

**FY 2014 Budget Period Progress Report Technical Assistance Call
July 18, 2013**

Coordinator: Welcome and thank you for standing by.

At this time all participants are in listen-only mode. After the presentation we will conduct a question and answer session. You may also ask a question online during the presentation.

Today's conference call is being recorded and if you have any objections you may disconnect at this time.

Now I'd like to introduce your host for today's conference call René Herbert. You may begin.

René Herbert: Hello everyone. Good afternoon.

If you are logged onto the online meeting and have not already done so, please answer the polling question on the screen so I can get a sense of who we have in the audience today. We have a lot of people already filling out the polling question and it looks like we have about 83% that have not done a budget period progress report before and about 17% that have. For those of you that are new to this please know that you are not at a disadvantage. The BPR has changed quite a bit this last year, so this will be new for everyone this year.

Welcome to the technical assistance call for the fiscal year 2014 Budget Period Progress Report, or BPR as we will refer to it throughout this call. I'm René Herbert, a Public Health Analyst in the Office of Policy and Program

Development within the Bureau of Primary Health Care at HRSA. Thank you so much for joining us today.

Before we review the fiscal year 2014 BPR instructions, the Bureau's Associate Administrator, Jim Macrae, will share some introductory remarks. Jim.

Jim Macrae: Great; thanks René and thanks everybody for joining us today.

For those on the East Coast hopefully you're getting over a lot of this heat that's happening right now. It's almost unbearable here but we welcome everybody to today's call. And for those on the West Coast good morning.

We're very pleased to be sharing with you this year's updated Budget Period Progress Report, or as it's affectionately known the BPR. As I mentioned to you and I've shared with you on our All Programs call that we had in May, this updated BPR is part of our overall efforts to improve our program management and the accountability of the Health Center Program. While at the same time, [we're] trying to recognize the need to reduce work burden on you for the numerous reports and different reporting requirements that we ask of you.

So today we're going to go over a lot of these changes to the BPR. I think you'll see a lot of positive developments, a lot of these changes are actually in response to the feedback that you've provided to us, as well as to address some of those accountability issues, which I'll talk about a little bit later in the call. But most importantly we want to share these highlights with you,

but also have time for you to be able to ask any questions of us with respect to the BPR.

So René I'll turn it back to you to get us into some of the details.

René Herbert: Thanks Jim. Slide 2 provides the agenda for this call.

Once again, this call will focus on the fiscal year(FY) 2014 Budget Period Progress Report or BPR. For those of you joining the call late you can view the web meeting by logging in as a guest at http://HRSA.connectsolutions.com/bprgrantee_briefing/.

If you are not able to view the slides through the Adobe Connect Meeting you can follow along via the slides posted on our BPR [Technical Assistance] TA webpage located at <http://bphc.hrsa.gov/policiesregulations/continuation>.

I will do my best to reference the slide numbers throughout this call so you can easily follow along if you are viewing the slides via the BPR TA web page. The presentation will start with a basic overview of the Budget Period Progress Report; including due dates and times, changes to this year's BPR, and the submission process and requirements. I will then touch on different key sections of the BPR process including the Program Narrative Update, performance measures, and the budget presentation.

Today's call will conclude with a review of important facts and a list of TA contacts followed by a question and answer session. Currently all participants are in a listen-only mode, so please make a note of any

questions that arise as we go along, so you can ask them at the end of the presentation. If you are logged into the webinar you will also be able to type your questions as we go along. So please make notes that we will likely be answering the majority of these questions at the end.

Slide 3 provides the purpose of the BPR. The Budget Period Progress Report provides an update on the progress of Health Center Program grantees, who do not have a project period end date in fiscal year 2014, which is October 1, 2013 to September 30, 2014. The BPR will provide funding for fiscal year 2014, budget period starting November 1, 2013 to June 1, 2014. The BPR serves as an opportunity to discuss any changes that have impacted the community or target population and the grantee organization over the last year, as well as plans for the upcoming fiscal year of [the] 2014 budget period.

If you do not know whether to submit a BPR or a SAC application, check your most recent Notice of Award for project period and budget period details. If you're still unclear, please contact your Project Officer.

Slide 4 provides a basic overview of the BPR process. Just like last year the BPR is submitted only in EHB. Although the BPR instructions are currently available on the BPR TA webpage you will not be able to access your BPR in EHB until approximately 6 weeks before the submission deadline.

Before we move on to the submission deadlines on Slide 6, I want to point out that the EHB User Guide for the BPR submission is available on the TA webpage. This User Guide will walk you step-by-step through the process of navigating the new BPR and EHB. So please have it, along with the

instructions document, handy when you start working on your progress report in EHB.

Slide 5 lists the due dates and deadlines. The deadlines for each BPR submission varies based on your budget start date. Please note that the start date is the calendar year immediately following the budget period end date listed on your Notice of Award. In line with what I discussed on the last slide for those grantees with the budget period start date of November 1, you gained access to EHB on July 10 and will have until 5:00 pm on Wednesday, August 14 to work on updating your progress. All others will receive an email from EHB approximately six weeks before the submission deadline. Slide 6 now highlights changes from the FY 2013 to the FY 2014 BPR instructions. I will now turn it back over to [CORRECTION: BPHC'S] ~~HSA~~'s Associate Administrator, Jim Macrae to discuss the changes to the BPR.

Jim Macrae: Great; thanks René. And as I mentioned earlier in the call the BPR for this year is part of our overall update to our program oversight of the Health Center Program. There were several factors that have come into play with respect to the program that we felt really a need to address with our overall program oversight, but in particular that we wanted to address through this new streamline[d] BPR. And I want to spend just a couple of minutes walking through those actually in terms of what those three things are.

One is the need for greater financial accountability, in particular, for how the program dollars are spent and in particular, how those federal dollars are spent with respect to our program. This is in response, I think most vividly with respect to a lot of the [Office of the Inspector General] (OIG) reviews

that have been going on and being conducted across the country with health centers.

We've had a number of OIG reviews and I know many of you have had to experience those that have in some cases resulted in significant disallowances to health centers. In some cases it's been disallowances of \$100,000, \$200,000, \$300,000, but in several cases it's been more than \$1 million. And a lot of that ultimately is determined to be [CORRECTION: un-allowed] ~~allowing~~ cost, but because of the requirements that we had around budgeting, both the federal and the non-federal piece, the OIG was able to make a determination about whether that was an acceptable use of funding.

