U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Bureau of Primary Health Care
Health Center Program

Health Center Controlled Networks

Announcement Type: New
Funding Opportunity Announcement Number: HRSA-16-010

Catalog of Federal Domestic Assistance (CFDA) No. 93.527

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date in Grants.gov: February 1, 2016
Supplemental Information Due Date in HRSA EHBs: March 1, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
SAM registration may take up to two weeks and
Grants.gov registration may take up to one month to complete.

Release Date: December 2, 2015
Issuance Date: December 2, 2015

Shannon McDevitt
Bureau of Primary Health Care
Office of Policy and Program Development
bphchccn@hrsa.gov
301-594-4300
http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care is accepting applications for fiscal year (FY) 2016 Health Center Controlled Networks (HCCN). The purpose of this funding opportunity is to support meaningful use of ONC-certified electronic health records, adoption of technology-enabled quality improvement strategies, and engagement in health information exchange, to strengthen the quality of care and improve patient health outcomes achieved by Health Center Program award recipients and look-alikes.

Funding Opportunity Title:	FY 2016 Health Center Controlled Networks
Funding Opportunity Number:	HRSA-16-010
Due Date for Applications – Grants.gov:	February 1, 2016 (11:59 P.M. ET)
Due Date for Supplemental Information – HRSA EHBs:	March 1, 2016 (5:00 P.M. ET)
Anticipated Total Annual Available Funding:	$33,000,000
Estimated Number and Type of Awards:	Up to 45 awards
Estimated Award Amount:	$500,000 to $1,500,000 per year
Cost Sharing/Match Required:	No
Project Period:	August 1, 2016 through July 31, 2019 (three (3) years)
Eligible Applicants:	Must be either: • Practice management networks (HCCNs) that are majority controlled and, as applicable, at least majority owned by Health Center Program award recipients • Health centers funded for at least the two consecutive preceding years under the Health Center Program and applying on behalf of an HCCN. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide
All applicants 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 FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance
HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the FOA and an opportunity for applicants to ask questions. Visit the HCCN TA webpage at http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html for webinar details, answers to frequently asked questions, sample documents, and additional resources. Refer to http://www.hrsa.gov/grants/apply for general (i.e., not HCCN-specific) videos and slides on a variety of application and submission topics.

Summary of Changes from HRSA-13-237 and HRSA-13-267 FOAs

- The new *SF-424 Two-Tier Application Guide* provides updated general application instructions.
- The composition requirements for the minimum of 10 Participating Health Centers has changed. Health centers with look-alike designation may be included as Participating Health Centers, but Health Center Program award recipients (previously referred to as Health Center Program grantees) must comprise at least 51 percent of the proposed Participating Health Centers.
- Participating Health Centers' commitment to the project will be demonstrated by a signed memorandum of agreement that is submitted with the application as Attachment 2.
- Applications will address four Core Objectives and their related Focus Areas and corresponding Goals.
- The application has a two-tier submission process: the first phase submitted in Grants.gov and required supplemental information, including the Project Work Plan, submitted in the HRSA Electronic Handbooks (HRSA EHBs).
- Major revisions have been made to the following FOA sections to clarify application instructions: Eligibility Information, Application and Submission Information, Attachments, Review Criteria, Appendix A: Project Work Plan Instructions, and Appendix B: Example Activities.

Table of Contents

PUBLIC BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 285. Public reporting burden for the applicant for this collection of information is estimated to average 100 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-45, Rockville, Maryland, 20857

I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for Fiscal Year (FY) 2016 Health Center Controlled Networks (HCCN). The purpose of this funding opportunity is to support health centers[1] in achieving meaningful use of ONC-certified electronic health records (EHRs),[2] adopting technology-enabled quality improvement strategies, and engaging in health information exchange (HIE) to strengthen the quality of care and improve patient health outcomes.

2. Background

This program is authorized by Section 330(e) of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended). HCCNs bring health centers together to jointly address operational and clinical challenges, particularly the acquisition and implementation of health information technology (IT), in a cost-efficient manner.[3]

According to the 2014 Uniform Data System (UDS),[4] almost 92 percent of Health Center Program award recipients reported all sites had adopted EHRs. The next health IT challenges for health centers are optimization of EHRs, advanced meaningful use, health information exchange, and technology-enabled quality improvement activities. Health centers can obtain guidance to overcome these challenges in such resources as Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap version 1.0 (Roadmap) and the Federal Health IT Strategic Plan 2015-2020.
The Roadmap describes how collaboration between health IT builders and users can create a learning health system where individuals are at the center of their care; providers can seamlessly access and use health information from different sources; health information is a longitudinal picture of health derived from multiple sources; and where public health agencies and researchers can rapidly learn, develop, and deliver cutting edge treatments. Award recipients will help health centers implement goals of the Roadmap, including:

- Send, receive, find, and use priority data domains to improve health care quality and outcomes.

[1] For the purposes of this funding opportunity announcement, the term "health center" means organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended (Health Center Program award recipients), as well as organizations with look-alike designation, meaning they meet all Health Center Program statutory, regulatory, and policy requirements but do not receive funding under Section 330 of the Public Health Service Act (look-alikes).
[2] For the purposes of this funding opportunity announcement, "certified EHR" refers to health IT products certified by the Office of the National Coordinator (ONC) for Health IT Authorized Testing and Certification Body. For further information about ONC certified health IT products, see http://onc-chpl.force.com/ehrcert.
[3] For more information about Health Center Controlled Networks, see *The Network Guide*, at http://www.hrsa.gov/healthit/networkguide/networkguide.pdf.
[4] The Uniform Data System (UDS) is operated by HRSA's Bureau of Primary Health Care and collects a core set of health center performance data. For more information, see http://bphc.hrsa.gov/datareporting/index.html.

- Expand data sources and users in the interoperable health IT ecosystem to improve health and lower cost.
- Achieve nationwide interoperability to enable a learning health system, with the person at the center of a system that can continuously improve care, public health, and science through real-time data access.

Award recipients will help health centers fulfill the Federal Health IT Strategic Plan 2015-2020 goals to: 1) advance person-centered health and self-management, 2) transform health care delivery and community health, 3) foster research, scientific knowledge and innovation, and 4) enhance the United States health IT infrastructure. Specifically, they will improve health centers' ability to adopt and use EHRs and other health IT tools to organize and analyze data, communicate clinical information, coordinate care, and improve service quality. These improvements will strengthen health care quality, efficiency, and patient safety; support delivery of care in a patient-centered medical home (PCMH) model; facilitate participation in value based payment programs; and ultimately improve patient outcomes.

