

## **BPHC Primary Care Association Guide 2012-2013**

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### **Legislative Authority†**

This program is authorized by section 330(l) of the Public Health Service (PHS) Act, as amended, to issue grants, cooperative agreements, and contracts to provide necessary technical and non-financial assistance to potential and existing health centers.

### **Cooperative Agreement Overview**

- A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.†
- Based on an assessment of the T/TA needs of potential and existing health centers, broad examination of the statewide/regional need for additional primary care services for underserved, vulnerable and disadvantaged populations, as well as an analysis of the health policy and marketplace conditions in the state/region, the PCA recipient organizations must identify and engage in T/TA activities which support potential and existing health center programs and have a measurable and positive impact on the health of the underserved communities and/or vulnerable populations.†

### **Cooperative Agreement Responsibilities**

#### **BPHC Program Responsibilities**

HRSA/Bureau of Primary Health Care (BPHC) responsibilities, in addition to the usual monitoring and technical assistance under this cooperative agreement, will include the following:

- Collaborate with PCAs (within the first 60 days after award) on the review and approval of the final PCA work plan based on T/TA needs assessment and HRSA/BPHC priorities.†
- Final approval of the work plan.
- Ongoing monitoring of the activities of the work plan through face-to-face and telephone meetings and the review of progress reports and key deliverables for activities funded through the cooperative agreement.
- Attend and participate in appropriate meetings (e.g., State, national, committee).
- Coordinate with other Bureaus within HRSA to develop synergies in programs.
- Assistance in coordination of activities with other Federally-funded cooperative agreements.
- Review of written materials prior to publication, distribution, and/or posting online to ensure consistency with HRSA/BPHC priorities and appropriateness. (Note that this requirement applies only to materials that are intended for a general audience; materials specific to an individual health center are not covered by this requirement.)

#### **PCA Recipient Roles and Responsibilities**

Primary Care Associations (PCAs) will:

- Collaborate and finalize the work plan submission as needed (within the first 60 days after award) with their project officer that lays out the goals and focus areas for this budget period of the cooperative agreement. All adjustments to the work plan must be approved by the Project Officer.
- Assist existing section 330 grantees (health centers) and FQHC Look-Alikes in the state/region to meet Health Center Program Requirements by annually conducting statewide/regional Program Requirements T/TA activities as outlined in the application or negotiated with the Project Officer (at least three areas).
- Support the provision of high quality patient care and enhance the operations and clinical and financial performance of existing health centers in the state/region through annual statewide/regional Performance Improvement T/TA activities as outlined in the application or negotiated with the Project Officer (two required areas).
- Conduct annual statewide/regional program assistance activities based on statewide/regional and/or national priorities as outlined in the application or negotiated with the Project Officer (seven required areas).
- Collaborate with HRSA on the development, coordination and implementation of the proposed work plan activities funded through the cooperative agreement.
- Consult and schedule periodic meetings with their Project Officer on the development and implementation of their work plan.
- Engage in ongoing negotiations with HRSA to update existing work plans at least annually, and, as needed, integrate new priorities during the funding period (e.g., through quarterly calls, strategy discussion calls).
- Utilize HRSA program reports (e.g., UDS reports, program requirement reports, annual PCA satisfaction survey results) and relevant statutory, regulatory and policy issuances to assist in identifying key T/TA issues and activities to assist health center grantees and other safety-net providers to address such issues.
- Provide written documents whose creation or publication is supported with HRSA funds to HRSA for review/clearance prior to their issuance.

### **General Expectations**

- PCA recipients must coordinate with HRSA to appropriately address the T/TA needs of potential and existing health centers. HRSA also encourages the PCA recipients to coordinate with other national organizations in the provision of T/TA for potential and existing health centers.†
- PCA recipients will utilize a broad decision-making process representing all health centers in determining the best use of HRSA funds and that program implementation will be representative of the diverse needs of health centers across the state/region.†
- Recipients of this co-operative agreement should provide equal access to T/TA services without regard to State/Regional Primary Care Association membership. It will be a violation of the award if a State/Regional Primary Care Association refuses to work with an existing health center (i.e., section 330 funded and/or FQHC Look-Alike).‡
- Funds under this announcement may not be used for the following purposes:
  - Construction/renovation of facilities;

- Activities not approved under cooperative agreement;
- Reserve requirements for state insurance licensure; and/or
- Support for lobbying/advocacy efforts.†