And the good news with all of that is that we were able to resolve almost all of those unallowable costs, but it came at a price. It came at a price of additional time that was spent, us working with you, us having to follow-up with the IG, also a lot of times it would result in press inquiries. It just caused a lot of, I think, unnecessary problems in terms of how the program actually operates and works. But because of the way we asked you to account for money, it puts you in this position.

So one of the things that we've done in the BPR and we also did it in the SAC guidance, the Service Area Competition, is that we're now going to ask you on the frontend more proactively, to actually provide us with both a federal and a non-federal budget, so that we can actually track that information and document it right up front with your application and what you submit to us.

We do recognize that it may take a little bit more time, but given the reverse of that in having to spend a lot more time explaining, we felt like this little bit

of extra time, really is worth it. In particular, given just all of the expectations and requirements associated with the federal dollars, it's sort of like an ounce of prevention is worth a pound of cure in this case and we feel like it's very much worth it. So one aspect of the BPR, and we're going to go through this, is really some of that requirement around that federal/non-federal piece and the requirements around greater financial accountability.

The second thing is really our continued need to show and demonstrate the impact of the program, so really a need for greater program accountability and in particular, to be able to demonstrate what are we getting for the dollars that we are investing in health centers. And so you'll see this in particular, with respect to the BPR, where we ask you for progress updates around your patients, your supplemental funding that you receive from us, and your clinical and financial performance.

For each of those different categories we're going to be asking you to talk about your trends over a three-year time period. So what are the trends in terms of your patient numbers? What are your trends in terms of your clinical and financial performance? And how are you doing in terms of progressing towards your goals that you identified either in your SAC application or in a supplemental funding opportunity. And to basically provide us with a progress update on where you are with respect to those goals, and what that enables us to be able to do is to demonstrate the impact of the investments we're making in you, which is really important.

And then finally the third piece which is really a big driver for us is the need to reduce the reporting burden, the redundancy, and the duplication that we have sometimes asked for from you. A lot of this actually has occurred as a

result of some of the studies and requirements that have been given to us through our review of the GAO. In particular, the GAO asked for a lot more, I guess you guys are having difficulty hearing me. Maybe it's the, this mike, so I just need to talk a lot louder or, I don't know. I can scream if we need to.

In particular, a lot of the issues or information relates to the GAO. I think many of you know that the GAO had done a review of our overall program oversight, of the program. And with respect to that it required us to add a lot more information and documentation about your ability to demonstrate your compliance with program requirements as well as demonstrating how you were performing. And as a result and in response to that we added a significant amount of additional documentation from you both in the SAC and in the BPR, as well as additional requirements on our own staff in terms of being able to clearly document and demonstrate that you all are in compliance with these requirements. And the problem with that is that if we kept at that same level, it would create a significant workload burden both on you as well as on our own staff, and to be honest at not much of an added value.

So when we looked at it, if we continued down the same path that we were going where we would ask for a full-blown application basically every year through either the SAC or the BPR, you would be required to do that every single year. In addition, we also would be conducting an onsite review once every 3 years. And then we also, as you know and have experienced, would require you to submit separate reports on your different supplemental funding opportunities that you may have received dollars for, so, for example, the HIV funding supplemental or a New Access Point or a satellite, if you were an existing grantee.

And it just created a situation where we were asking for a lot of information and as I said when we looked at it and took a step back [it] really didn't add a lot of value. So we made some changes. We heard your feedback both in terms of from your grantee surveys as well as some of the impact of just our decisions in the last year and we decided to basically change the way we do oversight. So if we can turn to the next slide. And we decided to move to a 3-year project period where we will fully address compliance at basically two points in time. We'll address it first with the Service Area Competition application that grantees submit that basically establishes their new project period. In this case it will become a 3-year project period. Then we will do a second, sort of full-blown, a compliance assessment around the 18-month mark; basically in the middle of a 3-year project period, where we'll actually do an onsite review of your organization and how it's doing with respect to compliance. But then in terms of if we do that, which will, I think, provide greater program oversight, we decided that we didn't [need] to ask for as much information in our BPR. And I think what you'll see and as we go through it you'll find is that we were able to actually reduce the requirements in our BPR applications by more than 75%.

And in particular what we're going to be asking for in our BPR is [at] that 12-month mark and then again at the 24-month mark, is a progress update to basically ask you to provide to us, how are you doing with respect to the goal that you established in your SAC application; how are you doing in some of those supplemental funding opportunities; and again how are you doing on your clinical and financial performance measures.

And then we feel like at that point we can then work with you through out the project on really helping all of us achieve what it is that we want to see, which is, organizations that are fully in compliance and also performing well at establishing what it is that they want to do.

And we do believe that through these changes, we will actually accomplish those goals that I've talked about, where we'll have greater financial accountability, greater program accountability, but at the same time reduce burden, so that we can better support you in terms of achieving that program compliance as well as performance improvement. And so that you have also additional time to be able to work on those key issues that are impacting us all right now through the Affordable Care Act, and really into the future in terms of operating and performing well as a Health Center. So we are very hopeful that you will find these changes beneficial. We do think that it does reflect a lot of your feedback to us in terms of reducing burden, really focusing in on those things that we need. While at the same time still assuring that we have enough program accountability and financial accountability to address any issues that may come, with respect to program oversight.

So with that I'm going to have René actually walk you through the specifics as well as a couple of other folks to help with some of the key pieces of all of this in terms of what we're trying to accomplish, so René.

René Herbert: Thanks Jim. Slide 8 discusses more of the changes to the BPR content.

We have also updated the BPR EHB user interface with information icons to provide additional direction as you complete your submission. We have

reduced the number of attachments and forms and now there is only one attachment [~~Correction: and both forms required~~], the budget narrative, is the only document attachment required, and you will be required to provide information on Form 2, Staffing Profile; Form 3, Income Analysis, the new Federal Object Class Categories form, and the Program Narrative Update form. We have even simplified the Program Narrative Update.

This information is now entered directly into EHB. We have consolidated the areas you report on into five key areas rather than requiring answers to many compliance related questions. On the screen you can see in the comparison chart the changes to the BPR we just discussed, and there might be a quick delay as we transition to the comparison chart. This chart is also located on the TA webpage for your convenience.

Slide 9 now provides you with a summary of the required forms and attachments. In EHB you will have to fill out two basic standard forms akin to the SF-424, the Budget Information Budget Details form akin to the SF-424A, [and] the Budget Narrative which will be one attachment and four forms.

As we look at Slide 10 please keep in mind the following regarding the submission process. We strongly recommend that you carefully review your BPR to ensure it is both complete and responsive before submitting. All required information must be provided in EHB. An incomplete or non-responsive BPR submission may result in a delay in your funding.