Project Requirements

Award recipients will respond to health centers' individual health IT needs by leveraging:

- Economies of scale, such as group purchasing power and shared resources, staff, infrastructure, and training;
- Data and analytic expertise that supports quality measurement and improvement; and
- Diverse experiences, including knowledge of multiple health IT products and vendors, and the ability to pool and apply lessons learned across providers.

Award recipients will also help health centers achieve meaningful use of EHRs as defined by the CMS EHR Incentive Programs.[5] While Stage 1 of Meaningful Use sets the foundation for electronic data capture and information sharing, Stage 2 encourages health IT use in continuous quality improvement at the point of care and the exchange of information in the most structured format possible. The Stage 3 goals promote improvements in quality, safety, and efficiency leading to improved health outcomes.[6]
The four required Core Objectives and related Focus Areas for proposed activities are detailed in Table 1. Examples of activities are provided in Appendix B. The proposed activities should be based on the Participating Health Centers' needs and align with relevant state and national privacy and security requirements. Activities must engage all Participating Health Center sites. Award recipients will report on outcomes annually. Appendix C lists and defines the 2015 UDS Clinical Quality Measures.[7]

[5] For information about CMS EHR Incentive Programs, see https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms.s.
[6] For information about Meaningful Use, see https://www.healthit.gov/providers-professionals/meaningful-use-definition-objective.
[7] The 2015 Clinical Quality Measures are comprised of Quality Care Measures and Health Outcomes and Disparities metrics, as detailed at http://bphc.hrsa.gov/qualityimprovement/performancemeasures/index.html.

Table 1: Program Core Objectives, Focus Areas and Goals

Core Objective A: Health IT Implementation and Meaningful Use Applications must propose to increase the use of health IT to improve the quality of care in health centers and improve individual and population health. Activities will promote effective use of health IT solutions at all health center sites and attainment of Meaningful Use requirements. Applications must propose at least two activities each for Focus Areas A1 and A2.		
Focus Area A1	**Certified EHR Adoption and Implementation**	Support the adoption,[8] use, and optimization of certified EHRs. Goal: Increase the percentage of Participating Health Centers with an ONC-certified EHR system in use.
Focus Area A2	**Advance Meaningful Use**	Assist with meeting Stages 1, 2, and 3 Meaningful Use requirements. Goal: Increase the percentage of Meaningful Use eligible providers at Participating Health Centers receiving incentive payments from CMS for meeting Meaningful Use requirements.
Core Objective B: Data Quality and Reporting Applications must propose activities to improve data collection, analysis, and reporting. Activities will enhance comprehensive, integrated, high-quality data reporting at all Participating Health Centers. Applications must propose at least two activities each for Focus Areas B1, B2, and B3.		
Focus Area B1	**Data Quality**	Provide strategies to enhance data validity for reporting, aggregation, and analysis. Goal: Increase the percentage of Participating Health Centers that electronically extract data from an EHR to report all UDS Clinical Quality Measure data on all of their patients.
Focus Area B2	**Health Center and Site Level Data Reports**	Support enhanced data reporting at the health center site and clinical team levels. Goal: Increase the percentage of Participating Health Centers generating quality improvement reports at the site and clinical team levels.
Focus Area B3	**Health Data Integration**	Support the integration of health data across all service types provided by the health center. Goal: Increase the percentage of Participating Health Centers that integrate data from different service types and/or providers (e.g., behavioral health, oral health).

[8] As applicable, applications must propose to support the adoption of ONC-certified EHR systems for any HCCN member(s) who has not yet implemented an EHR at one or at all sites.

Core Objective C: Health Information Exchange (HIE) and Population Health Management Applications must propose activities to increase secure electronic data exchange with patients, unaffiliated providers, and organizations to support patient centered health care delivery and support population health management. Applications must propose at least two activities each for Focus Areas C1 and C2.		
Focus Area C1	**Health Information Exchange**	Support secure health information exchange among unaffiliated providers or entities. Goal: Increase the percentage of Participating Health Centers that improve care coordination through health information exchange with unaffiliated providers or entities.
Focus Area C2	**Population Health Management**	Support population health management activities leveraging health information across different care settings. Goal: Increase the percentage of Participating Health Centers using health information exchange to support population health management.
Core Objective D: Quality Improvement Applications must propose activities to advance clinical and operational quality improvements. Activities will improve clinical and financial quality measures and advance PCMH implementation. Applications must propose at least two activities each for Focus Areas D1, D2, and D3.		
Focus Area D1	**Clinical Quality Improvement**	Support use of health IT to enhance performance on clinical quality measures. Goal: Increase the percentage of Participating Health Centers that meet or exceed Healthy People 2020 goals on at least five selected UDS Clinical Quality Measures.
Focus Area D2	**Operational Quality Improvement**	Support use of health IT to support health center operational excellence. Goal: Increase the percentage of Participating Health Centers that improved the value, efficiency, and/or effectiveness of health center services.
Focus Area D3	**Advance PCMH Status**	Assist health centers in using health IT to advance their respective PCMH recognition and implementation efforts. Goal: Increase the percentage of Participating Health Center sites that have current PCMH recognition.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New.

Funding will be provided in the form of a grant.

2. Summary of Funding

This funding opportunity will provide funding during federal fiscal years 2016 – 2019. Approximately $33,000,000 is expected to be available annually to fund forty-five (45) recipients. Applicants may apply for a maximum ceiling amount of up to $1,500,000 per year based on the number of Participating Health Centers as described in Table 2. The project period is three (3) years. 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.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Regulations) 2 CFR 200, as codified by HHS at 45 CFR Part 75, which supersede the previous administrative and audit requirements and cost principles that govern the use of federal awards.

Awards may range from $500,000 to $1,500,000 based on the number of Participating Health Centers as evidenced by a signed memorandum of agreement submitted as Attachment 2. Award amounts for each of the three one-year budget periods will not exceed the maximum amount for which the applicant organization is eligible to apply per Table 2. If the applicant is a health center, the applicant organization may elect to be a Participating Health Center. A single health center with multiple sites counts as one Participating Health Center. Budgets will not be adjusted for Participating Health Centers added during the project period. Award recipients must inform HRSA of changes to Participating Health Centers as instructed by the Notice of Award. A term on the Notice of Award will explain how a decrease in Participating Health Centers will affect funding and award status.

