; 15 with a public health focus; and 15 PCMH or interprofessional practice models



Questions?



HRSA Introduction

Jackie Dickerson

Grants Management Specialist

Division of Grants Operation &
Management

Grants Management Specialist (GMS)

- Oversees the business and other non-programmatic aspects of the award associated with review, negotiations, award, and administration.
- Provides clarification on award regulations, policy and financial aspects of the project.
- Reviews reports and makes recommendations on continued federal support.

Grants Management Specialist (GMS)

- Monitors compliance with grant requirements and cost policies.
- Monitors receipt of required reports, and follows-up as necessary to obtain delinquent reports.
- Issues Notice of Awards, signed by the HRSA Grants Management Officer (GMO).

NOTE: ONLY the HRSA Grants Office has legal authority and the final say to change, approve or deny program expenditures.



Notice of Grant Award

- The official document that states the terms, conditions, and amount of the award, and is signed by the GMO who is authorized to obligate HRSA funds.



Notice of Grant Award

- The face page includes basic information about the grant
 - date issued, award/grant number, project/budget period, grantee/Project Director name and address, budget (**current/future support**), and special remarks



Notice of Grant Award

- Subsequent pages provide additional information
 - EHB access instructions, terms and conditions, reporting requirements with due dates, and contact information for the PO and GMS



Key Definitions

- **Budget Period**
 - The intervals of time (usually 12 months each) which a project period is divided for budgetary and funding purposes.
- **Project Period**
 - The total time for which support for the project has been approved.

Key Definitions

- Remarks
 - May include special notes or explanations regarding the NoA
 - Example: “...the budget has been reduced by the Objective Review Committee due to excessive costs...”

Key Definitions

- Conditions
 - May require action/response from the grantee prior to starting the project and spending funds
 - Example: revised budget to be submitted due to reduced award.

Award number

Support Year

Revision #

CFDA number for program

Authorizing Legislation

1. DATE ISSUED: 03/06/2011

2. PROGRAM CFDA: 93.224

3. SUPERSEDES AWARD NOTICE dated: [redacted] except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4a. AWARD NO.: 5 H90CS [redacted] 10-00

4b. GRANT NO.: H80CS [redacted]

5. FORMER GRANT NO.: [redacted]

6. PROJECT PERIOD: FROM: 04/01/2002 THROUGH: 03/31/2015

7. BUDGET PERIOD: FROM: 04/01/2011 THROUGH: 03/31/2012

8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER

9. GRANTEE NAME AND ADDRESS: [redacted]

Award Number

Approved Project and Budget Period dates

Awardee and Project Director Contact Info

Approved Budget by category



NOTICE OF GRANT AWARD
 AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title III, Section 330
 Public Health Service Act, Section 330, 42 U.S.C. 254b

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) [redacted]

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,160,295.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional	\$0.00
ii. Offset	\$0.00
c. Unawarded Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$1,160,295.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

Amount of funding to date and in current action

Future Support Year amounts

YEAR	TOTAL COSTS
11	\$6,961,771.00
12	\$6,961,771.00
13	\$6,961,771.00



n. Trainee Travel : \$0.00
 o. TOTAL DIRECT COSTS : \$1,160,295.00
 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00
 q. TOTAL APPROVED BUDGET : \$1,160,295.00
 i. Less Non-Federal Share: \$0.00
 ii. Federal Share: \$1,160,295.00

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)
 a. Amount of Direct Assistance \$0.00
 b. Less Unawarded Balance of Current Year's Funds \$0.00
 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00
 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
 A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D]
 Estimated Program Income: \$0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
 a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached [X]Yes []No)

Electronically signed by [redacted], Grants Management Officer on : 03/08/2011

17. OBJ. CLASS: [redacted] 18. CRS-EIN: [redacted] 19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
11 - [redacted]	93.224	H80CS [redacted] D0	\$756,512.00	\$0.00	CH	N/A
11 - [redacted]	93.224	H80CS [redacted] D0	\$268,028.00	\$0.00	MH	N/A
11 - [redacted]	93.224	H80CS [redacted] D0	\$135,755.00	\$0.00	HCH	N/A

↑
 Document number – needed to complete financial reporting



Instructions to
access EHBs

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772; 301-998-7373.