Slide 11 and 12 will discuss the budget presentation. You will find detail[ed] information on the budget presentation in Part IV of the BPR instructions. The budget information, Budget Details form, is the primary document form

required for the BPR. This form in EHB will display the recommended federal budget from your most recent Notice of Award to make it easy to ensure that [the] appropriate amount of federal funding is indicated.

If you have received an Outreach and Enrollment supplemental award, this funding will not be included in the total budget appearing in the BPR information. As a reminder the individual salary limit is still in place which states that HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$179,700.

Slide 12 provides information about the new Federal Object Class Categories form and the Budget Narrative document. The Federal Object Class Categories form has been added to capture the details on the federal funding request. It includes the same object class category as the Budget Information: Budget Details form, just broken out by federal and non-federal dollars.

In addition to completing the new form you must also provide a budget justification which we'll also refer to as a Budget Narrative. The Budget Narrative must now present the budget by object class category for the upcoming budget period, broken down by federal and non-federal categories rather than funding streams.

As you complete your Budget Narrative it must provide sufficient information to show that costs are reasonable and necessary. If the line item budget justification, which will consist of sections such as personnel, travel, and supplies, does not provide sufficient detail, additional narrative should be provided to fully explain all costs.

Slide 13 provides you with screen shot of the new Federal Object Class Categories form described in a previous slide. As you can see on the form, the form includes each object class category broken down by federal and non-federal amounts. The use of this form is supported by the Health Center Budgeting and Accounting requirements Program Information Notice (PIN) 2013-01 that was issued on June 13, 2013.

In the previous slides we've discussed some of the forms, but on Slide 14 we describe the changes to Form 2: Staffing Profile; and Form 3: Income Analysis. For Form 2, I just wanted to point out the Staffing Profile is essentially the same as last year except for the new column that requests grantees to provide the total Federal Section 330 [funds] by Object Class that supports each category listed on the form. In other words grantees are required to report their requested federal dollar for each staff category.

More details about the form can be found in Tables 2 and 3 on Pages 4 and 5 of the BPR Instructions. Templates of the form can also be found on the TA webpage.

I will now turn it over to Leo Fishel, who will update us on the Form 3 changes.

Leo Fishel: Thank you. The goal of the Form 3 revision was to make it simpler for the preparer and more useful for the reviewer and I'm just going to discuss the basic changes made in the form. First of all, we eliminated the charge and adjustment data. We eliminated the service classifications within the pay groups. In the old Form 3 this was incomplete and the form did not fully

summarize data by service type. We eliminated the income classification within the self-pay group.

We added patients by pay group and this is patients are defined in the same way as they are defined UDS Table 4, Line 7 through 12. It is an unduplicated count of total patients classified by their primary medical insurance as of the end of the period. We added a column showing the income per visit for each pay group. We eliminated the managed care section. Managed care income data are now consolidated into the pay groupings.

The prior form did not classify managed care visits by pay group. Now we have a complete classification of visits by pay type.

We reordered the rows in Part 2 to conform to the order of presentation in the UDS Table 9E. We're trying to promote some greater consistency between the UDS and the Form 3 revenue classification and definitions. And lastly the instructions for Form 3 are rewritten and contained in the guide.

René Herbert: Thanks Leo.

We did not include slides on Form 5A, 5B, and 5C because there have [been] no changes to way those are handled in the BPR. As in the past, these forms will be prepopulated and locked for your reference.

Slide 16 and the next few slides will focus on the five key areas of the Program Narrative Update form. The Program Narrative Update form requires grantees to report on progress over the fiscal year 2013 budget period and the predicted impact and changes for the fiscal year 2014 period.

The Program Narrative Update form will consolidate the submission into five key areas, environment, organizational capacity, patient capacity, supplement awards, and clinical and financial performance measures. These areas feed into the larger framework that was discussed by Jim at the beginning of the presentation. Each narrative section is limited to a 3000-character limit, which is equivalent to approximately one page. The next few slides we'll discuss each key area in greater detail.

Slide 17 explains the narrative that should be described in the environment section. This section gives you an opportunity to document the impact of regional, state, and/or community changes. Your environmental narrative should discuss the impact of broad changes in the region, state, and/or community over the past year and the predicted impact for the future year. Some examples of changes that may influence [or] impact the project are state and local healthcare law and policy implementation, such as the Affordable Care Act, changes in service area demographics or in target population needs, and changes in major healthcare providers in the service area.

Slide 18 provides you with an overview of the narrative for the organizational capacity section. In this section you are required to discuss major changes in an organization's capacity over the past year that have impacted or may impact implementation of the funded project. Some areas that may impact implementation include staffing, sites, system changes, and financial status.

Slide 19 introduces the patient capacity component of the BPR. We will now discuss the information that will be provided for you in EHB as well as the

narrative that you should provide for the patient capacity section. Unlike the environment and the organization capacity sections we just discussed, the patient capacity section will be prepopulated in EHB with three years of patient data for 2010, 2011, and 2012, along with the end of the project period patient goals.

BPR prepopulated patient projections will include projections from the SAC [or] BPR that initiated the current budget period, as well as 2013 access, New Access Point (NAP) award patient projections. If you are awarded an FY 2013 NAP satellite grant, your narrative must include information regarding progress toward the goal values.

There may be instances where data that is prepopulated does not match recently submitted programmatic changes or there may be missing data. For example, public housing patient data is not available in UDS and so, if applicable, you may provide this information when completing the patient capacity section. For instances when prepopulated data is different from recently submitted data; adjusted projection[s] should be provided and explained within the narrative. We'll now show you an example of how this looks in EHB.

On Slide 20 you should see a screenshot of the patient capacity section in EHB. Before we discuss the information required in [the] narrative section, I will walk you through the screenshot. In EHB, the patient capacity section requires grantees to explain a significant change, to explain significant changes in patient numbers, and discuss progress towards reaching the projected patient goals in four patient number categories. These categories are total unduplicated patients, total migratory and seasonal agricultural

worker patients, total people experience in home business patients, and total public housing resident patients. The projected number of patient's column is captured from Form 1A, and the data points are captured from UDS.

Now I'll give you an example of some suggested ways to describe these trends and what you should capture in the narrative section. Just please note that the narrative section can vary and this is just an example. First, we'll start with the first row, total unduplicated patients and pretend that this is your data. So the patient, projected patient goal is 19,600 and every year we can see that it is an upward trend towards that patient's, projected patient goal. So as a grantee, the expectation is that you will calculate annual shift and patient numbers to see if you are on track for meeting your projected goal and in the narrative talk about the data and your likelihood to meet your goal.

