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

Bureau of Primary Health Care
Office of Quality and Data

Affordable Care Act - Health Center Controlled Networks

Announcement Type: New
Announcement Number: HRSA-13-237

Catalog of Federal Domestic Assistance (CFDA) No. 93.527

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date in Grants.gov:
September 10, 2012

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

Release Date: June 19, 2012
Issuance Date: June 19, 2012

Joanne Galindo
Public Health Analyst
Bureau of Primary Health Care
Office of Policy and Program Development
BPHCHCCN@hrsa.gov
301-594-4300
http://www.hrsa.gov/grants/apply/assistance/HCCN

Authority: Public Health Service Act, Section 330(e), 42 U.S.C. 254b

EXECUTIVE SUMMARY

This funding opportunity announcement (FOA) details the eligibility requirements, program requirements, review criteria, and awarding factors for organizations seeking a grant under the Health Center Controlled Networks (HCCN) funding opportunity in fiscal year (FY) 2013. The Health Resources and Services Administration (HRSA) is seeking to provide grants to HCCNs, authorized by Section 330(e) of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b), to enable the adoption, implementation, and meaningful use of Health Information Technology (HIT) to improve the quality of care provided by existing Health Center Program grantees (i.e., Section 330 funded health centers). Subject to the availability of appropriated funds, HRSA anticipates awarding approximately $20 million to support approximately 25 to 30 grants for Federal fiscal years 2013-2015.

Recipients of these awards will advance the adoption and meaningful use of HIT as well as support quality improvement (QI) in participating health centers. All organizations receiving funding under this announcement are expected to meet the following program requirements (refer to Section I.3 for more information):

1. **Adoption and Implementation**: HCCN applicants must propose activities to assist participating health centers with effectively adopting and implementing certified Electronic Health Record (EHR) technology at all sites by the end of the project period.

2. **Meaningful Use**: HCCN applicants must propose activities to support participating health centers in making the necessary technical upgrades and workflow changes to meet meaningful use requirements and access incentive payments under the Medicare and Medicaid Electronic Health Records Incentive Programs.

3. **Quality Improvement**: HCCN applicants must propose activities to advance participating health centers' QI initiatives to improve clinical and operational quality, reduce health disparities, improve population health through HIT, and achieve Patient Centered Medical Home (PCMH) recognition.

Eligible Applicants (refer to Section III.1 for more information)
To be eligible, the applicant organization must:

1. Be a public or private non-profit organization, including tribal and community-based organizations.

2. Be either:
   - A practice management network (hereafter referred to as a Health Center Controlled Network, or HCCN) controlled by and acting on behalf of health centers funded under Section 330 of the PHS Act. The HCCN must be majority controlled and, as applicable, majority owned by such health centers. For the purposes of this FOA, the term "controlled" means to have the collective authority to appoint a minimum of 51 percent of the HCCN's board members; **OR**
   - A health center, funded for at least the two consecutive preceding years under Section 330 of the PHS Act, applying on behalf of an HCCN.

3. Provide evidence of Health Center Program grantees committed to participating with the HCCN to achieve the three goals of the grant program (adoption and implementation, meaningful use, and quality improvement) within their organizations. See Appendix C for detailed instructions. For the purposes of this grant, these organizations will be referred to as "participating health centers."

Project Period Start Date: December 1, 2012

Application Submission
HRSA requires applicants for this FOA to apply electronically through Grants.gov. **To ensure adequate time to successfully submit the application, HRSA recommends that applicants register immediately in Grants.gov** since the registration process can take up to one month. For information on registering for Grants.gov, refer to http://www.grants.gov or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Application Contacts
If you have questions regarding the FY 2013 HCCN application or the review process described in this FOA, refer to Section VII to determine the appropriate agency contact. HRSA will hold a pre-application technical assistance (TA) call for applicants seeking funding through this opportunity. Please visit the HCCN TA website at http://www.hrsa.gov/grants/apply/assistance/HCCN for the call date, time, dial-in number, and additional resources.

Table of Contents

I. Funding Opportunity Description

1. PURPOSE

This announcement solicits applications for Health Center Controlled Networks (HCCN) in fiscal year (FY) 2013. The Health Resources and Services Administration (HRSA) is seeking to provide grants to HCCNs to advance the adoption and implementation of Health Information Technology (HIT) and to support quality improvement in health centers throughout the United States and its territories.[1] HCCN grants will support the adoption and meaningful use of certified electronic health records (EHRs)[2] and technology-enabled quality-improvement (QI) strategies in health centers. Subject to the availability of appropriated funds, HRSA anticipates awarding approximately $20 million to support approximately 25 to 30 grants for Federal fiscal years 2013-2015.

2. BACKGROUND

This program is authorized by Section 330(e) of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). It is the goal of HRSA that all Health Center Program grantees will:

- Acquire and effectively implement certified EHR technology to enable all eligible providers to become meaningful users of EHRs as defined by the Centers for Medicare & Medicaid Services (CMS).
- Access EHR incentive program payments.
- Enhance participation in quality improvement activities.

According to HRSA's Uniform Data System (UDS), as of December 2010, 35 percent of Health Center Program grantees reported having no EHR, 14 percent of Health Center Program grantees reported not having EHRs at all sites for use by all providers, and 50 percent of Health Center Program grantees reported having EHRs at all sites. HCCNs are a mechanism for health centers to join together to address operational and clinical challenges, particularly the acquisition and implementation of HIT, in a more cost-efficient manner. HCCNs assist in the implementation of EHRs in the safety net community and provide strategies for building HIT capacity. Because HCCNs tailor services and resources to meet the individual needs of community health centers, they offer economies of scale that help small safety-net providers to successfully implement EHR systems.[3]

The HCCN model focuses on improving quality of care, reducing health disparities, and improving population health through the integration of functions and sharing of data to improve health center operations and maximize program efficiencies. HCCNs can provide the HIT infrastructure and support that health centers need to effectively implement certified EHR

[1] For the purposes of this FOA, the term "health center" means organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended.

[2] For the purposes of this FOA, "certified EHR" refers to HIT products certified by the Office of the National Coordinator for HIT Authorized Testing and Certification Body. For further information about ONC certified HIT 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.

technology and other HIT necessary to achieve meaningful use and improve quality of care through the following HCCN key attributes:

- Economies of scale – group purchasing power and shared resources, staff, infrastructure, and training
- Data and information expertise – supporting quality measurement and improvement
- Diverse experiences – relationships with multiple HIT/EHR products and the ability to pool lessons learned across providers.

HCCNs enhance the quality and efficiency of primary and preventive care at health centers through the effective use of HIT and certified EHR technology. HCCN grants support state, regional, and community-based organizations that assist health centers with the adoption and implementation of HIT, including meaningful use of EHRs, Patient Centered Medical Home (PCMH) recognition, and quality improvement. A fundamental step in health center quality transformation is to effectively implement certified EHR technology that meet health centers' specific HIT needs for providing health care and effective quality improvement. Meaningful use of EHRs supports the goals of improving health care quality, efficiency, and patient safety.

Through this award, HCCNs will support participating health centers throughout their participation in the current and future stages of meaningful use included in the Medicare and Medicaid EHR Incentive Programs.[4] Stage 1 sets the baseline for electronic data capture and information sharing. Stage 1 meaningful use criteria focus heavily on establishing the functionalities in certified EHR technology that will allow for continuous quality improvement and ease of information exchange. The proposed goals for Stage 2 meaningful use criteria expand upon Stage 1 criteria to encourage the use of HIT for continuous quality improvement at the point of care and the exchange of information in the most structured format possible. It is expected that stage 3 will focus on promoting improvements in quality, safety, and efficiency leading to improved health outcomes.

II. Award Information

1. TYPE OF AWARD

Funding will be provided in the form of a grant.

2. SUMMARY OF FUNDING

This program will provide funding during Federal fiscal years 2013 - 2015. Approximately $20 million is expected to be available annually to fund 25 to 30 grantees. The project period is three years. The yearly maximum amount that an applicant can request is dependent upon the number of participating health centers committed to working with the applicant throughout the three-year project period toward accomplishment of the grant goals as evidenced by executed Memoranda

[4] 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. See http://www.hrsa.gov/healthit/toolbox/HealthITAdoptiontoolbox/MeaningfulUse/whatistheehrincentprog.html and https://www.cms.gov/EHRIncentivePrograms/

of Agreement and the Participant Verification Sheet. **Applicants are required to include a minimum of 10 participating health centers. Health center participation under the HCCN grant does not require membership in the HCCN, and the HCCN cannot charge participating health centers for the services provided under this grant. A Health Center Program grantee cannot serve as a participating health center for more than one HCCN for the purposes of this HCCN grant application.**

Award amounts will not exceed, in any year of the three-year project period, the maximum amount for which the applicant organization is eligible to apply. Awards may range from $400,000 to $1,000,000 based on the number of participating health centers. See Table 1 below:

Table 1: Annual Award Limitations

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

Awards to support projects beyond the first budget year of December 1, 2012 – November 30, 2013 will be contingent upon Congressional appropriation, compliance with applicable statutory and regulatory requirements, demonstrated organizational capacity to accomplish the project's goals, and a determination that continued funding would be in the best interest of the Federal government.

PROGRAM REQUIREMENTS

Based on an assessment of the HIT needs of participating health centers, HCCN applicant organizations must propose activities that will enhance the quality and efficiency of primary and preventive care at health centers and have a measurable and positive impact on the health of underserved communities and/or vulnerable populations through the adoption and implementation of HIT, including meaningful use of EHRs and technology-enabled QI strategies. The program requirements outlined in this funding opportunity announcement are designed to support HCCN services that enable health centers to be well positioned for the evolving healthcare landscape.

