Primary Care Residency (PCR) Technical Assistance Webinar

Song-Brown Program
Office of Statewide Health Planning and Development (OSHPD)
Healthcare Workforce Development Division (HWDD)
May 2020
About Song-Brown

• Song-Brown provides funding to education programs
  • Family Medicine, Internal Medicine Pediatrics, OB/GYN residency programs
  • Family Nurse Practitioner/Physician Assistant training programs
  • Registered Nurse education programs

• Song-Brown provides financial incentives to programs to:
  • Train graduates in medically underserved areas
  • Attract and admit members of underrepresented minority groups
  • Place graduates in medically underserved areas
Application Release Dates

Registration: Open now

Application release: April 30, 2020
Application deadline: June 2, 2020

All applications open and close at 3:00 pm.
Before You Apply

• If your program requires approval to contract from a coordinating authority, please inform the authority of terms and conditions contained in the Grant Agreement.

• Applicants must agree to the terms and conditions before receiving funds.

• OSHPD will not make changes to the terms and conditions specified in the Grant Agreement.

• Funding shall be used to expand primary care services.

• Funds shall not supplant existing state or local funds to provide primary care services.
Information to Gather

- Grant Agreement and Payee Data record (STD-204) signatories.
- Name and full address of your training sites used in the last academic year.
- Facility type for each training site.
- Payer mix information for main primary care continuity clinics.
- Race/ethnicity data for all current residents.
- High school information (name and address) for all current residents.
Information to Gather Continued

• Current practice site information for all graduates entered.
• National Provider Identification number for all graduates entered.
• Applicable required attachments (Letter of Sustainability, Expansion Letter, or Accreditation letter).
<table>
<thead>
<tr>
<th>Program Funding Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Existing Primary Care Residency Program (Existing)</strong></td>
</tr>
<tr>
<td><strong>Teaching Health Center (THC)</strong></td>
</tr>
<tr>
<td><strong>New Primary Care Residency Slots for Existing Programs (Expansion)</strong></td>
</tr>
<tr>
<td><strong>New Program</strong></td>
</tr>
</tbody>
</table>
# Available Funding

An estimated $31 million is available to fund Primary Care Residencies

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Total Available</th>
<th>Award Amount</th>
<th>Disbursement Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Slots</td>
<td>$18.7 M</td>
<td>• Spread over 3-year period to support at least one resident of an existing PCR program</td>
<td>Paid quarterly in arrears</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• $125,000 per filled first-year slot; maximum of five slots</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No indirect costs allowed</td>
<td></td>
</tr>
<tr>
<td>Teaching Health Centers</td>
<td>$5.7 M</td>
<td>• One-time funding to support a recognized THC</td>
<td>70% upon contract execution; remainder upon proof of allowable expenditures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• $170,000 per filled first-year slot; no maximum</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maximum of 8% indirect costs allowed</td>
<td></td>
</tr>
<tr>
<td>Expansion Slots</td>
<td>$3.3 M</td>
<td>• Spread over 3-year period to support at least one resident of a PCR program that has permanently expanded</td>
<td>Paid quarterly in arrears</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• $300,000 per first-year slot; maximum of three slots</td>
<td></td>
</tr>
<tr>
<td>New Programs</td>
<td>$3.3 M</td>
<td>• Funding to offset the costs associated with achieving ACGME or AOA accreditation</td>
<td>Upon proof of accreditation and allowable expenditures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Up to $800,000</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$31 M</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Funding Meeting

• Funding Meeting: September 15-16, 2020.

• Program presentations by invitation only.

• Commission makes final awards at the funding meeting.

• We encourage you to attend to learn from presenters and engage in discussion related to future funding.
Helpful Resources

- OSHPD eApp
  https://eapp.oshpd.ca.gov/funding/

- Primary Care Residency Grant Guide for FY 2020-21 and Song-Brown Program Glossary
  https://oshpd.ca.gov/loans-scholarships-grants/grants/song-brown/#PCR
eApplication (eApp) Registration
Creating an Account

If you are a new applicant, register now – don’t wait
Registration

1. After creating a new account you will receive a validation email.

2. Click “Activate Account” to be taken to your “Profile” page.

3. Please allow 1-3 minutes to receive the email. You may have to check your spam folder.

Note: For the best experience use the Internet Explorer browser.
Setting up Your Profile

1. Check the “Organization” box to gain access to Song-Brown PCR applications (do not check the “HealthCare Professional” box).

2. Click the magnifying glass to search for a pre-existing organization.

3. Click “Request New Organization” to submit a new organization for approval.

4. Once your have selected or submitted an organization, it will populate the search field.
Adding a New Organization

1. Enter the new “Organization Name”.
2. Click the “+Select Address” button.
3. A new window will open up and allow you to enter and search for an address.
4. Click the confirmed address and it will auto-populate the address fields on the page.

