U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Primary Health Care
Health Center Program

Health Center Controlled Networks

Funding Opportunity Number: HRSA-19-011
Funding Opportunity Type(s): Competing Continuation and New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.527

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date in Grants.gov: January 3, 2019
Supplemental Information Due Date in HRSA EHB: January 29, 2019

MODIFIED on December 3, 2018 to change how Attachment 2 is counted toward the page limit.

Ensure your SAM and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov, Grants.gov and EHB,
may take up to 1 month to complete.

Issuance Date: October 26, 2018

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Authority: Section 330(e)(1)(C) of the Public Health Service Act, as amended (42 U.S.C. 254b(e)(1)(C), as amended)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 Health Center Controlled Networks (HCCNs). The purpose of this funding opportunity is to support health centers to leverage health IT to increase their participation in value-based care. HCCNs will accomplish this purpose by supporting health centers to:

- Enhance the patient and provider experience,
- Advance interoperability, and
- Use data to enhance value.

Funding Opportunity Title:	FY 2019 Health Center Controlled Networks
Funding Opportunity Number:	HRSA-19-011
Due Date for Applications – **Grants.gov**:	January 3, 2019 (11:59 p.m. ET)
Due Date for Supplemental Information – **HRSA EHB**:	January 29, 2019 (5 p.m. ET)
Anticipated Total Annual Available FY 2019 Funding:	$42,000,000
Estimated Number and Type of Awards:	Approximately 50 grants
Estimated Award Amount:	Varies dependent on the proposed number of participating health centers (PHCs) within the Health Center Controlled Network
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2019 through July 31, 2022 (up to 3 years)
Eligible Applicants:	Organization must be either: • A network that is at least majority controlled and, as applicable, at least majority owned by Health Center Program award recipients; or • An individual Health Center Program award recipient, funded for at least the two consecutive preceding years, applying on behalf of an HCCN. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

Application resources, as well as form samples and a frequently asked questions document, are available at the HCCN Technical Assistance website. HRSA will provide a technical assistance webinar. Webinar details will be posted to the HCCN Technical Assistance website consistent with standard practice.

Refer to "How to Apply for a Grant", available at http://www.hrsa.gov/grants/apply, for general (i.e., not HCCN specific) videos and slides on a variety of application and submission components.

The HRSA Primary Health Care Digest is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including competitive funding opportunities. Organizations interested in seeking funding to support the Health Center Program are encouraged to have several staff subscribe at https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHHSHRSA_118.

Summary of Changes since the FY 2016 HCCN Funding Opportunity

- Increase in total funding from $36 million to $42 million.
- Alignment with HHS priorities, including value-based care, and the evolution of the health IT landscape.
- Streamlined work plan format, allowing impact to be measured with reduced reporting burden.
- Applicants may request funding commensurate with a greater number of participating health centers (see Table 1).

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding for the Fiscal Year (FY) 2019 Health Center Controlled Networks (HCCNs). For purposes of this funding opportunity, HCCNs are groups of health centers[1] working together to use health information technology (health IT) to improve operational and clinical practices.

The purpose of this funding opportunity is to support health centers to leverage health IT to increase their participation in value-based care through:

- Enhancing the patient and provider experiences;
- Advancing interoperability; and
- Using data to enhance value.

See Appendix A: Goals and Objectives for details.

2. Background

This program is authorized by Section 330(e)(1)(C) of the Public Health Service Act, as amended (42 U.S.C. 254b(e)(1)(C), as amended).

HCCNs are networks of health centers working together to leverage health IT to improve access to care, enhance quality of care, and achieve cost efficiencies through the redesign of practices to integrate services and optimize patient outcomes. HCCNs are critical for facilitating value-based care delivery to optimize innovation, collaboration, impact, and effectiveness.

HCCNs are uniquely positioned to help health centers improve quality of care and patient safety by strengthening health IT infrastructure to achieve cost savings, operational efficiencies, and improve care coordination. They are able to provide specialized training and technical assistance to leverage economies of scale, such as:

- Group purchasing power
- Shared resources and training
- Data analytics to support quality measurement and improvement

HCCNs increase their efforts by working in collaboration with State and Regional Primary Care Associations (PCAs) and HRSA's Health IT National Cooperative Agreement (NCA) award recipient, as well as other NCAs, as appropriate. HCCNs have played a key role in improving health center electronic health record (EHR)

[1] For the purposes of this document, the term "health center" encompasses Health Center Program award recipients funded under the following subsections: section 330 (subsection (e), (g), (h), and/or (i)), as well as organizations with look-alike designation. Look-alikes (LALs) meet all Health Center Program statutory, regulatory, and policy requirements but do not receive funding under section 330 of the Public Health Service Act. For more information on LALs, see https://bphc.hrsa.gov/programopportunities/lookalike/index.html.

adoption, shifting the rate of adoption at all or some sites from 74 percent to 99 percent.[2] Recent HCCN efforts have helped health centers implement integrated care models and utilize health IT for patient engagement. Specifically, participating health centers (PHCs) are 27 percent more likely to have Patient-Centered Medical Home (PCMH) recognition and 20 percent more likely to use health IT for patient engagement than health centers that are not working with HCCNs.

Health IT can be instrumental to achieving value-based care transformation, which provides benefits including greater patient empowerment, transparency between patients and providers, and increased value and quality. In order to move towards value-based care delivery, health centers must advance data sharing and analytics capacity and develop population health management tools. HCCNs will support health centers to improve the patient and provider experience, advance interoperability, and improve data use.

Funding Requirements

Your application must document an understanding of the PHCs' needs to enhance the patient and provider experience, advance interoperability, and use data to enhance value. A comprehensive plan to meet the identified needs, which includes engagement of each PHC in all network activities, must be submitted.

