

Family Nurse Practitioner/ Physician Assistant Technical Assistance Guide

Song-Brown Program
Department of Health Care Access and Information (HCAI)
July 2022

About Song-Brown

- Song-Brown provides funding to education programs:
 - Family Nurse Practitioner/Physician Assistant training programs
 - Registered Nurse education programs
 - Family Medicine, Internal Medicine, Pediatrics, OB/GYN residency programs
 - Licensed Midwifery and Certified Nursing Midwifery training programs
- Song-Brown provides financial incentives to programs to:
 - Graduate individuals who practice in medically underserved areas
 - Enroll members of underrepresented groups in medicine to the program
 - Locate the program's main training site in a medically underserved area
 - Operate a main training site at which the majority of the patients are Medi-Cal recipients

Application Release Dates

Registration: **Open now**

Application release: **July 18, 2022**

Early submission review: **August 16, 2022**

Application deadline: **August 30, 2022**

Application opens and closes at **3:00 p.m.**

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.
- HCAI **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.

Changes for 2022

- New funding opportunities for midwifery programs
 - Certified Nursing Midwifery (CNM)
 - Licensed Midwifery (LM)
- Changes to the scoring criteria
- Increasing the number of students supported
- Requesting training site payer mix
- Reducing the types of training sites accepted
- Up to \$3,900,000 in funding is available to support FNP and PA training programs
- Up to \$1,000,000 in funding is available to support CNM and LM programs
- New Song-Brown staff email: songbrown@hcai.ca.gov

Information to Gather (1/2)

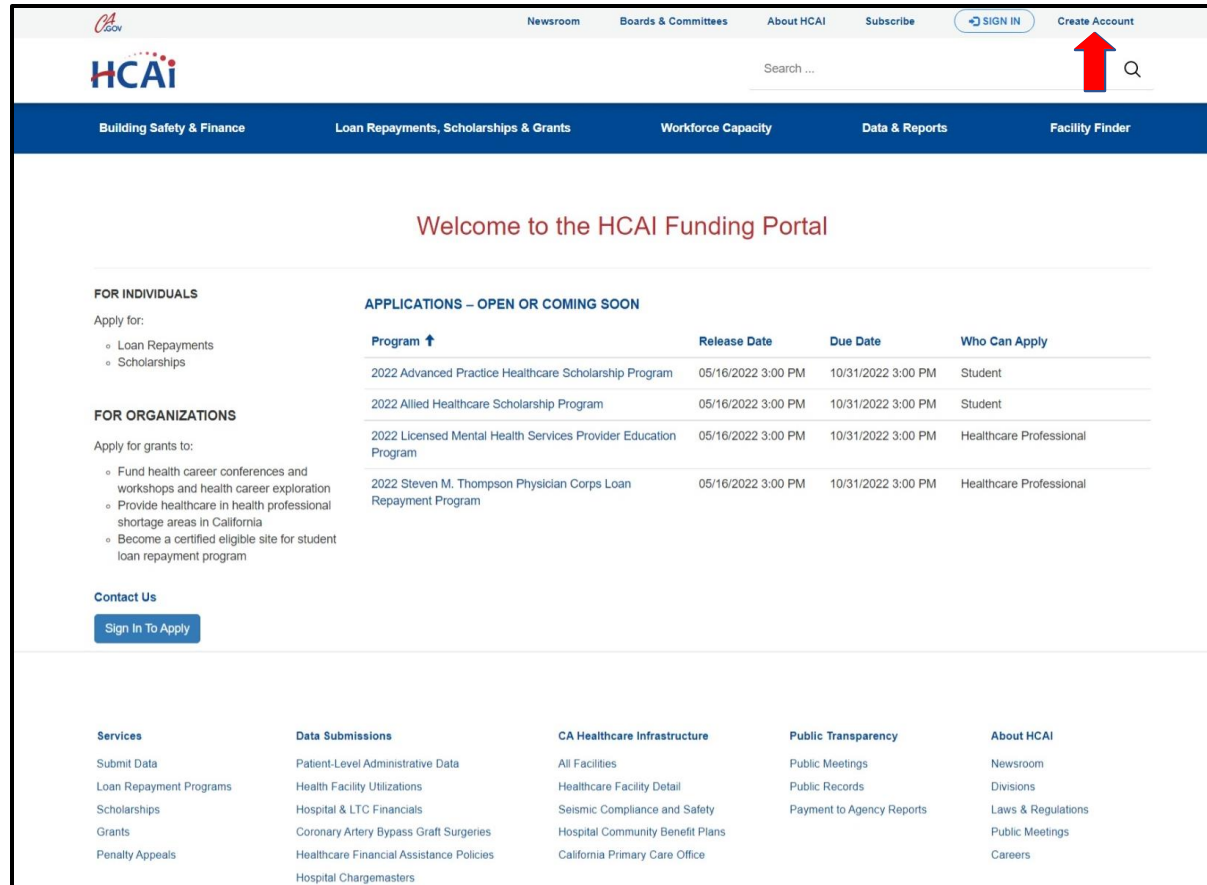
- Grant Agreement and Payee Data record (STD-204) signatories.
- Name and full address of your training sites used in the last academic year. Do not include specialty or elective rotation sites.
- Facility type for each training site.
- Race/ethnicity data for all current students.
- High school information (name and address) for all current students.

Information to Gather (2/2)

- Current practice site information for all graduates entered.
- National Provider Identification number for all graduates entered.
- Applicable required attachments
 - Program approval letter from the California Board of Registered Nursing (BRN)
 - Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) letter
 - Accreditation Commission for Midwifery Education (ACME) letter
 - Midwifery Education and Accreditation Council (MEAC) accreditation letter

eApplication (eApp) Registration

Creating an Account



The screenshot shows the HCAI Funding Portal website. At the top, there is a navigation bar with links for Newsroom, Boards & Committees, About HCAI, Subscribe, and a 'SIGN IN' button. To the right of the 'SIGN IN' button is a 'Create Account' link, which is highlighted by a red arrow. Below the navigation bar is a search bar with the text 'Search ...'. The main content area features a blue header with navigation links: Building Safety & Finance, Loan Repayments, Scholarships & Grants, Workforce Capacity, Data & Reports, and Facility Finder. Below this header, the text 'Welcome to the HCAI Funding Portal' is displayed. The main content is divided into two columns. The left column is titled 'FOR INDIVIDUALS' and lists 'Apply for:' with links for Loan Repayments and Scholarships. Below this is a section for 'FOR ORGANIZATIONS' with 'Apply for grants to:' and a list of grant opportunities. The right column is titled 'APPLICATIONS – OPEN OR COMING SOON' and contains a table of applications. At the bottom of the page, there is a footer with five columns of links: Services, Data Submissions, CA Healthcare Infrastructure, Public Transparency, and About HCAI.

FOR INDIVIDUALS
Apply for:

- Loan Repayments
- Scholarships

FOR ORGANIZATIONS
Apply for grants to:

- Fund health career conferences and workshops and health career exploration
- Provide healthcare in health professional shortage areas in California
- Become a certified eligible site for student loan repayment program

APPLICATIONS – OPEN OR COMING SOON

Program ↑	Release Date	Due Date	Who Can Apply
2022 Advanced Practice Healthcare Scholarship Program	05/16/2022 3:00 PM	10/31/2022 3:00 PM	Student
2022 Allied Healthcare Scholarship Program	05/16/2022 3:00 PM	10/31/2022 3:00 PM	Student
2022 Licensed Mental Health Services Provider Education Program	05/16/2022 3:00 PM	10/31/2022 3:00 PM	Healthcare Professional
2022 Steven M. Thompson Physician Corps Loan Repayment Program	05/16/2022 3:00 PM	10/31/2022 3:00 PM	Healthcare Professional

Contact Us
[Sign In To Apply](#)

Services
Submit Data
Loan Repayment Programs
Scholarships
Grants
Penalty Appeals

Data Submissions
Patient-Level Administrative Data
Health Facility Utilizations
Hospital & LTC Financials
Coronary Artery Bypass Graft Surgeries
Healthcare Financial Assistance Policies
Hospital Chargemasters

CA Healthcare Infrastructure
All Facilities
Healthcare Facility Detail
Seismic Compliance and Safety
Hospital Community Benefit Plans
California Primary Care Office

Public Transparency
Public Meetings
Public Records
Payment to Agency Reports

About HCAI
Newsroom
Divisions
Laws & Regulations
Public Meetings
Careers

If you are a new applicant, register now – do not wait.