HCCN grant recipients are expected to conduct a range of HIT implementation support activities throughout the three-year project period based on participating health centers' unique needs, including Uniform Data System (UDS) reporting. HCCN grant recipients are required to conduct activities under each of the following three areas:

1. **Adoption and Implementation**: Applicants will propose activities to assist participating health centers that either do not currently have or have recently begun to implement an Office of the National Coordinator for HIT Authorized Testing and Certification Body (ONC-ATCB) certified EHR in use at all sites with the support needed to effectively adopt and implement a certified EHR system.[5] Based on annual needs assessments, applicants will propose activities to support participating health centers at various stages of EHR adoption:
    - health centers that do not currently have certified EHR technology;
    - health centers that have a certified EHR in use at some sites, but not all sites;[6] and
    - health centers that have begun to implement certified EHR technology.

    The goal of these activities is to effectively adopt and implement a certified EHR system at all sites by the end of the project period.

2. **Meaningful Use**: Applicants will propose activities to assist participating health centers that adopt or currently have an EHR to: (a) become meaningful users of those systems, as defined by the Medicare and Medicaid EHR Incentive Programs; and (b) have their providers receive EHR incentive payments from CMS/states for the meaningful use of EHRs. Based on annual needs assessments, applicants will propose activities to support participating health centers in making the necessary technical upgrades and workflow changes to meet all stages of meaningful use requirements under the Medicare and Medicaid EHR Incentive Programs and securing and maintaining incentive payments through all stages of meaningful use.

3. **Quality Improvement**: Applicants will propose activities to assist participating health centers that have an EHR to advance their QI initiatives to improve clinical and operational quality, reduce health disparities, and improve population health through HIT by leveraging existing strengths to foster continuous quality improvement. Based on annual needs assessments, applicants will propose activities to support participating health centers in improving at least one of each participating health center's Uniform Data System clinical quality measures beyond the Healthy People 2020 goal level and achieving Patient Centered Medical Home recognition[7].

[5] For purposes of this FOA, "adoption," "implementation," and "upgrade" are defined as under 42 CFR 495.302.
[6] For the definition of a service site, see Policy Information Notice 2008-01: Defining Scope of Project & Policy for Requesting Changes, available at http://bphc.hrsa.gov/policiesregulations/policies/pin200801.html.
[7] Patient Centered Medical Homes are a system for improving the overall quality, safety, and efficiency of health care organizations. It is HRSA's goal that all health center grantees will become recognized as PCMH by a nationally accepted program, such as NCQA, the Joint Commission, or AAAHC.

Applicants must provide a 36-month project work plan. A summary of required focus areas and activities is provided below. Applicants may identify additional activities beyond those required. The extent and type of such activities should be based on identified participating health centers' needs, HRSA priorities, and alignment with relevant state and national privacy and security requirements. See Appendix A for a list of potential program activities that fall under each focus area listed in Table 2. See Appendix B for detailed instructions for completing the project work plan.

Table 2: Program Requirements and Focus Areas

Program Requirement 1: Adoption and Implementation Applicants will propose activities that will provide participating health centers that do not currently have or have recently begun to implement a certified EHR in use at all sites with the support needed to effectively adopt and implement a certified EHR system at all sites by the end of the project period. Activities must be based on the identified needs of participating health centers in the focus areas listed below (A1-A5). Applicants must propose at least two activities in each focus area.	
A1.	**Due Diligence**: Conduct thorough due diligence to ensure that systems include key features and meet health centers' needs.
A2.	**Economies of Scale/Vendor Management**: Support shared resources to employ economies of scale and manage vendor relationships.
A3.	**Pre-Implementation**: Provide technical assistance in project management, informatics, decision making, and implementation planning.
A4.	**Go-Live**: Provide EHR implementation technical assistance and training.
A5.	**Post-Implementation/Ongoing Support**: Provide ongoing support, planning, and training, including assisting participating centers and eligible providers in the initial registration, attestation, and data submission required to receive Adoption/ Implementation/Upgrade incentive payments from CMS/states for initial EHR adoption activities.

Program Requirement 2: Meaningful Use Applicants will propose activities to support participating health centers in making the necessary technical upgrades and workflow changes to meet applicable stages of meaningful use requirements under the Medicare and Medicaid EHR Incentive Programs and securing and maintaining incentive payments from CMS/states through the project period. Activities must be based on the identified needs of participating health centers in the focus areas listed below (B1-B3). Applicants must propose at least two activities in each focus area.	
B1.	**System Architecture**: Support EHR upgrades and modifications, data sharing, reporting, and systems training to meet meaningful use requirements.
B2.	**EHR Incentive Program Application**: Provide training and assist participating centers and providers in registration, attestation, and data submission required to receive incentive payments from CMS/states.
B3.	**Ongoing Support**: Provide planning, system development, and collaboration to maintain meaningful use compliance through applicable stages of meaningful use as defined by the Medicare and Medicaid EHR Incentive Programs.
Program Requirement 3: Quality Improvement Applicants will propose activities to support participating health centers in improving at least one of each participating health center's Uniform Data System clinical quality measures beyond the Healthy People 2020 goal level and achieving Patient Centered Medical Home recognition. Activities must be based on the identified needs of participating health centers in the focus areas listed below (C1-C4). Applicants must propose at least two activities in each focus area.	
C1.	**HIT-Enabled Use of Data for Quality Improvement**: Develop and use quality reports, data dashboards, population health management systems, and centralized HIT tools to manage patient populations and manage and coordinate integrated care.
C2.	**Data Sharing and Information Exchange**: Provide HIT support to maximize functional interoperability and use of data exchange standards, foster program efficiencies, and provide operational and clinical improvement, focusing on Uniform Data System clinical quality measures that meet or exceed Healthy People 2020 goals.
C3.	**Best Practices for System Use and System Optimization**: Provide QI training and support the integration of HIT efforts into larger quality strategies and service provision, optimizing continuous quality improvement.
C4.	**Use of HIT for Practice Transformation and Alignment with the Health Care Landscape**: Coordinate QI activities to support health centers in aligning their HIT efforts with HIT changes in the evolving health care delivery system.

III. Eligibility Information

1. Eligible Applicants

Applicants must meet all three of the following eligibility requirements. **Applications that do not demonstrate compliance with all eligibility requirements will be deemed non-responsive and will not be considered for HCCN funding.**

To be eligible, the applicant organization must:

1. Be a public or private non-profit organization, including tribal and community-based organizations.

2. Be either:
   - A practice management network (hereafter referred to as a Health Center Controlled Network or HCCN) controlled by and acting on behalf of health centers funded under Section 330 of the PHS Act. The HCCN must be majority controlled and, as applicable, majority owned by such health centers. For the purposes of this FOA, the term "controlled" means to have the authority collectively to appoint a minimum of 51 percent of the HCCN's board members; **OR**
   - A health center, funded for at least the two consecutive preceding years under Section 330 of the PHS Act, applying on behalf of a HCCN.

3. Provide evidence of Health Center Program grantees committed to participating with the HCCN to achieve the three goals of the grant program (adoption and implementation, meaningful use, and quality improvement) within their organizations. Participating health centers **do not** have to be HCCN members.

2. Cost Sharing/Matching

Cost sharing or matching is not a requirement for this funding opportunity.

3. Other

Applications that exceed the yearly maximum amount that an applicant can request based on the number of participating Health Center Program grantees will be considered non-responsive and will not be considered for funding under this announcement. **Applicants must include a minimum of 10 participating health centers committed to working throughout the three-year project period to accomplish the project goals.**

Any application that fails to satisfy the deadline requirement referenced in Section IV.3 or exceeds the maximum number of pages referenced in Section IV.2 will be deemed non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Submission Information
HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. This registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining their registrations, which should be completed well in advance of submitting an application. All applicants ***must*** submit in this manner unless they obtain a written exemption from this requirement in advance of the deadline by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number; the organization's DUNS number; the name, address, and telephone number of the organization; the name and telephone number of the Project Director; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission; and a copy of the "Rejected with Errors" notification from Grants.gov. **HRSA and its Digital Services Operation will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. It is suggested that applicants submit their applications to Grants.gov at least two days before the deadline to allow for unforeseen circumstances.

IMPORTANT NOTICE: CCR to be moved to SAM
at the end of July 2012
(rev. 5/22/12)

The General Services Administration (GSA) is moving the implementation date of the System for Award Management (SAM) from May 29, 2012 to the end of July 2012. The additional sixty days will allow Federal agencies to continue preparing their staff, give agencies and commercial system providers even more time to test their data transfer connections, and will ensure SAM contains the critical, documented capabilities users need from the system.

The first phase of SAM will include the capabilities of Central Contractor Registration (CCR)/Federal Agency Registration (FedReg), Online Representations and Certifications Application (ORCA), and the Excluded Parties List System (EPLS). In preparation for the launch, GSA conducted extensive testing internally and in coordination with Federal agencies using the data from these systems in their own contracting, grants, finance, and other departments. The testing was very valuable and will focus the efforts of the next sixty days.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember

and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

Active CCR registration is a pre-requisite to the successful submission of grant applications!