You must demonstrate the following requirements in a successful application:

- Demonstrate written commitment of participation by at least 10 PHCs.
- A minimum of 51 percent of PHCs must be Health Center Program award recipients (e.g., if 10 PHCs are proposed, at least 6 must be Health Center Program award recipients and the remaining 4 may be look-alikes).
- You cannot require PHCs to become network members or pay to receive the services provided through this award.
- If the applicant is a Health Center Program award recipient, the applicant may elect to be a PHC, and will count towards the minimum of ten required PHCs.
- A health center may be a PHC of only one HCCN. A single health center with multiple sites counts as one PHC, and all sites of a PHC must participate in HCCN activities.
- Develop an individualized work plan with each PHC within 90 days of award.
- Support the use and enhancement of Office of the National Coordinator for Health Information Technology (ONC)-certified EHR systems.
- Support the use of national standards as specified in the ONC Interoperability Standards Advisory.[3]

HCCNs must inform HRSA of changes to the number of PHCs as instructed by the notice of award (NoA). HCCN award amounts will not be adjusted for PHCs added during the project period. If an HCCN maintains fewer than 10 PHCs for a period of longer than 90 days, HRSA may reduce or discontinue HCCN funding.

[2] Uniform Data System Data and Resources available at https://bphc.hrsa.gov/datareporting/index.html.
[3] For more information, see https://www.healthit.gov/isa.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $42,000,000 to be available annually to fund approximately 50 recipients. You may apply for a ceiling amount of up to the Maximum Annual Award amount listed in Table 1 below, based on your number of PHCs. The actual amount available will not be determined until enactment of federal appropriations for FY 2019. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner.

The project period is projected to be August 1, 2019 through July 31, 2022. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. If an HCCN maintains fewer PHCs than required for a given funding tier for a period of longer than 90 days, HRSA may reduce funding in accordance with the funding tiers in Table 1, or may reduce or discontinue funding if the number of PHCs drops below 10 for a period of longer than 90 days.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at 45 CFR part 75.

Table 1: Maximum Annual Awards

Number of PHCs	Maximum Annual Award
<10	Not eligible for funding
10-14	$500,000
15-19	$625,000
20-24	$750,000
25-29	$875,000
30-34	$1,000,000
35-39	$1,125,000
40-44	$1,250,000
45-49	$1,375,000
50-54	$1,500,000
55-59	$1,625,000
60-64	$1,750,000
65-69	$1,875,000
70-74	$2,000,000
75-79	$2,125,000

Number of PHCs	Maximum Annual Award
80-84	$2,250,000
85-89	$2,375,000
90-94	$2,500,000
95-99*	$2,625,000

*HCCNs may apply for an additional $125,000 for each 5 additional PHCs after 99.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private nonprofit entities, as demonstrated through Attachment 1: Proof of Public of Non-Profit Status. Domestic faith-based and community-based organizations, Tribes, and tribal organizations are also eligible to apply.

Applicants must be one of the following (see Section 330(e)(1)(C) of the Public Health Service Act (42 U.S.C. 254b(e)(1)(C), as amended):

- A network (referred to as an HCCN) that is at least majority controlled and, as applicable, at least majority owned by Health Center Program award recipients (i.e., the majority of the governing board members are Health Center Program award recipients); or
- A current Health Center Program award recipient, funded for at least the 2 consecutive preceding years, applying on behalf of an HCCN.

The HCCN must: (1) be at least majority controlled and, as applicable, at least majority owned by Health Center Program award recipients, and (2) have its own governing board, independent of the boards of its health center members.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applicants must demonstrate commitment of a minimum of 10 unique PHCs through submission of CEO signatures in Attachment 2: PHC Memorandum of Agreement. The majority of the PHCs must be Health Center Program award recipients. Applications that do not demonstrate these requirements will be considered incomplete or non-responsive and will not be considered for funding under this notice.

HRSA will consider any application that exceeds the ceiling amount available for the proposed number of PHCs (see Table 1) as non-responsive and will not consider it for funding under this notice.

Applications that do not include all documents indicated as “required for completeness” in Section IV.2 will be considered incomplete or non-responsive and will not be considered for funding under this notice. This includes the following:

- Project Narrative
- Attachment 1: Proof of Public or Non-Profit Status (not required for health center program award recipient applicants)
- Attachment 2: PHC Memorandum of Agreement
- Attachment 9: Network Bylaws

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your first validated electronic submission in Grants.gov. Applications submitted after the first submission will be marked as duplicates and considered ineligible for review. If you wish to change information submitted in a Grants.gov application, you may do so in the HRSA Electronic Handbooks (EHB) application phase.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically through Grants.gov and HRSA EHB. You must use a two-phase submission process associated with this NOFO and follow the directions provided at http://www.grants.gov/applicants/apply-for-grants.html and the HRSA EHB.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of January 3, 2019 at 11:59 p.m. Eastern Time; **and**

- **Phase 2 – HRSA EHB** – Supplemental information must be submitted via HRSA EHB with a due date of January 29, 2019 at 5 p.m. Eastern Time.

Only applicants who successfully submit the workspace application package associated with this NOFO in Grants.Gov (Phase 1) by the due date may submit the additional required information in HRSA EHB (Phase 2).

The NOFO is also known as "Instructions" on Grants.gov. If you provide your email address when reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Application Format Requirements

Section 5 of HRSA's *SF-424 Two-Tier Application Guide* provides instructions for the budget, budget narrative, staffing plan, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

The following application components must be submitted in Grants.gov:

- Application for Federal Assistance (SF-424)
- Project Abstract (attached under box 15 of the SF-424)
- Assurances for Non-Construction Programs (SF-424B)
- Project/Performance Site Locations (list only your administrative site address)
- Grants.gov Lobbying Form
- Key Contacts

The following application components must be submitted in HRSA EHB:

- Project Narrative
- Budget Information – Non-Construction Programs (SF-424A)
- Budget Narrative
- Program-Specific Forms
- Attachments

See Section 9.5 of the *SF-424 Two-Tier Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. Additionally, for Attachment 2: PHC Memorandum of Agreement (MOA), while the body of the MOU is included in the page limit, only the first signature page is counted. In other words, all signature pages following the first one do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, validated by Grants.gov, and submitted under the correct funding opportunity number prior to the Grants.gov and HRSA EHB deadlines to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment,

declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 11: Other Relevant Documents.

See Section 5.1 viii of HRSA's *SF-424 Two-Tier Application Guide* for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Sections 4 and 5 of HRSA's *SF-424 Two-Tier Application Guide* (including the budget, budget narrative, staffing plan, assurances, certifications, and abstract), include the following:

Application for Federal Assistance SF-424

See Section 3.2 of HRSA's *SF-424 Two-Tier Application Guide*. Further information for key fields is provided below.

