Cooperative Agreement 101

Association of State and Territorial Health Officials (ASHTO)

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Objectives

By the end of this presentation you will understand:

• The U68 Cooperative Agreement and how it guides the Primary Care Offices (PCOs) work with HRSA;

• The major responsibilities of the U68 Cooperative Agreement;

• Associated annual deliverables for the Cooperative Agreement and;

• Common PCO budget activities while managing the Cooperative Agreement.
The U68 Cooperative Agreement has a 5-year period of performance (April 1, 2019 – March 31, 2024).

Approximately $11 million is awarded annually to 54 states and territories through the cooperative agreement.

PCOs work with HRSA to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs;

- PCOs and HRSA accomplish this mission through the U68 Cooperative Agreement.
A Cooperative Agreement is similar to a grant except that “it provides for substantial involvement between the Federal awarding agency or pass-through entity and the non-Federal entity in carrying out the activity contemplated by the Federal award.”
PCO Cooperative Agreement Goals

Statewide Primary Care Needs Assessment;

Shortage Designation and Coordination;

Technical Support and Collaboration and;

Timely submission of annual deliverables associated with the Cooperative Agreement on time.
Primary Care Needs Assessment

What is the Needs Assessment?

- A mechanism to identify areas for PCOs to prioritize their efforts in order to promote access to care, especially for the underserved, while performing the goals detailed in the cooperative agreement.

Needs Assessments are completed once during the entire grant period

- PCOs completed Needs Assessments during the previous 5-year Cooperative Agreement

PCOs must submit a Needs Assessment to HRSA by Year 2 of the period of performance
Needs Assessment: Common Data Sources

What information can PCOs use in their Needs Assessments?

• Verifiable demographic data to support and cite the information you are using in your Needs Assessment;
• Information about State and Federal programs;
• The economic and fiscal factors in the state or territory;
• Telehealth use and demand and;
• Any other relevant data and other points that will affect a state or territory in reaching the program goals.
Possible Needs Assessment Topic: Barriers

What are some suggested barriers PCOs can include in their Needs Assessments?

• Policy and economic barriers that impact its ability to reach primary care goals;
• Political landscape in the state/territory that could be a barrier to goals;
• Burden of the uninsured, the unemployed, and those who are no longer in the job market and;
• Document and analyze the state or territory’s economic and fiscal situation, since it impacts the state’s ability to meet its population’s primary care needs
Shortage Designation Coordination

PCOs Shortage Designation Activities:

• Coordinate the HPSA and MUA/P designation process in their state/territory to ensure a consistent and accurate assessment of underservice, including data collection and analysis;
• Use the Shortage Designation Management System (SDMS) to manage workforce data from their state/territory and apply for/update HPSAs and MUA/Ps and;
• Ensure that designations are supported with the most up-to-date and appropriate data.

Statewide Rational Service Area (SRSA) Due No Later Than March 31, 2023.
Statewide Rational Service Area (SRSA) Plan

What is a SRSA?

• It is a plan that includes set Rational Service Areas (RSA) for the entire State, based on rules for defining service areas that reasonably reflect effective primary care, dental, and mental health access patterns.

5 states already have SRSA plans in place

• Arizona, California, Maine, Minnesota, Vermont
Other Shortage Designation Coordination Activities include:

- Attending the annual Reverse Site Visit;
- Participating in the PCO Monthly Call;
- Engaging in quarterly calls with Project Officers;
- Asking for technical assistance when needed and;
- Advising your Project Officer of any unusual issues or problem areas.
PCO Monthly Call

Takes place on the third Thursday of every month

This call is for PCOs to receive updates from SDB and its partners in activities related to the U68 Cooperative Agreement.

This call also provides a forum for PCOs to ask any questions they may have about the program.

Participants generally include staff from:
- SDB;
- Division of Regional Operations (DRO);
- National Health Service Corps (NHSC) and;
- Nurse Corps.
PCO Quarterly Calls

Occur every January, April, July, and October

These calls serve as an opportunity for PCOs to have 1x1 interaction with their Project Officer (PO) and DRO representative.

PO provides updates on any issues surrounding shortage designation and the U68 Cooperative Agreement including deliverables.

DRO representative provides updates on the Technical Assistance and Collaboration portion of the Cooperative Agreement
  • Includes NHSC, Nurse Corps, State Loan Repayment (SLRP), etc.

Provides PCOs a forum to raise any questions, concerns, or challenges they are facing with the administration of the cooperative agreement.
Technical Assistance and Collaboration

PCOs are responsible for:

• Recruitment and Retention Activities;
  o This includes linking potential health care providers with Federal Programs such as NHSC, Nurse Corps, etc.
• Collaboration in Health Center Planning and Development and;
• Collaboration with other HRSA partners and organizations to Support Access to Primary Care Services.

PCOs work with the Division of Regional Operations (DRO) representative for their state on these activities.
Recruitment and Retention Activities
PCOs are responsible for:

• Supporting outreach and education efforts that encourage participation in BHW programs and help sites recruit providers to work in underserved areas of the state.

• Efforts include:
  o Distributing BHW program information;
  o Speaking about the BHW programs at schools in the PCO’s state or territory and;
  o Distributing program materials at public events.

• Reviewing NHSC Site Applications
Technical Assistance and Collaboration

Collaboration in Health Center Planning and Development
PCOs should collaborate with the state’s PCA and other interested entities by providing information to help develop or expand health centers in the state.

PCOs should also help PCAs and other entities work with various divisions of the state health department to obtain data about unmet primary care needs.