System Requirements

- For the best experience, use Google Chrome or Microsoft Edge.
- Internet Explorer is not supported.

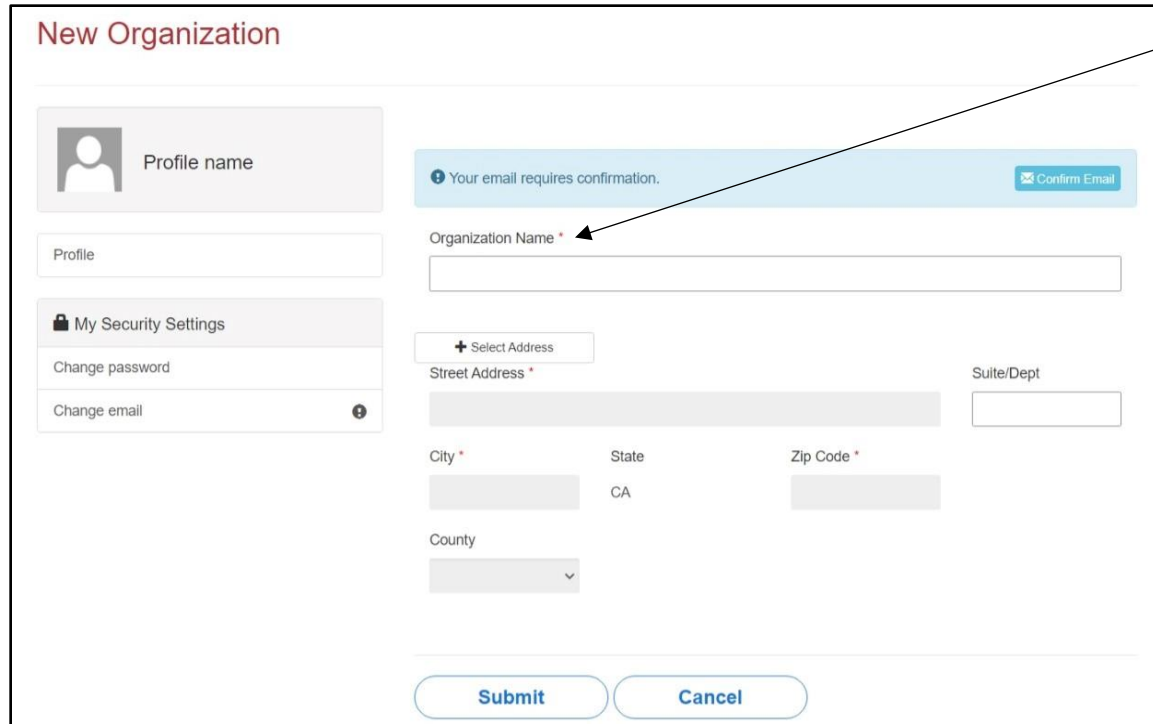
Setting up Your Profile

The screenshot shows a web interface for setting up a profile. On the left is a sidebar with a 'Profile' button and a 'My Security Settings' section containing 'Change Password' and 'Change Email' links. The main content area has a green success message at the top: 'Your email has been confirmed successfully.' Below this is a section titled 'Select your user type (Choose all that are applicable):*'. It contains three checkboxes: 'Healthcare Professional', 'Student', and 'Organization'. An arrow points from the first list item to the 'Organization' checkbox. Below the checkboxes is a search section with the text: 'Select an organization from the search list below. If your organization is not listed, click on the Request New Organization button to submit a request for your organization to be added to the list.' This section includes a search input field with a magnifying glass icon and a blue 'Request New Organization' button. Two arrows point from the second and third list items to the search input field, and one arrow points from the fourth list item to the 'Request New Organization' button.

1. Check the “Organization” box to gain access to Song-Brown FNP/PA 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 you have selected or submitted an organization, it will populate the search field.

Note: Most organizations are in the system. Returning applicants should use the search function before requesting a new organization.

Adding a New Organization

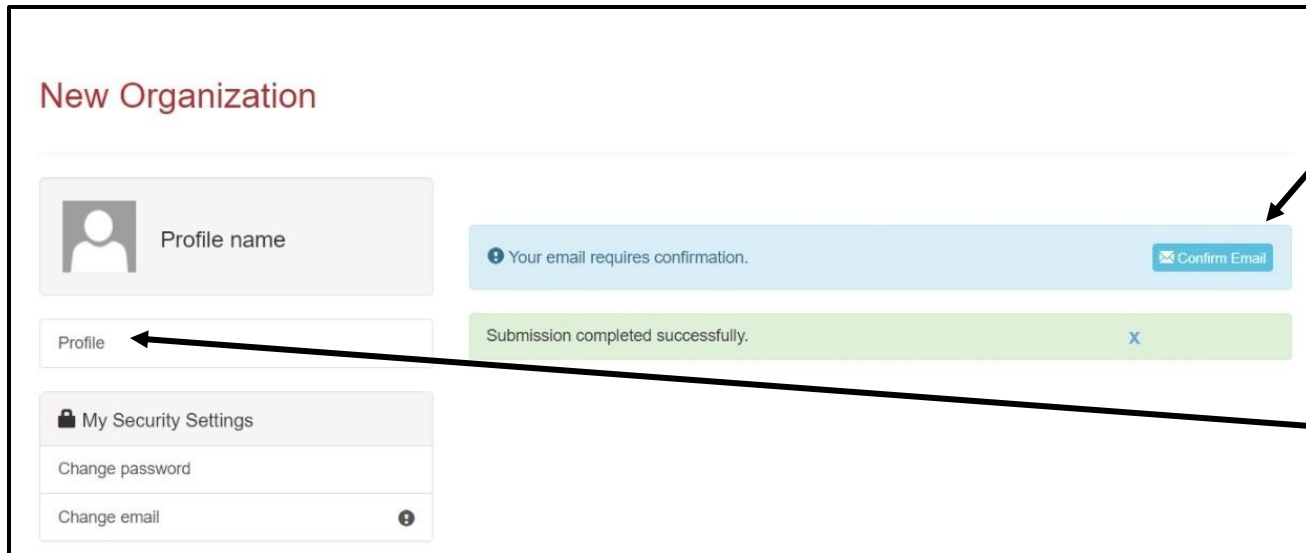


The screenshot shows a web form titled "New Organization". On the left is a sidebar with a "Profile" section (containing a profile picture placeholder and "Profile name" text) and a "My Security Settings" section (containing "Change password" and "Change email" links). The main form area has a blue notification bar at the top stating "Your email requires confirmation." with a "Confirm Email" button. Below this is the "Organization Name" field, which is highlighted by an arrow from the first step of the instructions. Underneath is a "+ Select Address" button. The address section includes a "Street Address" field, a "Suite/Dept" field, and a row with "City", "State" (pre-filled with "CA"), and "Zip Code" fields. A "County" dropdown menu is located below the "City" field. At the bottom of the form are "Submit" and "Cancel" buttons.

