

U.S. Department of Health and Human Services
Health Resources and Services Administration
Federal Office of Rural Health Policy
Medicare Rural Hospital Flexibility Program

Funding Extension Progress Report
Program Specific Instructions
4-H54-18-001

Available in EHB: March 14, 2018

Due in EHB: **extended to May 24, 2018**

Funding Start Date: September 1, 2018

Important update: See the recording of the webinar scheduled for 4/24/2018 for details on preparing budgets to reflect the increased funding levels announced on 4/20/2018 on the Flex Coordinators mailing list and reflected in revised Section VI of these instructions. A link to the webinar recording will be posted on the [Flex Grant Guidance webpage](#) after the event.

This is the Health Resources and Services Administration (HRSA) process to extend your Flex grant budget period and release funding for continuation of the award in the 2018-2019 budget year. The continuation of grant funding will be based on compliance with applicable statutory and regulatory requirements, demonstrated organizational capacity to accomplish the project's goals, satisfactory progress, adequate justification for all projected costs, availability of appropriated funds, and a determination that continued funding would be in the best interest of the Federal government. Inadequate justification and/or inadequate progress may result in the reduction of approved funding levels.

I. 2018 Funding Extension Overview

This Funding Extension Progress Report (Extension) will provide funding during budget year 2018 – 2019. The budget period start date is September 1, 2018. This is the fourth year of the project period based on the Fiscal Year (FY) 2015 grant application. We are extending project period funding for a fourth year which is a change from the three-year project period originally contemplated in the FY 2015 Notice of Funding Opportunity (NOFO) which was previously called a Funding Opportunity Announcement (FOA). The requirements in the FY 2015 NOFO, [HRSA-15-038](#), continue for the funding year FY 2018.

The Flex Program primarily supports performance improvement in Critical Access Hospitals (CAHs), providing training and technical assistance to improve CAH quality of care, financial stability, and the health of people in their communities. Some recipients also work to support the integration of emergency medical services (EMS) and networking and regional organization of rural health services in the state.

The current Flex grant has been extended to a four-year project period (September 1, 2015 – August 31, 2019) and recipients should be preparing to assess overall impact and outcomes of their work over the

four-year project period in the next competing continuation application which is scheduled for FY 2019. This progress report focuses on current year progress and plans for the state Flex program in FY 2018 which is the budget year beginning September 1, 2018. The progress report is intended to report on Flex activities only and should not report on other HRSA-funded programs (i.e. SORH, SHIP, Primary Care Organizations) unless the activity specifically relates to the Flex program.

Funding Extension Process

The process this year is slightly different, however the content of your Flex progress report will be nearly the same. For FY 2018 grant awards, Flex recipients will be funded using an Extension with Funds. This will be a different process in the HRSA Electronic Handbooks (EHBs) than you are familiar with from previous non-competing continuation (NCC) funding cycles. The changes are simply differences in EHB workflow and the locations of attachments. Please review [Section VIII of these instructions](#) which has screenshots showing all of the steps in EHB to complete a Prior Approval request for an Extension with Funds. State Flex coordinators must initiate the funding extension process using a Prior Approval request—you will not have a preexisting Task in EHB where you attach your reports.

Funding Extension Amount

The Extension with Funds funding mechanism has another difference that will also affect state Flex programs: there will be no carryover process in January 2019 as unspent FY 2017 funds will remain available for expenditure through the end of the extension year (8/31/2019).

For the FY 2018 extension year (9/1/2018 – 8/31/2019) we anticipate the maximum available awards will be the same as the FY 2017 budget year (see [Section VI of these instructions](#) for a list of award amounts). Since FY 2017 funds will remain available through the end of the extension year (8/31/2019), state Flex programs must account for any projected unspent FY 2017 funds when you prepare your FY 2018 budgets and the FY 2018 funding request so that you do not have unexpected unspent funds at the end of the FY 2018 grant year. See the instructions in the [template for Attachment 7](#), Fiscal Year 2018 Funding Request. **However, the budget justification narrative and the SF-424A should only reflect the FY 2018 funds you are requesting. Please do not include anticipated unspent funds / UOB from FY 2017 in these two documents.**

Flex Program Structure

Appendix A of the [FY 2015 Flex NOFO](#) describes required and optional program areas, goals, objectives, and related activity categories. The five Flex program areas are Quality Improvement, Financial and Operational Improvement, Population Health Management and EMS Integration, Designation of CAHs in the State, and Integration of Innovative Healthcare Models. [Section VII](#) of this instruction document has a quick reference list of all of the Program Areas, Goals, and Activity Categories in the current Flex Program. Note that we last updated the MBQIP Measures List on 2/8/2018; please refer to the [updated FY 2018 list](#) rather than earlier versions.

Clarification of Guidance on Financial and Operational Improvement

In the past year Flex recipients and other rural stakeholders have suggested that there are opportunities for rural health performance improvement in rural health clinics and other outpatient and primary care clinics. Flex resources must focus on CAHs and rural EMS agencies. However, Flex programs may assist CAHs that operate provider-based RHCs or other off-campus health care sites to improve the operations of those sites because that also helps improve the overall financial picture for the CAH. As appropriate to the specific interventions, provider-based RHCs and off-campus CAH-owned health care sites may be included in projects in activity categories 2.02 In-depth Assessments and Action Planning, 2.03 Revenue Cycle Management, and 2.04 Operational Improvements.

Given that the primary purpose of the Flex Program is to support performance improvement in CAHs, Flex funds may not be used to support independent RHCs or other ambulatory health care practices that are not provider-based to a CAH. Independent RHCs and other rural health providers may participate in activities organized by the state Flex program as long as any additional costs resulting from their participation are paid by non-Flex sources.

Clarification of Guidance on Population Health and EMS Integration

As discussed in the [FY 2017 Non-competing Continuation \(NCC\) progress report instructions](#), Flex recipients have raised questions about the grant guidance in Program Area 3, Population Health and EMS. As further elaborated in the FY 2017 instructions, activities that exclusively address CAH emergency department operations may be implemented under activity category 2.04; innovative approaches to emergency services may be implemented under activity category 5.01; and EMS leadership training under activity category 3.06 with appropriate baseline data and outcome measures to identify behavior change from the training.

The Federal Office of Rural Health Policy (FORHP) appreciates all of the recipient feedback we have received to inform ongoing program development for the FY 2019 funding cycle. For this FY 2018 Extension, we have one additional clarification in this program area:

As explained in the FY 2015 NOFO, [HRSA-15-038](#), activity category 3.01, Statewide CAH Population Health Management Needs Assessment, is required *within the project period* if the state Flex program is working in program area three, Population Health and EMS. However as highlighted in the example on the top of page 29 of the NOFO, it is not necessary to conduct a statewide assessment every year. In years when a statewide assessment is not planned, project narratives should note the completion date and results of the most recent statewide assessment that is informing current and planned Population Health and EMS improvement activities.