Grants.gov strongly suggests visiting CCR prior to this change and checking the account status. Some things to consider are:

- When does the account expire?
- Does the organization need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about the switch from CCR to SAM, more information is available at https://www.bpn.gov/ccr/NewsDetail.aspx?id=2012&type=N. To learn more about SAM, please visit https://www.sam.gov.

Note: CCR or SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. This systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect; or SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, ***check for active registration well before the grant deadline.***

Applicants can view their CCR Registration Status by visiting http://www.bpn.gov/CCRSearch/Search.aspx and searching by the organization's DUNS number. The CCR website (https://www.bpn.gov/ccr) provides user guides, renewal screen shots, FAQs, and other helpful resources.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in the *HRSA Electronic Submission User Guide*, available at http://www.hrsa.gov/grants/apply/userguide.pdf. This guide includes detailed application and submission instructions. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available at http://www.grants.gov/applicants/app_help_reso.jsp#guides. This guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the guides and this funding opportunity announcement in conjunction with Application Form SF-424. The SF-424 forms and instructions may be obtained by:

(1) Downloading from http://www.grants.gov or

(2) Contacting HRSA Digital Services Operation (DSO) at HRSADSO@hrsa.gov

Each HRSA funding opportunity contains a unique set of forms, and only the specific forms package posted with an opportunity will be accepted. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the Application Format Requirements section below.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

Application Format Requirements
The total size of all uploaded files may not exceed the equivalent of 100 pages when printed by HRSA, or a total file size of 10 MB. See Tables 3-4 for information about the application components included in the page limit. **Applicants are strongly encouraged to print their applications before submitting electronically to ensure that they do not exceed the 100-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *HRSA Electronic Submission User Guide* referenced above.**

Applications must be complete, within the 100-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format
Applications for funding must consist of the following documents in the following order:

(In the Form Type column of Tables 3-4, the word "E-Form" refers to forms that are downloaded from Grants.gov, completed offline, and uploaded to Grants.gov. The word "Document" refers to materials that must be downloaded, completed, and then uploaded. The word "Attachment" refers to a document to be uploaded for which no template is provided.)

Table 3: Submission through Grants.gov

http://www.grants.gov

- It is mandatory to follow these instructions to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered for funding.
- For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment). Do not attempt to number standard OMB approved form pages.
- For electronic submissions, no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.
- Limit file attachment names to 50 characters or less. Do not use special characters (e.g., %, /, #) or spacing in the file name. An underscore (_) may be used to separate words in a file name. Attachments will be rejected by Grants.gov if special characters are included or if file names exceed 50 characters.
- All items listed in this table are required unless otherwise noted.

Application Section	Form Type	Instruction	Guidelines
Application for Federal Assistance (SF-424)	E-Form	Complete pages 1, 2, & 3 of the SF-424. See instructions in Section IV.2.i.	Not counted in the page limit
Project Summary/Abstract	Attachment	Type the title of the FOA and upload the project abstract on page 2, Box 15 of the SF-424. See instructions in Section IV.2.viii.	Counted in the page limit
Additional Congressional District(s) (as applicable)	Attachment	Upload a list of additional Congressional Districts served by the project if all districts served will not fit in Box 16b of the SF-424.	Not counted in the page limit
Project Narrative Attachment Form	E-Form	Supports the upload of Project Narrative document	Not counted in the page limit
Project Narrative	Attachment	Upload in the Project Narrative Attachment Form. See instructions in Section IV.2.ix.	Counted in the page limit.
SF-424A Budget Information - Non-Construction Programs	E-Form	Complete Sections A and B. Complete Section F if applicable. See instructions in Appendix D.	Not counted in the page limit.
Budget Narrative Attachment Form	E-Form	Supports the upload of Budget Narrative document.	Not counted in the page limit
Budget Narrative	Attachment	Upload in the Budget Narrative Attachment Form. See instructions in Appendix D.	Counted in the page limit.
SF-424B Assurances - Non-Construction Programs	E-Form	Complete the Assurances form.	Not counted in the page limit.

Application Section	Form Type	Instruction	Guidelines
Project Performance Site Location(s)	E-Form	Provide ***only*** the administrative site of record.	Not counted in the page limit
Grants.gov Lobbying Form	E-Form	Complete Certification Regarding Lobbying.	Not counted in the page limit
SF-LLL: Disclosure of Lobbying Activities (as applicable)	E-Form	Complete the form only if lobbying activities are conducted.	Not counted in the page limit
Attachments Form	E-Form	Upload all required and applicable supporting attachments. See the attachment list in Table 4 below.	Not counted in the page limit.

Table 4: List of Attachments

- To ensure that attachments are organized and printed in a consistent manner, follow the order provided below.
- Merge similar documents (e.g., Letters of Support) into a single document, and add a table of contents page specific to the attachment. The Table of Contents page will not be counted in the page limit.
- If the attachments marked "required for completeness" are not uploaded, the application will be considered non-responsive.
- If the attachments marked "required for review" are not uploaded, the application's objective review score will be negatively impacted.

Attachment	Form Type	Instruction	Guidelines
Attachment 1: Project Work Plan (required for completeness)	Document	Upload the required Project Work Plan. Refer to Appendix B for detailed instructions and see the TA website for a sample.	Counted in the page limit
Attachment 2: Health Center Participant Verification Sheet (required for completeness)	Document	Provide proof of project commitment from participating health centers by providing the signatures of the CEOs of the centers along with indication of the specific program areas in which each center will participate. Refer to Appendix C for instructions and see the TA website for a sample.	Counted in the page limit
Attachment 3: Participating Health Center Map (required for review)	Attachment	Upload a map noting the participating health centers and their service sites, as well as the location of the HCCN administrative site.	Counted in the page limit
Attachment 4: Project Organizational Chart (required for completeness)	Attachment	Upload a one-page document that depicts the applicant's organizational structure as related to the proposed project, including the governing board, key personnel, staffing, and any sub-recipients or affiliated organizations.	Counted in the page limit

Attachment	Form Type	Instruction	Guidelines
Attachment 5: Position Descriptions for Key Personnel (required for review)	Attachment	Upload position descriptions for key organizational personnel: Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Information Officer (CIO), and Chief Operating Officer (COO). Indicate on the position descriptions if key management positions are combined and/or part time (e.g., CFO and COO 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.	Counted in the page limit
Attachment 6: Biographical Sketches for Key Personnel (required for review)	Attachment	Upload biographical sketches for key organizational personnel: CEO, CFO, CIO, and COO. 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.	Counted in the page limit
Attachment 7: Staffing Plan (required for completeness)	Attachment	Upload a table that identifies the total personnel to be supported under the HCCN grant. The staffing plan is a presentation and justification of all staff required to execute the project, including education and experience qualifications, and rationale for the amount of time requested for each position. Refer to Appendix E for instructions.	Counted in the page limit
Attachment 8: Summary of Contracts and Agreements (as applicable)	Attachment	Upload a BRIEF SUMMARY describing current or proposed project-related contracts and agreements. The summary must address the following items for each contract or agreement: • Name and contract information for each affiliated agency. • Type of contract or agreement (e.g., contract, affiliation agreement). • Brief description of the purpose and scope (i.e., type of services provided, how/where services are provided). • Timeframe for each agreement/contract/affiliation.	Counted in the page limit
Attachment 9: Letters of Support (as applicable)	Attachment	Upload current dated letters of support addressed to the appropriate organization contact (e.g., board, CEO) to document commitment to the project. Letters of support may be from organizations such as State Health Information Exchange Programs, Regional Extension Centers, Beacon Community grantees and other HCCNs.	Counted in the page limit

Attachment	Form Type	Instruction	Guidelines
Attachment 10: Corporate Bylaws (required for review)	Attachment	Upload the HCCN's most recent bylaws. Bylaws must be signed and dated by the appropriate individual indicating review and approval by the governing board.	Counted in the page limit
Attachments 11-12: Other Relevant Documents (as desired)	Attachment	Include other relevant documents to support the proposed project plan (e.g., survey instruments, needs assessment reports).	Counted in the page limit

Applicants are reminded that failure to include in the application all forms and documents indicated as "required for completeness" will result in an application being considered non-responsive and will not be considered for funding under this announcement. Failure to include documents indicated as "required for review" may negatively impact an application's objective review score.

Application Preparation
Applicants must provide all required information in the sequence and format described. Information and data must be accurate and consistent. Instructions must be followed carefully and completely. **Applications not meeting all requirements may not be accepted for review or may receive a low rating from the Objective Review Committee (ORC).**

Only materials/documents included with an application submitted by the announced deadlines will be considered. Supplemental materials/documents submitted after the application deadlines will not be considered. Letters of support submitted after the Grants.gov deadline or sent directly to HHS, HRSA, or BPHC will **not** be added to an application.

Pre-Application Conference Call
HRSA will hold a pre-application conference call to provide an overview of this funding opportunity announcement and offer an opportunity for organizations to ask questions. For the date, time, dial-in number, and other information for the call, visit http://www.hrsa.gov/grants/apply/assistance/HCCN.