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

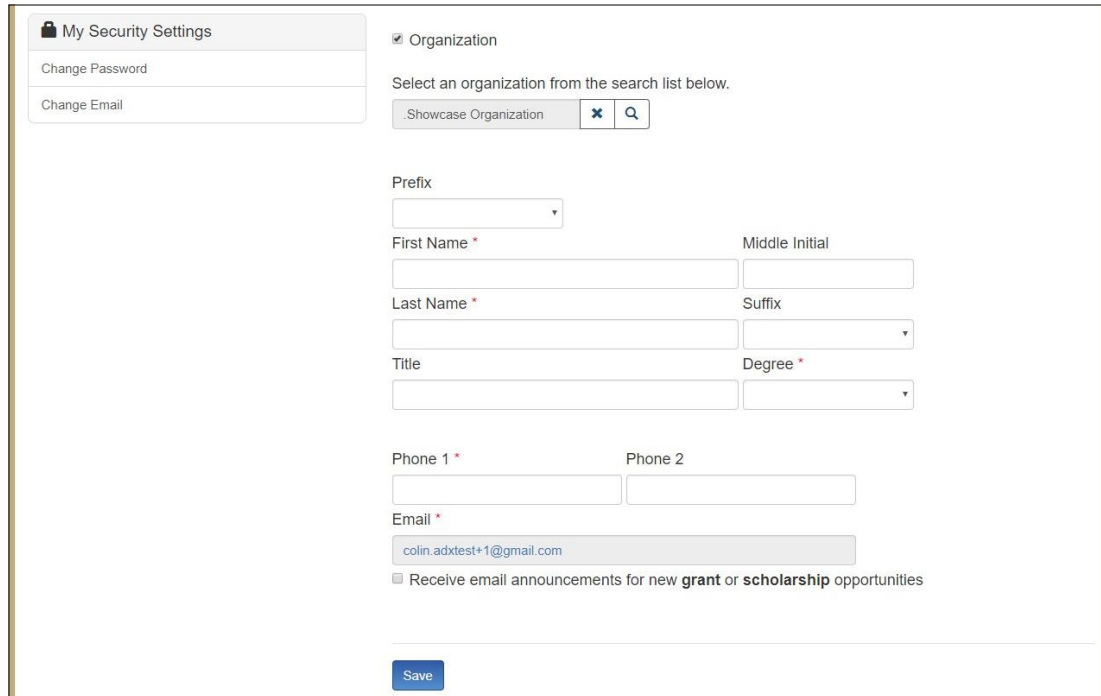
Note: Song-Brown staff will review the new organization request within 5 business days. During this time, you may still begin an application.

Email Confirmation



- Click "Confirm Email" to validate your email address for your eApp account
- Click "Profile" to continue completing your profile

Completing Your Profile



The screenshot shows a web interface for 'My Security Settings'. On the left, there are links for 'Change Password' and 'Change Email'. The main section is titled 'Organization' and includes a checkbox to select an organization from a search list. Below this, there are input fields for 'Prefix', 'First Name', 'Last Name', 'Middle Initial', 'Suffix', 'Title', and 'Degree'. There are also input fields for 'Phone 1' and 'Phone 2', and an 'Email' field with a suggested email address. At the bottom, there is a checkbox to receive email announcements for new grant or scholarship opportunities, and a 'Save' button.

My Security Settings

Change Password

Change Email

☒ Organization

Select an organization from the search list below.

Showcase Organization [X] [Q]

Prefix

First Name * Middle Initial

Last Name * Suffix

Title Degree *

Phone 1 * Phone 2

Email *

colin.adxtest+1@gmail.com

☐ Receive email announcements for new **grant** or **scholarship** opportunities

Save

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

Dear Matt Damon,

Thank you for validating your Department of Health Care Access and Information (HCAI) Funding e-App account.

At this time, your account is flagged as a Grant Preparer. If you are a Program Director, please email songbrown@hcai.ca.gov to request your account permissions to be upgraded. Only Program Directors may create and submit applications.

Thank you,

Department of Health Care Access and Information

[Healthcare Workforce Development Division](#)

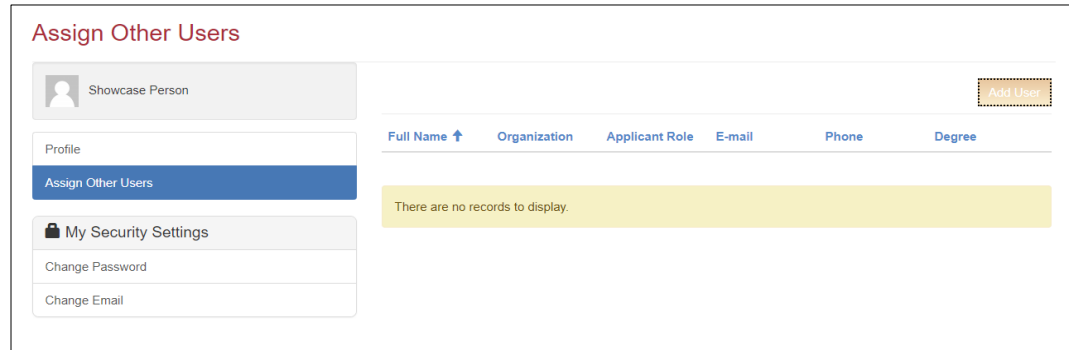
****This is an automatically generated email. Please do not reply.****

1. All newly created accounts are assigned the “Grant Preparer” role.
2. Program Directors must email SongBrown@hcai.ca.gov after they set up their profile 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 can view and edit applications only.
3. Click the “Add User” button to give registered Grant Preparers access to your applications.



Assign Other Users

Showcase Person

Profile

Assign Other Users

My Security Settings

Change Password

Change Email

Add User

Full Name	Organization	Applicant Role	E-mail	Phone	Degree
There are no records to display.					

Note: Grant Preparers must set up their profile before a Program Director can add them to the Grant Preparer list.

Apply Here

HCAI

[Apply Here](#) [Applications - In Progress/Submitted](#) [Awards](#) [Payments & Deliverables](#) [Messages](#)

Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your Profile.

Program	Release Date	Due Date	Who Can Apply
Health Careers Exploration Program 2022	02/04/2022 3:00 PM	01/28/2023 3:00 PM	Organization
Song-Brown Family Nurse Practitioner/Physician Assistants 2022	06/16/2020 3:00 PM	07/18/2022 3:00 PM	Organization
Song-Brown Primary Care Residency 2021	04/13/2022 2:58 PM	10/02/2023 4:00 PM	Organization
Song-Brown Primary Care Residency 2022	04/13/2022 2:58 PM	10/02/2023 4:00 PM	Organization

Services

- Submit Data
- Loan Repayment Programs
- Scholarships
- Grants
- Penalty Appeals

Data Submissions

- Patient-Level Administrative Data
- Health Facility Utilizations
- Hospital & LTC Financials
- Coronary Artery Bypass Graft Surgeries
- Healthcare Financial Assistance Policies
- Hospital Chargemasters

CA Healthcare Infrastructure

- All Facilities
- Healthcare Facility Detail
- Seismic Compliance and Safety
- Hospital Community Benefit Plans
- California Primary Care Office

Public Transparency

- Public Meetings
- Public Records
- Payment to Agency Reports

About HCAI

- Newsroom
- Divisions
- Laws & Regulations
- Public Meetings
- Careers

1. Navigate to the “Apply Here” page on the main menu.
2. Select the “Song Brown Family Nurse Practitioner/Physician Assistants” link.

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

The eApp saves your application each time you click “Save & Next”. Navigate to the “Applications-In Progress/Submitted” page to resume your application.

Apply Here

Applications - In Progress/Submitted

Awards

Payments & Deliverables

Messages

Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	SBPCR New Program
SBFNPPA-0001187	Sample Training Program	Matt Damon		In Progress	Song-Brown Family Nurse Practitioner/Physician Assistants 2022	07/18/2022 3:00 PM	09/23/2022 10:00 AM	No

Services

Submit Data

Loan Repayment Programs

Scholarships

Grants

Penalty Appeals

Data Submissions

Patient-Level Administrative Data

Health Facility Utilizations

Hospital & LTC Financials

Coronary Artery Bypass Graft Surgeries

Healthcare Financial Assistance Policies

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Useful Information, Continued

Asterisks

A red asterisk indicates a required response before you can proceed 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.