Table 2: Maximum Annual Awards

Number of Participating Health Centers	Maximum Annual Award
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 or more	$1,500,000

III. Eligibility Information

1. Eligible Applicants

Eligible applicants must be either:

- A practice management network, hereafter referred to as a Health Center Controlled Network or HCCN, that is majority controlled and, as applicable, at least majority owned by Health Center Program award recipients; or
- A health center funded for at least the two consecutive preceding years as a Health Center Program award recipient applying on behalf of an HCCN. The HCCN must: (1) be 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 funding opportunity.

3. Other

Applications that fail to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Applicants must be public or non-profit private organizations, including tribal and community-based organizations. Applicants applying as an HCCN must provide official documentation demonstrating public or non-profit private organization status in Attachment 1. Applicants applying as an HCCN that do not demonstrate in Attachment 1 public or non-profit private organization status will not be considered for funding under this announcement. Applicants applying as a health center on behalf of an HCCN do not have to provide this status documentation as it is already on file with HRSA.

Applications that fail to propose at least two activities for each Focus Area, as described in Table 1, will not be considered for funding under this announcement.

Applications must include as Attachment 2 a signed memorandum of agreement, as instructed, demonstrating that at least 10 Health Center Program award recipients and look-alikes (minimum of 51 percent Health Center Program award recipients) committed to achieving the program purpose, as Participating Health Centers. Applications with an Attachment 2 that does not comply with instructions and demonstrate at least 10 Health Center Program award recipients and look-alikes (minimum of 51 percent Health Center Program award recipients) committed to achieving the program purpose will not be considered for funding under this announcement.

Applicants must include all documents indicated as "required for completeness" in Section IV.2 as follows:

- Project Narrative sections: Need, Response, Collaboration, Resources/Capabilities, and Governance
- Budget Justification
- Attachments 1, 2, and 9

Applications that do not include all required elements of the items above will be considered incomplete or non-responsive and will not be considered for funding under this announcement.

Applications that exceed the maximum allowed annual budget amount as described in Table 2 on the SF-424A or the maximum page limit of 80 pages will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from one organization are not allowable. HRSA will only accept an applicant's first validated electronic submission, under the correct funding opportunity number, in Grants.gov. Applications submitted after the first submission will be marked as duplicates and considered ineligible for review. Applicants wishing to change information submitted in a Grants.gov application may do so in the HRSA Electronic Handbooks (HRSA EHBs) application phase.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this FOA to apply electronically through Grants.gov and HRSA EHBs. Applicants must use a two-tier submission process associated with this FOA and follow the directions provided at Grants.gov and HRSA EHBs.

- **Phase 1 – Grants.gov** - Required information must be submitted via Grants.gov with a due date of February 1, 2016 at 11:59 P.M. Eastern Time; and

- **Phase 2 – HRSA EHBs –** Required supplemental information must be submitted via HRSA EHBs with a due date of March 1, 2016 at 5:00 P.M. Eastern Time.

Only applicants who successfully submit an application in Grants.gov (Phase 1) by the due date may submit the additional required information in HRSA EHBs (Phase 2).

2. Content and Form of Application Submission

Application Preparation
The HCCN TA webpage HCCN Technical Assistance webpage provides essential resources for application preparation.

Application Format Requirements
Section 5 of HRSA's *SF-424 Two-Tier Application Guide* provides instructions for the budget, budget justification narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the funding opportunity-specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide* except where instructed in the FOA to do otherwise.

See Section 9.5 of the *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 justification narrative, attachments, and letters of commitment and support. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the 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 prior to the Grants.gov and HRSA EHBs deadlines to be considered under this announcement.

Funding Opportunity-Specific Instructions
In addition to application requirements and instructions in Sections 4 and 5 of HRSA's *SF-424 Application Guide* (including the budget, budget justification narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following. Note applicant-type (health center or HCCN) specific instructions.

Application for Federal Assistance SF-424
See Section 3.2 of HRSA's *SF-424 Two-Tier Application Guide* for instructions on completing the SF-424 application components. Applicants must select "New" as the application type, regardless of current or previous HCCN award.

i. Project Abstract

See Section 5.1 of HRSA's *SF-424 Two-Tier Application Guide*. In addition, indicate if the applicant is a health center or an HCCN. If a health center, provide its name and active Health Center Program grant number (H80CSXXXXX). If an HCCN, provide the organization's name and current/most recent HCCN grant number (H2QCSXXXXX), if applicable. Provide the numbers of total Participating Health Centers (distinguishing between Health Center Program award recipients and look-alikes) and total Participating Health Center sites.

ii. Project Narrative (Required for completeness - must include all information required in the Need, Response, Collaboration, Resources/Capabilities, and Governance)

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

The Project Narrative must be structured using each of the following seven sections and include the requested information.

NEED *– Corresponds to Section V.1 Criterion 1: NEED*

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

1. Identify and discuss the Participating Health Centers' key health IT needs, specifically addressing:

   - EHR adoption and achieving Meaningful Use requirements;
   - Data collection, integration, analysis, and reporting; and
   - Use of HIEs to improve care coordination and population health.

2. Describe the Participating Health Centers' need to improve performance on the selected UDS Clinical Quality Measures and their challenges in leveraging health IT to do so. Include supporting data from UDS and other sources as appropriate.

3. Describe health IT and quality improvement related barriers to improving Participating Health Centers' ability to deliver care in the PCMH model.

4. Describe the health IT and data related barriers to improving the value, efficiency, and/or effectiveness of health center services at Participating Health Centers.

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

1. Complete a Project Work Plan for the first 12 months of the project period as instructed in Appendix A.

2. Provide a timeline for the entire three-year project period, accompanied by narrative as appropriate, that outlines how subsequent year activities will build off of those detailed in the Project Work Plan to achieve the three-year goals and outcomes for each Focus Area.

3. Describe how proposed activities respond to the Participating Health Centers' identified needs in each Focus Area and will be modified throughout the three-year project period based on continuous needs assessment.