- *Box 2: Type of Applicant:* Incorrect selection may delay HRSA EHB access.
  - Continuation – Current HCCN award recipient applying to continue serving as an HCCN. Include your H2Q grant number found in box 4 from your NOA.
  - New – Organization not currently funded by HRSA as an HCCN.
- *Box 5a: Federal Entity Identifier:* Leave blank.
- *Box 5b: Federal Award Identifier:* 10-digit HCCN award recipient number starting with H2Q, if applicable.
- *Box 14: Areas Affected by Project:* Leave blank.
- *Box 15: Descriptive Title of Applicant's Project:* Type the title of the NOFO (Health Center Controlled Networks) and upload the project abstract. See instructions below.
- *Box 17: Proposed Project Start Date and End Date:* August 1, 2019 and July 31, 2022.
- *Box 18: Estimated Funding:* Provide FY 2019 information only.

i. *Project Abstract*

See Section 5.1.ix. of HRSA's *SF-424 Two-Tier Application Guide.*

In addition:

- Indicate if you are a Health Center Program award recipient or an HCCN and provide your H80 or H2Q grant number, if applicable.
- Provide the number of PHCs (distinguishing between Health Center Program award recipients and look-alikes) and total PHC sites.

ii. *Project Narrative (Required for completeness)*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

Use the following section headers for the narrative: Need, Response, Collaboration, Evaluative Measures, Resources/Capabilities, Governance, and Support Requested.

The Project Narrative must:

- Address the specific Project Narrative elements below, with the requested information appearing under the appropriate Project Narrative section header or the designated forms and attachments.
- Reference attachments and forms as needed. Referenced items must be part of the HRSA EHB submission.
- Address the three required goals (enhance the patient and provider experience, advance interoperability, and use data to enhance value) and the objectives under each goal (see Appendix A: Goals and Objectives).

NEED *-- Corresponds to Section V.1 Review Criterion 1: NEED*

Information provided on need must serve as the basis for, and align with, the goals, objectives, and proposed activities described throughout the application and in the Project Work Plan.

1. Identify and discuss the PHCs' key health IT needs, specifically addressing needs related to each of the required goals and objectives for the upcoming 3-year project period (see Appendix A: Goals and Objectives for details). Describe and address needs related to:

    - Patient and provider experiences (i.e., patient engagement and access to health information, provider burnout);
    - Advancing interoperability (i.e., data protection, integration, and exchange); and
    - Using data to enhance value (i.e., data analytics, social risk factor tracking and intervention, emerging issues).

2. Describe anticipated barriers to meeting the health IT and data needs of the PHCs.

3. Describe how over the 3-year project period you will periodically (at a minimum, annually) assess the needs of the PHCs to ensure you are responsive to member needs.

RESPONSE *– Corresponds to Section V.1 Review Criterion 2: RESPONSE*

1. Complete a detailed Project Work Plan electronically in EHB (see Appendix C: Project Work Plan Instructions) that addresses all goals and objectives (see Appendix A: Goals and Objectives). The Project Work Plan must:

a) Provide realistic and achievable target percentages for the end of the 3-year project period for each objective listed in Appendix A: Goals and Objectives.
b) Outline 2-3 activities under each objective to be completed during the first year to ensure attainment of the 3-year targets. See detailed instructions in Appendix C: Project Work Plan Instructions and examples activities in Appendix D: Example Activities.
c) Clearly link to the identified PHCs' health IT needs and predicted barriers.
d) Include an applicant choice objective that responds to identified emerging issues or needs (e.g., addressing substance use disorder, utilizing telemedicine[4] to improve access, participating in precision medicine initiatives).

2. Provide a timeline for the subsequent 2 years of the 3-year project period, accompanied by narrative, as appropriate, that outlines how subsequent year activities will build upon those activities detailed in the Project Work Plan to achieve the 3-year target for each objective.

3. Briefly outline your approach to ensuring that within 90 days of award, an individualized work plan will be developed with each PHC.

4. Describe how proposed activities will be modified throughout the 3-year project period based on the periodic (at a minimum annual) needs assessment.

COLLABORATION – *Corresponds to Section V.1 Review Criterion 3: COLLABORATION*

1. Document that at least 10 unique health centers are committed to participating in the project, by:
    - Submitting a Memorandum of Agreement, as instructed in Attachment 2: Memorandum of Agreement.
    - Completing the Participating Health Center List in HRSA EHB.

2. Describe a plan to engage each PHC in all proposed activities throughout the 3-year project period.

3. Describe how you will work with the National Cooperative Agreement (NCA) for health IT (currently Health Information Technology Evaluation and Quality Center (HITEQ)) to support your organization in addressing PHC health IT needs and accomplishing program goals. Highlight your current relationship with HITEQ or, if you do not currently have a collaborative relationship with the NCA for health IT, outline plans to establish such a partnership.

4. Describe how you will work with partners to accomplish program goals by leveraging resources and avoiding duplication of effort. Partners must include at least one Primary Care Association (PCA). Additional partners may include other PCAs, NCAs, professional and community organizations, institutions of higher learning, and

[4] Telehealth can be an important tool for delivering services and resources to HRSA's target populations. HRSA encourages support for telehealth as a mechanism for health centers to meet their programmatic goals, as appropriate. Refer to https://www.hrsa.gov/rural-health/telehealth/index.html for telehealth information and resources.

academic medical centers. Submit Letters of Support from these organizations (and/or documentation of efforts made to obtain letters) in Attachment 8: Letters of Support.

EVALUATIVE MEASURES *– Corresponds to Section V.1 Review Criterion 4: EVALUATIVE MEASURES*

1. Describe a plan for a comprehensive evaluation, including how qualitative and quantitative data will be collected and used to monitor progress, measure outcomes, and improve activities.

2. Describe how performance feedback from the PHCs will be collected and responded to throughout the project period.

3. Describe plans to disseminate results, successful strategies, and lessons learned to PHCs, health centers, and other key stakeholders.

RESOURCES/CAPABILITIES *– Corresponds to Section V.1 Review Criterion 5: RESOURCES/CAPABILITIES*

1. Discuss your experience and expertise in:
   - Enhancing data reporting and analysis;
   - Participating in Health Information Exchange (HIE);
   - Improving patient engagement;
   - Consulting on quality improvement activities;
   - Enhancing interoperability;
   - Improving data protection, including privacy, security and cybersecurity; and
   - Using health IT to address emerging issues (e.g., telehealth to provide substance use disorder services).