So looking at the slide again, the total unduplicated patient [measure] show an increase of 21% from 2010 to 2011 and then from 2011 to 2012 we see a 13% increase. Assume 2014 is your final year of your project period you would need to increase the number of unduplicated patients by 42% compared to the 2012 data to meet the 19,600 projection. In your narrative you would want to discuss these trends so that, you want to discuss how the numbers are trending to date, any barriers, or [CORRECTION: describe] ~~facilitate in~~ factors that may impact your ability to hit your goal by the end of the project period. And essentially the narrative should succinctly describe the prepopulated information, explain progress or lack thereof, and provide details about unique circumstances facilitating or impeding your progress. So we would recommend as you write your narrative to use physical data to help understand the trends and just be succinct in your explanation.

On Slide 21 we provide an overview of the supplemental award section [CORRECTION: similar to] ~~as with~~ the patient capacity section, EHB will also prepopulate the data from supplemental award goals. If you receive the supplemental award, you will provide narrative regarding progress toward the goals and should discuss the progress made. If prepopulated data does not match recently submitted programmatic changes, explain this in the narrative section as well. So the next [slide] I will show you [is] a screenshot of the supplemental award section from EHB.

So Slide 22 shows five supplemental awards that a grantee may have received and how it should be described in EHB. So if you did not receive a certain supplemental award you won't be expected to provide a narrative. And as we previously stated, grantees that receive Outreach and Enrollment (O&E) assistance supplement should not include [this] supplement funding in their budget request as a grantee, but you are still expected to discuss any progress on the O&E goals in this section of the BPR. And [we] understand for those grantees with an early submission deadline, the O&E narrative may not be very detailed.

So specific to the 2012 quality improvement supplement, the numeric goal is listed as not applicable because numeric changes in cervical cancer screening rates are being monitored strictly through UDS. However, you should include narrative information on both progress towards the PCMH recognition and improve[d] cervical cancer screening rate.

Specific to the NAP satellite awards, because the UDS data includes aggregate patient data across all sites you should use this section of the BPR

to tease out your progress towards meeting the NAP satellite patient goal numbers. In other words, you will need to come up with site specific numbers for this section. And in the narrative you should also discuss progress towards meeting the other NAP goal of achieving operational status at all proposed NAP satellite sites.

Moving on to Slide 23 we also will continue and just provide you [an] overview of the section[s] of the performance measures. EHB will pre-populate [CORRECTION: the performance measures section] ~~this section~~ with three-years of performance measure data along with the end of the project period goals. You will provide narrative regarding progress toward your performance goals and the factors that have impacted your progress with measures grouped into five categories: perinatal, preventive health screening and other services, chronic disease management, financial measures, and other measures.

As in the past, tribal and public center applicants will not [have] [pre-] populated the three other related measures because they are not applicable. And as a reminder these other related measures include financial measures and long-term debt to equity ratio, changes in net assets to expense ratio, and the working capital to monthly expense ratio. The next I will show how this is to be entered into EHB.

Slide 24 shows the performance measures section in EHB. The performance measures in the BPR will be presented in a similar manner to the patient data. Instead of including an individual form for each performance measure, data is presented as a 3-year trend. Because of this data presentation and shift in the UDS policy, the BPR includes all standard measures for all

grantees regardless of whether these measures were included in past admissions or reported on in past UDS reports.

As you can see from the chronic disease management section the narrative box below the measure should capture progress and impact for all measures related to chronic disease management. So the narrative section should report on the performance for asthma treatment, coronary artery disease, ischemic vascular disease, blood pressure control, and diabetes control within that [narrative] box.

What you see - what you also see [is that] some areas are listed as not available when data was not reported in UDS and some areas are blank, fill in the space - and blank fill in spaces. The measures with fill in spaces were marked as not applicable in the past. For the new BPR you will see these fill in boxes and you must provide a goal to be reached by the end of your project period. Since you may not have reported this data in the past, estimates will be accepted.

As we see in this chronic disease management section you are required to provide estimated goals in the blank boxes for coronary artery disease and ischemic vascular disease. Grantees should explain in the narrative how they plan to achieve these goals by the end of the project period and this will also be required for prenatal, perinatal, and colorectal cancer measures. Please note that for the childhood immunization measure no narrative is expected since the measure changed between 2010 and 2011 and will be changing again for 2013.

Slide 25 provides general information about the Program Narrative Update. As we mentioned over the last few slides related to the Program Narrative Update if prepopulated data, UDS data, or projected data does not match your most recent programmatic changes provide accurate data and explain in the corresponding narrative field. In many cases if data does not prepopulate or is not available the system will allow data to be provided in the appropriate field like we discussed earlier with the public housing patient data.

As mentioned earlier in Slide 16, Forms 5A, Services Provided; 5B, Service Site and 5C, Other Activities Locations are prepopulated and lock for your reference in EHB. For the information on how to access your previous admission it is included in the EHB User Guide on the BPR TA webpage. Additionally for help with writing your performance measures narrative, visit the BPHC Data comparisons website for current state and national comparison data.

Slide 26 provides an overview of resources for technical assistance. We will now shift to take a look at a technical assistance webpage. And there might be a slight delay as we transition to the webpage.

As you can see on your screen the TA webpage is a resource for information on the BPR submission schedule, the changes to the BPR, information and access in EHB, TA resources, and all the forms required for submission for reference only. You will be able to fill out all of these forms at EHB once you receive email notification of your access. The TA webpage also includes emails and phone numbers for program and grant contacts. Please note that

the new program contact for BPR related questions is me, René Herbert, and my colleague, Vesnier Lugo.

If you have any EHB error messages or access issues please, please contact the BPHC helpline listed on the TA page and not the HRSA contact center which pops up in EHB when you get an error message. Also on the TA webpage the digital audio recording of this presentation will be available one week after this call.

I will now move to the question and answer session and ask the operator to start queuing up questions.

Coordinator: If you would like to ask a question, please press star 1. Please unmute your phone and record your name clearly when prompted. Your name is required to introduce your question. To withdraw your question, please press star two.

Again if you would like to ask a question, please press star 1.

René Herbert: Before we start taking questions just as a reminder on Slide 27 please double-check your BPR submission before submitting it to ensure that you have responded to all Program Narrative Update items and have included all required attachments and forms. Submissions with missing or incomplete information will require a request change notification from your Project Officer, which could delay your award. And again the most commonly access resource is the BPR TA webpage. There the frequently asked questions documents will be updated as questions arise that are relevant for all grantees.