Future Direction of Flex Quality Reporting and MBQIP

As announced in April 2017, CAHs must meet two criteria to be eligible to participate in Flex-funded activities in FY 2018 (September 1, 2018 – August 31, 2019):

1. A CAH must have a signed MBQIP Memorandum of Understanding.

2. A CAH must have reported data on **at least one MBQIP Core measure, for at least one quarter, in at least two of the four quality domains** (Patient Safety/Inpatient, Patient Engagement, Care Transitions, or Outpatient).

With the publication of these Extension instructions, State Flex Coordinators will receive a list of CAHs determined by FORHP to potentially **NOT** be eligible for Flex funds in FY 2018. FORHP understands that certain circumstances hinder CAHs from reporting. Therefore, Flex Coordinators have the opportunity to request waivers from MBQIP participation requirements for FY 2018 on behalf of CAHs initially deemed ineligible. State Flex Coordinators should submit any waiver requests in Attachment 5 of this Extension progress report using the [FY 2018 MBQIP waiver template](#). The same page includes detailed MBQIP participation criteria. Follow the instructions on the waiver template to prepare waiver requests and include waiver requests as Attachment 5 in this progress report.

We continue to assess the MBQIP quality reporting program to ensure it aligns with other national quality reporting programs and is appropriately flexible to meet the needs of CAHs. As part of ongoing MBQIP development, we announced additional measures for MBQIP in July 2017. State Flex programs should continue encouraging CAHs to report on as many measures as appropriate.

The measures added to MBQIP core quality domains include:

- Patient Safety: Antibiotic Stewardship reported through the Center for Disease Control and Prevention National Healthcare Safety Network Annual Survey (CDC NHSN)
- Outpatient: ED throughput measures ED-1 and ED-2 reported through Inpatient Quality Net.

In addition to these new measures, four MBQIP core measures and one MBQIP optional measure are being removed by CMS. The measures include core MBQIP measures OP-1, OP-4, OP-20, OP-21 and the additional measure OP-25. As described in the [December 2017 MBQIP Monthly](#), CAHs should continue to abstract and report these measures for encounters through the end of the first quarter of 2018 (data submission deadline of August 1, 2018).

Changes of Scope for FY 2018 Work Plans

We recognize that state Flex programs did not plan for the FY 2018 grant year when writing the original competing continuation application for FY 2015 – FY 2017. State Flex programs that wish to make changes from the FY 2017 work plan to the FY 2018 work plan can use the process described in this section to request a change of scope if needed to change the FY 2017 work plan for FY 2018.

Background: Under federal grant regulations, recipients must have prior written approval for changes in the scope or the objective of the approved project, [45 CFR §75.308](#). Many types of changes beyond those listed here require approval by HRSA. Applicable to this funding extension, the following three types of changes require review and approval as a change of scope:¹

1. Adding a new objective to the grant-funded project or significantly changing or eliminating an existing objective.

¹ For more information on actions requiring prior approval see the “Post Award Requirements” section of the *Award Management Tutorial* at <https://www.hrsa.gov/grants/manage/award-management/post-award/post-award-page-11.html>

- a. For the purpose of the Flex Program, adding or removing an activity category in the work plan is considered changing an objective of the grant. The Flex activity categories are listed in Section VII of this document. Refer to your FY 2017 work plan to identify the activity categories which are an approved part of your state Flex program. If you plan to remove current activity categories or add new categories for FY 2018, please discuss with your project officer and prepare a change of scope request as Attachment 6.
2. Adding funding to an object class category that was not previously funded in the budget or zeroing out an object class category that was previously funded in the budget.
 - a. Object class categories are the high-level budget categories described on the SF-424A and the Notice of Award (NOA) issued by HRSA, including personnel, supplies, travel, other, contractual, and indirect costs.
3. Subawarding, transferring, or contracting out work not previously approved for contracting.

State Flex programs most often require changes of scope for the first reason in the above list. NCC progress reports cannot be used to request a change of scope for current or future grant years, so changes in future year work plans must have prior approval separate from the NCC progress report. However Flex funding for FY 2018 will use an extension with funds prior approval which is not technically a non-competing continuation. Therefore Flex programs may request a change of scope for FY 2018 as part of this progress report and funding extension.

Instructions: State Flex programs wishing to make changes in their FY 2017 work plans for FY 2018 should include Attachment 6, described below, to identify and explain the activity categories that will be added to or removed from the work plan. State Flex programs wishing to make changes to work plans for the current year, FY 2017, should discuss with their project officer and request prior approval through EHB. Such a request is a separate process from this funding extension.

II. 2018 Funding Extension Instructions

The forms and documents identified in the following table are required submissions for the FY 2018 Funding Extension. Attached files may be in one of the following formats: .rtf, .doc, .docx, .xls, .xlsx, or .pdf. Please check with your project officer before attaching any other file types. Please ensure text is searchable and do not attach scanned images of text documents. As shown in the screenshots in [Section VIII](#), please use informative file names and start every file name with your state’s two-letter postal abbreviation, for example AK_FY18_Narrative.docx.

An electronic version of these instructions and templates for the attachments are available at <https://www.ruralcenter.org/content/flex-grant-guidance>, MBQIP templates are at <https://www.ruralcenter.org/resource-library/flex-eligibility-criteria-for-mbqip-participation-and-waiver-template>.

Content	Title	Type	Required	Max. Pages
Performance Narrative	Performance Narrative	Attachment	Yes	15
Budget Justification	FY 2018 Budget Justification Narrative	Attachment	Yes	N/A
SF424A	Budget Information - Non-Construction Programs	Attachment	Yes	N/A
Attachments Include numbered attachments under Cover Letter section	1 Work Plan Data Table	Attachment	Yes	N/A
	2 FY 2017 Work Plan (current)	Attachment	Yes	N/A
	3 FY 2018 Work Plan (future)	Attachment	Yes	N/A
	4 Position Descriptions and Biographical Sketches of New Staff	Attachment	Yes	N/A
	5 MBQIP Participation Waivers	Attachment	No	N/A
	6 Change of Scope for FY 2018	Attachment	No	4
	7 Fiscal Year 2018 Funding Request	Attachment	Yes	2

III. 2018 Extension Progress Report Submission Details

A. Performance Narrative (Attachment – Required)

The purpose of the *Performance Narrative* is to provide a comprehensive overview of the grant-funded project and to document project activities and accomplishments. This report will provide information about the overall progress of the project since the last progress report and plans for continuation of the project in the FY 2018 budget period through the extension with funds.

Do not include completed or planned work funded under the FY 2017 Flex Supplement in this performance narrative or in the work plans or other attachments. The Flex Supplement projects have separate mid-year and final reports.

Submit the narrative as an uploaded document in the “Cover Letter and Narrative Explanation” section of the Extension with Funds Request in EHB, see screenshots in [Section VIII](#). The Performance Narrative should include the information in the order listed in the instructions below and should be no more than 15 pages in length (at least single spaced, type 12 font, one-inch margins), not counting the attachments.