2. Describe how the organizational structure and staffing plan presented in Attachment 3: Project Organizational Chart and Attachment 6: Staffing Plan, respectively, are appropriate for the proposed activities. Describe how staff will be recruited and retained.

3. Describe how the written agreements summarized in Attachment 7: Summary of Contracts and Agreements support the proposed activities.

4. Describe the financial management and control policies and procedures that will be used to safeguard and optimize the use of federal funds.

GOVERNANCE *– Corresponds to Section V.1 Review Criterion 6: GOVERNANCE*

1. Document that the HCCN is at least majority controlled and, as applicable, at least majority owned by Health Center Program award recipients. Reference Attachment 9: Network Bylaws, as appropriate.

2. Describe the HCCN's governance structure, including its independence from the boards of its health center members, and explain the governing board's role in

monitoring the project. Reference Attachment 3: Project Organizational Chart and Attachment 9: Network Bylaws, as appropriate.
3. Describe the role that the PHCs and other key stakeholders have in project oversight and network governance.

4. Demonstrate that the HCCN's governing board has policies and procedures appropriate to govern the organization. Reference Attachment 9: Network Bylaws, as appropriate.

SUPPORT REQUESTED – *Corresponds to Section V.1 Review Criterion 7: SUPPORT REQUESTED*

1. Provide a budget presentation (i.e., SF-424A and Budget Narrative) that is reasonable and aligns with the proposed Project Work Plan and staffing plan.

2. Describe how the proposed project is a cost-effective approach for meeting the health IT needs of the PHCs.

NARRATIVE GUIDANCE
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	Review Criteria
Need	(1) Need
Response	(2) Response
Collaboration	(3) Collaboration
Evaluative Measures	(4) Evaluative Measures
Resources/Capabilities	(5) Resources/Capabilities
Governance	(6) Governance
Support Requested	(7) Support Requested

iii. *Budget*
See Section 5.1.iv of HRSA's *SF-424 Two-Tier Application Guide*. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the award recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient.

In addition, the HCCN program requires the following:

Applications should include only budget information related to the activities to be supported under the proposed project. Do not report non-federal funding on the SF-424A.

iv. *Budget Narrative (Required for review)*
See Section 5.1.v. of HRSA's *SF-424 Two-Tier Application Guide*.

In addition, the HCCN program requires a detailed budget narrative for **each 12-month period** (budget year) of the 3-year project period. For subsequent budget years, the narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive changes during the project period. For a sample budget narrative, see the HCCN TA webpage at
http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html.

Be aware that Excel or other spreadsheet documents with multiple pages (sheets) may not print out in their entirety. Reviewers will only see information that is set in the "Print Area" of the document.

v. *Program-Specific Forms*

In EHB, you will complete two forms, the Participating Health Center List and the Project Work Plan. Please see Appendix B: Participating Health Center List Instructions and Appendix C: Project Work Plan Instructions for more information on how to complete these forms.

vi. *Attachments*

(Attachment 1, 2, and 9 are required for completeness)

Provide the following items in the order specified below. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **You must clearly label each attachment**.

Attachment 1: Proof of Public or Non-Profit Status - required for completeness
If you are **not** currently an H80 award recipient, demonstrate eligibility by providing official documentation of public, non-profit, or Tribal/Urban Indian status. This attachment does not count toward the page limit.

Nonprofit: A private, nonprofit organization must submit one of the following as evidence of its nonprofit status:

- A copy of your currently valid Internal Revenue Service (IRS) tax exemption letter/certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying that your organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

- A certified copy of your organization’s certificate of incorporation or similar document (e.g., Articles of Incorporation) showing the state or tribal seal that clearly establishes the nonprofit status of the organization.
- Any of the above documentation for a state or local office of a national parent organization, and a statement signed by the parent organization that your organization is a local nonprofit affiliate.

Public Agency Organization: A public agency applicant must provide documentation demonstrating that the organization qualifies as a public agency (e.g., state or local health department) by submitting one of the following:

- A current dated letter affirming the organization’s status as a state, territorial, county, city, or municipal government; a health department organized at the state, territory, county, city, or municipal level; or a subdivision or municipality of a United States (U.S.) affiliated sovereign State (e.g., Republic of Palau).
- A copy of the law that created the organization and that grants one or more sovereign powers (e.g., the power to tax, eminent domain, police power) to the organization (e.g., a public hospital district).
- A ruling from the State Attorney General affirming the legal status of an entity as either a political subdivision or instrumentality of the state (e.g., a public university).
- A “letter ruling” which provides a positive written determination by the Internal Revenue Service of the organization’s exempt status as an instrumentality under Internal Revenue Code section 115.

Tribal or Urban Indian Organizations, as defined under the Indian Self-Determination Act or the Indian Health Care Improvement Act, must provide documentation of such status.

Attachment 2: PHC Memorandum of Agreement (MOA) – required for completeness

Upload an MOA specifying how the HCCN and the PHCs will share responsibilities to achieve the project goals.

Important PHC considerations:

- You may not require PHCs to become network members or pay to receive the services provided through this award.
- A health center may not serve as a PHC for more than one HCCN, and the majority of PHCs within an HCCN must be Health Center Program award recipients.
- If the applicant is a Health Center Program award recipient applying on behalf of an HCCN, the applicant organization may be a PHC.

The MOA must include the following:

- An effective date range to cover the expected project period of the award, August 1, 2019 to July 31, 2022.
- The PHCs’ commitment for the entire 3-year project period, subject to the funding of the application.

- The PHCs' commitment to address all of the goals and objectives (see Appendix B) and to designate a "champion" who will be dedicated to implementing the project in the health center.
- Responsibilities of the applicant and a summary of the expected actions to be taken to address the particular needs of the PHCs.
- The HCCN's commitment to develop individualized work plans for each PHC within 90 days of award.
- Certification by the PHC that participation in the project will not result in the reduction of the amount or quality of health services currently provided to PHC patients.