The last name of the primary contact at the contract organization.

Contract Administrator Last Name * ?



Starting the Application

Program Information

Application – Song-Brown Family Nurse Practitioner/Physician Assistants

Organization
Sample FNP/PA Organization

Program Director
Jane Doe

Program Director Email
oshpd.kara+7@gmail.com

Program Type *
☐ Family Nurse Practitioner ☐ Physician Assistant ☒ Combined Family Nurse Practitioner/Physician Assistant

Select a training program from the **Training Program Title** search list below. If your training program is not listed, check the **Training Program not listed** checkbox to add your program's information.

Training Program Title *

☐ Training Program not listed

1. Your program information pre-populates with information you entered in your “Profile” page.
2. The “Organization” name is the applicant’s organization as listed on the applicants eApp profile.
3. The “Organization” name is not editable in the application, go to the applicant’s profile to change it.
4. Select the “Program Type” you want to apply for.

Program Information: Training Program (1/2)

Application – Song-Brown Family Nurse Practitioner/Physician Assistants

Organization
Sample FNP/PA Organization

Program Director
Jane Doe

Program Director Email
oshpd.kara+7@gmail.com

Program Type *
☐ Family Nurse Practitioner ☐ Physician Assistant ☒ Combined Family Nurse Practitioner/Physician Assistant

Select a training program from the **Training Program Title** search list below. If your training program is not listed, check the **Training Program not listed** checkbox to add your program's information.

Training Program Title *

☐ Training Program not listed

1. The “Training Program Title” is the official name of the school’s training program and will be listed on the Agreement.
2. Select an existing “Training Program Title” by clicking on the magnifying glass.
3. To link data from prior applications to the new application, you must use the magnifying glass search function to select the “Training Program Title” from the list.
4. If your training program is not listed, check the box “Training Program not listed”.

Note: Most training programs are in the system. Use the search function before adding a new training program.

Program Information: Training Program (2/2)

1. If you select the box “Training Program Not Listed”, new fields appear.
2. Type in the program name under “Training Program Title”. The name must list the school followed by the program type acronym. EX: University of the West, FNP Program.
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.

The image shows a web form for adding a training program. The main form has a checkbox labeled "Training Program not listed" which is checked. Below it is a text field for "Training Program Title". A blue button labeled "+ Select Address" is positioned below the title field. Further down are fields for "Street Address", "Suite/Dept", "City", "State", and "Zip Code". An address search modal is open in the foreground. It has a search bar with the text "401 pioneer ave" and a "Search" button. Below the search bar, under the heading "Search Results", are two address suggestions: "401 Pioneer Ave, Woodland, CA 95776" and "401 N Pioneer Ave, Negaunee, MI 49866". A "Close" button is at the bottom right of the modal.

Note: You will see this feature throughout the application.

Contract Administration (1/2)

Contract Administration

Contract Organization Name * ⓘ
Test Org

Doing Business As ⓘ

Prefix
Contract Administrator First Name * ⓘ
Contract Administrator Last Name * ⓘ

Title ⓘ
Phone 1 *
Provide a telephone number
Phone 2
Provide a telephone number

Contract Administrator Email *

Grant Agreement Signatory ⓘ
First Name * ⓘ
Last Name * ⓘ
Phone *
Provide a telephone number
Email *

Is the Payee Data Record (STD 204) Signatory the same as the Grant Agreement Signatory? ⓘ
☒ No ☐ Yes

Payee Data Record (STD 204) Signatory ⓘ
First Name *
Last Name *
Phone *
Provide a telephone number
Email *

1. Before completing this page, you must verify the information with your contracts or finance office to ensure accuracy. Incorrect information delays agreements.
2. Enter the “Contract Organization Name”. This is the official business name as reported to the Internal Revenue Service and will be included in the Agreement.
3. Enter the “Grant Agreement Signatory”. This is the signatory authorized to enter into a grant agreement on behalf of your organization.
4. Enter the “STD. 204 Signatory”. This is the signatory with expertise on tax reporting for your organization.

Contract Administration (2/2)

The legal address for your organization must match the address on file with the IRS.

Is the legal address for your organization a PO box? *

☐ No ☒ Yes

PO Box* ?

City* State* Zip Code*

CA

Should payments be sent to a different address than what is on file with the IRS? *

☐ No ☒ Yes

Is the Remit to address a PO Box? *

☒ No ☐ Yes

Click on the **Select Address** button to populate the Address Fields.

+ Select Address

Street Address* Suite/Dept

2020 W El Camino Ave

City* State* Zip Code*

Sacramento CA 95833

County*

Sacramento

Authorized Representative for the Payee

Authorized Rep First Name* Authorized Rep Last Name* Authorized Rep Phone*

Authorized Rep Email*

1. Enter the legal address for your organization.
 - Must match IRS records.
 - Use the “Street Address” lookup if it is a physical address.
2. Enter the remit address for your organization.
 - Use the “Street Address” lookup if it is a physical address.
3. Enter the Authorized Representative for the Payee. This is the person authorized to receive warrants on behalf of the payee.

Program Description

Application SBFNPPA-1000585 – Song-Brown Family Nurse Practitioner/Physician Assistants

12%

Program Description

Please provide an executive summary description of your training program.*

Maximum limit of 2500 characters.

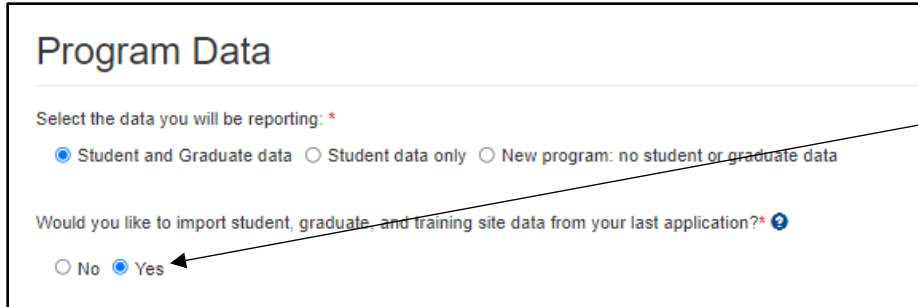
Describe the primary care career pathways and/or pipeline activities your students participate in. In your response, please describe the outreach efforts, curriculum, teaching modalities, successes/challenges, and best practices related to your pipeline program.*

Previous Save & Next

1. Complete both required fields.
2. There is a maximum 2500 character limit for each question.
3. After completing this page, click “Save & 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.


Program Data (1/2)



Program Data

Select the data you will be reporting: *

☒ Student and Graduate data ☐ Student data only ☐ New program: no student or graduate data

Would you like to import student, graduate, and training site data from your last application? * 

☐ No ☒ Yes

An arrow points from the text 'AND used the magnifying glass search function on the "Program Information" page to select the "Training Program Title"' to the 'Yes' radio button.


1. The import data option defaults to “Yes”.

- Data from your prior application will only import if you click “Yes” here, AND used the magnifying glass search function on the “Program Information” page to select the “Training Program Title”.
- If you did not apply in 2021, select “No” to the import question. In this case, add all training site, student, and graduate data one by one on the appropriate page.

Program Data (2/2)

Instructions: Enter data in each field for the graduating class for each academic year shown as applicable. If no data exists for one of the academic years, enter a zero (0) in each field for that year.