The presentation from today's call will also be posted on there and we just ask that you regularly check back for any updates. Thank you to all and now I will open up the call for any questions.

Coordinator: The first question is from (Frank Killian), your line is open.

(Frank Killian): Can you talk more about the budget narrative. I see the example you give. Is that the exact format you want or do you want an additional narrative like in Word?

Woman: For the BPR, for this year, all narrative information will be ~~typed~~ [CORRECTION: entered] directly into EHB. So you're welcome to prepare your narrative in advance in a Word document, but please note that there will be character limits as described in the instructions. And so please be prepared to observe those limits when you cut and paste into the system.

(Frank Killian): So there's - so - I haven't gone to EHB yet, but just from the printout there's this budget justification, so, that's like in a table format, it looks like, and then there's the additional personnel object class category justification where you list each staff person.

Woman: Right, so the budget justification or budget narrative is the same as you provided every year ~~with back~~ in BPR, that will be a Word document or Excel document; however, your organization normally formats that ~~that you will~~ [CORRECTION: as an attachment]. The template or sample that you see up on [the] website is just a suggestion for you to see the categories and types of information that you may want to provide for the new federal object class

category form, that is a new structured form within the system. So you will simply break down your budget into federal and non-federal dollars on that form within EHB.

(Frank Killian): Okay, thank you.

Woman: You're welcome.

Coordinator: (Edwina Moore), your line is open.

(Edwina Moore): Yes, I wanted to know if program income can be used to cover salaries in excess of the salary limitation of the \$179,700.

Woman: I believe there's grant management staff on the call, so if you'd like to chime in; otherwise I'm happy to answer that according to the FAQ's which you can access at the BPR TA webpage. You can use program income to cover salaries exceeding that cap.

(Edwina Moore): Okay, thank you. And then also just sort of trying to understand what other health ventures do or what you see in terms of what salaries are normally charged to the federal grant portion since now we do have to actually report that out. Do you typically see senior leadership staff charged to the federal grant or is it more so the clinical staff?

Jim Macrae: Hi, this is Jim. It's - I mean, the quick answer is that it's basically up to you in terms of what you think is the most appropriate. You know you can contact, of course, your [Primary] Care Association just to see what other health centers in your State have done. You know, I think generally speaking, you

know, when you look at the budgets for health centers, about 70% of the costs generally are personnel, so it does seem like a reasonable place to put it, but how you specifically, deliberately, is up to you in terms of the allocation.

(Edwina Moore): Okay, so from HRSA standpoint there is no right or wrong way.

Jim Macrae: There is no right or wrong way. I think, you know, we're asking for the total budget and then how you expect to spend the resources. I would just tell you though that in terms of if you decide to make changes as you go through the project period, if the change is more than 25% of your budget of more than \$250,000, you would have to ~~since~~ submit a change [request], a rebudgeting, basically [a] prior approval [request] to be able to do that. So, you know, for some folks that means, well maybe we should keep it in salaries because that's where more of our resources are, but again ultimately it's up to you. But just think about that as you're contemplating how you want to budget - federal or non-federal.

(Edwina Moore): You say well normally we typically do keep it with salaries.

Jim Macrae: Yes.

(Edwina Moore): We just like to see the significant amount from 330 funding, so the grant does not cover, not even half of our salaries.

Jim Macrae: Sure.

(Edwina Moore): And I was taking more so in terms of the salary type. I mean is it common or allowable, for example, to charge; you know, like my CEO's entire salary to the grant.

Jim Macrae: I mean it's - I don't know if Leo [would like to make a point]. You - have you stood in terms of where you are. I mean it's basically, it's up to you. I think, you know, generally speaking as, you know, if they are full-time on this grant and that's what they do then that's absolutely a reasonable assumption for you to make. But ultimately again it's up to you in terms of what makes the most sense.

(Edwina Moore): Okay, thank you.

Leo Fishel: [Let me] Make one point here.

Jim Macrae: Yes, go ahead Leo.

Leo Fishel: The one point I would make is if you do charge salaries - if you do use the federal funds to pay for salaries, you need to comply with the A122 time keeping requirement, which ~~is~~ discloses the fact that the funds are - at the time, is being paid for by the government on the employee's time sheet.

Jim Macrae: Right. And the other thing just for information on this we do have our total budget PIN that is also available on our website. So if you go to our PINs and PALs ~~on~~ that provide some more information about that specific thing, about the federal and non-federal budget that may be helpful.

(Edwina Moore): Thank you.

Jim Macrae: Yes, thank you.

Coordinator: The next question is from (Richard Valdez), your line is open.

(Richard Valdez): Yes, I'd like for you to expound a little bit between the federal and non-federal is - if I understand it correctly, that's taking the whole agency's budget and splitting the portion that is applied or taken care of by this grant under federal and everything else under non-federal. Is that correct?

Woman: It's actually going to be supporting exactly what you normally include in your regular budget summary, so the total budget that supports the project into the federal and non-federal dollars. And you're right, for federal that's going to be limited to the section 330 dollars that you're receiving either through your SAC or your BPR award depending on where you are in your project period. And then the non-federal would be the non-federal dollars that support the projects.

(Richard Valdez): Okay, thank you.

Coordinator: The next question is from (Stan Ihler), your line is open.

(Stan Ihler): Yes, two quick questions. My understanding is that we've gotten recent outreach and enrollment grant. This is not included at all in our application. Is that correct?

Woman: That's correct. The only place where you'll address outreach and enrollment in the BPR is in the supplemental award section where you're asked to describe any progress that you've made to date on O&E efforts.

(Stan Ihler): Okay, the next question is on pay - on Form 3, Income per Visit; what's the definition of income? Is [it] our usual charge? Would it be our FQHC encounter rate? It would be our full charge? What is expected to be in there?

Leo Fishel: Income is what you would be expected to earn in the budget period. So it would be - correspond to your net revenue as shown on your audit report.

(Stan Ihler): Yes, but this says income per visit.

Leo Fishel: Correct. So all that is, is taking your income that you're projecting for instance from Medicaid.

(Stan Ihler): Right.

Leo Fishel: Dividing it by the number of medical - the number of visits that you reported for Medicaid.

(Stan Ihler): Okay, so what's the difference between income per visit and projected income?

Leo Fishel: Well, one is a unit measure and the other is the total.

(Stan Ihler): Okay; all right, thank you.

Coordinator: The next question is from (Pat Debois), your line is open.

(Pat Debois): Hi. I have a few questions about the performance measures. When we submitted our SAC we identified a number of measures that are captured under other and some of those over the years,- some of those age - some of those measures are no longer relevant and we were told by our Program Officer that we could, I guess basically stop reporting on those measures. Was that correct?