4. Describe how health centers without EHRs have been included as Participating Health Centers and how their specific needs will be addressed, referencing the Project Work Plan as appropriate. If such organizations have not been included as Participating Health Centers, explain efforts to identify and include such organizations in this application and/or plans to identify and support such organizations over the course of the three-year project period.

5. Describe how the HCCN will help Participating Health Centers improve their operational and clinical quality by sharing data and supporting the analytic capacity of the state/regional Primary Care Association (PCA) and other relevant stakeholders.

6. Describe how proposed activities support the Roadmap and Federal Health IT Strategic Plan 2015-2020 goals.

7. Provide strategies to overcome implementation challenges that build on the applicant's current strengths, referencing the Contributing and Restricting Key Factors identified in the Project Work Plan as appropriate.

8. Describe how proposed activities protect patient privacy and the security of patient information.

9. Describe how health IT and quality improvement advancements will be sustained beyond the project period.

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

1. Document that at least 10 health centers are committed to participating in the project by submitting a Memorandum of Agreement, as instructed in Attachment 2.

Note: A minimum of 51 percent of Participating Health Centers must be Health Center Program award recipients. Award recipients cannot require Participating Health Centers to become network members or pay to receive the services provided through this award. If the applicant is a health center, the applicant organization may elect to be a Participating Health Center. A single health center with multiple sites counts as one Participating Health Center. Budgets will not be adjusted for Participating Health Centers added during the project period. Award recipients must inform HRSA of changes to Participating Health Centers as instructed by the Notice of Award.

2. Describe how the applicant will use partners to accomplish program goals by leveraging resources and avoiding duplication of effort. Appropriate partners may include Primary Care Associations,[9] professional and community organizations, institutions of higher learning, and FY 2015 award recipient(s) of HRSA's National Cooperative Agreement focused on health IT and data.[10]

3. Describe how the Participating Health Centers will be engaged in refining and executing proposed activities throughout the three-year project period.

4. Provide letters as Attachment 8 from at least the organizations referenced in response to Project Narrative: Collaboration Item 2 that describe planned collaboration or support of the proposed project.

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

1. Describe a plan for a comprehensive evaluation that explains 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 Participating Health Centers will be collected and responded to throughout the project period.

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

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

1. Discuss the applicant's experience and expertise in:
   - Successful coordination and provision of health IT services similar to those outlined in this FOA;

[9] Primary Care Associations (PCAs) are state or regional nonprofit organizations that provide training and technical assistance to safety-net providers. For a listing, see http://bphc.hrsa.gov/qualityimprovement/supportnetworks/ncapca/associations.html.
[10] For more information about the National Cooperative Agreement program, see http://bphc.hrsa.gov/programopportunities/fundingopportunities/nca.html.

- EHR adoption and implementation
- Meeting Meaningful Use Stage 2 requirements and preparing for Stage 3;
- Enhancing data reporting and analysis to improve clinical and operational quality;
- Using HIEs to improve care coordination and population health;
- Consulting on clinical and operational quality improvement activities; and
- Consulting on PCMH recognition.

2. Describe how the organizational structure and staffing plan presented in Attachments 3 and 6, respectively, are appropriate for the proposed activities. Describe how staff will be recruited and retained.

3. Describe how the written agreements presented in Attachment 7 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 Criterion 6: GOVERNANCE*

1. Describe the HCCN's governance structure and explain how the governing board will monitor the project. Reference Attachments 3 and 9, as appropriate.

2. Describe the role that the Participating Health Centers and other key stakeholders have in project oversight and the network's governance.

3. Document that the HCCN is majority controlled and, as applicable, at least majority owned by and acting on the behalf of Health Center Program award recipients. Reference Attachment 9, as appropriate.

4. Demonstrate that the HCCN has effective, independent leadership that is distinct from individual health centers' governing boards. Demonstrate that the HCCN's governing board's procedures are appropriate to govern the organization. Reference Attachment 9, as appropriate.

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

1. Provide a budget presentation (i.e., SF-424A and Budget Justification 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, HIE, and health IT-enabled service needs of the Participating Health Centers.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, 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, Budget and Budget Narrative	(7) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 5.1.iv of HRSA's *SF-424 Two-Tier Application Guide*. Please follow the instructions included in the Application Guide and the additional budget instructions provided below.

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

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 SF-424A.

iv. Budget Justification Narrative (Required for completeness)

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

A detailed budget justification narrative and table of personnel to be paid with federal funds for **each 12-month period** (budget year) of the three-year project period must be provided. For subsequent budget years, the justification 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 justification 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. Funding Opportunity-Specific Forms

FY 2016 HCCN requires two funding opportunity-specific forms that are completed in the HRSA EHBs application phase.

Participating Health Centers
Applicants will identify the Participating Health Centers committed to the project. The health centers selected must match those represented in Attachment 2. Within the HRSA EHBs form, applicants may search for health centers by organization name, city, state, or award/look-alike number. HCCNs must work with Participating Health Centers to ensure that all health center sites are engaged in the HCCN project. The EHBs User Guide provides detailed instructions and is available at HCCN TA webpage.

Project Work Plan
Applicants will complete a Project Work Plan that details the proposed activities to be conducted in the first 12 months of the project period (August 1, 2016 to July 31, 2017). Resources for completing the Project Work Plan are provided in Appendix A and at HCCN TA webpage.

vi. Attachments

Provide the following items in the order specified below. **Unless otherwise noted, attachments count toward the application page limit.** Proof of non-profit status and indirect cost rate agreements (if applicable) will not count toward the page limit. Note applicant-type (health center or HCCN) specific instructions.

Applications that do not include attachments marked "C" (required for completeness) will be considered incomplete or non-responsive and will not be considered for funding under this announcement. Failure to include attachments marked "R" (required for review) may negatively impact an application's objective review score.

Label each attachment according to the number provided (e.g., Attachment 3: Project Organization Chart). Merge similar documents (e.g., letters of support) into a single file. Provide a table of contents for attachments with multiple components. Attachment-specific table of contents are not counted toward the page limit. Number the electronic pages sequentially, restarting at page 1 for each attachment. *NOTE: HRSA EHBs will not accept file attachments with names that exceed 100 characters.*

Attachment 1: Proof of Public or Non-Profit Status (C for HCCN applicants, not required for health center applicants)
Demonstrate eligibility by providing official documentation of public or non-profit status. Not counted toward the page limit.