Application Format

i. *Application for Federal Assistance SF-424*
In Grants.gov, complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself and the following guidelines:

- *Box 2: Type of Applicant:* Select New.
- *Box 4: Applicant Identifier:* Leave blank.
- *Box 5a: Federal Entity Identifier:* Leave blank.
- *Box 5b: Federal Award Identifier:* 10-digit grant number (H2L… or H80…) found in box 4b from the most recent Notice of Award for current Section 330 grantees. Applicants that do not have a current Section 330 grant should leave this blank.
- *Box 8c: Organizational DUNS:* Applicant organization's DUNS number (see below).
- *Box 8f: Name and Contact Information of Person to be Contacted on Matters Involving this Application:* Provide the Project Director's name and contact information. ***Note:*** If, for any reason, the Project Director will be out of the office between the Grants.gov submission date and the project period start date, ensure that the email Out of Office Assistant is set to inform HRSA whom to contact if issues arise with the application and a timely response is required.
- *Box 11: Catalog of Federal Domestic Assistance Number:* 93.527
- *Box 14: Areas Affected by Project:* Provide a summary of the areas to be served (e.g., if entire counties are served, cities do not need to be listed) and upload it as a Word document. This document will NOT count toward the page limit.
- *Box 15: Descriptive Title of Applicant's Project:* Type the title of the FOA (Health Center Controlled Networks) and upload the project abstract. The abstract WILL count toward the page limit.
- *Box 16: Congressional Districts:* Provide the congressional district where the administrative office is located in 16a and the congressional districts to be served by the proposed project in 16b. If information will not fit in the boxes provided, attach a Word document. This document will NOT count toward the page limit.

- *Box 17: Proposed Project Start and End Date:* Provide the start date (December 1, 2012) and end date (November 30, 2015) for the proposed three-year project period.
- *Box 18: Estimated Funding:* Complete the required information based on the funding request for the first year of the project period.
- *Box 19: Review by State:* See Section IV.4 for guidance in determining applicability.
- *Box 21: Authorized Representative:* The electronic signature in Grants.gov (created when the Grants.gov forms are submitted) is the official signature when applying for an HCCN grant. The form should NOT be printed, signed, and mailed to HRSA.

For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.527.

DUNS Number
Applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://fedgov.dnb.com/webform or call 1-866-705-5711. Please include the DUNS number in form SF-424 - item 8c on the application face page. Applications ***will not*** be reviewed without a DUNS number.

Note: A missing or incorrect DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants must take care in entering the DUNS number in the application.

Additionally, applicant organizations (and any subrecipients of HRSA award funds) are required to register annually with the Central Contractor Registration (CCR) (or SAM) in order to do electronic business with the Federal Government. CCR (or SAM) registration must be maintained with current, accurate information at all times during which an entity has an active award from or an application under consideration by HRSA. It is extremely important to verify that your CCR (or SAM) registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at http://www.ccr.gov. Please see Section IV of this funding opportunity announcement for IMPORTANT NOTICE: CCR to be moved to SAM at the end of July 2012.

ii. *Table of Contents*
The application should be presented in the order of the Table of Contents provided earlier in Tables 3-4. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. *Budget*
Complete Application Form SF-424A: Budget Information – Non-Construction Programs. Complete Sections A, B, and F (if F is applicable). See Appendix D for detailed instructions.

iv. *Budget Justification*

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budget justifications for each of the subsequent budget periods within the proposed project period (three years) at the time of application. Line item information must be provided to explain the costs entered in the SF-424A budget form. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. HCCN applications should include only budget information related to the activities to be supported under the proposed HCCN project. See Appendix D for a detailed explanation of object class categories to be included.

This announcement is inviting applications for project periods up to three years. Competitive awards will be for a budget period of one year, although the project period may be for up to three (3) years. Submission and HRSA approval of the Federal Financial Report (FFR) and Progress Report(s) is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding is in the best interest of the Federal Government.

Include the following in the budget justification:

Personnel Costs: Personnel costs must be explained by listing the exact amount requested each year along with the following information for each staff member within the proposed scope of project: name (if possible), position title, percent full time equivalency (FTE), and annual salary. Reference Attachment 6: Staffing Plan as justification for dollar figures.

Fringe Benefits: List the components of the fringe benefits rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). Fringe benefits should be directly proportional to the portion of personnel costs allocated for the project.

Travel: List travel costs categorized by local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel, and staff/board members completing the travel must be outlined. The budget must also reflect travel expenses associated with participating in proposed meetings, trainings, or workshops.

Equipment: List articles of nonexpendable, tangible property having a useful life of more than one year and an acquisition cost of $5,000 or greater (unless the capitalization level established by the organization is lower, in which case, the organization's definition for equipment prevails). Identify the cost per item and justify the need for each piece of equipment to carry out the proposed project.

Supplies: List the items necessary for implementing the proposed project, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., training materials).

Contractual: Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Each applicant is responsible for ensuring that its organization has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost.

Indirect Charges: Costs incurred for common or joint objectives that cannot be readily identified but are necessary to organizational operation (e.g., facility operation and maintenance, depreciation, administrative salaries). If not currently on file with HRSA, **organizations with previously negotiated Federal indirect cost rates must provide the current Federally Negotiated Indirect Costs Rate Agreement in Attachment 11 or 12: Other Relevant Documents.**

If an organization does not have an indirect cost rate agreement, the applicant may wish to obtain one through the HHS Division of Cost Allocation (DCA). Visit http://rates.psc.gov/ to learn more about rate agreements, including the process for applying for them.

If an organization does not have an indirect cost rate agreement, all costs will be considered direct costs until a rate agreement is negotiated with a Federal cognizant agency and provided to HRSA as part of the budget request. If the application is funded, HRSA will reallocate any amount identified under the Indirect Charges cost category to the Other cost category. If the grantee can provide an approved indirect cost rate agreement within 90 days of award, the funds can be moved back to the Indirect Charges cost category.

v. ***Staffing Plan and Personnel Requirements***

Applicants must present a staffing plan (Attachment 7) and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position to be supported under the grant. Additional staffing and personnel information should be provided through Attachment 5: Position Descriptions for Key Personnel and Attachment 6: Biographical Sketches for Key Personnel. Position descriptions must include the roles, responsibilities, and qualifications of proposed project staff. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse populations served.

vi. ***Assurances***

Complete Application Form SF-424B: Assurances – Non-Construction Programs.

vii. *Certifications*
Complete the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Complete the SF-LLL: Disclosure of Lobbying Activities only if the organization engages in lobbying.

viii. *Project Abstract*
Provide a summary of the application in Box 15 of the SF-424. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. Include the number of participating health centers and service delivery sites, the potential number of patients to be impacted by the proposed project, and the expected meaningful use and quality improvement outcomes.

Place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (voice, fax)
- E-Mail Address
- Website Address (if applicable)
- Amount of Funding Requested

The project abstract must be single-spaced and limited to one page in length.

ix. *Project Narrative*
Applicants must submit a Project Narrative that provides a comprehensive description of all aspects of the proposed HCCN project. The Project Narrative must be succinct, consistent with other application components, and well organized so that reviewers can fully understand the proposed project. The Project Narrative should:

- Address the specific review elements using the following section headers: ***NEED***, ***RESPONSE***, ***COLLABORATION***, ***EVALUATIVE MEASURES***, ***RESOURCES/CAPABILITIES***, ***GOVERNANCE***, and ***SUPPORT REQUESTED.*** The requested information should appear in the appropriate section of the Project Narrative or the designated forms and attachments. Unless specified, the attachments should not be used to extend the Project Narrative.
- Reference attachments and forms as needed to clarify information about participating Health Center Program grantees, proposed activities, and key personnel. Referenced items must be part of the submission.

The following sections provide a framework for the Project Narrative.

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) Using a table format, describe the participating health centers in terms of:
    - Organization name
    - BHCMIS ID number
    - Number of sites in each participating health center's scope of project, indicating: (a) sites that will implement EHRs under the grant; (b) sites that have already implemented EHRs and will not need to upgrade their EHRs under the grant; and (c) sites that will need to upgrade[8] under the grant
    - Status of PCMH recognition at each site
    - Number of unique patients per year
    - Number of eligible providers,[9] as defined by CMS
    - Number of eligible providers receiving CMS EHR Incentive Program payments

Note: Participating health centers on this table must be consistent with those for which signatures are provided in Attachment 2. These health centers must also be represented on the submitted map (Attachment 3).

2) Identify and discuss the key HIT needs for the participating health centers, addressing the following required functions:
    - EHR adoption, implementation, and/or system upgrade/optimization
    - Meaningful use of EHRs
    - Quality improvement – summarize participating health centers' current activities related to use of HIT for quality improvement

3) Describe the overall characteristics of the participating health centers' target populations, including:
    - Income and insurance status, racial and ethnic health disparities, and other key characteristics and/or barriers to care for the medically underserved individuals potentially affected by the project.
    - Specific clinical performance measures targeted by the project. In particular, describe the current status of participating health centers' performance on Uniform Data System (UDS) clinical quality measures that align with Healthy People 2020 objectives, such as those related to hypertension, diabetes, immunization, prenatal health, perinatal health, cancer screening, healthy weight, childhood asthma, and tobacco use.

[8] Upgrade means to expand the available functionality of certified EHR technology capable of meeting meaningful use requirements, or upgrade from existing EHR technology to an ONC certified EHR.
[9] For more information on eligible providers, see http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#BOOKMARK1.

4) Describe the HIT landscape in the area(s) to be served, including:
    - Availability of HIT and HIT-enabled quality improvement support resources (both internal and external to the health centers).
    - Level of health information exchange and data sharing among health centers, other service providers, and entities such as pharmacies, hospitals, and laboratories.
    - Barriers to EHR adoption and meaningful use, such as limited broadband access, HIT support resources, and infrastructure.
    - Other constraints among participating health centers.