	2020/2021 Academic Year	2019/2020 Academic Year
Total Enrollment Capacity *	<input type="text" value="200"/>	<input type="text" value="200"/>
1st Year Slots Available *	<input type="text" value="150"/>	<input type="text" value="150"/>
2nd Year Slots Available *	<input type="text" value="50"/>	<input type="text" value="50"/>
Qualified Student Applicants *	<input type="text" value="200"/>	<input type="text" value="200"/>
Students Accepted *	<input type="text" value="190"/>	<input type="text" value="190"/>
Students Enrolled *	<input type="text" value="180"/>	<input type="text" value="180"/>
2nd Year Graduates *	<input type="text" value="140"/>	<input type="text" value="140"/>



1. The number of students and graduates you enter here must match the corresponding number you entered on the “Student Data” and “Graduate Data” pages.
2. After completing this page, click “Save & Next”.

Training Sites: Imported Sites

Application SBFNPPA-0001348 – Song-Brown Family Nurse Practitioner/Physician Assistants

37%

Training Sites

Add all training sites used in academic year 21-22. To add a new training site, click **Add a Site** and enter the requested information.

If you applied last year and chose import data for this application, the table below displays your sites. Please review imported sites to ensure only current sites are listed. Do not include specialty or elective rotation sites. Delete any specialty or elective rotation sites that import from last application.

To edit or delete training sites, click on the **arrow** button next to the training site and select **Edit** or **Delete**.

Only one physical address is allowed per site for the purpose of this application, regardless of differing suite/room/department numbers used. For example, if you have 123 Blue Street, Purple Dept. Ste 100 and 123 Blue Street, Green Dept. Ste 178, you may only list one of those on the application.

Total Number of Training Sites
2

Training Sites With Errors

Training Site Name	Private Practitioner	Title	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County	
Test Site	Yes	MD	Julian	Bashir	901 Portola Way		Oxnard	CA	93033	Ventura	▼
zztestzz	No				3278 Willow Canyon St		Thousand Oaks	CA	91362	Ventura	Edit Delete

Training Sites With No Errors

[Add a Site](#)

Training Site Name	Private Practitioner	Title	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County
There are no records to display										

[Previous](#) [Save & Next](#)

1. You must include all training sites used in academic year 21-22 on your application.
2. If you selected “Yes” to import prior year’s data on the “Program Data” page, imported training sites display on the errors list here.
3. All imported training site records must be reviewed by selecting “Edit” from the drop-down list here.
4. Open each record and input required data (if needed) in order to move the record to the non-errors list.

Training Sites: New Sites

The image shows a web interface for adding a new training site. At the top, there is a table with columns: Training Site Name, Private Practitioner Title, Private Practitioner First Name, Private Practitioner Last Name, Street Address, Suite/Dept, City, State, Zip Code, and County. Below the table, a message states "There are no records to display." To the right of the table is a blue button labeled "Add a Site". An arrow points from this button to the first step of the instructions. Below the table, there is a "Previous" button and a "Next" button. An "Edit" form is overlaid on the table. The form has a title "Edit" and a close button. It contains the following fields: "Training Site Name" (text input with "Test Site" entered), "Is the training site a private practitioner's office?" (radio buttons for "No" and "Yes", with "Yes" selected), "Title" (dropdown menu with "MD" selected), "Private Practitioner First Name" (text input with "Julian" entered), "Private Practitioner Last Name" (text input with "Bashir" entered), "+ Select Address" (button), "Street Address" (text input with "901 Portola Way" entered), "Suite/Dept" (text input), "City" (text input with "Oxnard" entered), "State" (text input with "CA" entered), "Zip Code" (text input with "93033" entered), and "County" (text input with "Ventura" entered). An arrow points from the second step of the instructions to the "Edit" form.

Training Site Name	Private Practitioner Title	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County
There are no records to display.									

Previous Next

Edit

Training Site Name *

Test Site

Is the training site a private practitioner's office? *

☐ No ☒ Yes

Title *

MD

Private Practitioner First Name *

Julian

Private Practitioner Last Name *

Bashir

+ Select Address

Street Address *

901 Portola Way

Suite/Dept *

City

Oxnard

State

CA

Zip Code

93033

County

Ventura

1. To add a new training site, click "Add a Site".
2. A new window will open.
3. Enter all required information.

Training Sites: Facility Type

[Edit](#) ✕

Note: For scoring purposes, it is important that you select the correct facility type(s). Please research your facility using the provided links. Please click on **More Information** to research your facility using the provided links and resources.

▶ **More Information**

Facility Type (select all that apply) *

<input checked="" type="checkbox"/> Community Health Centers	<input type="checkbox"/> Government Owned Facility
<input checked="" type="checkbox"/> County Primary Care Clinic	<input checked="" type="checkbox"/> Indian Health Services Clinic
<input checked="" type="checkbox"/> Disproportionate Share Hospital	<input type="checkbox"/> Rural Hospital
<input checked="" type="checkbox"/> FQHC	<input type="checkbox"/> Student Run Clinic
<input type="checkbox"/> FQHC Look-a-Like	<input type="checkbox"/> Teaching Hospital
<input type="checkbox"/> Free Clinic	<input type="checkbox"/> None of the Above

Provide payer mix information (%) for the last 12 months (June 2021 - June 2022). *

Medicare/Medicaid (Dual Eligibility)

10.00

Medi-Cal (Traditional and Managed Care)

0.00

Uninsured¹

0.00

Training Site Reviewed

☒ No ☐ Yes

[Submit](#)

- For each site you must identify the Facility Type.
- Verify the following facility types using the links under “More Information”:
 - Community Health Centers
 - Disproportionate Share Hospital
 - FQHC’s
 - FQHC Look-a-Likes
 - Government Owned Facilities
 - Indian Health Services Clinics
 - Rural Hospitals
 - Teaching Hospitals

Training Sites: Payer Mix

Edit

Note: For scoring purposes, it is important that you select the correct facility type(s). Please research your facility using the provided links. Please click on **More Information** to research your facility using the provided links and resources.

► More Information

Facility Type (select all that apply) *

<input checked="" type="checkbox"/> Community Health Centers	<input type="checkbox"/> Government Owned Facility
<input checked="" type="checkbox"/> County Primary Care Clinic	<input checked="" type="checkbox"/> Indian Health Services Clinic
<input checked="" type="checkbox"/> Disproportionate Share Hospital	<input type="checkbox"/> Rural Hospital
<input checked="" type="checkbox"/> FQHC	<input type="checkbox"/> Student Run Clinic
<input type="checkbox"/> FQHC Look-a-Like	<input type="checkbox"/> Teaching Hospital
<input type="checkbox"/> Free Clinic	<input type="checkbox"/> None of the Above

Provide payer mix information (%) for the last 12 months (June 2021 - June 2022). *

Medicare/Medicaid (Dual Eligibility)	<input type="text" value="10.00"/>
Medi-Cal (Traditional and Managed Care)	<input type="text" value="0.00"/>
Uninsured†	<input type="text" value="0.00"/>

Training Site Reviewed

☒ No ☐ Yes

Submit

1. Enter the payer mix of each site for the timeframe listed in the application.
2. Payer mix does not have to total to 100% across all three fields here.
3. After completing each site record, click “Yes” under Training Site Reviewed, to confirm the accuracy of the record.
4. Click the “Submit” button.

Program Funding and Expenditures

Application SBFNPPA-0001348 – Song-Brown Family Nurse Practitioner

50%

Program Expenditures and Funding

Enter the AY 2021-22 training program annual expenditures below for each line item.

Personnel*	2,000.00
Operating Expenses*	32,000.00
Major Equipment*	1,200.00
Other Costs*	12,154.00
Total	47,354.00

Select the number of currently enrolled students in your program.

Currently enrolled students *

☐ Up to 50 students

☐ 51-75 students

☒ 76-100 students

☐ 101 or more students

Per student capitation rate is \$12,000.

Max Funding

\$144,000
\$168,000
\$216,000
\$240,000

[Previous](#) [Save & Next](#)

1. Complete all required fields.
2. You must enter your actual budget figures here.
3. “Total” training program expenditures must be equal to or greater than the “Max Funding” amount for your program.
4. After completing this page, click “Save & Next”.