### **Special Populations Point of Contact**

- PCAs are expected to develop training and technical assistance strategies for addressing the unique health needs and barriers to care for Special Populations in the state/region including identifying a Special Population Point of Contact, as appropriate.†
- The intention of this requirement is to have a central contact at each of the PCAs in order to improve coordination and to develop strategies that address the unique health needs and barriers to care for the special populations (Agricultural Farmworkers, Homeless, and Residents of Public Housing) and other vulnerable populations in each state and the U.S. territories.
- This Point of Contact will serve as a link to health centers, PCAs, NCAs, and the BPHC, including BPHC’s Office of Special Population Health, and serve in a pivotal role in the implementation of health care delivery systems that address the unique challenges and unmet needs of the special populations.

### **Publications**

- All cooperative agreement-supported publications must include the standard HRSA disclaimer, including the current grant number: **“This publication was made possible by grant number \_\_\_\_ from the Health Resources and Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HRSA.”**
- Activities and publications funded by the cooperative agreement cannot advocate for specific policy positions or express an organization’s opinion on an issue, nor provide recommendations to HRSA or any other Federal agency.
- Examples of HRSA-supported publications under cooperative agreements that require HRSA review are:
  - Manuals, Toolkits, or Resource Guides
  - Case Studies
  - Issue Briefs
- The grantee must submit to the Project Officer its plan for publication of any materials that will be supported with cooperative agreement funding during this budget period. This plan must include topics to be addressed in the various publications and the timeline for publication. All such publications must be cleared through HRSA prior to finalizing and once finalized copies of the document must be submitted to the Project Officer.‡
- The publication plan should be submitted within the first 60 days of funding.
- The grantee must provide the draft publications to their Project Officer on or before the dates indicated in the proposed publications plan, giving HRSA at least 2 weeks to review and provide comments.

- Publications will be monitored and reviewed in accordance with the BPHC Publication Review Protocol.

### **Conferences**

- Conferences cannot be sponsored with funding under this award. However, the cooperative agreement can support the content development of individual program sessions related to activities in the PCA work plan.¥
- Cooperative Agreement funds may be used for the following (however, the primary purpose/funding for the cooperative agreement may not be for conference or meeting expenses):
  - Speaker Fees – cost of any speaker fees.
  - Non-Federal Attendee Travel – includes transportation, lodging, per diem, and other incidental costs that are allowable under the Federal Travel regulation and expected to be incurred. An example of when this would be allowable is scholarships for consumer Board members to attend PCA conferences.
  - Program Session Development Support – to support a particular session within a larger conference; activities may include substantive agenda development, expert speaker and facilitator support, and content development.
  - Conference registration fees may be used to pay for food for participants and/or logistics (i.e., meeting room space) at conferences.
- Cooperative Agreement funds cannot support the following:
  - Conference Planner – all estimated direct and indirect (e.g. overhead, general and administration, fee/profit) costs of any contractor/planner support.
  - Meeting Space/Venue – cost of the conference facility.
  - Registration Website – cost to establish, use, and maintain a registration website.
  - Audio/Visual – cost of audio/visual equipment and services, including videotaping, web streaming, etc.

### **Monitoring and Reporting**

- For each budget period following the initial 7-month budget period, there will be a required 6-month interim progress report in addition to an annual non-competing continuation progress report. These reports must be submitted in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.¥
- A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the awardee achieved the mission, goal and strategies outlined in the program; awardee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the awardee's overall experiences over the entire project period. The final report must be submitted in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.¥

- Project Officers and PCA Executive Directors (and other PCA staff, as appropriate) are expected to have at least quarterly update/monitoring calls throughout the project period. The purpose of these calls is to discuss the status of the cooperative agreement as well as to discuss emerging issues and challenges.
  - On-going collaboration throughout the project period may generate adjustments to work plan activities and/or refocusing of HRSA/BPHC-supported activities within this cooperative agreement as a result of emerging HRSA/BPHC funding priorities and associated technical assistance needs.
  - The goal of monitoring in a cooperative agreement is to develop a collaborative working relationship between the Project Officer and the PCA awardee that will facilitate the substantial Federal involvement that is expected in a cooperative agreement, as well as to determine the impact of the PCA activities on the PCA's target population.

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† Funding Opportunity Announcement # HRSA-12-114 (March 2, 2012).

¥ HRSA Notice of Award Terms and Conditions.