Woman: You're correct. What you'll see in the other section for the performance measures in [the] BPR will be the latest other measures that you included in your last application. So the fact of - BPR that started your current budget period; you'll see those measures prepopulated. You'll be asked to provide narrative on progress for those measures as well as the fill in data to show how you performed on those measures over the last few years because we won't be able to prepopulate that because it does not exist in UDS.

(Pat Debois): Okay.

Woman: In order to get those measures to stop prepopulating you'll have to wait until your next SAC cycle. So if you are in the second year of your project period you're going to see those same other measures populate in your next BPR as well as this BPR. You could just write some narrative explaining which ones you're still implementing, which one's you're not, and your progress for your Project Officer.

(Pat Debois): Okay, yes because I see that the goals are listed but none of the ~~the~~ goals are populated [and] ~~but~~ none of the data is populated. So for the - even - so for

all of them we should put in the data that we have and then in the narrative just say, you know, we're reporting on - we're still reporting on X, Y, and Z, but not A, B, and C. Does that...

Woman: Right.

(Pat Debois): Is that how we should handle [it.]

Woman: That's exactly right.

(Pat Debois): Okay.

Woman: And if you need some help in accessing the data that you provided in past submissions the user guide for the BPR that's out on TA webpage includes instructions for how to get to those submissions so that you can pull that other data.

(Pat Debois): Okay and then my last question is with the rest of the measures I understand that - how I can see that the data is prepopulated from our UDS reports. But if we have data say from first quarter, second quarter, that I put it this way that looks better than what is shown on the - that's what's prepopulated can we address that in the narrative. For example, so like if we're at 30% on a measure from the 2012 UDS report but we've been able to bump it up to 40% or 50% we can address that in the narrative.

Woman: Certainly and that would be the goal for you to provide [us] with an overall picture of how you're progressing. And so if you have data that shows that

you've made progress in addition to what's prepopulating for the last data point it would be great to share that in the narrative section.

(Pat Debois): Okay, great; thank you.

Woman: Thank you and operator if you could please pull Helen Harpold's line so that she's able to answer questions on budget that would be great. We know that she's dialed into today.

Coordinator: Just one moment. Did you want to take a question in the meantime?

Woman: Sure; we can do that. Thank you.

Coordinator: Okay, (Peter Gall), your line is open.

(Peter Gall): Yes, thank you very much. So Mr. Fishel I've just a follow-up on Form 3. First of all can you hear me all right?

Leo Fishel: Yes.

(Peter Gall): Okay, it's good to know that the income provision is a calculated figure and I see that you have eliminated the issues of adjustments and collection rates as well, and that everything here is based on actual income derived. ~~The and~~ I see you've also eliminated the income levels on self-pay and made that simpler. And that leaves me with a one issue that keeps coming up, which is the allocation of co-pays and deductibles from Medicare and private insurance. My understanding is, of course, that those co-pays get put down on the self-pay line and that's it. Now if the EHB breaks out those numbers

that will be great for folks, but if we find CHCs where the way the system is set up, there remains confusion as to which part of a Medicare billing was actually paid by the patient or which part of the private insurance billing ~~was~~ ended up paid by the patient. Do you want to assign us a percentage to use when the actual records do not break down the co-pay from the insurance portion of the Medicaid or Medicare or private insurance billing?

Leo Fishel: Peter, the goal of Form 3 is to accurately predict what your program income will be. So if your systems do not allow you to assign the secondary payments to the secondary payer, the Instructions permit you to report in the way that will get you to the most accurate forecast of your program income. So we're not insisting that you - we're asking that you do it. It is in keeping with the way income is to be classified in the UDS, but the [BPR] Instructions ask you to do that, but also say if you're unable to do that you can leave the income in the primary payer line.

(Peter Gall): I see. If, forgive me if this is not appropriate at this time, just let me know. It would be very nice if the UDS report and the BPR report matched so when we do their UDS report we're being instructed the same way to say that, you know, let's say they're applying at 20% - percentage and assuming that's the copay. Would you like to see that done in both reports?

Leo Fishel: What happens with the UDS reporting is that the instruction asks you to assign the income to the secondary and subsequent payers. The reality is that it's a reporting issue for many grantees and many are unable to do so. So it's a finding that we cite in the UDS reports.

(Peter Gall): So they would use the same methodology in those cases.

Leo Fishel: Correct.

(Peter Gall): Okay; thank you very much. The other brief question was general regarding the performance measures. Did you affect the change in the immunization measure? I was advised that fewer drugs were going to be required and therefore there might have to be a complete revision on how immunization progress was being reported. Do you have any comments on that?

Charlie Daly: Yes, this is Charlie Daly. I was just going to say we did change the new immunization measure in 2013 and we reduced actually the number of immunizations from what we required previously in 2011 and 2012. So for purposes of the BPR as has been explained earlier [,] we're not expecting a narrative with respect to these trends because the measures have changed.

(Peter Gall): So on the immunization you're not going to be reporting - you're not going to prepopulating those old numbers then so that people are starting from scratch?

Jim Macrae: No, I think the numbers are prepopulated but we're not asking people that have to comment on it because it's going to go up and down just depending on the number. I think generally speaking Charlie you can correct me if I'm wrong but one year is going to look - the one from 2010 is going to look one way and then we're going to see a drop, or is it 11 and then drop and then go back up is what we expect.

Charlie Daly: What we're going to see in 10 is a higher number like 70 some odd percent. In 11 and 12 it's going to be more like 40 some odd percent.

Jim Macrae: Right and then in 13 it should go back up.

Charlie Daily: Thirteen goes back up.

Jim Macrae: Reflect all of what we had back in 10.

Charlie Daily: Yes, but that 13 doesn't show up on this.

Jim Macrae: Okay.

(Peter Gall): Okay, so radical changes could be shown by a brief comment and you folks understand what's going on there.

Jim Macrae: Yes, absolutely.

(Peter Gall): Okay and my last question is just clerical. On Line 20 or item - page - whatever it is Slide 24 you show a variety of measures and then there's one place for a narrative. Are you expecting them to discuss all of the measures in that one narrative section rather than breaking them down?

Woman: Yes, that's correct. The measures will be presented in different categories for his year's BPR and so it will be one narrative block for a multiple measures that fall within each category and you'll describe progress for all of the measures that's in that category in one block.

(Peter Gall): Thank you very much.

Coordinator: The next question is from (Judy Langer), your line is open.

