



GRANTS MANAGEMENT BOOT CAMP SECTION SUMMARIES

This training is designed for those who have some knowledge and context of the Community Health Center program and the grants management issues that are a daily reality. Typically someone should have a minimum of 6 months experience in order to get the most out of the training, but all are welcome. The more experienced attendees will be challenged to reconsider things they believe they know about the program and the rules that govern it. Frequently we follow rules that were taught to us and have not had the time to go back to the original regulations to gain a full understanding of what they are and how they apply to the Organization. As we enter into a “New Era of Accountability” we see that there are many new program integrity measures that have been put in place. We will address these items in a practical, but detailed way and put them in context with the current compliance environment. Below is a link to an article that explains and links to some of those new program integrity measures and then we address the various sections of the training with a rough estimate of the time allocation and a summary of the sort of information covered in each section.

<http://www.bkd.com/articles/2013/community-health-centers-get-increased-oversight.htm>

Topic ***Section***

Introduction – 10 minutes1

Section 330 Grant Funds – 30 minutes2

We will provide an overview of the 330 grant program including a current perspective and a history of where the program has come from that will put it into context. We will also address the overall structure and nature of the US Department of Health and Human Services (HHS) and make reference to key regulations.

The Notice of Award – 1 hour3

When we accept the grant, we accept the rules. The Notice of Award (NOA) is an official legal correspondence from the US government addressing not just what your funding amount is, but what rules you are agreeing to follow. Many overlook the references to key federal regulations referenced throughout the document. The NOA also addresses grant specific terms or even special conditions that you are expected to resolve. We briefly go over the key elements of the NOA with an example to make sure you know what to look for.

Federal Requirements; Uniform Grant Guidance: Subpart B, C & D – 4 hours4

In this section we really begin to dig deeply into the federal rules you as a health center have agreed to follow when you accepted the federal grant funds. Some may view this as the “fine print” in the contract language as the document is many pages and makes reference to other federal regulations. We go through this section by section addressing just what is expected of you. This is where we have frequently heard experienced CHC CFO’s express surprise at some of the rules or even new understanding as to why things are done that way at their Organization. In this section we will address what the rules are for your financial management system, cash management, property standards, procurement, reporting and recording retention and more. We will provide example cash management, fixed asset, and procurement/purchasing that address specifically the federal grants management requirements we are discussing.



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Policy Information Notices (PINs) & Program Assistance Letters (PALs) – 2.3 hours.....5

PINs and PALs are key supplemental guidance provided by US Department of Health and Human Services Health Resource and Services Administration to clarify policies and procedures grantees are expected to follow or to explain items of significance to CHCs. We have prepared a bookmarked PDF with a majority of PINs and PALs applicable to CHCs. We will also spend time going into additional detail on a few PINs that we believe are very significant and are often misunderstood. We will address the sliding fee discount PIN 2014-02 and Scope of Project PIN 2008-01 specifically in greater detail.

Cost Principles; Uniform Grant Guidance: Subpart E – 2.2 hours6

The rules governing cost principles have become a central focus of Office of Inspector General (OIG) audits of CHCs in recent years. This has raised the awareness in the CHC community that many of the common practices that have been followed are not withstanding OIG scrutiny. We will review the regulations in place and pay particular attention to employee compensation and time and effort reporting which has specifically received additional attention. We will talk about how costs are determined for various programs and how your Organization can go about establishing a cost allocation plan which is a requirement for a federal grantee.

Grant Applications – 1 hour.....7

We will address some of the key financial elements in the grant application process. We will also address some best practices and make some recommendations for how to avoid common mistakes in the process. This is not a formal “how-to” regarding completing the grant application. The goal is help you improve the process in place and take things that have been learned previously in the training and integrate the concepts into your budgeting process. We will address PIN 2013-01 Health Center Budgeting and Accounting Requirements.

Single Audit; Uniform Grant Guidance: Subpart F; Audit Requirements – 45 minutes8

This is not just the rules for your auditor to follow. There are specific requirements of your Organization and we will discuss what those are and what you as an Organization need to be doing. We will also remove some of the mystery with the audit process and help you better understand what the steps and rules are.

Uniform Data System (UDS) Reporting – 30 minutes9

This is an overview of the UDS and common mistakes made by CHCs in gathering the information. We work to avoid repeating things from the annual UDS training and instead try to focus on some overall best practices and again tying it together with the other grant rules we have been discussing.

The Federal Financial Report (FFR) – 30 minutes10

The FFR is the final report documenting expenditures for a federal grant. On its surface it seems fairly straightforward and yet it is a commonly misunderstood and incorrectly prepared report. Although it is a short report, it has significant consequences. We will walk you through an example and explain common mistakes.



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19 Key Health Center Program Requirements – 30 minutes11

The 19 key health center program requirements are the expectations of the Bureau of Primary Health Care for your CHC. They are the measuring stick and included as the section headers for the audit program used in the site reviews conducted of CHCs. We will go over the requirements and highlight common mistakes and opportunities for improvement we commonly observe. While not comprehensive, these requirements serve as the culmination of the many different grant compliance elements expected of your Organization.

Acronyms & Definitions.....12