Terms and Conditions

Applicable terms and
conditions of award

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This action approves the FY 2011 progress report and awards pro-rated support through May 31, 2011 based on the grantee's target FY 2011 funding under the Health Center (HC) program. The HC program is currently operating under a Continuing Resolution since there is not a final FY 2011 appropriation for the program. A revised Notice of Grant Award (NGA) will be issued later in the budget period after final action is taken; this revised NGA will provide additional grant support for the budget period that is consistent with the final appropriation for the HC program.
2. The grantee is advised that funding under the Migrant Health Center program (Section 330g) requires that the user-majority Governing Board must include representation from your migrant population. (See BPHC Policy Information Notice 98-12).
3. The grantee is advised that funding under the Health Care for the Homeless program (Section 330h) requires the following: a) substance abuse services must be provided, in addition to the required primary care services; b) the user-majority Governing Board must include representation from your homeless population. (See BPHC Policy Information Notice 98-12); and c) the annual BPHC Uniform Data System (UDS) submissions must include separate Tables 3, 4, and 6 for your Health Care for the Homeless patients in addition to the data you submit for your entire health center program.

Program Specific Term(s)

1. If Federal funds have been used toward the costs of acquiring a building, including the costs of amortizing the principal of, or paying interest on mortgages, you must notify the HRSA Grants Management Contact listed on this Notice of Grant Award for assistance regarding Federal interest in the property within 60 days of the issue date of this award.
2. All HRSA grantees that receive discretionary funding issued under Section 330, Community Health Cluster Programs (H80), must ensure that all Federal funds used in support of this project adhere to the applicable cost principles identifiable to your type of organization (i.e., OMB Circular A-122, Cost Principles for Non-Profit Organizations and OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments). Special attention is called to Sections 11 and 15 within Attachment B of both OMB Circulars A-122 and A-87, regarding the cost treatment of depreciation and equipment and other capital expenditures.
Be advised if Federal funds from this grant are used to pay for equipment, which meets the Federal equipment definition as defined in Title 45 CFR Parts 74.2 and 92.3 as appropriate, and in the applicable cost principles, your organization will be required to provide a list of the equipment item(s) that are to be purchased and the cost per item. This information MUST be submitted to the Division of Grants Management Operations (DGMO) within 30 days of receipt of this Notice of Grant Award (NGA). If we do not receive this information, our records and your subsequent annual award will reflect that only non-Federal resources were used to support these costs. Should you have any concerns regarding the allowability of Federal costs please contact DGMO prior to expending funds on any questionable items.
3. Program income (item 15(d)) - Non-grant funds (State, local, and other operational funding and fees, premiums, and third-party reimbursements which the project may reasonably be expected to receive, including any such funds in excess of those originally expected), shall be used as permitted under the law and may be used for such other purposes as are not specifically prohibited under the law if such use further the objectives of the project.
4. An independent annual financial audit of any books, accounts, financial records, files, and other papers and property which relate to the disposition or use of the funds received under this grant and such other funds received by or allocated to the project for which such grant was made is required by the authorizing legislation. The due date for all audits is within 30 days of receipt of the audit from the auditor or within 9 months of the end of the corporate fiscal year, whichever is earlier. OMB Circular A-133 requires that an A-133 audit (total Federal funds expended in the corporate fiscal year must be \$500,000 or more) must be conducted for the entity named in block 9 of this Notice of Grant Award and that a copy of the audit must be sent to the Federal Audit Clearinghouse designated by OMB (Federal Audit Clearinghouse Bureau of the Census, 1201 East 10th Street Jefferson, IN 47132, PHONE: (310) 457-1551, (800)253-0696 (toll free), email: <http://harvester.census.gov/sac/facconta.htm>.
In addition, section 330(q) of the Public Health Service Act also requires that entities funded under section 330 be audited. For this reason, a copy of the A-133 audit must also be submitted to the HRSA through the electronic handbooks. The A-133 audit reporting package submitted to HRSA must include:
Evidence that the audit included a review and opinion on the compliance standards for the Health Centers program (CFDA 93.224) contained in the applicable A-133 Compliance Supplement. If not required by OMB Circular A-133 (Total Expenditure of Federal funds is less than \$500,000), per section 330(g) of the Public Health Service Act, the audit, must be completed in accordance with generally accepted accounting principles and must evaluate:
 - A. The entity's implementation of cost accounting requirements,
 - B. The processes used by the entity to meet the financial and program reporting requirements; and,
 - C. The billing and collection procedures of the entity and the relation of the procedures to its fee schedule and schedule of discounts and to the availability of health insurance and public programs to pay for the health services it provides.
 - D. The audit must include the Auditor's report (including the auditor opinion, financial statements, auditor's notes and required communication from the auditor. In addition, the audit must include any management letters issued by the auditor. The non-A133 audit must be submitted to the HRSA through the electronic handbooks.
5. If your organization purchases or reimburses for outpatient drugs, an assessment must be made to determine whether the organization drug

acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (See 42 CFR Part 50, Subpart E, and OMB Circulars A-122 and A-87 regarding cost principles). If your organization is eligible to be a covered entity under Section 340B of the Public Health Service Act and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in section 340B), failure to participate may result in a negative audit finding, cost disallowance or grant funding offset.

6. Uniform Data System (UDS) report is due in accordance with specific instructions from the Program Office.
7. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).

Standard Term(s)

1. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
2. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
3. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
4. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Grant Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval. For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]



5. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at www.DPM.PSC.GOV.
6. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Https@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
7. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>
8. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.
9. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Grant Award to obtain a copy of the Term.

Reporting Requirement(s)

Due dates and explanations for required reports

1. Due Date: 07/30/2012

The grantee must submit a Federal Financial Report (FFR) no later than July 30, 2012. The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NGA Email Address(es):



NOTICE OF GRANT AWARD (Continuation Sheet)

Date Issued: 3/6/2011 1:40:54 PM

Award Number: [REDACTED]

Name	Role	Email
[REDACTED]	[REDACTED]	[REDACTED]

Note: NGA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact [REDACTED] at:

Contact for HRSA
Program Officer

[REDACTED]
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: [REDACTED]
Phone: [REDACTED]

Division of Grants Management Operations:

For assistance on grant administration issues, please contact [REDACTED] at:

Contact for HRSA
Grants
Management
Specialist

[REDACTED]
5600 Fishers Ln
[REDACTED]
Rockville, MD, 20857-0001
Email: [REDACTED]
Phone: [REDACTED]
Fax: [REDACTED]



THANK YOU

Program Officer (PO)

- Develops program guidelines
- Monitors adherence to programmatic objectives
- Evaluates programmatic performance (i.e. progress reports, site visits, etc)



Funding Opportunity Announcement

- States the legislative authority for the funding opportunity
- Describes terms of grant and allowed activities
- Explains reporting requirements
- Provides links to important resources



HRSA.gov

- Updates and resources are available online
 - <http://bhpr.hrsa.gov/index.html>



Electronic Handbooks (EHBs)

- What is HRSA EHBs?
- <http://www.hrsa.gov/grants/manage/workshop.html>
- Project Director contact information must be up to date
- Designate a substitute



QUESTIONS?



HRSA Introduction

Anthony Anyanwu

Program Officer

Residency Training in Primary Care
Primary Care Medical Education Branch



Residency Training in Primary Care

- Purpose

To support residency training programs in family medicine, general internal medicine, and general pediatrics, including combined internal medicine and pediatrics (“med-peds”).



THANK YOU



HRSA Introduction

Sylvia Joice, DrPH

Program Officer

Faculty Development Training in
Primary Care Program

Primary Care Medical Education Branch



Faculty Development Training in Primary Care Program

- Purpose

To support physician faculty development programs in family medicine, general internal medicine, and general pediatrics, including combined internal medicine and pediatrics (“med-peds”).



GRANTEE HIGHLIGHT



THANK YOU



HRSA Introduction

Bobbie Strickland, CHES

Program Officer

Primary Care Residency Expansion
Program

Primary Care Medical Education Branch



Primary Care Residency Expansion Program

- Purpose

Increase the number of physicians trained in family medicine, general internal medicine, and general pediatrics



GRANTEE HIGHLIGHT



THANK YOU



QUESTIONS?

Future Quarterly Webinars

- What would you like to gain from these sessions?





Contact Information

Anthony Anyanwu

Program Officer

Residency Training Program in Primary
Care

Aanyanwu@hrsa.gov

410-443-8437



Contact Information

LT Cindy Eugene, MSA

Program Officer

Primary Care Residency Expansion

Ceugene@hrsa.gov

301-443-3870



Contact Information

Sylvia Joice, DrPH

Program Officer

Faculty Development Training in
Primary Care Program

Sjoyce@hrsa.gov

410-443-1084



THANK YOU!