**Note:** Song-Brown staff will review the new organization request within 5 business days. During this time, you may still begin an application.
Completing Your Profile

1. Enter all required fields. When finished click the “Save” button.

2. If there are no errors on the page you will receive a message that states your profile has been updated successfully.

Note: Incomplete information may delay your registration.
Account Roles

1. All newly created accounts are assigned the “Grant Preparer” role.

2. If you are the Residency Program Director, email SongBrown@oshpd.ca.gov to request the “Program Director” role.

3. Only accounts with the “Program Director” role may initiate and submit applications.

4. Once Song-Brown staff approves your request you will receive a follow-up email confirming the approval.

Note: Program Directors may initiate, view, edit, and submit applications. Grant Preparers may view and edit applications only.
Assigning Other Users

1. Program Directors have an additional tab on their “Profile” page called “Assign Other Users”.

2. Navigating to this page from your “Profile” page allows you to add users who will only have the ability to view and edit applications.

3. Click the “Add User” button to give registered Grant Preparers access to your applications.
Apply Here

1. Navigate to the “Apply Here” page on the main menu.
2. Select the “Song-Brown Primary Care Residency 2020” link and click the “Apply” button when you are ready to begin.
Helpful Tips
Useful Information

Navigating the application
Use the “Previous” and “Save & Next” buttons found at the bottom left of each page.

Saving your application
Each time you click “Save & Next” in the application your progress is saved. Navigate to the “Applications-In Progress/Submitted” page to resume your application.
Useful Information Continued

Asterisks
The red asterisks indicate which fields require a response before proceeding to the next page.

Training Program Title *

Tooltips
Throughout the application you may see a blue circle with a question mark at the end of a question, title, or sentence. Click on these icons for additional information.

Contract Administrator Last Name *
Starting the Application
1. Your program information will pre-populate with information you entered in your “Profile” page.

2. Select the “Program Type” you want to apply for.

3. Select a “Training Program Title” from a list of training programs by clicking on the magnifying glass.

4. If your training program is not listed, check the box “Training Program not listed”.
1. After checking the box, new fields will appear below.

2. Type in the program name under “Training Program Title”.

3. Click the “+Select Address” button.

4. A new window opens and allows you to enter and search for an address.

5. Click the confirmed address and it will auto-populate the address fields on the page.

**Note:** You will see this feature throughout the application.
1. Select the “Award Category” you want to apply for.

**Note:** You can apply for multiple funding categories in one application. However, if you are applying for “New Program” funding, you cannot apply for “Existing Slots”, “Teaching Health Center Slots”, or “Expansion Slots”.

Program Information: Award Category
PCR New Program Application
Program Information: New Program

1. After checking the box “New Program”, more fields will populate.

2. Read and agree to one of the statements by checking the box next to it.

3. Answer the question with a numerical value to indicate how many first-year residents you will initially be accredited for.

4. After completing this page, click “Save & Next”.

OSHPD
Office of Statewide Health Planning and Development
1. “Contract Organization Name” must match what is reported to the Internal Revenue Service.

2. “Grant Agreement Signatory” must be an individual with authority to enter into a grant agreement.

3. “STD. 204 Signatory” name must be an authorized signatory.
Training Sites

1. To add training sites, click the "Add a Site" button.
2. A pop-up window will display.
3. Complete all required fields shown.
4. Include all training sites you are using.
Training Sites: Facility Type

1. Select the “Facility Type” of your training site.

Note: This is a new feature for this year’s application. Tool tips offer a definition of each facility type.

Facility Type (select all that apply) *
- Community Health Centers
- County Primary Care Clinic
- Disproportionate Share Hospital
- FQHC
- FQHC Look-a-Like
- Free Clinic
- Government Owned Facility
- Indian Health Services Clinic
- Rural Hospital
- Student Run Clinic
- Teaching Hospital
- Not Applicable
1. Depending on your responses, you will be prompted to provide further information in this window.

2. After completing this page, click the “Submit” button.

**Note:** “Payer Mix” is required for your main primary care continuity training site/s. “Payer Mix” does not have to equal 100%.
Training Sites: Details

1. To edit individual entries scroll to the far right for the “Options” column.
2. Click the down-arrow button next to the desired entry.
3. This menu gives you the options to edit or delete each individual entry.
4. After completing this page, click “Save & Next”.

![Training Sites Table]

Add a Site button to individually add each site to your application.