- PCOs should help PCAs educate leaders about the role of health centers and the safety net in addressing the needs of the underserved, and educate leaders about what is required to sustain health centers.
Technical Assistance and Collaboration

Collaboration with Other HRSA Partners and Organizations to Support Access to Primary Care Services

PCOs should collaborate with other HRSA-supported entities to provide technical assistance to communities and organizations interested in expanding access to care.

- PCOs also should maximize the effectiveness and impact of activities through formal linkages with diverse entities working to strengthen the safety net in the state or region.

The PCO should collect, maintain, and report on the number of clinicians practicing in the state who are obligated under the J-1 Visa Waiver Program or other similar programs.
Annual Deliverables

PCOs must submit annual deliverables to HRSA under the Cooperative Agreement

PCOs submit these deliverables to HRSA in the Electronic Handbooks (EHB) system.

Annual deliverables include:

• Federal Financial Report;

• Annual Performance Report (Measures) and;

• Annual Progress Report.
Federal Financial Report

Due July 30 of each grant year and submitted by your state budget office

Report on how the year’s federal funds were spent by PCOs
- Once your office has submitted the FFR, you should submit carryover requests for unobligated balances no later than 30 days after submission.
Carryover Requests

• Carryover is a process through which unobligated funds remaining at the end of the budget period may be carried forward to the next budget period.
• The carryover of funds allows the Grantees to use the unused prior year funds in the current budget period.
• Grantees need to submit a carryover request to their respective Grants Management Specialists and Program Officials who will review their request.
• Carryover should not be requested solely in order to spend down available unobligated funds.
Annual Performance Report

Due November 30 of each year

Report on time period of October 1 of the prior year to September 30 of the current year (ex.: October 1, 2018 – September 30, 2019)

Three and a half measures to report on in this deliverable:

• PCO-1: Number of NHSC Site Application and Recertification recommendation forms submitted by the State Primary Care Office to the NHSC;
• PCO-2: The effect of obligated health providers (OHPs) on HPSAs that are already in your state and how they are contributing to the shortage of medical professionals;
• PCO-3a: Instances where PCOs provided Technical Assistance (TA) on certain activities associated with the U68 Cooperative Agreement to clients and;
• PCO-3b: Groups receiving technical assistance for activities related to the U68 Cooperative Agreement.
PCO-1: Number of NHSC Site Application and Recertification recommendation forms submitted by the State Primary Care Office to the NHSC

- PCO staff work with their assigned DRO representative to obtain these numbers.

PCO-2: The effect of obligated health providers (OHPs) on HPSAs that are already in your state and how they are contributing to the shortage of medical professionals.

- HRSA captures Federal OHPs in the Field Strength Reports that are available after September 30th of each year.
- PCOs are responsible for reporting on the state OHPs working in HPSAs in your states.
PCO-3a: Instances where PCOs provided Technical Assistance (TA) on certain activities associated with the U68 Cooperative Agreement to clients

- Example of activities:
  - NHSC;
  - Expansion of health services in their state;
  - Data Sharing;
  - Designations;
  - Needs Assessments and;
  - Other types of TA (Nurse Corps, J1 Visa Waivers, etc.)
PCO-3a: Instances where PCOs provided Technical Assistance (TA) on certain activities associated with the U68 Cooperative Agreement to clients

- Examples of clients:
  - Communities;
  - Providers;
  - potential J1 Visa Waiver recipients;
  - Community Health Centers;
  - Health Departments;
  - State Agencies;
  - HRSA Office of Regional Operations;
  - Medicaid Offices;
  - Primary Care Associations (PCA);
  - Rural Health Clinics; and
  - SLRP recipients, NHSC recipients and other clients.
PCO-3b: Groups receiving technical assistance for activities related to the U68 Cooperative Agreement

- This measure differs from 3a in that while 3a measures clients asking PCO staff for technical assistance on topics, 3b measures the outreach that PCOs do to groups about the benefits associated with the U68 Cooperative Agreement.

- Examples of benefits:
  - NHSC;
  - Nurse Corps;
  - J1 Visa Waivers;
  - Other associated programs.
Annual Progress Report

Due in December – 30 to 45 days after guidance is received from the Office of Financial Management (OFAM)

• Once guidance is received from OFAM, the Progress Report may be submitted by the PCO in EHB

The Progress Report has two parts:

• The first part demonstrates recipient progress on program specific goals.
• The second part collects information that provides a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project.
Associated Budget Tasks

There are tasks that PCOs may have to perform that are associated with the Cooperative Agreement that are not regular deliverables:

- Project Director (PD) or Key Personnel Change
- Budget Revision
Project Director(PD)/Key Personnel Change

This is required if the PD or key personnel specifically named in the Notice of Award will:

• withdraw from the project entirely,
• be absent from the project during any continuous period of 3 months or more, or;
• reduce time devoted to the project by 25 percent or more from the level that was approved at the time of award.

PD Change may require request from Authorized Representative and resume/CV for proposed PD or key staff

• This is performed as a Prior Approval in EHB
Unless otherwise restricted by the terms of the Notice of Award (NoA), recipients are allowed to make post award programmatic and budget revisions within and between approved budget categories up to 25 percent without prior approval.

Significant rebudgeting is defined as:

- Under a grant with a Federal share exceeding $100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (which includes direct and indirect costs, whether chargeable to Federal funds or required matching or cost sharing) for that budget period or $250,000, whichever is less.
Associated Budgeting Cooperative Agreement Tasks

All budget revisions that exceed the cumulative 25% budget revision cap, requires prior approval

Where prior approval is needed for re-budgeting, the prior approval request must include:

- A revised SF-424RR,
- A line item budget and;
- A narrative justification
Contact Information

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