Extension Reporting Period

The reporting period for the previous FY 2017 NCC was March 2016 through March 2017. Similar to the FY 2017 NCC progress report, this FY 2018 Extension progress report should include a full twelve months (April 2017 – March 2018) of Flex activities to give a complete picture of program accomplishments and impacts, including activities completed in the FY 2016 budget period after the 2017 NCC was written. For this reason, the reporting period is April 2017 through March 2018 so that the narrative includes significant activities and accomplishments not previously reported from the second half of the FY 2016 budget period and the first half of the FY 2017 budget period.

The Flex grant reporting cycles for the progress report and the Performance Improvement and Measurement System (PIMS) reports are different. See [Section IV](#) for more details on PIMS reports, which are completed after the end of the budget period.

Instructions for the Performance Narrative

The Performance Narrative in EHB concisely reviews past outcomes, current work, and future plans for the state Flex program. Activities should be clearly identified by the standard Flex activity categories (see [Section VII](#)) and the narrative should align with, and reference, the attachments listed below, including the current and future work plans and the data table.

In the Performance Narrative, include the following seven required and one optional sections. Please label each section with **the title listed in bold** on the list below. In the Performance Narrative, clearly describe:

- (1) Progress on Performance Improvement** in CAHs and in the rural health care system. Describe the impact of state Flex investments in each active program area. This section should discuss progress of the state Flex program toward achieving program goals and objectives based on analysis of program outcome measures. Progress should be reviewed in relation to the goals and objectives identified in the FY 2015 Flex Application and updated in the FY 2017 NCC. Assess changes in outcome measures observed to date and discuss changes in outcome measures expected in the future. Compare current status to the prior baseline values of these measures. Do not emphasize process measures in this discussion because process measures do not adequately show change and program impact. Reference the outcome measures in the work plan data table (Attachment 1) as needed.

- (2) **Activities Completed** since writing the 2017 NCC (in March 2017 [corrected 3/19/18] ~~2016~~). Use this narrative section and section 3 to highlight significant projects and activities and discuss the current work plan. Relevant process measures may be discussed in this section to highlight trends and key data; however, it is not necessary to repeat information that is in the work plan. Please include the following information in this section:
- Number of CAH site visits completed since 9/1/2017.
 - Discussion of any significant collaborative activities between the state Flex program and other organizations—work completed under a contract or sub-award paid by the state Flex program is not a collaborative activity.
 - The results of any contact with the CDC-funded Healthcare Associated Infections and Antibiotic Resistance prevention program in your state.²
- (3) **Current Year (FY 2017) Planned Activities** for the remainder of the current budget period, ending August 31, 2018. Reference the FY 2017 work plan, but it is not necessary to repeat information that is in the work plan. Please include the following information in this section:
- Number of additional CAH site visits planned to be completed before 8/31/2018.
- (4) **Future Year (FY 2018) Planned Activities** for the future budget period beginning September 1, 2018. Describe any potential adjustments to program activities in FY 2018, highlighting changes from the current budget year (FY 2017). Reference and describe the future work plan. Please include the following information in this section:
- Number of CAH site visits planned to be completed during the FY 2018 grant year (from 9/1/2018 to 8/31/2019).
- (5) **Significant Changes, Challenges, and Barriers** faced or anticipated in the remainder of the year, including activities potentially not completed, in danger of delay, or those that need a change of scope. Discuss any staffing changes since the 2017 NCC and any unfilled positions and plans to fill the positions. Describe plans to mitigate or manage significant changes, challenges, and barriers—this may include reference to program improvement plans described in more detail in section 6. Describe any technical assistance needs.
- (6) **Flex Program Improvement** activities completed since writing the 2017 NCC and plans for future program improvement. Discuss initiatives completed or planned to improve the state Flex program. Has the state Flex program used the [Core Competencies for State Flex Program Excellence](#) as a framework to identify and develop organization-level competencies? Discuss any of the nine core competencies which the program plans to develop in the FY 2018 grant year. Please do *not* report scores from the Core Competencies Self-Assessment because that is tool designed for internal organizational self-improvement. Remember the core competencies are attributes of the state Flex program as a whole, including internal and external resources, and should not be used to assess an individual Flex Coordinator or other staff persons.

² Health departments in all 50 states receive CDC grants through the Epidemiology and Laboratory Capacity program to work to reduce Healthcare Associated Infections and Antibiotic Resistance. This online map shows CDC-funded HAI prevention activities by state: <https://www.cdc.gov/hai/state-based/index.html> Select a state from the map to see a summary of state activities and the name and contact information for each state's HAI & AR lead.

(7) **Lessons Learned** and/or **Best Practices** from the current year (FY 2017) *and* any lessons learned from the FY 2016 Flex Program not previously reported in the 2017 NCC.

(8) **Recommendations for Improving the National Flex Program.** This section may include suggestions for program operations as well as new grant areas to add, existing grant areas for increased focus, and/or existing grant areas for decreased focus or phasing out of the Flex Program. Include rationale and evidence base for suggested changes. FORHP welcomes information from recipients to inform the development of potential FY 2019 grant guidance. *Section 8 of the narrative is optional and if included should be limited to no more than one-half page of text.*

B. Budget Justification (Attachment – Required)

The purpose of the *Budget Justification Narrative* is to provide a clear overview of proposed spending for the grant-funded project. The Budget Justification must be sufficiently detailed and cover use of federal funds for each object class category listed on the SF-424A. Travel and contractual costs must be itemized. Itemized travel costs should include, at minimum, airfare or mileage, lodging, per diem, and miscellaneous expenses as applicable for each trip, plus any other requirements determined by your organization's travel policies. Itemized contractual costs should include deliverables. **The budget justification narrative and the SF-424A should only reflect the FY 2018 funds you are requesting. Please do not include anticipated unspent funds / UOB from FY 2017 in these two documents.**

Discuss any significant changes to your planned FY 2018 budget relative to FY 2017.

Flex-specific budget requirements:

- (1) Recipients should base budgets on FY 2017 Flex award levels, not including Flex Supplemental funds that were added to Flex awards as part of the June 2017 Flex Supplemental funding opportunity. See projected funding levels by state listed in [Section VI of these instructions](#).
- (2) At least one full time equivalent position is dedicated to the state Flex program.
- (3) FORHP expects all recipients to participate in the 2019 National Flex Meeting (Reverse Site Visit) and one other regional or national meeting each year related to the administration of the Flex grant, as a part of ensuring program maintenance and integrity. The budget should include necessary travel funds for these out-of-state meetings.
- (4) A Flex representative is encouraged to attend the NRHA CAH Conference in Kansas City, MO.
- (5) Whenever staff turnover occurs by personnel directly responsible for executing the duties of the Flex grant, the replacement personnel are required to attend a Flex Program Workshop in Duluth, MN, within one year of start date in the role.
- (6) Indirect costs for the Flex grant are limited by statute. Following HRSA policy this indirect cost limitation is applied to the direct cost of the grant and the requested indirect cost in the proposed budget should be no more than 15% of the direct cost. This limit comes to approximately 13.04% of the total grant award, inclusive of direct and indirect costs.
- (7) Recipients and sub-award recipients may not use Flex funds to purchase equipment. Equipment is defined by federal grant regulations as items with a unit cost of greater than \$5000 and an expected useful life of greater than one year. Note that equipment was not included as an allowable budget category in the FY 2015 NOFO, [HRSA-15-038](#).