Private Practitioner
Private Practitioner First Name
Private Practitioner Last Name
Continuity Clinic
Street Address
Suite/Dept
City
State
Text
Zip Code
County
Options

Yes
Mark
Smith
Yes
2020 W El Camino Ave
Sacramento CA 95833 Sacramento

Yes
Angie
Cortez
No
2020 W El Camino Ave
Sacramento CA 95833 Sacramento

Previous Save & Next
Executive Summary and Program Strategies

1. The “Executive Summary and Program Strategies” section consists of 3 pages.
2. All questions require a response before proceeding.
3. You have a maximum limit of 2,500 characters per response.
4. After completing this page, save and proceed by clicking “Next”.

Note: If you exceed the character limit, you will see a pop-up message. If you copy and paste text from another document, text will be cut off at 2,500 characters. Please double-check the information you enter and make sure everything is captured.
Residency Training

1. The “Residency Training” section consists of 3 pages.

2. All questions require a response before proceeding.

3. You have a maximum limit of 2,500 characters per response.

4. The third page will have a question regarding training with FNP/PA students.

5. If you answered yes, a new text box will appear and you have a maximum limit of 500 characters to provide the required information.

6. After completing this page, save and proceed by clicking “Next”.

Note: If you exceed the character limit, you receive a pop-up message. If you copy and paste text from another document, text will be cut off at 2,500 characters. Please double-check the information you enter and make sure everything is captured.
Faculty Qualifications

1. To add faculty, click the “Add Faculty” button.
2. A pop-up window will display.
3. Complete all required fields shown.
4. You have a maximum limit of 1,000 characters.
5. After completing this page, click the “Submit” button.

Note: If you exceed the character limit, you will receive a pop-up message. If you copy and paste text from another document, text will be cut off at 1,000 characters. Please double-check the information you enter and make sure everything is captured.
Faculty Qualifications Continued

1. To edit individual entries see the “Options” column on the far right.

2. Click the down-arrow button next to the desired entry.

3. This menu will give you the options to edit or delete each individual entry.

4. After completing this page, save and proceed by clicking “Next”.
Expected Expenditures

1. Enter the amount of funding you are requesting.
2. After completing this page, save and proceed by clicking “Next”.

Note: The maximum funding requested cannot exceed $800,000.
Required Documents

1. The red button on this page indicates required documents.
2. Click on the “Sustainability Letter Upload” button to upload the required documents.
3. Once you upload all required documents, the buttons will turn green signifying that you may continue.
4. Click “Next” to save continue to the final page of the application.

Note: You may delete an uploaded document by clicking the down-arrow button next to the desired entry.

Note: There is an example of a Letter of Sustainability linked in the instructions in the application.
Required Documents: Letter of Sustainability

- Required for New Program applicants only.
- Must come from your sponsoring institution and speak to their commitment to support your program beyond any Song-Brown award.
1. Read the statement.
2. Agree to the statement by checking the box.
3. Click the “Submit” button.

**Note:** Once you submit your application you cannot make further edits.

**Note:** Only Program Directors may submit an application. The “Submit” button will not appear for Grant Preparers.
Submission Complete

Application SBPCR-1000373 – Song-Brown Primary Care Residency

Submission completed successfully.
Viewing & Printing Your Application

Once you submit your application you can view and print your application by selecting the Options dropdown on the “Application-In Progress/Submitted” page.
PCR
Existing, Teaching Health Center, and/or Expansion Program Application
Program Information: Existing, THC, and Expansion

1. After checking the box next to the desired award category, more fields will populate.

2. Read and agree to the statements by checking the boxes next to them.

3. After completing this page, click “Save & Next”.

Award Category *(select all that apply):*

- Existing Slots
  - My program is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association and will enroll at least one class by July 1, 2020.*
  - I am requesting support for an existing primary care residency program of Family Medicine, Internal Medicine, OB/GYN, or Pediatrics.*

- Teaching Health Center Slots
  - My program is a community-based ambulatory patient care center operating a primary care residency program.*
  - My sponsoring institution of the residency program is a qualified Teaching Health Center or an educational consortium that includes a health center.*

- Expansion Slots
  - My program has received the Accreditation Council for Graduate Medical Education or the American Osteopathic Association approval to permanently expand.*
  - My program’s approval to expand is effective after July 1, 2019.*
  - My program’s expansion is for categorical primary care positions.*

*Save & Next*
Contract Administration

1. “Contract Organization Name” must match what is reported to the Internal Revenue Service.

2. “Grant Agreement Signatory” must be an individual with authority to enter into a grant agreement.

3. “STD. 204 Signatory” name must be an authorized signatory.
Training Sites

1. To add training sites, click the “Add a Site” button.
2. A pop-up window will display.
3. Complete all required fields shown.
4. Include all training sites.
Training Sites: Facility Type

1. Select the “Facility Type” of your training site.

Note: This is a new addition to the eApp. Tool tips offer a definition of each facility type.
Training Sites: Payer Mix

1. Depending on your responses, you will be prompted to provide further information in this window.

2. After completing this page, click the “Submit” button.

Note: “Payer Mix” is required for your main primary care continuity training site/s.