A public organization must submit any one of the following as evidence of its public status, consistent with Policy Information Notice 2010-01 (http://bphc.hrsa.gov/programopportunities/lookalike/pin201001.html):

- Affirm Instrumentality Letter (4076C) from the IRS or a letter of authority from the federal, state, or local government granting the entity one or more sovereign powers.
- A determination letter issued by the IRS providing evidence of a past positive IRS ruling or other documentation demonstrating that the organization is an instrumentality of government, such as documentation of the law that created the organization or documentation showing that the state or a political subdivision of the state controls the organization.
- Formal documentation from a sovereign state's taxing authority.

A private non-profit organization must submit any one of the following as evidence of its nonprofit status:

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- A copy of a currently valid IRS tax exemption certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A copy of the organization's official certificate of incorporation or similar document, e.g., articles of incorporation, showing the state or tribal seal that clearly establishes the non-profit status of the organization.
- Any of the above items for a state-level or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

Attachment 2: Participating Health Center Memorandum of Agreement (C)
Document eligibility by uploading a memorandum of agreement specifying how the applicant and the Participating Health Centers will share responsibilities to achieve all project goals. Award recipients may not require Participating Health Centers to become network members or pay to receive the services provided through this award. If the applicant is a health center, the applicant organization may elect to also be a Participating Health Center. A single health center with multiple sites counts as one Participating Health Center.

The Memorandum of Agreement must include the following:

- An effective date range to cover the expected project period of the award from August 1, 2016 to July 31, 2019.
- The Participating Health Centers' commitment for the entire three-year project period subject to the success of the application and receipt of a Notice of Award.
- The Participating Health Centers' commitment to address the goals of each Focus Area 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 Participating Health Centers in each Core

Objective (Health IT Implementation and Meaningful Use, Data Quality and Reporting, Quality Improvement, and Health Information Exchange).

- The applicant's commitment to develop individualized work plans for the Participating Health Centers that address project goals within 90 days of award.
- Certification that participation in the project will not result in the reduction of the amount or quality of health services currently provided to patients served by the Participating Health Center.
- A signature page(s) that is signed by the appropriate applicant organization representative and the Participating Health Centers' Chief Executive Officer (CEO) that includes each Participating Health Center's organization name, Health Center Program award number (H80CS…) or look-alike number (LAL…), number of sites, and printed name and signature of the CEO. To limit application page number impact, this information may be compiled, such as with multiple signatures on a single page:

Participating Health Center name Grant/LAL number Number of sites CEO name CEO signature	Participating Health Center name Grant/LAL number Number of sites CEO name CEO signature
Participating Health Center name Grant/LAL number Number of sites CEO name CEO signature	Participating Health Center name Grant/LAL number Number of sites CEO name CEO signature

Attachment 3: Project Organizational Chart (R)
Upload a one-page document that graphically depicts the HCCN's organizational structure, including the oversight committee, network governing board, key personnel, staffing, and any sub-recipients or affiliated organizations.

Attachment 4: Position Descriptions for Key Project Staff (R)
Upload position descriptions for key project personnel, which may include Project Coordinator, Quality Improvement Team Lead, Chief Executive Officer (CEO), Chief Financial Officer (CFO), and Chief Information 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 (R)
Upload biographical sketches for key project personnel identified in Attachment 4. Biographical sketches should not exceed one page each. In the event that an identified individual is not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 6: Staffing Plan (R)
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 has not been identified to occupy this position, then 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 Personnel and Attachment 5: Biographical Sketches for Key Personnel.)
- Annual Salary
- Percentage of Full Time Equivalent (FTE) Dedicated to the Grant Project

Attachment 7: Summary of Contracts and Agreements, as applicable (R)
Upload a brief summary describing all current or proposed contracts and agreements supporting the proposed project. Only include a contract or agreement with a Participating Health Center if: 1) the organization will support the HCCN project in a capacity beyond its role as a Participating Health Center, and 2) these activities are not included in the Participating Health Center Memorandum of Agreement (Attachment 2). 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 (R)
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 include at least the organizations referenced in the Project Narrative: Collaboration Item 2. 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: Corporate Bylaws (C)
Both health center and HCCN applicants must document eligibility by uploading the HCCN's most recent bylaws that demonstrate that the HCCN is majority controlled by Health Center Program award recipients. Bylaws must be signed and dated by the appropriate individual indicating review and approval by the governing board.

Attachments 10: Indirect Cost Rate Agreement (as applicable)

If indirect costs are requested, the Indirect Cost Rate Agreement must be provided as Attachment 10.

Attachments 11 - 15: Other Documents (as applicable)
Include other relevant documents to support the proposed project plan (e.g., survey instruments, needs assessment reports). These attachments count against the total page limit.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management

Applicant organizations must obtain a valid Dun and Bradstreet Universal Numbering System Number (DUNS) and provide that number in their application. Each applicant 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 it has 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 an applicant/recipient organization has 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 4.1 of HRSA's *SF-424 Two-Tier Application Guide*.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 FOA in Grants.gov (Phase 1) is *February 1, 2016 at 11:59 P.M. Eastern Time*. The due date to complete all other required information in HRSA EHBs (Phase 2) is *March 1, 2016 at 5:00 P.M. Eastern Time.*

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

The Authorizing Official (AO) identified in the HRSA EHBs must submit the final application. The HRSA EHBs will present a message indicating successful transmission to HRSA upon successful completion of Phase 2.

5. Intergovernmental Review

HCCN applications are subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the HHS Grants Policy Statement.

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

6. Funding Restrictions

Applicants responding to this announcement may request three years of funding at a maximum value per year as stated in Table 2. 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.

Applicants may not require Participating Health Centers to become members or pay to receive the services provided through this award program.

The HHS Grants Policy Statement (HHS GPS) includes information about allowable expenses. Funds under this announcement may not be used for:

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

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review

criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria, which correspond to the Project Narrative sections, are outlined below with specific detail and scoring points.

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

Review Criteria are used to review and rank applications. The HCCN Program has seven (7) review criteria:

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

1. The extent to which the application demonstrates that the Participating Health Centers require assistance in:

    - EHR adoption and achieving Meaningful Use requirements;
    - Data collection, integration, analysis, and reporting; and
    - Use of HIEs to improve care coordination and population health.