- (8) No federally appropriated funds may be used for lobbying activities. The SF-PPR2 which is part of the NCC last year has a question and report about lobbying. This funding extension will not include that form or have a lobbying question, however recipients must continue to ensure no federal funds are spent on lobbying.

C. Standard Form 424A (PDF Attachment – Required)

The purpose of the *Budget Information Form* is to identify the Object Class Categories and establish the correct high-level budget for the state Flex program. The budget on the SF-424A will be included on the Notice of Award for FY 2018. A fillable PDF version of the current SF-424A can be downloaded on the Prior Approval Details page in EHB; it is also available from the [Forms repository on Grants.gov](https://www.grants.gov/web/grants/forms/sf-424-family.html).³

D. Attachments – Required and Optional

The Attachments provide specific supporting information to inform the story of the funded project described in the performance narrative. These attachments do not have page limits unless specified.

- (1) **Attachment 1: Work Plan Data Table.** Summary of program outcome measures in a tabular format. For FY 2018 the data table should be a copy of the approved FY 2017 data table, updated with another year of data. The purpose of the data table is to consolidate all of the outcome measures into a single concise report to show each year of the project period and trends over time in the outcome measures selected by the state Flex program. The data table should align with the work plans (Attachments 2 and 3) and include the program areas and activity categories that are in the work plans. Outcome measures do not need to be repeated in the work plans since the measures are listed in the data table. An [example data table](#) that meets Flex requirements is available.
- a. **Adjusting for extended project period:** Since the data table was originally developed for the three-year project period from FY 2015 to FY 2017, targets for outcome measures were set anticipating 8/31/2018 as the end of the project period. With this funding extension, the end of the current project period is now 8/31/2019. Recognizing this extended timeline, state Flex Programs may, but are not required to, add a second FY 2018 Target Value column to their data tables in order to reflect their planned progress through 8/31/2019. Do not change the original target value, simply add a second updated target value column. Maintaining the original target value in the data table ensures comparability with prior years.
 - b. **Adjusting for changes of scope:** New outcome measures with targets and baseline data must be added to the data table if new activity categories will be added to the future work plan. If activity categories are removed from the future work plan, the measures should remain in the data table but data does not need to be collected after the original target date. Identify the end date of the measure.

³ <https://www.grants.gov/web/grants/forms/sf-424-family.html>

- (2) **Attachment 2: Current FY 2017 Work Plan.** Review and update of the FY 2017 Work Plan (previously submitted in the 2017 NCC) to show status of activities. If a new activity has been introduced through a change in scope, or an activity has been terminated, this should be noted and identified clearly. The updated Work Plan should include the quantitative outputs based on previously identified process measures associated with the activities. Outcome measures for the program areas and activity categories in the work plan should be reported in the Work Plan Data Table (Attachment 1) and do not need to be repeated in this work plan (Attachment 2).
- (3) **Attachment 3: Future FY 2018 Work Plan** for the September 1, 2018 - August 31, 2019 period. The FY 2018 Work Plan should be a succinct overview of grant goals, objectives, categories, and activities. The work plan defines what is to be done, when it will be done, and who will do it. The work plan should include outputs (process measures) to track completion of activities. Include ongoing activities that will continue from the current budget period, as well as any new activities and indicate if each activity is new or ongoing. A [suggested work plan template](#) is available. Outcome measures for FY 2018 should be included in the Work Plan Data Table (Attachment 1) and do not need to be repeated in this work plan (Attachment 3). If this future work plan eliminates an activity category that was in the current (FY 2017) work plan or adds an activity category that was not in the current work plan then the project requires a change of scope—see instructions for Attachment 6.
- (4) **Attachment 4: Position Descriptions and Biographical Sketches.** Include position descriptions for all new positions and/or new staff for which grant support is requested. Please indicate if new positions are filled or currently vacant. Include a biographical sketch, curriculum vitae, or resume for all new staff. If there are no staff changes, please include a single page labeled Attachment 4 and stating, “No staffing changes since March 2017.”
- (5) **Attachment 5: MBQIP Participation Waivers.** Request for waiver from MBQIP participation requirements for FY 2018 on behalf of CAHs initially deemed ineligible by FORHP. The waiver request should include a qualifying justification and the required waiver elements as described in the [MBQIP participation criteria](#). A [MBQIP sample waiver template](#) is available. This attachment is not required if no waivers are requested.
- (6) **Attachment 6: Change of Scope for FY 2018.** A concise explanation of any changes of scope (see explanation on pages 3-4 of these instructions) proposed for the FY 2018 grant year and request for approval of the new scope. A change of scope request is required if the future work plan eliminates an activity category that was in the current work plan or adds an activity category that was not in the current work plan. The explanation should be on organizational letterhead, clearly state that prior approval of a change of scope is requested, and be signed by the project director. Identify the activity categories eliminated or added and the reason for each. Refer to the future work plan (Attachment 3) and budget justification as needed for additional detail. This attachment is limited to no more than 4 pages. This attachment is not required if no change of scope is requested. Attachment 6 cannot be used to request a change of scope for the current FY 2017 grant year—any current year changes of scope should be discussed with your project office then submitted through the prior approval module in EHB. This attachment is not required if no change of scope is requested.

(7) **Attachment 7: Fiscal Year 2018 Funding Request.** Use the [Funding Request template](#) to prepare your request for FY 2018 funds for the budget year 9/1/2018 – 8/31/2018. Save the file as a Word document and include with the other required attachments in this progress report. This attachment is required and limited to no more than 2 pages. **See the increased maximum funding levels announced on 4/20/2018 and listed in [Section VI](#) of these instructions.**

IV. Reporting Requirements

Reporting Requirement	Reporting Deadline
Federal Financial Report	January 30, 2019
Performance Improvement and Measurement System	October 30, 2018
Potential Competing Continuation Application	TBD, winter 2018

Federal Financial Report

The Federal Financial Report (FFR) for the FY 2018 budget period must be submitted **no later than January 30, 2019**, and must be submitted electronically through the HRSA EHBs. HRSA expects that all funds will be used within the year they are awarded. *Due to the funding extension, Flex recipients will not request carryover of FY 2017 funds into the FY 2018 budget period, see the instructions for Attachment 7 for more details.* Note that FY 2017 Flex Supplemental funds must be reported on the FFR as applicable, although FY 2017 Flex Supplemental activities are not included in the other reports described in this document.