Student Data: Review Imported Students

The Academic Years in the Program Data section of this application:

Total Number of Students: 1

Students With Errors

Graduating Class of Academic Year	First Name	Last Name	Gender	Ethnic/Racial Category
2021/22	John	Deere	Male	Other not listed

Students With No Errors

There are no records to display.

Previous

Students With No Errors

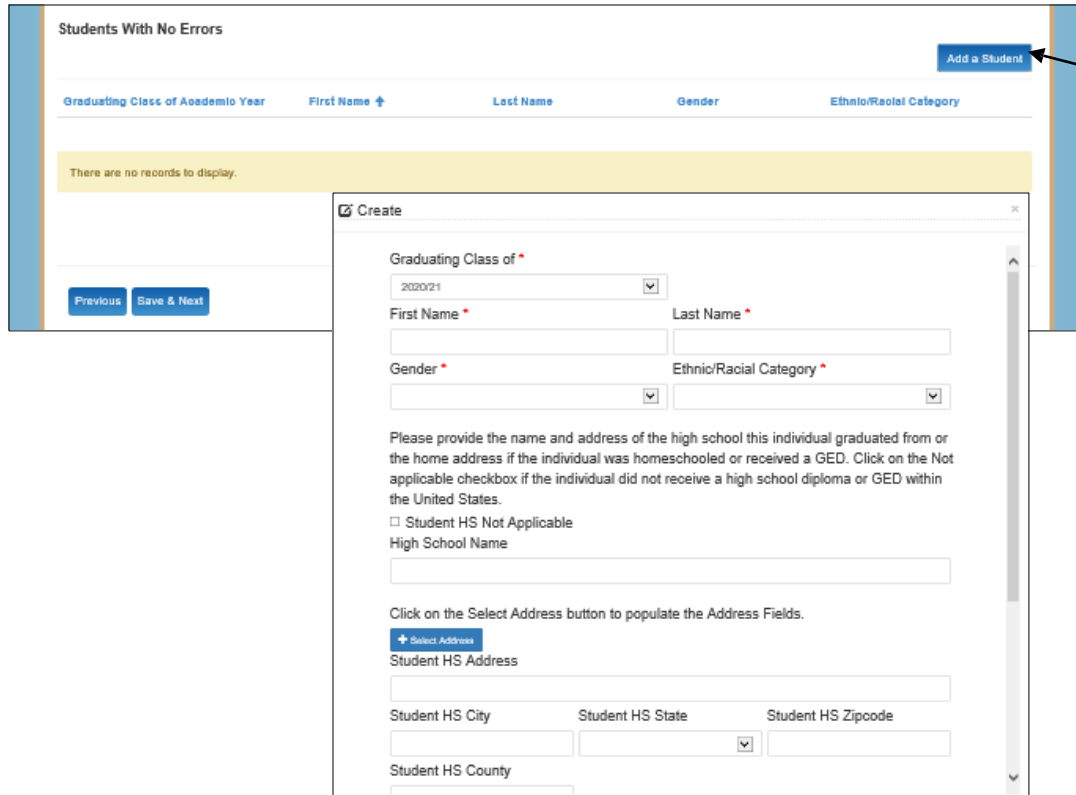
Graduating Class of Academic Year	First Name	Last Name	Gender	Ethnic/Racial Category	Options
2020/21	d	d	Male	Asian + Filipino	

Previous Save & Next

1. Include all current students with a projected graduation in Academic Year (AY) 22/23 and AY 23/24.
2. If you selected “Yes” to import prior year’s data on the “Program Data” page, imported student records display on the errors list.
3. To review records, select “Edit” from the arrow dropdown to open the record window.
4. Verify all information for each record on your errors list. Enter any additional information as required. The system will move a record to the non-errors list after this step.

Note: NPI numbers and Practice Specialty are optional for students. Ensure only valid information is listed and errors are resolved. Records on the errors list after application submission may not be considered for scoring.

Student Data: Add New Students



The screenshot displays a web interface titled "Students With No Errors". At the top right, there is a blue button labeled "Add a Student". Below this, a table header lists columns: "Graduating Class of Academic Year", "First Name", "Last Name", "Gender", and "Ethnic/Racial Category". A yellow message box states "There are no records to display." At the bottom left of the table area are "Previous" and "Save & Next" buttons. A "Create" modal window is open, containing the following fields:

- Graduating Class of: 2020/21 (dropdown)
- First Name: (text input)
- Last Name: (text input)
- Gender: (dropdown)
- Ethnic/Racial Category: (dropdown)
- Instructions: "Please provide the name and address of the high school this individual graduated from or the home address if the individual was homeschooled or received a GED. Click on the Not applicable checkbox if the individual did not receive a high school diploma or GED within the United States."
- Student HS Not Applicable: ☐
- High School Name: (text input)
- Select Address button:
- Student HS Address: (text input)
- Student HS City: (text input)
- Student HS State: (dropdown)
- Student HS Zipcode: (text input)
- Student HS County: (text input)

- To add a new student, click the “Add a Student” button.
- A new window will open.
- Complete all required fields.

Note: Provide the home address for all students that were homeschooled or received a General Educational Development certification.

Student Data: Review New Students

Application SBFNPPA-0001348 – Song-Brown Family Nurse Practitioner/Physician Assistants

71%

Student Data

To add a new student, click on the **Add a Student** button and enter the required information. If your organization was a past applicant and you opted to include student data from the last submitted application, the table below displays those students.

To edit information, click on the **arrow** button next to an individual's name and select **Edit** or **Delete**. The number of students entered on this page must reflect the **Students Enrolled** data you reported for the academic years in the **Program Data** section of this application.

Total Number of Students

1

Students With Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
There are no records to display.				

Students With No Errors

Add a Student

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
2021/22	John	Deere	Male	Other not listed

Previous **Save & Next**

1. To review, edit or delete a new student, select the arrow drop down list for that line.
2. After completing this step, click “Save & Next”.

Note: You must ensure only valid student information is listed and data issues are resolved. Students remaining on the errors list after application submission may not be considered for scoring.

Graduate Data: Review Imported Graduates

Application SBFNPPA-0001348 – Song-Brown Family Nurse Practitioner/Physician Assistants

75%

Graduate Data

To add a new graduate, click on the Add a Graduate button and enter the required information. National Provider Identifier (NPI) numbers are required for graduates. To find a graduate's NPI number, check the NPI Registry.

If your organization was a past applicant and you opted to include graduate data from the last submitted application, the table below displays those graduates. To edit information, click on the Options button next to an individual's name and select Edit or Delete.

The number of graduates entered on this page must reflect the student data you reported for the academic years in the Program Data section of this application.

Total Number of Graduates

1

Graduates With Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
2019/20	David	Crosby	Male	Asian - Korean

Graduates With No Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
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There are no records to display.

☐ All Grads Submitted

[Previous](#) [Save & Next](#)

1. You must include all AY 19/20 and AY 20/21 graduates in your application.
2. If you selected “Yes” to import prior year’s data on the “Program Data” page, imported graduate records display on the errors list.
3. To review records, select “Edit” from the arrow dropdown to open the record window.
4. Verify all information for each record on your errors list. Enter any additional information as required. The system will move a record to the non-errors list after this step.

Note: Ensure only valid information is listed and errors are resolved. Records on the errors list after application submission may not be considered for scoring.

Graduate Data: Add New Graduates

The screenshot displays a web interface for managing graduate data. At the top, there's a section titled "Graduates With Errors" containing a table with columns: "Graduating Class of Academic Year", "First Name", "Last Name", "Gender", and "Ethnic/Racial Category". The table has one row with the following data: 2019/20, David, Crosby, Male, and Asian - Korean. Below this table is a section titled "Graduates With No Errors" which is currently empty. A blue button labeled "Add a Graduate" is positioned to the right of the empty table. Below the "Add a Graduate" button is a form for adding a new graduate. The form includes fields for "Graduating Class of", "First Name", "Last Name", "Gender", and "Ethnic/Racial Category", each with a red asterisk indicating it is a required field. There are also checkboxes for "HPEF Scholar" and "NHSC Recipient", a text field for "NPI Number (Check at NPI Registry)", a dropdown for "Practice Specialty", and radio buttons for "Do you know the graduate's practice site?". At the bottom left of the interface, there are buttons for "Previous" and "Save & Next".