2. The extent to which the application demonstrates that the Participating Health Centers require assistance in advancing performance on UDS Clinical Quality Measures and their challenges in leveraging health IT to do so. The application should present supporting data from UDS and other sources as appropriate.

3. The extent to which the application demonstrates that the Participating Health Centers require assistance in overcoming health IT and quality improvement related barriers to deliver care in the PCMH model.

4. The extent to which the application demonstrates that the Participating Health Centers require assistance in overcoming health IT and data related barriers to improving value, efficiency, and/or effectiveness of health center services.

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

1. The extent to which the Project Work Plan is completed as instructed in Appendix A, delineates appropriate target percentages for each goal, and details relevant, achievable activities for the first 12 months of the project period.

2. The extent to which a timeline for the entire three-year project period, accompanied by narrative as appropriate, outlines how subsequent year activities build upon those detailed in the Project Work Plan to achieve the three-year goals and outcomes for each Focus Area.

3. The extent to which the proposed activities respond to the Participating Health Centers' identified needs in each Focus Area and will be improved throughout the three-year project period based on continuous needs assessment.

4. The extent to which the proposed activities engage health centers without EHRs as Participating Health Centers and address their specific needs, referencing the Project Work Plan as appropriate. If such organizations are not included as Participating Health Centers, efforts to do so are described and/or plans to identify and support such organizations over the course of the three-year project period are outlined.

5. The extent to which the HCCN will help Participating Health Centers improve their operational and clinical quality by sharing data and supporting the analytic capacity of the state/regional PCA and other relevant stakeholders.

6. The extent to which proposed activities support the Roadmap and Federal Health IT Strategic Plan 2015-2020 goals.

7. The extent to which the application provides reasonable strategies to overcome implementation challenges that build on the applicant's current strengths, referencing the Contributing and Restricting Key Factors identified in the Project Work Plan as appropriate.

8. The strength of presented strategies to protect patient privacy and the security of patient information.

9. The strength of presented strategies to sustain the health IT and quality improvement advancements beyond the project period.

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

1. The extent to which the memorandum of agreement with the Participating Health Centers, submitted as Attachment 2 demonstrates that: 1) the Participating Health Centers are committed to achieving the project goals for the full three-year project period and will designate a champion to facilitate their efforts; 2) engagement in HCCN activities will not reduce the amount or quality of the Participating Health Centers' services; and 3) the HCCN will address the Participating Health Centers' needs through reasonable, achievable individualized work plans that will be developed within 90 days of award.

2. The extent to which the applicant has established partnerships that will help accomplish program goals by leveraging resources and avoiding duplication of effort.

3. The extent to which the Participating Health Centers will be engaged in refining and executing proposed activities throughout the three-year project period.

4. The extent to which the documentation provided in Attachment 8 includes at least the organizations referenced in response to Project Narrative: Collaboration Item 2 and clearly describes collaboration or support that is specific to the proposed project. Explanations are provided if letters could not be obtained from relevant organizations.

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 appropriateness and clarity of the planned outcomes.

3. The strength of the plan to collect and respond to performance feedback from the Participating Health Centers throughout the project period.

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

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

1. The strength of the applicant's experience and expertise in:

    - Successful coordination and provision of health IT services similar to those outlined in this FOA;
    - EHR adoption and implementation
    - Meeting Meaningful Use Stage 2 requirements and preparing for Stage 3;
    - Enhancing data reporting and analysis to improve clinical and operational quality;
    - Using HIEs to improve communication and care coordination;
    - Consulting on quality improvement activities; and
    - Consulting on PCMH recognition.

2. The strength of the organizational structure and staffing plan, including staff recruitment and retention strategies.

3. The extent to which Attachment 7 includes all relevant written agreements (e.g., contract, affiliation agreement), their purpose and scope, the type of services provided, and how they 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.

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

1. The strength of the governing board's monitoring of and engagement in the HCCN project. See also Attachments 3 and 9.

2. The extent to which the Participating Health Centers and other key stakeholders have a role in project oversight and the HCCN's governance.

3. Documentation is provided that demonstrates that the HCCN is majority controlled by, and acting on the behalf of, Health Center Program award recipients. See also Attachment 9.

4. The extent to which the HCCN has effective, independent leadership that is distinct from individual health centers' governing boards and the HCCN's governing board's procedures are appropriate to govern the organization. See also Attachment 9.

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 Justification Narrative) is complete, reasonable, and supports the proposed Project Work Plan and staffing plan.

2. The extent to which the proposed project is a cost-effective approach for meeting the health IT, HIE, and health IT-enabled service needs of the Participating Health Centers.

2. Review and Selection Process

Please see Section 6.3 of HRSA's *SF-424 Two-Tier Application Guide*.

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

Note: HRSA may elect to not 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). The decision not to make an award or to make an award at a particular funding level is discretionary and is not subject to appeal to any operating division or HHS official or board.

3. Assessment of Risk

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).

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS, in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in § 200.205 Federal Awarding Agency Review of Risk Posed by Applicants.

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any Department of Health and Human Services (HHS) Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of August 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of August 1, 2016. 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 of HRSA's *SF-424 Two-Tier Application Guide*.

3. Reporting

The successful applicant under this FOA 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 a progress update in the non-competing continuation progress report, which triggers the budget period renewal and release of the subsequent year of funding.

2) **Uniform Data System (UDS) Reports** – HRSA will also monitor progress via the required annual UDS reports completed by the Participating Health Centers.

3) **Integrity and Performance Reporting -** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 2 CFR 200 Appendix XII.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Christie Walker
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Telephone: (301) 443-7742
E-mail: cwalker@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Shannon McDevitt
Public Health Analyst
Expansion Division, Office of Policy and Program Development
Telephone: (301) 594-4300
E-mail: bphchccn@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx

Applicants/recipients may need assistance when working online to submit the remainder of their information electronically through HRSA EHBs. For assistance with submitting the remaining information in HRSA EHBs, contact the contact the Bureau of Primary Health Care (BPHC) Helpline, Monday-Friday, 8:30 a.m. to 5:30 p.m. ET:

BPHC Helpline
Telephone: (877) 974-2742
Web: http://www.hrsa.gov/about/contact/bphc.aspx

VIII. Other Information

Technical Assistance Webinar

HRSA will hold a pre-application technical assistance webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the FOA and an opportunity for applicants to ask questions. Visit the HCCN TA webpage at http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html for webinar details and presentation materials.