RESPONSE

1) Complete the project work plan (see Appendix B), outlining the broad-level activities proposed to meet the established goals of the project and assist participating health centers in achieving adoption/implementation, meaningful use, and quality improvement, including PCMH recognition.

2) Discuss how the activities detailed in the 36-month project work plan are consistent with the needs of the participating health centers and will support the participating health centers' business and clinical operations.

3) Describe the extent to which the proposed activities will improve the health outcomes amongst participating health center patients and allow for population health management, including a commitment to address specific needs of vulnerable populations. Describe the extent to which racial and ethnic health disparities will be addressed using HIT.

4) Discuss challenges that are likely to be encountered in implementing the activities described in the project work plan and approaches that will be used to resolve such challenges.

5) Describe a plan for ongoing, continuous needs assessment, including an annual data update.

6) Describe a plan for sustainability of expected outcomes at participating health centers beyond the project period, including on-going improvement of HIT implementation and continuous use of HIT for quality improvement.

COLLABORATION

1) All participating health centers must formally commit to the project by completing and signing Memoranda of Agreement (MOAs), using the instructions in Appendix C. These MOAs must be kept on site and made available for HRSA review upon request. Provide verification of the MOAs by completing and submitting the Participant Verification Sheet (instructions provided in Appendix C), which requires a signature from each participating health center.

Note: Participating health centers are not required to be dues-paying HCCN members.

2) Considering the HIT landscape outlined in the ***NEED*** section (Item 4), describe how the HCCN is positioned to leverage resources and avoid duplication of effort. Describe how the HCCN will coordinate with other federally funded organizations focusing on HIT adoption and improvement in quality of care (e.g., Regional Extension Centers, the Beacon Community Program, the State Health Information Exchange Program).[10]

3) Describe both formal and informal collaboration, including:
   - Coordination with Primary Care Associations and similar professional organizations near the participating health centers.
   - Partnerships, collaboration, and other relationships with community organizations, institutions of higher learning, health professional associations, or other relevant organizations that address the issues of access to health care, health care quality, and/or HIT.

4) For the organizations mentioned in Items 2 and 3 above, provide evidence of proposed collaborations through current dated letters of support, commitment, and/or investment that reference specific collaboration and/or coordinated activities in support of the proposed project. Letters of support are required from partners that will help execute the proposed project. All letters of support must be merged into a single document and submitted as Attachment 9: Letters of Support.

EVALUATIVE MEASURES

1) Within the project work plan (see detailed instructions in Appendix B), outline the expected outcomes specific to the proposed activities and goals, and identify key factors that are predicted to contribute to or restrict progress on achieving the established goals.

2) Describe a plan for evaluation of the proposed activities that ensures monitoring and measurement of progress towards goals and expected outcomes. Include methods of data collection and evaluation over the lifespan of the grant (pre-implementation, implementation, and ongoing quality improvement). Demonstrate that reliable quantitative measures of achievement and impact are tracked at all stages of the project, including specific impacts on participating health centers' ability to improve the quality of care.

3) Discuss how evaluation results will be used to increase participating health centers' satisfaction with HCCN activities and improve program performance over the course of the project period.

4) Describe a plan for a comprehensive program evaluation (i.e., in preparation for submission of a comprehensive evaluation report at the end of the three-year project period) that is integrated with the overall project implementation and focuses on long-term HIT and health outcomes, patients affected by the project, and health disparities.

[10] A list of Regional Extension Centers is available at http://healthit.hhs.gov/programs/REC. Information about the Beacon Community Program is available at http://healthit.hhs.gov/programs/beacon. Information about the State Health Information Exchange Program is available at http://healthit.hhs.gov/programs/stateHIE.

RESOURCES/CAPABILITIES

1) Discuss the applicant organization's experience and expertise addressing the unique needs of health centers in:
    - Successful coordination and provision of HIT services of similar scope.
    - Implementation of, or assistance with the implementation of, EHR systems (e.g., requirements gathering; readiness assessment; hosting servers; security, disaster recovery and back up; training; contract development; change management; vendor relations).
    - Meeting meaningful use requirements
    - Appropriate use of data for quality improvement and risk management.
    - Workflow redesign, establishing Patient Centered Medical Home, and clinical quality improvement.
    - Collaboration with the broader health care system to support health centers in the network.

2) Describe how the organizational structure (including any contractors) is appropriate for the operational needs of the project, including appropriate financial management and control policies and procedures. Reference Attachment 4: Organizational Chart, Attachment 7: Staffing Plan, Attachment 10: Corporate Bylaws, and, as applicable, Attachment 8: Summary of Contracts and Agreements.

3) Describe the skills, qualifications, and experience of the management and implementation staff for the proposed project. Reference Attachment 5: Position Descriptions, Attachment 6: Biographical Sketches, and Attachment 7: Staffing Plan. Discuss recruitment and retention strategies for qualified staff.

GOVERNANCE

1) Describe how the HCCN will govern and manage the execution of its overall program. Include the following:
    - Governance structure, referencing Attachment 4: Organizational Chart and Attachment 10: Corporate Bylaws.
    - Detailed description of the role that health centers, workgroups, clinicians, key stakeholders, partners, and collaborators have in the governance of the HCCN.
    - Communication and reporting plans that detail how the governing board will provide adequate monitoring of the overall project.
    - Description of risk mitigation and issue management (how plans and decisions are developed, documented, and executed in a way that effectively addresses and mitigates issues and risks).

2) Document that the HCCN is majority controlled by, and acting on behalf of, health centers funded under Section 330 of the PHS Act. Demonstrate that effective, independent, HCCN-driven leadership is in place, and describe the delineation of control from individual health centers' boards. Demonstrate that the HCCN board's meeting schedule is appropriate to govern the organization.

SUPPORT REQUESTED

1) Provide a complete and detailed budget presentation through the submission of the SF-424A and budget justification (inclusive of line-item detail). The budget should address only the activities to be supported under the proposed HCCN project.

2) Describe how the budget is aligned and consistent with the participating health centers' needs, proposed activities, and project goals.

Note: The HCCN cannot charge participating health centers for services provided under this grant.

x. *Attachments*

Attachments are supplementary in nature and are not intended to be a continuation of the Program Narrative. Attachments must be clearly labeled and uploaded in the appropriate place. See Table 4 for a complete listing of required attachments, including instructions on completing them.

3. SUBMISSION DATES AND TIMES

Application Due Date

The due date for applications under this funding opportunity announcement is September 10, 2012 at 8:00 PM ET. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by the Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the Grants.gov deadline date and time.

Receipt Acknowledgement

Upon receipt of an application, Grants.gov will send a series of email messages regarding the progress of the application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods, hurricanes) or other service disruptions such as prolonged blackout. The CGMO or designee will determine the affected geographic area(s).

Late Applications

Applications that do not meet the deadline criteria above are considered late applications and will not be considered in the current competition.

4. INTERGOVERNMENTAL REVIEW

State System Reporting Requirements
The HCCN Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows states the option of setting up a system for reviewing applications from within their states for assistance under certain Federal programs. The Single Point of Contact (SPOC) for review within each participating state can be found at http://www.whitehouse.gov/omb/grants_spoc. Information may also be obtained from the Grants Management Specialist listed in Section VII.

All applicants other than federally recognized Native American Tribal Groups must contact their SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the process used under this Executive Order. For proposed projects serving more than one state, the applicant is advised to contact the SPOC of each affected state.

Letters from the SPOC in response to Executive Order 12372 are due sixty days after the application due date.

5. FUNDING RESTRICTIONS

Funds under this announcement may not be used for direct patient care, fundraising, lobbying, or the construction/renovation of facilities. These funds may not be used to purchase equipment or supplies for use at the center level or for individual center staffing. The HHS Grants Policy Statement (HHS GPS) available at http://www.hrsa.gov/grants includes information about allowable expenses.

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 grants awarded under this announcement and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

6. OTHER SUBMISSION REQUIREMENTS

As stated in Section IV.1, except in very rare cases, HRSA will no longer accept applications in paper form. Applicants are ***required*** to submit ***electronically*** through Grants.gov. To submit an application electronically, use the APPLY FOR GRANTS section at http://www.grants.gov. When using Grants.gov, download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that each applicant organization ***immediately register*** in Grants.gov and become familiar with the Grants.gov application process. The registration process must be complete in order to submit an application. The registration process can take up to one month.

To successfully register in Grants.gov, complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registration (CCR) (or System for Award Management (SAM) starting late July 2012. See Section IV of this document for more SAM details.)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR (or SAM) Marketing Partner ID Number (M-PIN) password
- Register and approve at least one Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials, and FAQs are available on the Grants.gov website at http://www.grants.gov/applicants/app_help_reso.jsp. Assistance is also available from the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at support@grants.gov or 1-800-518-4726. Applicants must ensure that all passwords and registrations are current well in advance of the deadline.

Applicants must ensure that the AOR is available to submit the application in Grants.gov by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, applicants are encouraged to submit their applications in advance of the deadline. If an application is rejected by Grants.gov due to errors, the application must be corrected and resubmitted to Grants.gov **before** the deadline date and time. Deadline extensions will **not** be provided to applicants who do not correct errors and resubmit to Grants.gov before the posted deadline.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will accept the applicant's last validated electronic submission prior to the Grants.gov application due date as the final and only acceptable application.