(Judy Langer): Hi, thank you for taking my call. We had a question regarding the prepopulated numbers and it may sound really simplistic, [but] this is the first year I am doing this. So if we - when we get to a document that has the prepopulated numbers and then we have to put in, you know, our projections will there be some kind of like error message that shows up that says, you know, something's not right here; these aren't matching up. Or will that have been well the prepopulated numbers have been fixed with like in prior BPRs or prior documents.

Woman: So for this time you'll only be required to provide end of project period projections for measures that you did not report on last year. So there were three new measures last year that grantees can mark as not applicable for their FY13 application as well as prenatal and perinatal measures which could have been marked not applicable in the past. If any of those five measures were marked as not applicable last year you will be asked to provide an end of project period projection in your BPR. For everything else that end of project period projection is going to be provided for you based on the projection that was included in your last submission.

(Judy Langer): Okay and just to double-check with the - with O&E, we do not put the award ~~we do not - excuse me;~~ we do not include the O&E award amount in the federal money, but we do have to report on our progress with the O&E program?

Woman: That's correct and you'll see clearly in the BPR there will be a section on supplemental awards and there'll be like a row that's dedicated to O&E and

that's the only place where you include your outreach and enrollment information.

(Judy Langer): Okay, thank you very much.

René Herbert: Oh, and we expect that for those who have early submission deadlines that the narrative [CORRECTION: may have less detail.] ~~wouldn't be a detailed.~~

Woman: Right.

(Judy Langer): Okay; thank you.

Coordinator: The next question is from (Bill Bradford), your line is open.

(Bill Bradford): Yes, I had a question about recording staffing information. If - is-it true that if our staff records their time on their time cards in the greater FQHC we don't need them now to make a distinction between time that would be specifically funded by this grant versus might be funded by other program income, or do you really need this granular level where a staff member has to know on that particular day which portion of his time is after you start funded by HRSA and which portion is not.

Leo Fishel: The A-122 time-keeping requirement says in effect that whenever federal funds - labor is charged to federal awards that those charges must be revealed on the employee's timesheet. Now - so if for instance you were charging all of an employee's time to the federal award you would know - you could note in summary that all of the time is assigned to this federal award, the employee signs the timesheet, and that's the documentation that

is being looked for. So it's really the employee validating that their time is being charged to this award.

(Bill Bradford): But reasonably speaking we have many employees that are funded only partially by this grant, so and they don't know when - what they're doing is funded by HRSA or funded by program income, but then you can't know that. So isn't it reasonable to assume that if we're recording time in the greater FQHC that that's sufficient in terms of meeting the A-122 requirement of saying time is recorded on a federal program.

Leo Fishel: Well, that would be in my view I think the safe way to play [it], that would be to review it on the time sheet and comply with the A-122 requirement. So if all, like I say, if all of a person's-- if a person's time is being charged elsewhere to another federal award or another state award directly, then I would not opt to include that individual's time under the 330 column.

(Bill Bradford): Okay.

Leo Fishel: If you have concerns about this you can reference the A-122 requirement and seek counsel with your auditor.

(Bill Bradford): Okay.

Jim Macrae: No, I think what you're trying to [find is] balance and I hear what you're saying, and I think that's why part of the conversation with the auditor does make sense, in the sense of you know, individuals versus what the organization is doing and then how much can you apply what the organization is doing to individuals. I think, you know, that's a conversation

that you should have with the auditor in terms of just how to do this, from a reasonable standpoint in terms of making, you know, accurate assessments about what people are doing. You know if the person's whole salary is ~~toward~~ dedicated towards the whole [health] center portion, you know, there's program income and federal grant, you know, then looking at what the percentage is and then applying that by the timecard. But again we encourage you to talk to your auditor about what makes the most sense. You know, I think what Leo is saying is absolutely the accurate piece, but in terms of [CORRECTION: actual practice] ~~than practicalities~~, how they actually [are] implemented, you know, talk to your auditor and just see what's possible.

(Bill Bradford): Okay, thank you.

Coordinator: Once again to ask a question, please press star 1. At this time there are no questions. Actually we just had some come in. Would you like to take them?

Woman: Sure.

Coordinator: Okay. (Christine Sacker), your line is open.

(Christine Sacker), Oh, thank you. This has again is regarding to the timekeeping because as you recommended we did approach our auditor on this and they don't seem to be - there seems to be some confusion on that. So I'm wondering if you might be able to offer some clarity. So if you have a physician who only works in your community health center as a physician, do you need to record the time allotted to the federal grant and only up to the \$179,600, or how do you break that out?

Leo Fishel: Technically if only a portion of the award or the individual's salary is charged to the award then that portion would be shown - revealed on the timesheet. So if it was an 80/20 split, that's the way you would have to reveal and acknowledge the fact that 80% of the time is being charged to the particular federal fund - source fund.

(Christine Sacker), Okay, so you would charge - say if there salary is \$200,000 but they spend 100% of their time the health center you would charge \$179,600. And then if you serve 75% uninsured which is supplemented by your 330 grant and 25% are a various mix of payers including Medicaid you would show the 25% as non-federal and the 75% as charged to the federal grant? It's very confusing in the A-122 as well. It's very vague.

Leo Fishel: That's correct. You simply - the expectation is that you will show on the timesheet that portion of the individual's time that's being charged to any particular federal award.

Jim Macrae: And Leo if I [may], I'm going to step out of my lane, but I'm, what the heck in the hope of making anything clearer, but part of the thing that's actually helpful with all of this is that you actually are having people upfront talk about what they're going to do in terms of paying for salary. So in - that should provide some guidance in terms of then how you would charge it because this is basically what you're projecting to be able to support in the upcoming year. So in theory, that should provide a blueprint for how you would think about charging the time for that person because that's what you projected to be able to do. Is that sort of a reasonable thing to think through or am I being too simplistic in terms of an approach?

Leo Fishel: We're really getting into the weeds here but.

Jim Macrae: Yes, I know.

Leo Fishel: Technically the A-122 requirement is - says the timekeeping should be contemporaneous and not budget driven.

Jim Macrae: Okay.

Leo Fishel: However, as a practical matter it is often budget driven and simply acknowledged by the employer on the timesheet.

Woman: Thank you.

(Christine Sacker), Okay, thank you.

Coordinator: Next question is from (Mary Hennelly); your line is open.

(Mary Hennelly): Yes I had a budget question.

Woman: Okay.

(Mary Hennelly): The total then on the federal side should add up to whatever our 330 award is and then the non-federal would include all of the program revenue related to the 330 activity. Is that correct?