To demonstrate commitment to participating in the HCCN activities, the MOA must include a signature page with the following for each PHC:

- PHC organization name
- Health Center Program award number (H80) or LAL number
- Number of sites[5]
- Printed name AND signature of both the appropriate applicant organization representative and the PHC's Chief Executive Officer (CEO)

Applications submitted with incomplete or missing signature pages in Attachment 2 will be considered incomplete or non-responsive and will not be considered for funding under this notice. To limit application page number impact, you may present multiple PHCs on a single page, and only the first signature page will count against the page limit. For example:

PHC Name Grant/LAL number Number of sites CEO name CEO signature	PHC Name Grant/LAL number Number of sites CEO name CEO signature
PHC Name Grant/LAL number Number of sites CEO name CEO signature	PHC Name Grant/LAL number Number of sites CEO name CEO signature

Attachment 3: Project Organizational Chart

Upload a one-page document that graphically depicts the HCCN's organizational structure, network governing board, key personnel, staffing, and any sub-recipients or affiliated organizations.

Attachment 4: Position Descriptions for Key Project Staff

Upload position descriptions for key project personnel, which may include, but are not limited to, Project Coordinator, Quality Improvement Team Lead, Chief Executive Officer (CEO), Chief Financial Officer (CFO), and Chief Information

[5] All service sites included in a PHC's scope of project must participate in HCCN activities. Please refer to the Health Center Program Compliance Manual for a definition of service site: https://bphc.hrsa.gov/programrequirements/pdf/healthcentercompliancemanual.pdf.

Officer (CIO). Indicate if key management positions are combined and/or part time (e.g., CFO and CIO roles are shared). Each position description should be limited to one page and must include, at a minimum, the position title; description of duties and responsibilities; position qualifications; supervisory relationships; salary range; and work hours.

Attachment 5: Biographical Sketches for Key Project Staff

Upload biographical sketches for key project personnel identified in Attachment 4: Position Descriptions for Key Project Staff. Biographical sketches should not exceed one page each. In the event that an identified individual is not yet hired, include a letter of commitment, if available, from that person with the biographical sketch.

Attachment 6: Staffing Plan

Upload a table that identifies and justifies all personnel required to execute the project, including the amount of time requested. For each position, the table must include:

- Position Title (e.g., Chief Executive Officer)
- Staff Name (If the individual is not yet identified for this position, indicate "To Be Determined".)
- Education/Experience Qualifications
- General Grant Project Responsibilities (Note: Additional information must be submitted for key personnel in Attachment 4: Position Descriptions for Key Project Staff and Attachment 5: Biographical Sketches for Key Project Staff)
- Annual Salary
- Percentage of Full Time Equivalent (FTE) dedicated to the HCCN grant project

Attachment 7: Summary of Contracts and Agreements, as applicable

Upload a brief summary describing all current or proposed contracts and agreements that will support the proposed project. Only include a contract or agreement with a PHC if: 1) the organization will support the HCCN project in a capacity beyond its role as a PHC, and 2) the proposed activities are not included in the PHC Memorandum of Agreement (Attachment 2: PHC Memorandum of Agreement). The summary must address the following items for each contract or agreement:

- Name and contact information for each affiliate
- Type of contract or agreement (e.g., contract, affiliation agreement)
- Brief description of the purpose and scope of each contract or agreement (i.e., type of services provided, how/where services are provided)
- Timeframe for each contract or agreement.

Attachment 8: Letters of Support

Upload current dated letters of support addressed to the appropriate organization contact (e.g., board, CEO) to document specific commitment to the proposed project. Letters of support must, at a minimum, include the organizations referenced in the Collaboration section, Item 3. If letters cannot be obtained from

relevant organizations, include documentation of efforts made to obtain the letters along with an explanation for why such letters could not be obtained.

Attachment 9: Network Bylaws - required for completeness
Upload the HCCN's most recent bylaws that demonstrate that the HCCN is majority controlled by Health Center Program award recipients and independent from the boards of its health center members. Bylaws must be signed and dated by the appropriate individual indicating review and approval by the governing board.

Attachment 10: Indirect Cost Rate Agreement (as applicable)
If indirect costs are requested, provide your Indirect Cost Rate Agreement.

Attachments 11 - 12: Other Documents (as applicable)
Include other relevant documents to support the proposed project plan (e.g., survey instruments, needs assessment reports). These attachments **will** count against the 80-page limit.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov/portal/SAM/##11)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Two-Tier Application Guide*.

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process

changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO in Grants.gov (Phase 1) is *January 3, 2019 at 11:59 p.m. Eastern Time*. The due date to complete all other required information in HRSA EHB (Phase 2) is *January 29, 2019 at 5 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadlines** to allow for any unforeseen circumstances.

See Section 9.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

5. Intergovernmental Review

The HCCN program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 5.1.ii of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than the Maximum Annual Award amount listed in Table 1, based on your number of PHCs. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The HHS Grants Policy Statement (HHS GPS) includes information about allowable expenses. Additionally, you cannot use funds under this notice for the following purposes:

- Equipment, supplies, or staffing for use at the health center level or any other individual health center operational costs
- Direct patient care
- Fundraising
- Incentives (e.g., gift cards, food)
- Construction/renovation costs
- Facility or land purchases
- Vehicle purchases

Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all funds awarded under this notice and is consistent with past practice and long-standing requirements applicable to awards to health centers.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific details and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. This NOFO has seven review criteria:

Review Criterion 1: NEED (15 Points) – Corresponds to Section IV.2.ii NEED

Information provided on need should serve as the basis for, and align with, the proposed goals, objectives, and activities described throughout the application and in the Project Work Plan.

1. The extent to which the application identifies and discusses the PHCs' key health IT needs, specifically addressing needs related to each of the required goals and objectives for the upcoming 3-year project period (see Appendix A: Goals and Objectives for details), including the following areas:
    - Patient and provider experiences (i.e., patient engagement and access to health information, provider burnout),
    - Advancing interoperability (i.e., data protection, integration, and exchange), and
    - Using data to enhance value (i.e., data analytics, social risk factor tracking and intervention, emerging issues).

2. The extent to which the application describes barriers to meeting the health IT and data needs of the PHCs.

3. The quality of the plan over the 3-year project period to periodically (at least annually) conduct a needs assessment of the PHCs to ensure the applicant is responsive to member needs.