“Payer Mix” does not have to equal 100%.
Training Sites: Details

1. To edit individual entries scroll to the far right for the “Options” column.

2. Click the down-arrow button next to the desired entry.

3. This menu will give you the options to edit or delete each individual entry.

4. After completing this page, click “Save & Next”.

[Image of a training sites screen with column headers and entries, highlighting the options column and down-arrow button]
Program Data

1. On this page you will provide program data on graduates and residents.

2. Enter the year your residency program began continuous operation.

3. On the next question, if you select “No”, you will proceed to fully complete the rest of the page.

4. If you select “Yes”, you will be prompted to provide further information.
1. If you have graduate data to report, more fields will appear.

2. Complete all required fields shown.

3. Proceed to fully complete the rest of the page.

4. After completing this page, save and proceed by clicking “Next”.

**Note:** Read all instructions carefully. If you do not have data to report for a year, you must enter 0 to move forward.
Executive Summary and Program Description

1. The “Executive Summary and Program Description” section will consist of 2 pages.
2. On these pages, you are required to answer each question completely before proceeding.
3. You have a maximum limit of 2,500 characters on each page.
4. After completing these pages, save and proceed by clicking “Next”.

Note: If you exceed the character limit, you will receive a pop-up message. If you copy and paste text from another document, text will be cut off at 2,500 characters for each page. Please double-check the information you enter and make sure everything is captured.
1. The “Funding and Expenditures” looks different based on what funding category you are applying for.

2. Provide slots requested for each funding category.

3. Annual expenditures for the last academic year is required for all programs except New Programs.

Note: You do not need to enter information into the greyed fields. These fields will auto-populate with information.
1. Complete all required fields shown if applying for THC funding.

2. After completing this page, click “Save & Next”.

3. The “Total Program Annual Budget” must be equal to or more than “Total Requested THC Song-Brown Funding”.
Resident Data

1. To add resident data, click the “Add Resident” button.
2. A pop-up window will display.
3. Complete all required fields shown.

**Note:** When adding residents, if you do not know an individual’s NPI number, click on the link provided in the instructions.

**Note:** Resident and Graduate section has been split into separate pages. Student changed to Resident.
Resident Data Continued

1. Fill out all required fields.
2. After completing this page, click the “Submit” button.

**Note:** Provide the home address for all residents that were homeschooled or received a GED.
Resident Data: Editing

1. To edit individual entries scroll to the far right for the “Options” column.
2. Click the down-arrow button next to the desired entry.
3. This menu will give you the options to edit or delete each individual entry.
4. After completing this page click “Save and Next”.
Graduate Data

Click on the Add a Graduate button to add each graduate. The number of graduates entered on this page must reflect the graduate data reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are required for each graduate. If you do not know an individual’s NPI number, check the NPI Registry.

Total Graduates

<table>
<thead>
<tr>
<th>Graduating Class of Academic Year</th>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Ethnic/Racial Category</th>
</tr>
</thead>
</table>

There are no records to display.

Please confirm the total graduates entered for each year matches the Program Data section.

Previous  Save & Next
Graduate Data: Location

• If your graduate is working out of the state select “no” as your response regardless if you know the practice site name and address.

• Drop down choices are “out of state” or “unknown.”

• Select “out of state.”
Graduate Data: Facility Type

1. Selecting “yes” will prompt the following information.

2. Select your “Facility Type” and complete the following information.

3. After completing this page, click the “Submit” button.
Graduate Data: Editing

1. To edit individual entries scroll to the far right for the “Options” column.
2. Click the down-arrow button next to the desired entry.
3. This menu will give you the options to edit or delete each individual entry.
4. After completing this page, check the box to confirm then click “Save and Next”.
Common Application Errors

• Applicant did not enter any data for residents or graduates, even though the applicant has residents and/or graduates.

• Applicants enter practice site name and address for out of state graduates. This information is only needed for graduates practicing in California.
Required Documents

1. The red buttons on this page indicate required documents.
2. Depending on the funding type, you will upload specified documents.
3. Click on the red button to upload the required documents.
4. Once you upload all required documents, the buttons will turn green signifying that you may continue.
5. Click “Next” to save and continue to the final page of the application.

Note: You may delete an uploaded document by clicking the down-arrow button next to the desired entry.
Assurances

1. Read the statement.
2. Agree to the statement by checking the box.
3. Click the “Submit” button.

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Submission Complete

Application SBPCR-1000373 – Song-Brown Primary Care Residency

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Viewing & Printing Your Application

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Questions?

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