Graduating Class of Academic Year	First Name	Last Name	Gender	Ethnic/Racial Category
2019/20	David	Crosby	Male	Asian - Korean

Graduates With No Errors

There are no records to display.

☐ All Grads Submitted

[Previous](#) [Save & Next](#)

Add a Graduate

Graduating Class of *

First Name * Last Name *

Gender * Ethnic/Racial Category *

☐ HPEF Scholar ☐ NHSC Recipient

NPI Number (Check at [NPI Registry](#)) *

Practice Specialty *

Do you know the graduate's practice site? *

☐ No ☐ Yes

- To add a new graduate, click the “Add a Graduate” button.
- A new window will open.
- Complete all required fields.

Graduate Data: Review New Graduates

Application SBFNPPA-0001348 – Song-Brown Family Nurse Practitioner/Physician Assistants

75%

Graduate Data

To add a new graduate, click on the Add a Graduate button and enter the required information. National Provider Identifier (NPI) numbers are required for graduates. To find a graduate's NPI number, check the NPI Registry.

If your organization was a past applicant and you opted to include graduate data from the last submitted application, the table below displays those graduates. To edit information, click on the Options button next to an individual's name and select Edit or Delete.

The number of graduates entered on this page must reflect the student data you reported for the academic years in the Program Data section of this application.

Total Number of Graduates

1

Graduates With Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
There are no records to display.				

Graduates With No Errors

[Add a Graduate](#)

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category	
2019/20	David	Crosby	Male	Asian - Korean	⌵

☒ All Grads Submitted

[Previous](#) [Save & Next](#)

1. To review, edit, or delete a new graduates select the arrow dropdown list for that line.
2. After completing this step, click “Save & Next”.

Note: You must ensure only valid graduate information is listed and data issues are resolved. Graduates remaining on the errors list after application submission may not be considered for scoring.

Graduate Data: Practice Site Information

NPI Number *

Practice Specialty *

Do you know the graduate's practice site? *

☐ No ☒ Yes

Practice Site Name *

Note: For scoring purposes, it is important that you select the correct facility type(s). Please research your facility using the provided links. Please click on [More Information](#) to research your facility using the provided links and resources.

► [More Information](#)

Facility Type (select all that apply) *

<input type="checkbox"/> Community Health Centers	<input type="checkbox"/> Government Owned Facility
<input type="checkbox"/> County Primary Care Clinic	<input type="checkbox"/> Indian Health Services Clinic
<input type="checkbox"/> Disproportionate Share Hospital	<input type="checkbox"/> Rural Hospital
<input type="checkbox"/> FQHC	<input type="checkbox"/> Student Run Clinic
<input type="checkbox"/> FQHC Look-a-Like	<input type="checkbox"/> Teaching Hospital
<input type="checkbox"/> Free Clinic	<input type="checkbox"/> Not Applicable

Is the practice site a private practitioner's office? *

☐ No ☐ Yes

1. You must add practice site information for all graduates.
2. If your graduate is working in California and you know their practice site:
 - Select “Yes” under “Do you know the graduate’s practice site?”
 - Enter the practice site name.
 - If the practice site is not listed, select “Practice Site not Listed” and enter the practice site name.
3. For each site you must identify the Facility Type. Verify the facility types using the links under “More Information”.

Graduate Data: Out of State Graduates

Create

First Name *

Last Name *

Gender *

Ethnic/Racial Category *

☐ HPEF Scholar ☐ NHSC Recipient

NPI Number *

Practice Specialty *

Do you know the graduate's practice site? *

☒ No ☐ Yes

Reason Practice Site Unknown *

If your graduate is working outside of California:

- Select “No” as your response regardless if you know the practice site name and address.
- Select “Out of State” under “Reason Practice Site Unknown.”

Common Application Errors

1. **Incorrect Signatory:** Provided incorrect signatories for the Grant Agreement and/or Std 204 Payee Data Record. Verify with your finance or contracts office before submitting the application to ensure this information is correct or the agreement may be delayed.
2. **Incorrect or Missing Required Documents:** Ensure you have attached all required documents. Failure to attach all required documents, or submitting incorrect documents, is cause for ineligibility.
3. **Wrong Facility Type:** Ensure you verify the correct facility type using the links in the application. Incorrect facility types may impact scoring.
4. **Outdated Remit To Address:** Verify with your finance office that there has been no change to the remit to address. If there is an outdated address, you may experience lost or delayed payments.

Common Data Import Errors

1. **Wrong Training Program Name:** Entered a new Training Program Title for an existing program. The proper course of action is to use the search function to select the exact Training Program Title used in the prior application, or the data import feature will not work. Contact Song-Brown staff if you need the training program named used last year.
2. **Missing Data:** Did not include all training site, student and/or graduate data. Data import must be verified, new data must be entered, and all data must be verified prior to submitting.
3. **Inconsistent Data:** Data entered is inconsistent with the prior application. Ensure reporting method consistency by comparing the current application to the prior application.

Required Documents

Before Attaching Documents:

Required Documents

Approval Letter

Based on the program type identified on the first page of this application, attach your most recent approval or accreditation letter. Combined Family Nurse Practitioner/Physician Assistant programs must submit approval/accreditation letters for both FNP and PA.

Approval Letter Upload 0 files uploaded, 1 file required.*

Correspondence

Upload all correspondence related to accreditation.

Correspondence Upload 0 files uploaded, 0 files required.

After Attaching Documents:

Required Documents

Approval Letter

Based on the program type identified on the first page of this application, attach your most recent approval or accreditation letter. Combined Family Nurse Practitioner/Physician Assistant programs must submit approval/accreditation letters for both FNP and PA.

Approval Letter Upload ✓ 1 file uploaded, 1 file required.*

Correspondence

Upload all correspondence related to accreditation.

Correspondence Upload 0 files uploaded, 0 files required.

Name ↑	Modified	
Appr_ testdoc.docx (18 KB)	6 days ago	▼

Previous

Save & Next

- The red button on this page indicates required documents.
- For example, click on the “Approval Letter Upload” button to upload the required letter.
- Once you upload all required documents, the buttons turn green signifying that you may continue.
- Ensure your document upload is titled to begin with "Appr_" for the system to accept the document.
- Combined FNP/PA program will have to submit accreditation letters for both programs to continue.
- Click “Save & 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.

Assurances

Application SBFNPPA-1000589 – Song-Brown Family Nurse Practitioner/Physician Assistants

100%

Assurances

I certify that the information contained herein is true and the most current information available at time of application submission.