Review Criterion 2: RESPONSE (20 Points) – Corresponds to Section IV.2.ii RESPONSE

1. The extent to which the application provides a comprehensive Project Work Plan as instructed in Appendix C: Project Work Plan Instructions, that addresses all goals and objectives and includes the following components:
   - Realistic and achievable target percentages for the end of the 3-year project period for each objective listed in Appendix A: Goals and Objectives.
   - Appropriate activities to be completed during the first year to ensure attainment of the 3-year targets.
   - Clear linkages to the identified PHCs' health IT needs and predicted barriers.
   - An applicant choice objective that responds to identified emerging issues or needs.

2. The extent to which a timeline, accompanied by narrative as appropriate, outlines how the activities in the subsequent 2 years build upon those activities detailed in the Project Work Plan to achieve the 3-year target for each objective.

3. The strength and clarity of an outlined approach to ensure that within 90 days of award, an individualized work plan will be developed with each PHC.

4. The strength of a proposal to modify activities throughout the 3-year project period based on the periodic (at least annual) needs assessment.

Review Criterion 3: COLLABORATION (15 points) – Corresponds to Section IV.2.ii COLLABORATION

1. The extent to which the Memorandum of Agreement with each PHC, submitted as Attachment 2: PHC Memorandum of Agreement demonstrates at least 10 health centers are committed to participating in the project, and is consistent with the PHC List submitted in EHB.

2. The strength of the description of a plan to engage each PHC in their network in all proposed activities throughout the 3-year project period.

3. The extent to which the applicant:
   - Describes how they will work with the NCA for health IT, including a description of the current relationship or plans for establishing one,
   - Describes how they will work with partners that include at least one PCA to leverage resources and avoid duplication of effort while accomplishing program goals, and
   - Describes and documents through current dated letters of support in Attachment 8: Letters of Support the specific commitment to the proposed project of the organizations referenced in the Collaboration section, Item 4. If letter(s) are not

included, how well the applicant documents efforts made to obtain the required letter(s).

Review Criterion 4: EVALUATIVE MEASURES (15 Points) – Corresponds to Section IV.2.ii EVALUATIVE MEASURES

1. The strength of the comprehensive evaluation plan, including an explanation of how qualitative and quantitative data will be collected and used to monitor progress, measure outcomes, and improve activities.

2. The extent to which the applicant describes how they will collect and respond to performance feedback from the PHCs throughout the project period.

3. The strength of the plan to disseminate results, successful strategies, and lessons learned to PHCs, health centers, and other key stakeholders.

Review Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV.2.ii RESOURCES/CAPABILITIES

1. The strength of the applicant's documented experience and expertise in the following areas:
   - Enhancing data reporting and analysis;
   - Use of Health Information Exchange (HIE);
   - Improving patient engagement;
   - Consulting on quality improvement activities;
   - Enhancing interoperability;
   - Improving data protection, including privacy, security and cybersecurity and;
   - Using health IT to address emerging issues (e.g., telehealth to provide substance use disorder services).

2. The extent to which the organizational structure and staffing plan presented in Attachment 3: Project Organizational Chart and Attachment 6: Staffing Plan, are appropriate for the proposed activities and the narrative includes clear staff recruitment and retention strategies.

3. The extent to which the applicant describes how written agreements included in Attachment 7: Summary of Contracts and Agreements will support the proposed activities.

4. The strength of the financial management and control policies and procedures that will be used to safeguard and optimize the use of federal funds.

Review Criterion 6: GOVERNANCE (10 points) – Corresponds to Section IV.2.ii GOVERNANCE

1. Documentation is provided that demonstrates that the HCCN is at least majority controlled by, and as applicable, at least majority owned by Health Center Program award recipients. See also Attachment 9: Network Bylaws.

2. The extent to which the application presents an appropriate governance structure, ensuring that it is independent from the boards of its health center members, and describes the governing board's role in monitoring the project. See also Attachment 3: Project Organizational Chart and Attachment 9: Network Bylaws.

3. The extent to which the applicant describes the PHCs' and other key stakeholders' role in project oversight and the HCCN's governance.

4. The extent to which the applicant demonstrates that the HCCN's governing board policies and procedures are appropriate to govern the organization. Also reference Attachment 9: Network Bylaws.

Review Criterion 7: SUPPORT REQUESTED (5 points) – Corresponds to Section IV.2.ii SUPPORT REQUESTED

1. The extent to which the budget presentation (i.e., SF-424A and Budget Narrative) is complete, reasonable, and supports the proposed Project Work Plan and staffing plan.

2. The extent to which the applicant describes how the proposed project is a cost-effective approach for meeting the health IT needs of the PHCs.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See section 6.3 of HRSA's *SF-424 Two-Tier Application Guide* for more details.

This NOFO does not have any funding priorities, preferences, or special considerations.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will

determine whether HRSA can make an award if special conditions are required, and what level of funding is appropriate. HRSA may conduct onsite visits and/or use the current compliance status to inform final funding decisions.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of August 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the NoA prior to the start date of August 1, 2019. See Section 6.4 of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Two-Tier Application Guide*.

Requirements of Subawards

The terms and conditions in the NoA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NoA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

3. Reporting

Award recipients must comply with Section 7 of HRSA's *SF-424 Two-Tier Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit an annual non-competing continuation progress report, which triggers the budget period renewal and release of the subsequent year of funding.

2) **Integrity and Performance Reporting**. The NoA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

3) **Final Project Report**. The recipient must submit a final report at the end of the 3-year project period.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Christie Walker
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7742
Email: cwalker@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Michelle Moses-Eisenstein
Public Health Analyst, Office of Policy and Program Development
Bureau of Primary Health Care
Health Resources and Services Administration
Telephone: (301) 443-0746
Contact: https://www.hrsa.gov/about/contact/bphc.aspx
HCCN Technical Assistance website

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/

You may need assistance when working online to submit the remainder of your information electronically through HRSA EHB. Always obtain a case number when calling for support. For assistance with submitting the remaining information in HRSA EHB, contact Health Center Program Support, Monday-Friday, 8:30 a.m. to 5:30 p.m. ET:

Telephone: 1-877-464-4772
Web: https://www.hrsa.gov/about/contact/bphc.aspx

VIII. Other Information

Technical Assistance Webpage

A technical assistance website has been established to provide you with copies of forms, FAQs, and other resources that will help you submit a competitive application. To review available resources, visit the HCCN Technical Assistance website.