Performance Improvement and Measurement System (PIMS)

FORHP created specific performance measures within the Performance Improvement and Measurement System (PIMS) located in the HRSA EHBs. Recipients report program data in this system annually following the end of the budget period. For Flex, the PIMS report focuses on two topics that reflect some, but not all, of the significant work of state Flex programs: 1) CAH participation in Flex-funded performance improvement activities and 2) total state Flex program spending (for both performance improvement and other work) in each activity category of the Flex grant. FORHP revised and updated the PIMS measures in calendar year 2016. The FY 2017 report (due October 30, 2018) will be the third year of revised PIMS data.

Competing Continuation Application

Future Flex grant funding beyond the current project period ending August 31, 2019, will depend on the availability of appropriated funds, satisfactory performance of continuing recipients, and a decision that continued funding is in the best interest of the federal government.

In the event that future funding is not available a final report will be due November 29, 2019, ninety days after the end of the final budget period.

V. Technical Assistance

Program Assistance

Recipients are encouraged to request assistance, if needed, when submitting their Funding Extension Progress Report. Please contact the Flex Program Coordinator or your FORHP Project Officer to obtain additional information regarding overall program issues:

Sarah Young, MPH
Flex Program Coordinator
Health Resources and Services Administration
Federal Office of Rural Health Policy
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: 301.443.5905
E-mail: syoung2@hrsa.gov

Grants Management

Recipients may obtain additional information regarding business, administrative or fiscal issues related to the NCC submission by contacting:

Kimberly Dews
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane,
Rockville, Maryland 20857
Telephone: 301.443.0655
E-mail: kdews@hrsa.gov

Electronic Progress Report - HRSA EHBs Assistance

Recipients may need assistance when working online to submit their information electronically. For assistance with submitting the information in HRSA's EHBs, contact the HRSA Call Center, 8 a.m. to 8 p.m. ET, weekdays (except Federal holidays):

HRSA Contact Center
Phone: (877) Go4-HRSA or (877) 464-4772
E-mail: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>
EHBs Knowledge Base: <https://help.hrsa.gov/display/public/EHBSKBFG/Index>
EHBs Prior Approval Requests FAQs:
<https://help.hrsa.gov/display/public/EHBSKBFG/Prior+Approval+Requests+FAQs>

VI. Projected FY 2018 Funding Levels

This table shows the FY 2018 Flex funding levels by state which are an increase from FY 2017 funding levels. **FORHP announced this increase totaling \$3 million on April 20, 2018, and revised these instructions at that time.** These funding levels are contingent upon review of FY 2016 unobligated balance(s) and offsets.

State	Recipient Name	Grant #	FY 2018 Funding
AK	HEALTH AND SOCIAL SERVICES, ALASKA DEPARTMENT OF	H54RH00014	\$611,422
AL	PUBLIC HEALTH, ALABAMA DEPARTMENT OF	H54RH00034	\$364,358
AR	ARKANSAS DEPARTMENT OF HEALTH	H54RH00035	\$602,319
AZ	UNIVERSITY OF ARIZONA	H54RH00030	\$551,961
CA	DEPARTMENT OF HEALTH CARE SERVICES	H54RH23636	\$542,359
CO	COLORADO RURAL HEALTH CENTER	H54RH00056	\$655,393
FL	HEALTH, FLORIDA DEPARTMENT OF	H54RH00032	\$511,289
GA	COMMUNITY HEALTH, GEORGIA DEPT OF	H54RH00057	\$651,413
HI	HEALTH, HAWAII DEPARTMENT OF	H54RH00012	\$446,074
IA	PUBLIC HEALTH, IOWA DEPARTMENT OF	H54RH00011	\$757,191
ID	HEALTH AND WELFARE, IDAHO DEPARTMENT OF	H54RH00039	\$641,351
IL	PUBLIC HEALTH, ILLINOIS DEPARTMENT OF	H54RH00019	\$824,375
IN	INDIANA STATE DEPARTMENT OF HEALTH	H54RH00042	\$656,819
KS	HEALTH AND ENVIRONMENT, KANSAS DEPARTMENT OF	H54RH00009	\$968,815
KY	UNIVERSITY OF KENTUCKY	H54RH00053	\$602,464
LA	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	H54RH00040	\$563,812
MA	PUBLIC HEALTH, MASSACHUSETTS DEPT OF	H54RH00038	\$316,735
ME	HEALTH AND HUMAN SERVICES, MAINE DEPARTMENT OF	H54RH00018	\$437,911
MI	MICHIGAN CENTER FOR RURAL HEALTH	H54RH31117	\$692,449
MN	DEPARTMENT OF HEALTH MINNESOTA	H54RH00023	\$911,531
MO	HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF	H54RH00006	\$510,424
MS	HEALTH, MISSISSIPPI STATE DEPARTMENT OF	H54RH00027	\$488,194
MT	PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF	H54RH00046	\$806,474
NC	HEALTH & HUMAN SERVICES, NORTH CAROLINA DEPARTMENT OF	H54RH00031	\$626,231
ND	UNIVERSITY OF NORTH DAKOTA	H54RH00036	\$815,742
NE	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	H54RH00005	\$882,649
NH	HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF	H54RH00022	\$431,566

NM	HEALTH, NEW MEXICO DEPARTMENT OF	H54RH00025	\$317,683
NV	UNIVERSITY OF NEVADA, RENO	H54RH00015	\$495,108
NY	HEALTH RESEARCH, INC.	H54RH00020	\$394,932
OH	HEALTH, OHIO DEPARTMENT OF	H54RH00021	\$688,294
OK	OKLAHOMA STATE UNIVERSITY	H54RH00058	\$673,496
OR	OREGON HEALTH & SCIENCE UNIVERSITY	H54RH00049	\$697,883
PA	PENNSYLVANIA STATE UNIVERSITY, THE	H54RH25673	\$444,516
SC	SOUTH CAROLINA OFFICE OF RURAL HEALTH	H54RH01030	\$394,458
SD	SOUTH DAKOTA DEPARTMENT OF HEALTH	H54RH00024	\$673,740
TN	HEALTH, TENNESSEE DEPT OF	H54RH00037	\$498,448
TX	AGRICULTURE, TEXAS DEPARTMENT OF	H54RH26521	\$901,523
UT	DEPARTMENT OF HEALTH UTAH	H54RH00050	\$391,386
VA	HEALTH, VIRGINIA DEPARTMENT OF	H54RH00003	\$356,713
VT	HUMAN SERVICES, VERMONT AGENCY OF	H54RH00017	\$320,206
WA	HEALTH, WASHINGTON STATE DEPARTMENT OF	H54RH00002	\$686,629
WI	UNIVERSITY OF WISCONSIN SYSTEM	H54RH00054	\$804,871
WV	HEALTH AND HUMAN RESOURCES, WEST VIRGINIA DEPARTMENT OF	H54RH00026	\$551,220
WY	WYOMING, DEPARTMENT OF HEALTH	H54RH00043	\$497,399
	Totals	45	\$26,659,822

VII. Flex Program Areas, Goals, and Activity Categories

This list includes all of the Program Areas included in the [FY 2015 Flex NOFO](#) with their associated goals and activity categories. Use this list as a quick reference for the structure and categorization of the Flex grant. See the [FY 2015 Flex NOFO](#) for more details on all of these areas and categories.