Application Tracking
Applicants must track their applications using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about application tracking can be found at https://apply07.grants.gov/apply/checkApplStatus.faces. Applicants must ensure that their applications are validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. REVIEW CRITERIA

Procedures for assessing the technical merit of grant applications have been instituted to provide an objective review of applications and to assist applicants 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 and provide the reviewer with

a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review criteria are used to review and rank applications. Applicants must ensure that the review criteria are fully addressed within the Program Narrative, except where indicated, and supported by supplementary information in the other sections of the application. Each application will be evaluated on the following seven review criteria:

Criterion 1: NEED (15 Points)

1) The extent to which the applicant thoroughly describes the participating health centers (in terms of sites, patients, and providers) and the target populations of participating health centers (in terms of health disparities, insurance coverage, access barriers, and health status relative to Healthy People 2020 goals).

2) The extent of the need amongst participating health centers related to EHR adoption and implementation, meaningful use of EHRs, and quality improvement.

3) The extent to which the applicant demonstrates thorough knowledge of currently available HIT and health information exchange resources.

4) The extent of the barriers in HIT sharing, resources, and access to services and other constraints among participating health centers.

Criterion 2: RESPONSE (25 Points)

1) The comprehensiveness of a reasonable and attainable work plan that:
   a. Details how each activity will contribute to the overall goals and expected outcomes of the project.
   b. Ensures success in achieving the HCCN program requirements: EHR adoption and implementation; meaningful use; and quality improvement, including PCMH recognition.
   c. Defines clear activities that are appropriate and specifically related to participating health centers' identified needs.

2) The degree to which the proposed activities will improve the health outcomes of patients at participating health centers and address racial and ethnic health disparities, as evidenced by clinical performance measures and the integration of HIT approaches into population health management.

3) The extent of challenges that may be encountered in implementing the work plan activities and the extent to which the applicant presents feasible approaches for resolving such challenges.

4) The quality of a comprehensive plan for continuous needs assessment and annual updates to guide project implementation.

5) The extent to which the applicant describes a realistic sustainability plan that ensures ongoing quality improvement activities at participating health centers.

Criterion 3: COLLABORATION (10 points)

1) The appropriateness and clarity of a coordination plan with HRSA and other federally funded organizations to address HIT adoption and quality improvement.

2) The strength of the applicant's relationships with organizations that share a similar commitment to HIT adoption and quality improvement and how these relationships will help strengthen the applicant's ability to carry out their proposed activities.

3) If applicant has partners that will help execute the proposed project, the extent to which letters of support demonstrate collaboration and strong commitment to the project.

Criterion 4: EVALUATIVE MEASURES (15 Points)

1) The appropriateness and clarity of measurable outcomes.

2) The extent to which the applicant demonstrates a clear understanding of the key factors that will contribute to or restrict progress on achieving project goals.

3) The extent to which the applicant provides an evaluation plan that will successfully:
   a. Monitor and measure progress toward its goals and expected outcomes.
   b. Track meaningful, quantitative data at all stages of the project.
   c. Assess whether the proposed activities have a measureable and positive impact on participating health centers' ability to improve the quality of care.
   d. Assess participating health centers' satisfaction with HCCN activities.
   e. Enable evaluation results to be used to improve program performance.

4) The quality of the plan for a comprehensive program evaluation that is integrated with the overall project implementation and provides clear, appropriate measures of long term HIT and health outcomes, including patients affected by the project and the reduction of health disparities.

Criterion 5: RESOURCES/CAPABILITIES (20 points)

1) The extent of the applicant's direct and relevant experience and expertise that will enhance the applicant organization's successful implementation of the proposed project.

2) The appropriateness of the organizational structure, proposed staffing, and policies/procedures related to the operational and fiscal oversight needs of the proposed project.

Criterion 6: GOVERNANCE (5 points)

1) The appropriateness of the HCCN governance structure in terms of program monitoring and management; health center, workgroup, clinician, and partner involvement; and risk mitigation.

2) The extent to which the applicant establishes that the HCCN meets the following key characteristics:
   a. The HCCN is majority controlled by, and acting on behalf of, Health Center Program grantees.
   b. An effective, independent HCCN-driven leadership is in place.
   c. The HCCN board's control is delineated from the individual health centers' boards.
   d. The HCCN board meeting schedule is adequate for governance.

Criterion 7: SUPPORT REQUESTED (10 points)

1) The clarity and appropriateness of the budget presentation (i.e., SF-424A and budget justification).

2) The extent to which the budget is aligned and consistent with the participating health centers' needs, proposed activities, and project goals.

2. REVIEW AND SELECTION PROCESS

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee (e.g., geographic distribution). Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted in Section V.1. The committee provides expert advice on the merits of each application to program officials responsible for final award selections.

All HCCN applications will be reviewed initially for eligibility (see Section III), completeness (see Section IV.2), and responsiveness. **Applications determined to be ineligible, incomplete, or non-responsive to this FOA and/or Section 330 program requirements will not be considered for funding.**

Applications that pass the initial HRSA completeness and eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to December 1, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants selected for funding may be required to respond in a satisfactory manner to conditions placed on their award before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the funding amount, terms and conditions of the award, effective date of the award, budget period for which initial support will be given, and total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent electronically to the applicant's Authorized Organization Representative and is the only authorizing document. It is anticipated that it will be sent prior to December 1, 2012.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74: Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92: Uniform Administrative Requirements for Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hrsa.gov/grants. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see http://www.hhs.gov/ocr/civilrights/understanding/index.html. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language

assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

Trafficking in Persons
Awards issued under this FOA are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html.

Smoke-Free Workplace
The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children.

Cultural and Linguistic Competence
HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15. Additional cultural competency and health literacy tools, resources and definitions are available online at http://www.hrsa.gov/culturalcompetence and http://www.hrsa.gov/healthliteracy.

Healthy People 2020
Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas containing measurable objectives. HRSA has actively participated in the work groups of all topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found at http://www.healthypeople.gov.

National HIV/AIDS Strategy (NHAS)
The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV; 2) increasing access to care and optimizing health outcomes for people living with HIV; and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care, and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see http://www.aidsinfo.nih.gov/Guidelines/Default.aspx as a reliable source for current guidelines). More information can also be found at http://www.whitehouse.gov/administration/eop/onap/nhas.

Health IT
Health information technology provides the basis for improving the overall quality, safety, and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of HIT, which is a promising tool for making health care services more accessible, efficient, and cost effective for all Americans.

Related Health IT Resources:
- Health Information Technology (HHS)
- What is Health Care Quality and Who Decides? (AHRQ)

3. REPORTING

Successful applicants under this funding opportunity announcement must comply with the following reporting and review activities:

a. Audit Requirements
Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits is available at http://www.whitehouse.gov/omb/circulars_default.

b. Payment Management Requirements
Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System (PMS). The report identifies cash expenditures

against the authorized grant funds. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to http://www.dpm.psc.gov for additional information.

c. Status Reports

1) Federal Financial Report – The SF-425, required within 90 days of the end of each budget period, is an accounting of yearly project expenditures. Financial reports must be submitted electronically through HRSA EHB. Specific information will be included in the Notice of Award.

2) Progress Reports – The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of the annual, non-competing continuation progress report triggers the budget period renewal and release of each subsequent year of funding. The progress reports document grantee progress on program-specific goals. Further information will be provided in the Notice of Award.

3) Final Report – A final report is due within 90 days after the project period ends. The final report acts as a comprehensive evaluation of the project, including: the impact of the overall project, the degree to which the grantee achieved the established goals, and an analysis of participating health centers' improved quality of care and sustainability. The final report must be submitted electronically through HRSA EHB. Further information will be included in the Notice of Award.

d. Transparency Act Reporting Requirements

Awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at http://www.hrsa.gov/grants/ffata.html).

VII. Agency Contacts

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

Bryan Rivera
Division of Grants Management Operations
Office of Federal Assistance Management, HRSA
5600 Fishers Lane, Room 12A-07
Rockville, MD 20857
301-443-8094

BRivera@hrsa.gov

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

Joanne Galindo
Office of Policy and Program Development
Bureau of Primary Health Care, HRSA
5600 Fishers Lane, Room 17-74
Rockville, MD 20857
301-594-4300
BPHCHCCN@hrsa.gov
http://www.hrsa.gov/grants/apply/assistance/HCCN

Applicants may need assistance when completing their applications electronically. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays:

Grants.gov Contact Center
1-800-518-4726
E-mail: support@grants.gov
iPortal: http://grants.gov/iportal

Note: Applicants should always obtain a case number when calling Grants.gov for support.

VIII. Other Information

Technical Assistance Page
A technical assistance website has been established to provide applicants with resources to help organizations submit competitive HCCN applications. To review available resources, visit http://www.hrsa.gov/grants/apply/assistance/HCCN.

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants can be accessed at http://www.hhs.gov/asrt/og/grantinformation/apptips.html.

APPENDIX A: POTENTIAL PROGRAM ACTIVITIES

Examples of potential program activities that fall under each required focus area are provided below. The extent and type of such activities should be based on participating health centers' needs and capabilities. Applicants may propose activities from this list or other activities that meet the particular needs of the participating health centers.