HRSA Primary Health Care Digest

The HRSA Primary Health Care Digest is a weekly email newsletter containing information and updates, including release and reminders of all competitive funding opportunities. You are encouraged to subscribe several staff.

Tips for Writing a Strong Application

See Section 5.7 of HRSA's *SF-424 Two-Tier Application Guide*.

Appendix A: Goals and Objectives

Goal A: Enhance the patient and provider experience	
Objective A1: Patient Access	Increase the percentage of PHCs using health IT to facilitate patients' access to their personal health information (e.g., patient history, test results, shared electronic care plans, self-management tools).
Objective A2: Patient Engagement	Increase the percentage of PHCs improving patient engagement with their health care team by advancing health IT and training (e.g. patient use of remote monitoring devices, better medication adherence with text reminders).
Objective A3: Provider Burden	Increase the percentage of PHCs that improve health IT usability[6] to minimize provider burden (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs).
Goal B: Advance interoperability	
Objective B1: Data Protection	Increase the percentage of PHCs that have completed a security risk analysis and have a breach mitigation and response plan.[7]
Objective B2: Health Information Exchange[8]	Increase the percentage of PHCs that leverage HIE to meet Health Level Seven International (HL7) standards[9] or national standards as specified in the ONC Interoperability Standards Advisory[10] and share information securely with other key providers and health systems.
Objective B3: Data Integration	Increase the percentage of PHCs that consolidate clinical data with data from multiple clinical and non-clinical sources across the health care continuum (e.g., specialty providers, departments of health, care coordinators, social service/housing organizations) to optimize care coordination and workflows.
Goal C: Use data to enhance value	
Objective C1: Data Analysis	Increase the percentage of PHCs that improve capacity for data standardization, management, and analysis to support value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs).
Objective C2: Social Risk Factor Intervention	Increase the percentage of PHCs that use both aggregate and patient-level data on social risk factors to support coordinated, effective interventions.
Objective C3: Applicant Choice	Applicants will develop an objective and outcome measure to address an emerging issue based on the needs of the PHCs in their network (e.g., addressing substance use disorder, improving interoperability with Prescription Drug Monitoring Programs, utilizing telemedicine to improve access, participating in precision medicine initiatives).

[6] The Office of the National Coordinator for Health Information Technology defines usability as, "the extent to which a system supports a user to efficiently and effectively achieve desired goals." For more information, see https://www.healthit.gov/topic/usability-and-provider-burden.
[7] For more information, see https://hiteqcenter.org/Resources/Privacy-Security.
[8] For more information, see https://www.healthit.gov/topic/health-it-basics/health-information-exchange.
[9] Health Level Seven International (HL7) provides a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. For more information, see http://www.hl7.org/.
[10] For more information, visit https://www.healthit.gov/isa.

Appendix B: Participating Health Center (PHC) List Instructions

Instructions for completing this list in EHB vary based on your application type (New versus Competing Continuation, as noted on the Application for Federal Assistance SF-424).
Remember that:

- You must propose a minimum of 10 PHCs to be eligible.
- The majority of PHCs must be Health Center Program award recipients.
- A health center may be a PHC of only one HCCN.
- You must ensure that this list in EHB aligns with the list of signatures uploaded in Attachment 2: PHC Memorandum of Agreement (MOA).

New applicants:

Click on the Add Grantee Health Center button or Add Look-Alike Health Center button, as appropriate, and search for each PHC in your network using the grant/LAL number, health center name or city/state. Add selected PHCs by clicking Add to Application. You are encouraged to double-check this list in EHB against Attachment 2 prior to application submission.

Competing Continuation applicants:

The list of your PHCs as of July 1, 2018 will be pre-populated into EHB. To add PHCs, Click on the Add Grantee Health Center button or Add Look-Alike Health Center button, as appropriate, and search for each PHC in your network using the grant/LAL number, health center name or city/state. Add selected PHCs by clicking Add to Application. To delete PHCs click on the Delete link for the organization you wish to delete. You are encouraged to double-check this list in EHB against Attachment 2 prior to application submission.

Appendix C: Project Work Plan Instructions

Overview

The Project Work Plan provides the goals that will be attained by the end of the 3-year project period (by July 31, 2022), and details the proposed activities to be conducted in the first 12 months of the project period, from August 1, 2019 to July 31, 2020.

Project Work Plan content will be entered directly into the HRSA EHB. Follow the instructions provided in Table 2 below to ensure that all fields are properly completed. An incomplete or incorrectly completed Project Work Plan may negatively impact your application's objective review score.

The three required goals are: (A) Enhance the patient and provider experience, (B) Advance interoperability, and (C) Use data to enhance value. You must address all objectives under each goal. See the HCCN goals and objectives in Appendix A: Goals and Objectives. All network PHCs must be engaged in each activity. All fields in the table below must be completed for each objective. You cannot add additional goals or objectives, with the exception of defining your applicant's choice objective under Goal C. A sample Project Work Plan is available at http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html.

Table 2: Project Work Plan Instructions

Field	Instructions
Baseline Data	Provide the baseline numerator and denominator for the objective. You will need to collect data from all proposed PHCs to establish baseline data.
Baseline Percentage	Select "Calculate Baseline" to automatically calculate this value.
Target Percentage	Provide the percentage to be achieved by the end of the project period (July 31, 2022) for the selected objective. Ensure that the target percentage is realistic and achievable given the baseline data.
Baseline Data Source (maximum 500 characters)	Provide the origin of baseline data.
Key Factors (maximum 500 characters)	Provide a minimum of 2 and maximum of 3 factors that are expected to contribute to and restrict progress toward the selected Objective. At least 1 Contributing and 1 Restricting Key Factor must be identified.

Field	Instructions
Activity Name	Provide a unique name to identify the activity.
Activity (limit 500 characters)	Describe the major planned activities to be conducted in the first 12 months of the project period. These activities will address the Objective and support target percentage attainment by the end of the 3- year project period. A minimum of 2 and a maximum of 3 activities must be provided for each Objective.
Person Responsible (limit 200 characters)	Identify the person(s)/position(s) that will be responsible for conducting the activity.
Time Frame (limit 200 characters)	Provide the date(s) for completion of the activity. Dates must be no later than July 31, 2020 for this 12-month work plan.