Program Area 1: Quality Improvement – Medicare Beneficiary Quality Improvement Program (MBQIP)

Goal: Improve the quality of care provided by CAHs.

Activity Categories:

- 1.01(Required): Improve patient safety in CAHs and the community by ensuring all health care providers and eligible patient populations receive their influenza vaccinations.
- 1.02 (Required): Improve the patient experience of care through use of the Hospital Consumer Assessment of Healthcare Providers and Systems survey
- 1.03 (Required): Improve the transitions of care from the CAH to other healthcare settings in order to improve patient outcomes.
- 1.04 (Required): Improve the care provided in CAH outpatient settings in order to improve patient outcomes.
- 1.05 (Optional): Improve patient safety and health outcomes in CAHs through other measures.

- 1.06 (Optional) Improve care transitions from CAHs to other healthcare settings through improved Discharge Planning.
- 1.07 (Optional) Improve care transitions through improved Medication Reconciliation activities.
- 1.08 (Optional): Improve the care provided in CAH Outpatient and Emergency Department settings through additional measures.
- 1.09 (Required, if needed) Promote and improve the reporting of quality of care data by CAHs

Program Area 2: Financial and Operational Improvement

Goal: Improve the financial and operational outcomes of CAHs

Activity Categories:

- (Required) Financial and Operational Assessment.
- (Optional) Financial and Operational In-depth Assessment(s) and Action Planning
- (Optional) Revenue Cycle Management
- (Optional) Operational Improvements

Program Area 3: Population Health Management and EMS Integration

Goal 3a: Understand the community health and EMS needs of CAHs

Activity Categories:

- 3.01 (Required if this Program Area selected) Statewide CAH Population Health Management Needs Assessment.
- 3.02 (Optional) Hospital Community Health Needs Assessments and Improvement
- 3.03 (Optional) Community-level Rural EMS System Assessment

Goal 3b: Enhance the health of rural communities through community/population health improvement

Activity Category:

- 3.04 (Optional) Population Health Improvement Activity.

Goal 3c: Improve identification and management of Time Critical Diagnoses and EMS capacity and performance in rural communities

Activity Categories:

- 3.05 (Optional) Improve Time Critical Diagnoses EMS System Capacity
- 3.06 (Optional) Improve EMS Capacity and Operational Projects

Program Area 4: Designation of CAHs in the State

Goal: Facilitate appropriate conversion of rural hospitals to CAH status

Activity Category:

- 4.01 (Required if requested) Designation of CAHs in the State

Program Area 5: Integration of Innovative Healthcare Models

Goal: Support the transition to value based models and transformation efforts in the health care system to improve access and quality

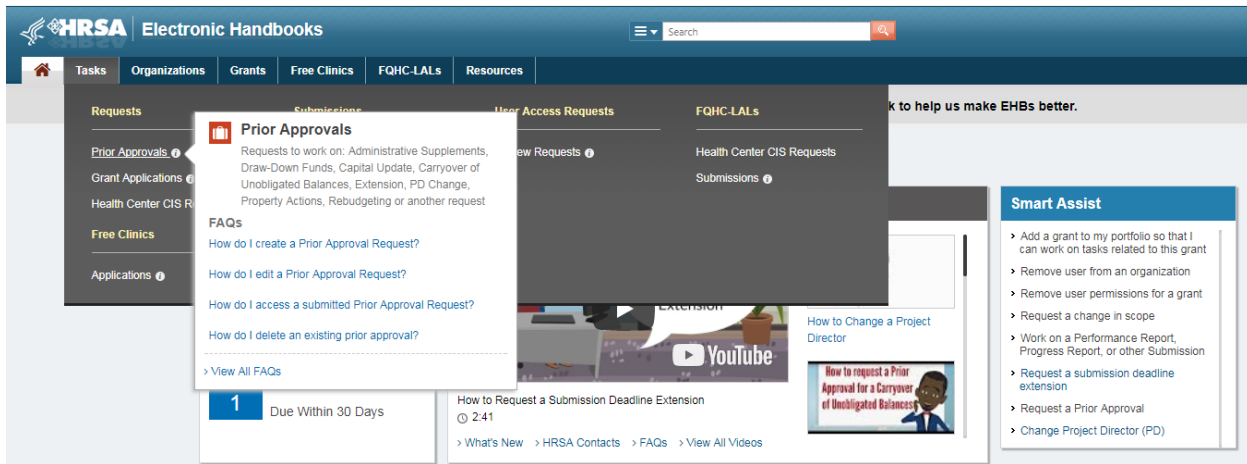
Activity Category:

- 5.01 (Optional) Integration of Innovative Health Care Models

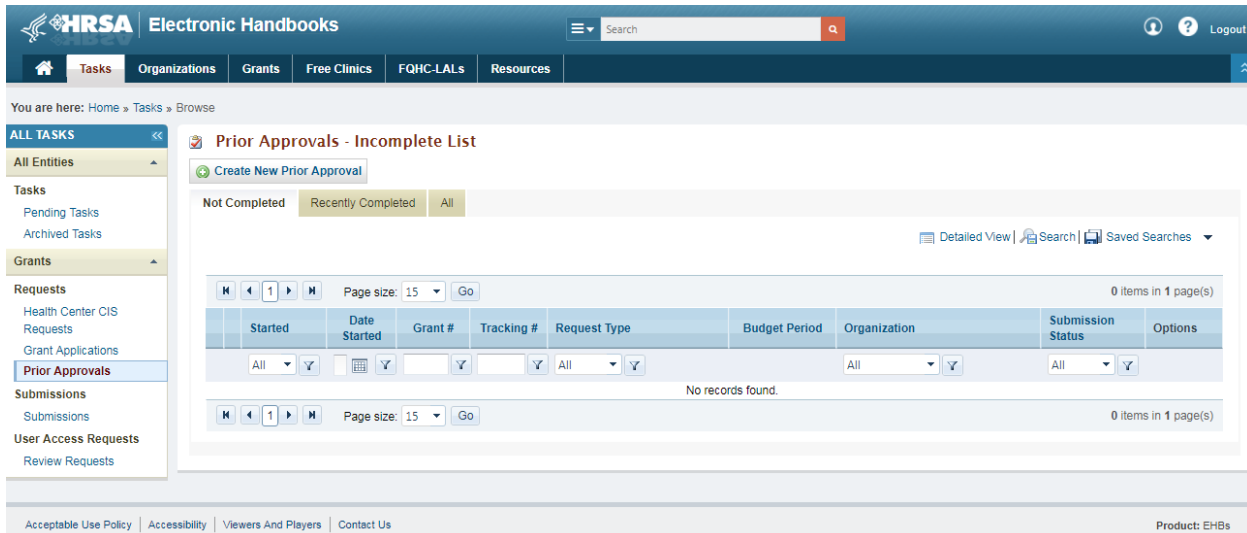
VIII. How To Request an Extension With Funds

Instructions for completing an Extension with Funds Prior Approval request for Funding for Budget Period 9/1/2018 – 8/31/2019.