Program Requirement 1: Adoption and Implementation

Focus Area: Due Diligence

- Ensure that any EHR system implemented is ONC-ATCB certified
- Ensure upgrade contracts include meaningful use compliance at the applicable stages
- Ensure that implemented systems include key features essential to the unique needs of health centers caring for safety-net populations, such as registry functions, decision support tools, quality measures, and UDS reporting
- Ensure that implemented systems are compliant with HHS-recognized data standards (e.g., HL7, HITSP, National Quality Strategy)
- Develop data security, patient privacy, and disaster recovery plans and policies
- Analyze requirements at participating health centers to ensure that the system is the best fit for the organization
- Ensure clinician involvement in selection, customization, and implementation of EHR systems
- Ensure integration with other internal IT systems in the center (e.g., practice management system (PMS))
- Cost planning
- Sustainability planning

Focus Area: Economies of Scale/Vendor Management

- Employ economies of scale – shared resources and staff, shared infrastructure, shared training, and relationships with vendors – to control initial and ongoing costs (e.g., group purchasing of EHR software and hardware, interacting with vendors on behalf of participating health centers)
- Vendor relationship management and negotiation to ensure that necessary customizations are made and proper support received
- EHR customization/optimization, including template development and report design

Focus Area: Pre-Implementation

- Provide project management, informatics, and implementation expertise
- Provide AIU (adoption, implementation, upgrade) educational resources
- Recruit and train provider champions
- Provide transition planning and support
  Develop and deploy customized clinical decision support or computerized physician order entry

Focus Area: Go-Live

- Provide or coordinate on-site EHR implementation technical assistance, including but not limited to, support for EHR selection, go-live assistance, user training, and on-site workflow analysis and redesign
- Recruit and train super-users and clinical champions
- Create and support user groups
- Develop user training curriculum
- Provide or coordinate chart migration/abstraction training
- Develop and maintain data use agreements (e.g., DURSA) between health centers and with other stakeholders
- Provide or coordinate technical assistance and support services to meet Federal and state privacy and security requirements

Focus Area: Post-Implementation/Ongoing Support

- Provide or coordinate ongoing user support and training
- Ensure disaster recovery and contingency planning (e.g., remote backup and recovery services, incident response plans, risk analysis, mitigation strategies)
- Ensure dedicated HIT support staff at the HCCN level (e.g., shared staff across all participating health centers)
- Support and engage in collaboration and share best practices with other stakeholders, including Regional Extension Centers, Primary Care Associations, the State Health Information Exchange Program, and other HCCNs, to facilitate EHR adoption
- Provide data management and reporting to facilitate use of data for quality improvement
- Provide UDS reporting services and support
- Ensure ongoing template development
- Support health information exchange
- Ensure protection of health information in compliance with HIPAA and other applicable standards

Program Requirement 2: Meaningful Use of Electronic Health Records

Focus Area: System Architecture

- Assist participating health centers in performing necessary upgrades, modifications, and/or customizations to their EHR systems to meet meaningful use requirements
- Support data sharing and custom reporting of elements required to qualify for EHR Incentive Program payments
- Provide training to providers and other center staff in the redesign of workflows in support of meaningful use requirements (e.g., collection of appropriate data, provision of visit summaries)

Focus Area: EHR Incentive Program Application

- Provide training to assist participating health centers in understanding and meeting the requirements to obtain EHR Incentive Program payments, including ways to use HIT systems to improve the quality of care

- Assist participating health centers and providers in registration, attestation, and data submission required to receive incentive payments from CMS/states (e.g., meaningful use incentive payments, AIU incentive payments)

Focus Area: Ongoing Support

- Provide planning, system development, and workflow redesign to maintain meaningful use compliance through applicable stages of the Medicare and Medicaid EHR Incentive Programs
- Engage and collaborate with other stakeholders, including Regional Extension Centers, Primary Care Associations, the State Health Information Exchange Program, and HCCNs, to provide comprehensive resources to support health centers in meeting meaningful use requirements

Program Requirement 3: Quality Improvement

Focus Area: HIT Enabled Use of Data for Quality Improvement

- Help participating health centers highlight successes, analyze and act upon data from reports that inform quality improvement activities, monitor improvement or areas for improvement, report to the provider/patient community, and develop on-going and annual reports to foster real-time use of data
- Develop quality improvement and performance-based data dashboards and reports for participating health centers to identify and address population and individual level needs and risks, track utilization measures, including quality of care measures, and assess and improve patient experience and health outcomes
- Develop and deploy systems for population health management, patient panel management, and care coordination among participating health centers
- Provide centrally hosted and supported software tools with appropriate privacy protections
- Support health centers in state and Federal reporting requirements, including deployment of public health reporting and syndromic surveillance systems (e.g., Uniform Data System reporting, Ryan White CAREWare reporting, reporting immunization data to registries)
- Use of HIT to facilitate and track care management and enhance continuity of care (e.g., facilitation of team-based care, linkages to community resources and referrals, tracking results and notifying patients, patient engagement tools, patient portals)

Focus Area: Data Sharing and Information Exchange

- Provide development, implementation, and/or technical assistance support to maximize functional interoperability, foster program efficiencies, and provide clinical and operational improvement assistance among participating health centers
- Facilitate the implementation of tools to enable quality improvement (e.g., laboratory interfaces, immunization registries, health information exchange, data warehousing)
- Ensure use of HHS-recognized data exchange standards (e.g., HL7)

Focus Area: Best Practices for System Use and System Optimization

- Develop curricula to train participating health centers on using EHR and other data for QI and risk management
- Support participating health centers in ways to integrate HIT efforts into their larger overall business and quality strategies (e.g., integrating Practice Management and EHR systems)
- Support health center strategies to manage costs using innovative approaches (e.g., enabling access via telemedicine services; creating a shared health center workforce, such as shared CFO or CIO services)
- Support health centers' provision of enabling services through use of HIT
- Support consumer engagement with HIT (e.g., implementation or technical assistance for consumer portal offerings/personal health records, access to patient-specific materials)
- Support the offering of culturally and linguistically appropriate services through HIT
- Support organizational capacity and planning for sustained HIT and QI support beyond the grant project period

Focus Area: Use of Health IT for Practice Transformation and Alignment with Health Care Landscape

- Coordinate QI activities across participating health centers and with external stakeholders, maintaining patient privacy and data security
- Stay abreast of the health care and health information technology landscape and support health centers in navigating and aligning their efforts with the evolving health care landscape
- Prepare health centers for future changes in the health care landscape (e.g., supporting centers in the transition to patient-centered medical homes, ICD-10)

APPENDIX B: PROJECT WORK PLAN INSTRUCTIONS

As noted in the ***RESPONSE*** section of the Program Narrative, applicants are required to develop a comprehensive work plan for the proposed HCCN project. Instructions for developing the work plan are provided below. Please note that the work plan must be downloaded from http://www.hrsa.gov/grants/apply/assistance/HCCN, completed in Excel, and uploaded into Grants.gov as an Excel file.

A list of HCCN program requirements and focus areas are provided in Section II.2 of this FOA. The project work plan is expected to detail the activities to be conducted over the entire 36-month project period. The extent and type of such activities should be based on identified participating health centers' needs and HRSA priorities. The work plan should address only those activities to be supported under the HCCN grant award.

Applicants must propose activities that address the following goals under each program requirement (adoption and implementation, meaningful use, and quality improvement).

Adoption and Implementation:

Goal 1: The percent of participating health centers' sites that have implemented a certified EHR system
Goal 2: The percent of eligible providers[11] using a certified EHR system

Meaningful Use:

Goal 1: The percent of eligible providers who have registered and attested/applied for EHR Incentive Program payments for Stage 1 of Meaningful Use of EHRs.[12]
Goal 2: The percent of eligible providers receiving EHR Incentive Program payments for Stage 1 of Meaningful Use of EHRs.

Quality Improvement:

Goal 1: The percent of health centers that meet or exceed Healthy People 2020 goals on at least one UDS clinical quality measure[13]
Goal 2: The percent of health centers that achieve PCMH recognition or maintain/increase their PCMH recognition level

[11] For more information on eligible providers under the CMS EHR Incentive Program, see http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#BOOKMARK1.
[12] As subsequent stages of Meaningful Use are finalized, the percent who have registered/applied for those must also be included.
[13] The following UDS clinical performance measures align with the Healthy People 2020 goals and may be used for this measure: Cardiovascular Disease (hypertension), Cancer (pap tests), Prenatal Health (first trimester entry), Perinatal Health (low birth weight), and Child Health (childhood immunizations). The UDS clinical measures for Diabetes and Tobacco Use may also be used, as they partially align with Healthy People 2020 goals. UDS clinical measures also align with core meaningful use clinical quality measures.

Key Components of the Project Work Plan

1) **Goals:** Enter a percentage for each goal. *This will be the target goal for the end of the project period.*

2) **Baselines:** For each goal, enter baseline data, including a numerator and denominator value and percentage.

3) **Key Factors:** For each section (adoption and implementation, meaningful use, and quality improvement), identify at least two key factors that contribute to or restrict progress on achieving the goals. Identify at least one restricting key factor and one contributing factor. The key factors should be based on participating health centers' identified needs and the HIT landscape.

4) **Focus Areas:** Applicants must address all of the focus areas for each section.

5) **Activities:** Identify at least two activities for each focus area. See Appendix A for a list of potential program activities that fall under each focus area. For each activity, identify at least one person/area responsible, time frame, and expected outcome.

6) **Person/Area Responsible:** Identify who will be responsible and accountable for carrying out each specific activity.

7) **Time Frame:** Identify the expected time frame for carrying out each specific activity.

8) **Expected Outcomes:** Identify the expected outcome or result of each proposed activity.

9) **Comments:** This is an optional field. Provide supplementary information related to each activity, as desired.