Technical Assistance Webpage

A technical assistance webpage has been established to provide applicants with copies of funding opportunity-specific forms, answers to frequently asked questions, and other resources that will help organizations submit competitive applications. To review available resources, visit http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html. Refer to http://www.hrsa.gov/grants/apply for general (i.e., not funding opportunity-specific) videos and slides on a variety of application and submission topics.

IX. Tips for Writing a Strong Application

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

APPENDIX A: PROJECT WORK PLAN INSTRUCTIONS

Overview

The Project Work Plan provides the Goals that will be attained by the end of the three year project period, July 31, 2019, and details the proposed Activities to be conducted in the first 12 months of the project period, from August 1, 2016 to July 31, 2017.

Project Work Plan content will be entered directly into the HRSA EHBs during the HRSA EHBs application phase. Applicants must follow the instructions provided in Table 3 to ensure that all fields are properly completed. An incomplete or incorrectly completed Project Work Plan may negatively impact an application's objective review score.

The HCCN Core Objectives, Focus Areas, and Goals are provided in Table 1. A sample Project Work Plan is available at http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html.

Table 3: Project Work Plan Instructions

Field	Instructions
Core Objective	Select one Core Objective at a time: A. Health IT Implementation and Meaningful Use B. Data Quality and Reporting C. Health Information Exchange D. Quality Improvement *The subsequent fields must be completed for each Core Objective.*
Goal	Select a Goal (e.g., Goal A1) *The subsequent fields must be completed for each Goal.*
Baseline Data	Provide the baseline numerator and denominator for the selected Goal.
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, 2019) for the selected Goal.

Field	Instructions
Baseline Data Source (maximum 500 characters)	Describe how the baseline data were obtained to demonstrate their validity.
Key Factors (maximum 500 characters)	Identify the factors that will contribute to and restrict progress on achieving the selected Goal. Cite supporting data sources, (e.g., needs assessments, focus groups). A minimum of 2 and a maximum of 3 Key Factors may be included. At least 1 Contributing and 1 Restricting Key Factor must be identified.
Focus Area	Select a Focus Area (e.g., Focus Area A1)
Activity (limit 500 characters)	Describe the major planned activities to be conducted in the first 12 months of the project period that will address the selected Focus Area and lead to Goal attainment by the end of the three year project period. A minimum of 2 and a maximum of 5 Activities must be provided for each Focus Area. *Complete the subsequent fields for each Activity.*
Person/Area Responsible (limit 200 characters)	Identify the person/position that will be responsible for conducting the Activity.
Time Frame (limit 500 characters)	Provide the date(s) for principle Activity milestones.
Expected Outcome (limit 200 characters)	Identify the principal Activity outcome.

APPENDIX B: EXAMPLE ACTIVITIES

Example activities for each Focus Area are provided as a tool for applicants and are not inclusive. The activities proposed by the applicant should reflect its capabilities and the Participating Health Centers' needs and strengths.

Core Objective A: Health IT Implementation and Meaningful Use

Focus Area A1: Certified EHR Adoption and Implementation

- Identify health centers without an EHR and support their EHR adoption and implementation.
- Support EHR workforce recruitment, user support, and training on certified EHR systems at Participating Health Center sites.
- Support customization of EHR systems to best meet the unique needs of Participating Health Centers, including special populations served.
- Help health centers obtain and maintain broadband connectivity necessary to support meaningful use of health IT.

Focus Area A2: Advance Meaningful Use Efforts

- Support workflow redesign to align with Meaningful Use requirements (e.g., data collection, visit summary provision).
- Assist eligible providers at Participating Health Centers in completing required attestation documentation for the CMS EHR Incentive Program.[11]

Core Objective B: Data Quality and Reporting

Focus Area B1: Data Quality

- Support Participating Health Centers' analysis of their data collection, management, analysis, and reporting processes.
- Provide support for integrating health IT data essential to Participating Health Centers caring for safety-net populations (e.g., patient registries, quality measures, UDS reporting).

Focus Area B2: Site and Team Level Data Reports

- Support health IT system customization to address the unique needs of the Participating Health Centers through data collection template design.
- Train Participating Health Center staff to develop and utilize quality improvement reports.

[11] The CMS EHR Incentive Program provides incentive payments to eligible health care providers as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. For more information, see https://www.cms.gov/EHRIncentivePrograms/.

Focus Area B3: Health Data Integration

- Support integration of clinical information from diverse health care services (e.g., behavioral health, oral health) by facilitating the customization of Participating Health Centers' EHR systems.
- Coordinate data migration and abstraction training.

Core Objective C: Health Information Exchange and Population Health Management

Focus Area C1: Health Information Exchange

- Support HIE infrastructure development to improve care coordination (e.g., electronic laboratory, ePrescribing, immunization registries, surveillance data reporting).
- Support Participating Health Centers' use of Department of Health and Human Services (HHS)-recognized data exchange standards (e.g., HL7).[12]

Focus Area C2: Population Health Management

- Support Participating Health Centers in deploying HIE in public health reporting.
- Support Participating Health Centers in using health information from various care settings to improve population health management activities.

Core Objective D: Quality Improvement

Focus Area D1: Clinical Quality Improvement

- Support Participating Health Centers in developing data collection and reporting processes that foster real-time use of clinical data.
- Train Participating Health Centers to integrate data from EHR and other health IT systems to improve quality and manage risk.

Focus Area D2: Operational Quality Improvement

- Support Participating Health Centers in integrating data from Health IT systems into business policies, procedures and decision-making.
- Support Participating Health Centers in developing strategies to manage costs and increase efficiency using health IT.

Focus Area D3: Advance PCMH Status

- Support Participating Health Centers' provision of self-care support and community resources through health IT systems.
- Support Participating Health Centers' use of health IT systems to support culturally and linguistically appropriate services.

[12] 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/.

APPENDIX C: CLINICAL QUALITY MEASURES

The 2015 UDS Clinical Quality Measures, defined below, are comprised of Quality of Care Measures and Health Outcomes and Disparities metrics.[13] Applicants must propose to increase the percentage of Participating Health Centers that meet or exceed Healthy People 2020 goals on at least five selected UDS Clinical Quality Measures to address Focus Area D1.