Log in to EHB and start a new Prior Approval. There will not be an existing Task, so you must initiate the process.



Create a new PA by clicking on the Create New link:



Select the Flex grant (grant number begins H54RH) from your grant portfolio:

The screenshot shows the 'My Grant Portfolio' page in the HRSA Electronic Handbooks system. The page title is 'My Grant Portfolio - List'. Below the title, there is a search bar and a 'Logout' button. The main content area displays a table of grants. The table has the following columns: Grant Number, Organization Name, Current Budget Period, Current Project Period End Date, CRS-EIN, Grant Role, Grant Active, Last Award Issue Date, and Options. The grant H54RH is highlighted, and the 'Request Prior Approval' link in the Options column is visible.

Grant Number	Organization Name	Current Budget Period	Current Project Period End Date	CRS-EIN	Grant Role	Grant Active	Last Award Issue Date	Options
H95RH		07/01/2017-06/30/2018	06/30/2021		Other	Yes	01/09/2018	Request Prior Approval
H3HRH		06/01/2017-05/31/2018	05/31/2019		Other	Yes	05/31/2017	Request Prior Approval
U68HP		04/01/2017-03/31/2018	03/31/2019		Other	Yes	10/20/2017	Grant Folder
H54RH		09/01/2017-08/31/2018	08/31/2018		Other	Yes	08/03/2017	Request Prior Approval

And click the Request Prior Approval link:

The close-up screenshot shows the 'Request Prior Approval' link in the Options column of the grant table. A context menu is open over the link, showing the following options:

- Action
 - Change Role
 - Request Prior Approval
 - Request Privilege
- View
 - Grant Folder
 - Last NoA
 - Award History
 - Registered Users
 - Privileges

Review and acknowledge the documentation (and save the links for future reference):

- Uniform Guidance: <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>
- HHS Grants Policy Statement: <https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf>

Prior Approval Request - Acknowledge Documentation Review

H54RH

Current Budget Period: 09/01/2017 - 08/31/2018 Current Project Period: 09/01/2015 - 08/31/2018 CRS-EIN:
Budget Support Year: 19 Project Title: RURAL HOSPITAL FLEXIBILITY PROGRAM Grant Period: 09/01/1999 - 08/31/2018

Resources

View

Last NoA | HRSA Contacts | Awarded Funding Opportunities

Fields with * are required

Prior Approval Documentation	
Document Name	Description
HHS Grant Policy	HHS Grant Policy

*** Acknowledgement**

I acknowledge that I have reviewed all documentation and would like to proceed further.

UNIFORM GUIDANCE CODIFIED FOR HHS AT 45 CFR PART 75

I acknowledge that I have reviewed the UNIFORM GUIDANCE CODIFIED FOR HHS AT 45 CFR PART 75 and would like to proceed further.

Cancel **Continue**

Select the Extension with Funds request type:

Resources

View

Last NoA | HRSA Contacts | Awarded Funding Opportunities

Fields with * are required

*** Request Type**

Administrative Supplements

Approval To Draw-Down Funds

Carryover of Unobligated Balances

Extension with Funds

Extension without Funds (No Cost Extension)

Other (e.g. Name Change, Deviation from Terms etc)

Project Director(PD) Change

Property Actions (e.g. Disposition, Encumbrance)

Rebudgeting (e.g. A&R, Transfers etc)

Cancel

Click “Create”

You will see a success message and a prior approval with two sections to fill out:

The screenshot shows the HRSA Electronic Handbooks interface. The main content area is titled "Prior Approval Request - Status Overview" for request PA-00069723. A green success message states: "Success: You have successfully created a Prior Approval Request. The Request Tracking Number is PA-00069723. Please use this number for all future correspondence related to this request." Below this, the request details are shown: "PA-00069723" with a redacted ID, "Submission Status: In Progress", "Prior Approval Request Type: Extension with Funds", "Grant Number:" with a redacted number, "Project Period: 09/01/2015 - 08/31/2018", "Budget Period: 09/01/2017 - 08/31/2018", and "Project Title: RURAL HOSPITAL FLEXIBILITY PROGRAM". There is also a "Resources" section with a "View" button and links for "Last NoA", "HRSA Contacts", and "Awarded Funding Opportunities". A section titled "Users with permission on Prior Approval Request (5)" is partially visible. At the bottom, a "Prior Approval Status" table is shown:

Section	Status	Options
General Information	Not Started	Update
Details	Not Started	Update

In the General Information section (not shown) you need to add a point of contact and an authorizing official—usually you will select these names from the existing users. Select the appropriate people then click Save and continue.

You will automatically switch to the Request Details page:

▼ Resources [↗](#)

View

Last NoA | HRSA Contacts | Awarded Funding Opportunities

Fields with * are required

*** Extension With Funds Request**

Enter the minimum amount of supplement funds required \$

Enter proposed revised Project Period End Date

▼ Download Templates

Name	Description	Options
SF424 Section A	SF424 Section A	Download ▼

▼ * Cover Letter and Narrative Explanation (Minimum 1) (Maximum 20)

No documents attached

▼ * Budget Justification (Minimum 1) (Maximum 20)

No documents attached

▼ SF424A Documents (Maximum 20)

No documents attached

*** Provide a detailed description of the above request**

Approximately 1 page (Max 2000 Characters without spaces): 2000 Characters left.

In the amount of funds field, enter your funding request for FY 2018. *This request must be less than or equal to the total state award listed in Section VI of these instructions.* This amount should match your FY 2018 request on Attachment 7 of the Extension Progress Report. For the revised Project Period End Date, enter 8/31/2019.

Here is a larger picture of that part of the page:

Fields with * are required

*** Extension With Funds Request**

Enter the minimum amount of supplement funds required \$

Enter proposed revised Project Period End Date

Use the Attach File buttons to attach the performance narrative, budget justification, budget information (standard form 424-A), and required appendices. Attach the appendices in the Cover Letter and Narrative Explanation field.