Appendix D: Example Activities

Example activities for each Objective are provided as a reference and are not inclusive or required. The activities you propose should reflect the PHCs' needs and the HCCN's capabilities. For the final Applicant Choice objective, sample objectives are included.

Goal A: Enhance patient engagement

Objective A1: Patient Access: Increase the percentage of PHCs using health IT to facilitate patients' access to their personal health information (e.g., patient history, test results, shared electronic care plans, self-management tools).

- Leverage group purchasing power to facilitate upgrades to an ONC-certified EHR and/or patient portal/patient health record that allow PHC patients to access or share their health records with providers of their choice.
- Support PHCs to train staff to promote the patient portal at every patient interaction (e.g., scheduling, exam room, check out).
- Work with PHC health IT vendors on the next versions of their products to facilitate user-based testing.

Objective A2: Patient Engagement: Increase the percentage of PHCs improving patient engagement with their health care team by advancing health IT and training (e.g., patient use of remote monitoring devices, better medication adherence with text reminders).

- Support the implementation and use of patient engagement tools such as patient portals, mobile health technologies, ONC-certified Application Programming Interfaces (APIs) and remote patient monitoring, including customization and translation to ensure access to linguistically competent care.
- Support the development and delivery of user support and training on mobile apps, devices, and telehealth for patient engagement, with a focus on chronic disease management (e.g., home blood pressure monitors).
- Support purchasing, implementation, or adoption of population health management tools.
- Support PHCs in leveraging mobile/remote health technologies to enable patients to share health data with providers.

Objective A3: Provider Burden: Increase the percentage of PHCs that improve health IT usability to minimize provider burden (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs).

- Support PHCs in optimizing EHR systems and standardizing workflows to reduce the burden on providers.
- Leverage group purchasing power to aid PHCs with enhancing software, training, and implementation processes by establishing user groups to promote peer learning.

Goal B: Advance Interoperability

Objective B1: Data Protection: Increase the percentage of PHCs that have completed a security risk analysis and have a breach mitigation and response plan.

- Support PHCs to train staff to protect patient data and/or develop a crisis-response plan in case of a data breach.
- Support PHCs in implementing security risk analysis processes.
- Support an assessment of PHCs to ensure that data collection, analysis, and reporting processes are HIPAA compliant.
- Support PHCs in the development of procedures for patching and updating health IT systems, including medical devices, telehealth, email, etc.

Objective B2: Health Information Exchange: Increase the percentage of PHCs that leverage HIE to meet Health Level Seven International (HL7) standards[11] or national standards as specified in the ONC Interoperability Standards Advisory[12] and share information securely with other key providers and health systems.

- Support PHCs in adopting and using national standards as specified in the ONC Interoperability Standards Advisory in support of agency and HCCN programmatic goals to minimize provider burden by supporting structured data capture, information sharing, and data reuse.
- Support PHCs' integration of health IT data essential to caring for safety-net populations (e.g., patient registries, quality measures, UDS reporting).
- Support HIE infrastructure development to improve care coordination (e.g., electronic laboratory, ePrescribing, Prescription Drug Monitoring Programs, immunization registries, surveillance data reporting).
- Support the training of PHC staff and providers to implement new data protocols, new standard operating procedures, and health information technology enhancements for EHRs, patient portals, and health information exchange platforms.
- Support PHCs in using HIE in public health reporting.
- Support PHCs in combining, analyzing and using health information from various care settings to improve population health management.

Objective B3: Data Integration: Increase the percentage of PHCs that consolidate clinical data with data from multiple clinical and non-clinical sources across the health care continuum (e.g., specialty providers, departments of health, care coordinators, social service/housing organizations) to optimize care coordination and workflows.

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[11] Health Level Seven International (HL7) provides a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. For more information, see http://www.hl7.org/.

[12] For more information, visit https://www.healthit.gov/isa.

- Support health IT system customization to address the unique needs of the PHCs through data collection template design.
- Support the development of health IT workflows and tools, including triage systems to better connect patients and care managers in order to respond to the opioid crisis.
- Support PHCs in developing data collection and reporting processes that foster real-time use of clinical data.
- Support PHCs to train staff on data integration and system enhancements to improve clinical quality and manage patient health risks.
- Support PHCs in integrating data from health IT systems into business policies, procedures, and decision-making.

Goal C: Use data to enhance value

Objective C1: Data Analysis: Increase the percentage of PHCs that improve capacity for data standardization, management, and analysis to support value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs).

- Support PHCs in data aggregation, reporting, and analysis to improve health outcomes (e.g., identify patients with complex needs and match them with remote monitoring tools).
- Support PHCs in improving data analytics to identify trends among various patient populations and opportunities for improvement.
- Support PHC's' use of health IT to capture and improve metrics for value-based care.
- Support PHC workflow design and staff training for data capture and analytics, including care coordination and patient outcomes.
- Support PHCs to customize their health IT systems to address the unique needs of the PHCs (e.g., behavioral health and oral health).
- Support training of PHC staff to develop and utilize quality improvement reports.

Objective C2: Social Risk Factor Intervention: Increase the percentage of PHCs that use both aggregate and patient-level data on social risk factors to support coordinated, effective interventions.

- Support PHCs to leverage economies of scale by updating health IT systems to collect and standardize social and behavioral health data (e.g., access to transportation, intimate partner violence, housing status).
- Support PHC's in the use of health IT tools (i.e., PRAPARE tool) in capturing and using social determinants of health (SDOH) data for care coordination with local resources (e.g., housing, nutrition programs).

Objective C3: Applicant Choice: Applicants will develop an objective and outcome measure to address an emerging issue based on the needs of the PHCs in their network (e.g., addressing substance use disorder, improving interoperability with

Prescription Drug Monitoring Programs, utilizing telemedicine to improve access, participating in precision medicine initiatives).

Sample Objectives

- Increase the percentage of PHCs that use health IT to enhance provider performance.
- Increase the percentage of PHCs that decrease the number of diabetic patients with HbA1c >9.0% by incorporating patient-generated data into the EHRs and/or other health IT systems.
- Increase the percentage of PHCs that improve access, quality and cost of care by providing substance use disorder or opioid use disorder services through telehealth innovation.
- Increase the percentage of PHCs that update health IT systems to improve accessibility for Perscription Drug Monitoring Program tools and improve opioid prescribing practices.