Quality of Care Measures

Percentage of prenatal care patients who entered treatment during their first trimester

Numerator: Number of women entering prenatal care at the health center or with the referral provider during their first trimester

Denominator (Universe): Total number of women seen for prenatal care during the year

Percentage of children with their 3rd birthday during the measurement year who are fully immunized before their 3rd birthday

Numerator: Number of children among those included in the denominator who were fully immunized before their 3rd birthday; a child is fully immunized if s/he has been vaccinated or there is documented evidence of contraindication for the vaccine or a history of illness for ALL of the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 1VZV (Varicella), and 4 Pneumococcal conjugate, prior to her/his third birthday

Denominator: Number of all children with at least one medical visit during the reporting period, who had their 3rd birthday during the reporting period, or a sample of 70 of these children

Percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer

Numerator: Number of female patients 24–64 years of age receiving one or more documented Pap tests during the measurement year or during the 2 calendar years prior to the measurement year among those women included in the denominator; OR, for women who were 30 years of age or older at the time of the test who choose to also have an HPV test performed simultaneously, during the measurement year or during the 4 calendar years prior to the measurement year

Denominator: Number of all female patients age 24–64 years of age during the measurement year who had at least one medical visit during the reporting year, or a sample of these women

Percentage of patients aged 2 until 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year

Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of

[13] For information about the 2015 UDS Clinical Quality Measures see http://bphc.hrsa.gov/qualityimprovement/performancemeasures/index.html.

counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year

Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday OR a sample of these patients

Percentage of patients aged 18 and older who had documentation of a calculated BMI during the most recent visit or within the six months prior to that visit and if the most recent BMI is outside parameters, a follow-up plan is documented

Numerator: Number of patients in the denominator who had their BMI (not just height and weight) documented during their most recent visit OR within six months of the most recent visit AND if the most recent BMI is outside parameters, a follow-up plan is documented

Denominator: Number of patients who were 18 years of age or older during the measurement year, who had at least one medical visit during the reporting year, OR a sample of these patients

Percentage of patients age 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user

Numerator: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within 24 months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user

Denominator: Number of patients who were 18 years of age or older during the measurement year, seen after 18th birthday, with at least one medical visit during the reporting year, and with at least two medical visits ever, OR a sample of these patients

Percentage of patients aged 5 through 40 with a diagnosis of mild, moderate, or severe persistent asthma who received or were prescribed accepted pharmacologic therapy

Numerator: Number of patients in the denominator who received a prescription for or were provided inhaled corticosteroid or an accepted alternative medication

Denominator: Number of patients who were 5 through 40 years of age at some point during the measurement year, who have been seen at least twice in the practice and who had at least one medical visit during the reporting year, who had an active diagnosis of persistent asthma OR a sample of these patients

Percentage of patients aged 18 years and older with a diagnosis of Coronary Artery Disease (CAD) who were prescribed a lipid-lowering therapy

Numerator: Number of patients in the denominator who received a prescription for or were provided or were taking lipid lowering medications

Denominator: Number of patients who were seen during the measurement year after their 18th birthday, who had at least one medical visit during the reporting year, with at least two medical visits ever, and who had an active diagnosis of coronary artery disease (CAD) including any diagnosis for myocardial infarction (MI) or who had had cardiac surgery in the past – OR a sample of these patients

Percentage of patients aged 18 years and older who were discharged alive for acute myocardial infarction (AMI) or coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) in the prior year OR who had a diagnosis of ischemic vascular disease during the measurement year who had documentation of use of aspirin or another antithrombotic

Numerator: Number of patients in the denominator who had documentation of aspirin or another anti-thrombotic medication being prescribed, dispensed or used

Denominator: Number of patients who were aged 18 and older at some point during the measurement year, who had at least one medical visit during the reporting year, who had an active diagnosis of ischemic vascular disease (IVD) during the current or prior year OR had been discharged after AMI or CABG or PTCA in the prior year—OR a sample of these patients

Percentage of patients aged 50 to 75 who had appropriate screening for colorectal cancer

Numerator: Number of patients aged 51 through 74 with appropriate screening for colorectal cancer

Denominator: Number of patients who were aged 51 through 74 at some point during the measurement year, who had at least one medical visit during the reporting year

Percentage of patients aged 12 and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented

Numerator: Number of patients age 12 years and older who were (1) screened for depression with a standardized tool during the measurement year and, if positive, (2) had a follow-up plan documented

Denominator: Number of patients age 12 years and older who had at least one medical visit during the measurement year

Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis

Numerator: Number of patients in the denominator who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis

Denominator: Number of patients first diagnosed with HIV between October 1 of the prior year through September 30, of the current measurement year

Percentage of children, age 6–9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the reporting period

Numerator: Subset of children in the denominator who received a sealant on a permanent first molar tooth in the measurement year

Denominator: Number of health center patients, age 6–9 years old, who had an oral assessment or comprehensive or periodic oral evaluation visit and are at moderate to high risk for caries in the measurement year

Health Outcomes and Disparities

Percentage of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes, whose hemoglobin A1c (HbA1c) was greater than 9% at the time of the last reading in the measurement year or an HbA1c test was not done

Numerator: Number of adult patients whose most recent hemoglobin A1c level during the measurement year is > 9% among those patients included in the denominator

Denominator: Number of adult patients aged 18 to 75 as of December 31 of the measurement year with a diagnosis of Type I or II diabetes AND, who have been seen in the clinic for medical visits at least twice during the reporting year AND, do not meet any of the exclusion criteria OR a statistically valid sample of 70 of these patients

Percentage of patients 18 to 85 years of age with diagnosed hypertension whose blood pressure (BP) was less than 140/90 at the time of the last reading

Numerator: Number of patients in the denominator whose last systolic blood pressure measurement was less than 140 mm Hg and whose diastolic blood pressure was less than 90 mm Hg

Denominator: All patients 18 to 85 years of age as of December 31 of the measurement year with a diagnosis of hypertension AND who were first diagnosed by the health center as hypertensive at some point before June 30 of the measurement year AND who have been seen for medical visits at least twice during the reporting year OR a statistically valid sample of 70 of these patients

Percentage of patients born to health center patients whose birthweight was below normal (less than 2500 grams)

Numerator: Number of children born with a birthweight of under 2500 grams

Denominator: Number of children born