This screenshot shows an example of the Details page with some of the required appendices attached:

Resources [View](#)

Last NoA | HRSA Contacts | Awarded Funding Opportunities

Fields with * are required

*** Extension With Funds Request**

Enter the minimum amount of supplement funds required \$

Enter proposed revised Project Period End Date

Download Templates

Name	Description	Options
SF424 Section A	SF424 Section A	Download

*** Cover Letter and Narrative Explanation (Minimum 1) (Maximum 20)** [Attach File](#)

Document Name	Size	Date Attached	Description	Options
ST_FY18_Attachment3_FutureWorkPlan.docx	13 kB	01/29/2018	Appendix 3, FY 2018 work plan (future)	Update Description
ST_FY18_Attachment2_CurrentWorkPlan.docx	13 kB	01/29/2018	Appendix 2, FY 2017 work plan (current)	Update Description
ST_FY18_Attachment1_DataTable.docx	13 kB	01/29/2018	Appendix 1, work plan data table	Update Description
ST_FY18_Narrative.docx	12 kB	01/29/2018	FY18 Performance narrative	Update Description

*** Budget Justification (Minimum 1) (Maximum 20)** [Attach File](#)

Document Name	Size	Date Attached	Description	Options
ST_FY18_BudgetJustification.docx	13 kB	01/29/2018	FY18 budget justification	Update Description

SF424A Documents (Maximum 20) [Attach File](#)

Document Name	Size	Date Attached	Description	Options
ST_SF-424A Budget Information.pdf	188 kB	01/29/2018		Update Description

*** Provide a detailed description of the above request**

Approximately 1 page (Max 2000 Characters without spaces): 1961 Characters left.

Example Extension with Funds Prior Approval.

Attach all of the required documents, as instructed in the Funding Extension Progress Report. After attaching all documents, hit Save and Continue.

Review the table of contents to ensure all required attachments are included. Note that all of the attachments except for the budget justification and the SF-424A will be listed as “Supporting Documents, Cover Letter and Narrative Explanation.” Since the default heading is the same, use descriptive file names that begin with your state’s postal abbreviation to identify each attached document.

View
Last NoA | HRSA Contacts | Awarded Funding Opportunities

Table of Contents Go

Page size: 15 Go 10 items in 1 page(s)

View #	Section	Type	Options
View: Request Information			
Request Information	Coversheet	HTML	View
View: Supporting Documents			
Supporting Documents	Budget Justification (ST_FY18_BudgetJustification.docx)	DOCUMENT	View
Supporting Documents	Cover Letter and Narrative Explanation (ST_FY18_Attachment3_FutureWorkPlan.docx)	DOCUMENT	View
Supporting Documents	Cover Letter and Narrative Explanation (ST_FY18_Attachment2_CurrentWorkPlan.docx)	DOCUMENT	View
Supporting Documents	Cover Letter and Narrative Explanation (ST_FY18_Attachment1_DataTable.docx)	DOCUMENT	View
Supporting Documents	Cover Letter and Narrative Explanation (ST_FY18_Narrative.docx)	DOCUMENT	View
Supporting Documents	SF424 A (ST_SF-424A Budget Information.pdf)	DOCUMENT	View
Supporting Documents	SF424 C	DOCUMENT	Not Available
Supporting Documents	SF424 RR	DOCUMENT	Not Available
Supporting Documents	SF424 RR Federal and Non-Federal	DOCUMENT	Not Available

Page size: 15 Go 10 items in 1 page(s)

Go to Previous Page Save and Continue

Review the coversheet to ensure your grant information and contact information is correct.

Submission Status: In Progress

Table of Contents Go

- Table of Contents
- Request Information
- Coversheet
- Supporting Documents

The coversheet includes the following fields:

1. Grantee Information
Grantee Name
Grant Number

2. General Information
Type of Request
Sub Type

3. Request Details
Minimum amount of supplement funds required
Proposed revised Project Period End Date
Comments

4. Point of Contact
Name
Title
Email Address
Phone Number
Fax Number

5. Authorizing Official
Name
Title
Email Address
Phone Number
Fax Number

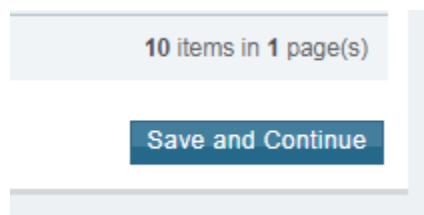
In section 2, Type of Request should be Extension with Funds and Sub Type should be blank.

2. General Information	
Type of Request	Extension with Funds
Sub Type	

In section 3, the funds requested should be the same as the FY 2018 request in Attachment 7 of the Extension Progress Report, and *less than or equal to the total state award listed in Section VI*. The End Date should be 8/31/2019. The comments should note the purpose of the request.

3. Request Details	
Minimum amount of supplement funds required	\$100000
Proposed revised Project Period End Date	8/31/2019
Comments	Extension with Funds Prior Approval request in lieu of non-competing continuation for FY 2018.

Once you have reviewed the attachments and the cover sheet, click Save and Continue.



You will see a message that both sections of the prior approval are complete.

Resources ↗		
View		
Last NoA HRSA Contacts Awarded Funding Opportunities		
Users with permission on Prior Approval Request (5)		
Prior Approval Status		
Section	Status	Options
General Information	✔ Complete	Update ▾
Details	✔ Complete	Update ▾
Cancel		Submit

Submit the report or forward it to your Authorizing Official for submission. Certify and electronically sign on the confirmation page.

Prior Approval - Submit Confirm

Confirmation:
This is a confirmation page! You MUST click on the appropriate button to complete your action.

PA-00069746 : [Redacted] **Submission Status: In Progress**

Prior Approval Request Type: Extension with Funds Grant Number: [Redacted] Project Period: 09/01/2015 - 08/31/2018

Budget Period: 09/01/2017 - 08/31/2018 Project Title: RURAL HOSPITAL FLEXIBILITY PROGRAM

Resources

View

Last NoA | HRSA Contacts | Awarded Funding Opportunities

Fields with * are required

*** Electronic Signature**

I certify that the statement here in are true, COMPLETE and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Service terms and conditions if a prior approval request is accepted as a result of this request. I am aware that any false, fictitious, or fraudulent statements or claim may subject me to criminal, civil or administrative penalties.

Cancel Confirm

Save the PA tracking number for future reference.

Success:
You have Successfully Submitted the Prior Approval Request to HRSA. Please use the following tracking number when inquiring about this request: PA-00069746

Done! The Funding Extension will be reviewed by your project officer and grant management specialist. Your reviewers may contact you with questions or return the request for revisions.

Please respond promptly to any change requests so there are no delays in your funding. If your project officer requests changes to one or more documents, please remove the old version and replace it with the revised version. Don't keep outdated versions of documents in the Prior Approval Supporting Documents because it could cause confusion for your reviewers.

Contact your project officer if you have any questions about this process.

If you have any questions about how to use EHBs, contact the HRSA Contact Center, 8 a.m. to 8 p.m. ET, weekdays (except Federal holidays):

- Phone: (877) Go4-HRSA or (877) 464-4772
- E-mail: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>
- EHBs Knowledge Base: <https://help.hrsa.gov/display/public/EHBSKBFG/Index>
- EHBs Prior Approval Requests FAQs: <https://help.hrsa.gov/display/public/EHBSKBFG/Prior+Approval+Requests+FAQs>