APPENDIX C: MEMORANDUM OF AGREEMENT AND PARTICIPANT VERIFICATION

As noted in the ***COLLABORATION*** section of the Program Narrative, applicants are required to develop Memoranda of Agreement (MOAs) with all participating health centers, signifying commitment to participate in the HCCN activities throughout the project period. These MOAs must be kept on site and made available for HRSA review upon request. Applicants must submit evidence of this eligibility requirement by completing and submitting the Participant Verification Sheet, which requires a signature from each participating health center. MOA guidance and instructions for the Participant Verification Sheet are provided below.

The purpose of each MOA is to set forth the responsibilities of the HCCN and the participating health center relative to the proposed goals of the project. The MOA must indicate a commitment of participation for the entire three-year project period subject to the success of the HCCN application and receipt of a Notice of Award for the HCCN project. The MOA must include:

- An effective date range of December 1, 2012 through November 30, 2015 in relation to the expected project period of the HCCN grant, which is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal government
- Counter-signatures for both the HCCN and the participating health center
- Overview of the participating health center's needs, relative to the three program requirements (adoption and implementation, meaningful use, and quality improvement)
- Explicit commitment of the participating health center to work with the HCCN to address the three program requirements, including the designation of a "champion" within the health center that is dedicated to the implementation of the project
- Responsibilities of the HCCN and a summary of the expected actions to be taken to address the particular needs of the participating health center in each program area (adoption and implementation, meaningful use, and quality improvement)
- Commitment to develop an individualized work plan for the health center that addresses project goals within 90 days of award
- Certification that participation in the project will not result in the reduction of the level or quality of health services currently being provided to patients served by the participating health center

The Participating Health Center Verification Sheet must be downloaded from http://www.hrsa.gov/grants/apply/assistance/HCCN, completed, scanned, and uploaded as a PDF file. The verification sheet includes contact information for each participating health center, the CEO's signature, and boxes to indicate the program requirements (adoption, meaningful use, and quality improvement. By checking the boxes for the appropriate program requirements, each participating health center certifies its commitment to working with the HCCN to achieve the project goals. Failure to include this required document as part of the application will result in an application being considered incomplete or non-responsive.

APPENDIX D: BUDGET PRESENTATION INSTRUCTIONS

This appendix explains the requirements for developing and presenting the Standard Form 424A and the budget justification. The budget justification includes the line items and the narrative.

Note: HCCN applications should include only budget information related to the activities to be supported under the proposed HCCN project.

STANDARD FORM 424A

Complete Sections A, B, and F (if F is applicable) of the SF-424A: Budget Information – Non-Construction Programs. The budget must be prepared for each requested 12-month period based on the project period start date. All budget amounts must be rounded to the nearest whole dollar.

The following guidelines must be used in the completion of the SF-424A. In addition, please review the sample SF-424A located in this appendix.

SECTION A – BUDGET SUMMARY

Under New or Revised Budget, use the rows to provide the proposed budget for each 12-month budget period (i.e., Year 1 on row 1, Year 2 on row 2, Year 3 on row 3). **For the purposes of this application, column (e) refers to only the Federal Section 330 grant funding requested for the HCCN project, not all Federal grant funding that an applicant may receive.**

SECTION B – BUDGET CATEGORIES

Provide the object class category breakdown for the annual amounts specified in Section A. Each line represents a distinct object class category that must be addressed in the budget justification. Each column should reflect the total budget by object class category for each year of the proposed project period (i.e., Year 1 in column 1, Year 2 in column 2, Year 3 in Column 3).

SECTION F – OTHER BUDGET INFORMATION (ONLY IF APPLICABLE)

Line 21: Explain amounts for individual direct object class categories that may appear to be out of the ordinary.
Line 22: Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the project period, the estimated amount of the base to which the rate is applied, and the total indirect expense.
Line 23: Provide other explanations as necessary.

BUDGET JUSTIFICATION

Applicants must submit a three-year budget justification. A detailed budget justification in line-item format must be provided for **EACH requested 12-month period** of Federal funding. Attach the budget justification in the Budget Narrative Attachment Form in Grants.gov. The budget justification must be concise and should not be used to expand the Program Narrative.

The budget justification must detail the costs of each line item within each object class category from the SF 424A: Budget Information – Non-Construction Programs. It is important to **ensure**

that the budget justification contains detailed calculations explaining how each line-item expense is derived. For a sample budget justification, see the HCCN TA website at http://www.hrsa.gov/grants/apply/assistance/HCCN.

The HCCN cannot charge participating health centers for services provided under this grant. Funds under this announcement may not be used for direct patient care, fundraising, lobbying, or the construction/renovation of facilities. These funds may not be used to purchase equipment or supplies for use at the center level or for individual center staffing. Refer to the HHS Grants Policy Statement available at http://www.hrsa.gov/grants for information on allowable costs.

Funds awarded under this program may be used to purchase equipment at the network level, which may include data and information systems as well as training and technical assistance related to the provision of HIT and HIT-enabled care services. Funds may also be used for the one-time purchase of software for use at the network level. All EHR software and licenses purchased must be certified by an ONC-ATCB.

Please be aware that Excel or other spreadsheet documents with multiple pages (sheets) may not print out in their entirety.

Include the following in the budget justification:

Personnel Costs: Personnel costs must be explained by listing the exact amount requested each year along with the following information for each staff member within the proposed scope of project: name (if possible), position title, percent full time equivalency (FTE), and annual salary. Reference Attachment 6: Staffing Plan as justification for dollar figures.

Fringe Benefits: List the components of the fringe benefits rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). Fringe benefits should be directly proportional to the portion of personnel costs allocated for the project.

Travel: List travel costs categorized by local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel, and staff/board members completing the travel must be outlined. The budget must also reflect travel expenses associated with participating in proposed meetings, trainings, or workshops.

Equipment: List articles of nonexpendable, tangible property having a useful life of more than one year and an acquisition cost of $5,000 or greater (unless the capitalization level established by the organization is lower, in which case, the organization's definition for equipment prevails). Identify the cost per item and justify the need for each piece of equipment to carry out the proposed project.

Supplies: List the items necessary for implementing the proposed project, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., training materials).

Contractual: Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Each applicant is responsible for ensuring that its organization has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost.

Indirect Charges: Costs incurred for common or joint objectives that cannot be readily identified but are necessary to organizational operation (e.g., facility operation and maintenance, depreciation, administrative salaries). If not currently on file with HRSA, **organizations with previously negotiated Federal indirect cost rates must provide the current Federally Negotiated Indirect Costs Rate Agreement in Attachment 11 or 12: Other Relevant Documents.**

If an organization does not have an indirect cost rate agreement, the applicant may wish to obtain one through the HHS Division of Cost Allocation (DCA). Visit http://rates.psc.gov/ to learn more about rate agreements, including the process for applying for them.

If an organization does not have an indirect cost rate agreement, all costs will be considered direct costs until a rate agreement is negotiated with a Federal cognizant agency and provided to HRSA as part of the budget request. If the application is funded, HRSA will reallocate any amount identified under the Indirect Charges cost category to the Other cost category. If the grantee can provide an approved indirect cost rate agreement within 90 days of award, the funds can be moved back to the Indirect Charges cost category.

SAMPLE SF 424A FOR HCCN (First Page Only)

BUDGET INFORMATION – Non-Construction Programs

SECTION A – BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Fed Domestic Assist No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. **HCCN Year 1**	93.224			$1,000,000		$1,000,000
2. **HCCN Year 2**	93.224			$1,000,000		$1,000,000
3. **HCCN Year 3**	93.224			$1,000,000		$1,000,000
4.						
5. TOTALS				$3,000,000		$3,000,000

SECTION B - BUDGET CATEGORIES

6. Object Class Category	Grant Program Function or Activity					Total (5)
	Year 1	Year 2	Year 3			
a. Personnel	$340,000	$391,000	$430,100			$1,161,100
b. Fringe Benefits	$85,000	$97,750	$107,525			$290,275
c. Travel	$25,000	$25,250	$27,900			$78,150
d. Equipment	$350,000	$300,000	$120,000			$770,000
e. Supplies	$30,000	$40,000	$45,075			$115,075
f. Contractual	$125,000	$120,000	$224,000			$469,000
g. Construction	$0	$0	$0			$0
h. Other	$45,000	$26,000	$45,400			$116,400
i. Total Direct Charges (sum of 6a-6h)	$1,000,000	$1,000,000	$1,000,000			$3,000,000
j. Indirect Charges	$0	$0	$0			$0
k. TOTALS (sum of 6i and 6j)	$1,000,000	$1,000,000	$1,000,000			$3,000,000
7. Program Income						

Standard Form 424A (7-97)
Prescribed by OMB Circular A-102

APPENDIX E: STAFFING PLAN INSTRUCTIONS

The staffing plan provides a presentation and justification of all staff required to execute the project. The staffing plan needs to identify the total personnel who will be supported under the HCCN grant. See the HCCN TA website at http://www.hrsa.gov/grants/apply/assistance/HCCN to download a sample staffing plan. Include in the following elements in staffing plan:

1. Position Title (e.g., Chief Executive Officer)
2. Staff Name (Note: If the individual has not been identified to occupy this position, please indicate "To Be Determined".)
3. Education/Experience Qualifications
4. General Responsibilities
   Note: Additional information must be submitted for Key Personnel (e.g., Chief Executive Officer, Chief Financial Officer, Chief Information Officer, and Chief Operating Officer) in Attachment 5: Position Descriptions and Attachment 6: Biographical Sketches.
5. Annual Salary
6. Percentage of Full Time Equivalent (FTE) for staff involvement
7. Amount Requested (list the HCCN grant funds requested for each position)