Woman: Yes, that's correct. For the purposes of this application as well as for the SAC if you are working with colleagues completing a SAC, it's the same way.

We're asking for federal, which is the section 330 fund supporting your grant project and the non-federal, [which] is all of your program income; everything that supports the project that's not our federal dollars. Do not include other lines as business in that. That question came up in the chat. So if you didn't see that we do want to make that clear. If you have other lines of business not related to your health center project, do not include those non-federal funds.

(Mary Hennelly): And so any 340B related funds would go under program revenue?

Woman: Yes, just anything that you've always included as your scope of project, as your total scope of project and you're just being asked to pull out your dedicated federal dollars within that on that form.

(Mary Hennelly): Okay, so any like state grants and whatever would just be considered on non-federal.

Woman: Correct. If you've - if that's part of your scope of project as you've defined it.

(Mary Hennelly): (Brian White) would be non-federal.

Woman: If you count - if you consider (Ryan White) part of your scope of project which most health centers do.

(Mary Hennelly): Okay; all right, thank you.

Woman: Thank you.

Coordinator: Next question is from (Badha Mahammett), your line is open.

(Badha Mahammett) your line is open. The next question is from (Michael Porter), your line is open.

(Michael Porter): Hi, I was just wondering if the salary cap had any effect on the FTCA coverage? If a portion of the - say a provider's time would be non-federal.

Woman: No, it does not impact the FTCA.

(Michael Porter): Okay, thank you.

Jim Macrae: As long as that provider is within the scope of the project and within the scope of employment they should be covered and they, of course, are FTCA deemed.

(Michael Porter): All right, thank you.

Jim Macrae: Yes.

Coordinator: Next question is from (Peter Gall), your line is open.

(Peter Gall): Thank you very much. Just a quick one, I may have missed this and ~~it's filled~~ maybe you could direct me to the proper place. In past BPRs extensive portions of the narrative will require to respond to issues raised at site visits and certainly take me in more length than many of these boxes on the floor. Can you tell me how that's handled on this BPR?

Woman: So you're not going to find a specific question about site visits or impact [of] ~~for~~ site visits on this BPR. However, you may find places in the narrative boxes where it is relevant for you to include information that was discovered or discussed at the site visit in the narrative boxes. So if something that came up at your site visit is impacting your ability to meet your patient projections, then you would certainly want to discuss that information and the narrative around patient capacity. If some things were discussed about performance, getting to quality measures, then that information may show up in the performance measures narrative.

(Peter Gall): But not in relation to responding to any directive or request from HRSA. I mentioned site visits but the actual question and the forms, is usually included other things too. You know requests from HRSA, directives from HRSA, etcetera. There's nothing like that in this BPR.

Is that correct?

Woman: That's correct sir. We don't have an equivalent question in this BPR. However, in addition, some of that information may show up in the organizational ~~changes organizational~~ capacity question here. So just keep in mind discussions that you've had with your Project [Officer] or the requests that may have been made and whether those pieces might fit into some of the sections that we've outlined, but there's no specific question this time.

(Peter Gall): Thank you very much.

Woman: You're welcome.

Coordinator: The next question is from (Abby Montime), your line is open.

(Abby Montime), Hi, I just wanted more clarification about the performance measures in the other measures section. So when I look at my screen. I logged into EHB and I have a bunch of measures where there's blank text box that you can fill in for 2010, 2011, and 2012; they're totally blank. Am I required to fill in any blank box or just those that are applicable?

Woman: So for your other measures they're completely blank because they were not reported in UDS for us to then [use to pre-populate] the BPR, so you can still [CORRECTION: access your past] pull-up half the submissions, to provide that data in your BPR as you move forward.

(Abby Montime): Okay.

(Abby Montime): Okay, so we're required to fill in any box that can be filled in. Is that the main idea?

Woman: The business rules up in the system will trigger if a box is absolutely required for system build. But it would be extremely helpful for your Project Officer to be able to look at your data on this other measure.

(Abby Montime): Okay.

Woman: So I believe that is a requirement in the system. If not, then please just double-check.

(Abby Montime): Okay.

(Abby Montime): Okay, great; thank you.

Woman: And we can take two more questions and then we're going to be out of time. So any other questions should be emailed to bphcbpr@hrsa.gov.

Coordinator: And again to ask a question, please press star 1.

Woman: Do we have any more questions in queue at this time?

Coordinator: The next question is from (Paula Cowen), your line is open.

(Paula Cowen): Thank you. I would just like to confirm one more time about this budget narrative, budget justification form. The budget justification is a form that we fill out. Do we feel need to do a written narrative or is that at our discretion?

Helen Harpold: This is Helen Harpold, Branch Management Officer. The line item budget form that's in the application is great, but for the grant's purposes - the grant's office we're going to have to have a breakdown of what you have in your supplies, category, your equipment category, and your other category. That's the only way we'll be able to tell if you're using federal funds for allowable costs. So the narrative is very important to the grant's office.

(Paula Cowen): Well, we've previously done the narrative in very much item delineating what they were. But in addition to that and some of us had always written just a narrative, you know, a verbal kind of lifting of overall what our budget included. So if we do the budget justification and we have a very detailed

narrative on how to supplies and those other items are used or are funded;
that should be it and no more of the written.

Helen Harpold: Right, we need the details.

(Paula Cowen): Okay, thank you.

Coordinator: The next question is from (Michelle Lambert), your line is open.

(Michelle Lambert): Yes, I'm sorry to bring up the salary question one more time but I understood it that if we were charging 100% of an eligible provider's salary who was under that \$179,000 limit that they did not have to document on their timesheet that we're charging their time to the 330.

Woman: Well, the actual salary limitation doesn't necessarily have to do with the federal. That depends on how you're going to charge that individual salary between the federal and the non-federal column.

(Michelle Lambert): But I mean the timesheet documentation. So my understanding of it is that they were not covered on another grant and we were charging all of their time on our 330 tracking system that we did not have to have them noted on the timesheet because they don't necessarily know that they're being charged to the 330 grant.

Helen Harpold: You need to keep track of all funds - federal funds that you use for salary.

(Michelle Lambert): Right.

Helen Harpold: Even if somebody is 100% on the grant - on our grant you would have to note that on the timesheet.

(Michelle Lambert): Okay.

Woman: Thank you to everyone who has joined us on the call. Again if there is any additional questions please send an email to bphcbpr@hrsa.gov and we'll answer any questions. Once again thank you all for joining the call. On behalf of everyone here at HRSA and the Bureau of Primary Health Care we appreciate your time. Thank you.

Coordinator: This concludes today's conference call. You may now disconnect.

END