☒ I Certify

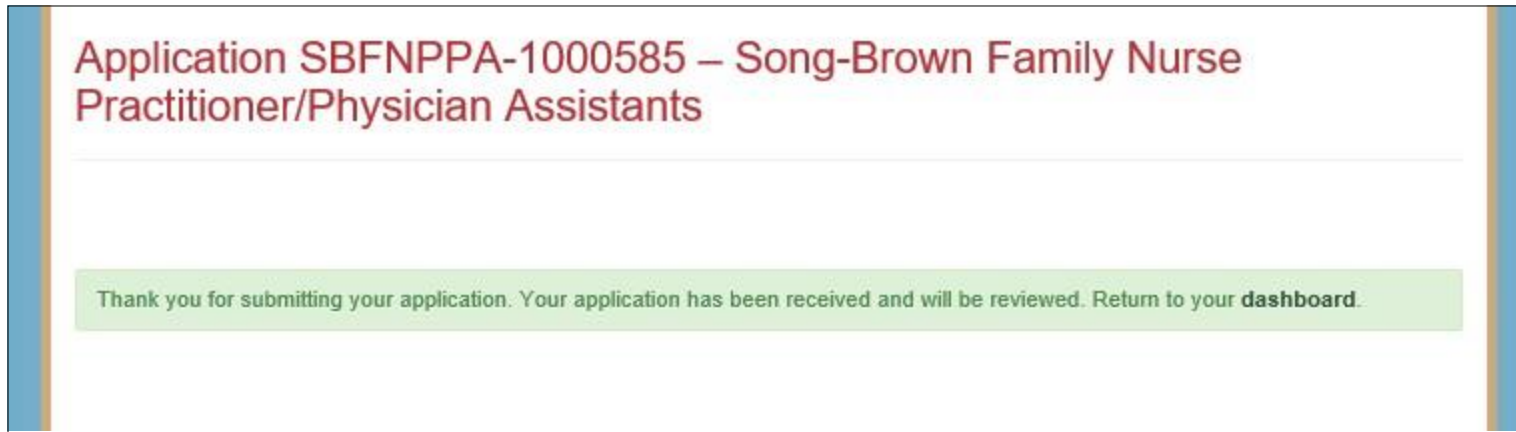
You are about to submit your application. You may not edit or delete your application from the system after submission.

Previous Submit

1. Read the certify statement.
2. Agree to the statement by checking the "I Certify" box.
3. Click the "Submit" button.
4. Upon submission you will no longer be able to edit your application.

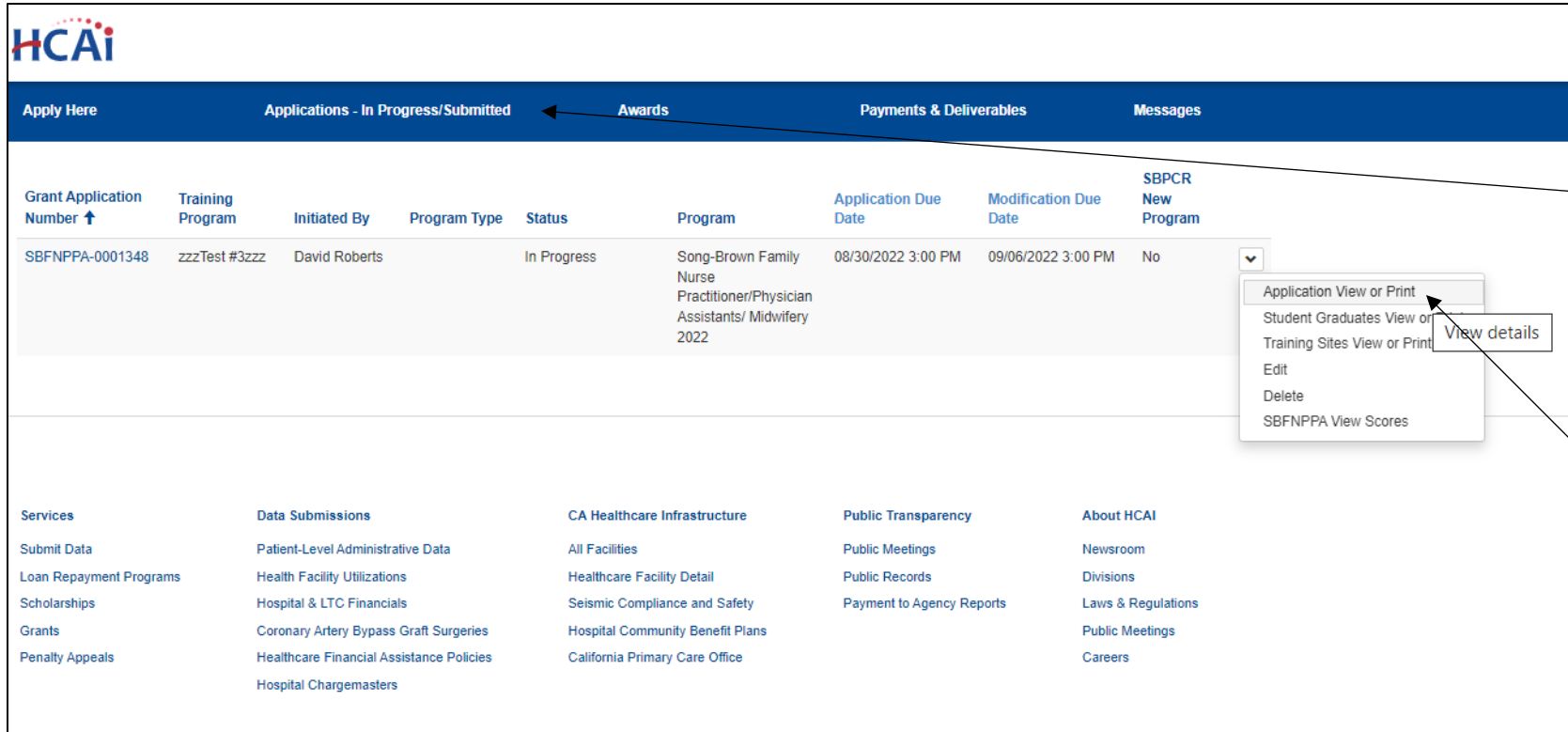
Note: Only Program Directors may submit an application. The "Submit" button will not appear for Grant Preparers.

Submission Complete



1. Once your application is submitted, you will see the message in green below.
2. You may navigate to your eApp dashboard by following the dashboard link in the message.

View and Print Application



HCAI

[Apply Here](#) [Applications - In Progress/Submitted](#) [Awards](#) [Payments & Deliverables](#) [Messages](#)

Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	SBPCR New Program
SBFNPPA-0001348	zzzTest #3zzz	David Roberts		In Progress	Song-Brown Family Nurse Practitioner/Physician Assistants/ Midwifery 2022	08/30/2022 3:00 PM	09/06/2022 3:00 PM	No

Services

- [Submit Data](#)
- [Loan Repayment Programs](#)
- [Scholarships](#)
- [Grants](#)
- [Penalty Appeals](#)

Data Submissions

- [Patient-Level Administrative Data](#)
- [Health Facility Utilizations](#)
- [Hospital & LTC Financials](#)
- [Coronary Artery Bypass Graft Surgeries](#)
- [Healthcare Financial Assistance Policies](#)
- [Hospital Chargemasters](#)

CA Healthcare Infrastructure

- [All Facilities](#)
- [Healthcare Facility Detail](#)
- [Seismic Compliance and Safety](#)
- [Hospital Community Benefit Plans](#)
- [California Primary Care Office](#)

Public Transparency

- [Public Meetings](#)
- [Public Records](#)
- [Payment to Agency Reports](#)

About HCAI

- [Newsroom](#)
- [Divisions](#)
- [Laws & Regulations](#)
- [Public Meetings](#)
- [Careers](#)

- To view or print your application, click “Applications In Progress/Submitted” tab
- Select the arrow dropdown on the application you want to view or print.

DocuSign Instructions

- You must confirm your signatories with your contracting office BEFORE submitting your application to avoid delays with agreement execution.
- Agreements will be routed for signature through DocuSign email, based on the Grant Agreement Signatory and Payee Data Record 204 Signatory contacts provided on your application.
- DocuSign emails must be sent directly to the Agreement Signatory and Payee Data Signatory email addresses, EX: JaneSmith@ucx.edu. Do not provide a shared email address such as provost@ucx.edu or contracts@ucx.edu.
- Signatories should check their spam/junk folder if they can't find their DocuSign email as some systems may flag those emails as spam.
- Signatories cannot edit any documents in DocuSign, they can only sign off on them. NO edits are allowed. To receive a grant, you must accept all agreement terms as provided.

DocuSign Instructions, Continued

- Each signatory, as designated on the application, will receive a DocuSign email specific to their role.
- Only the designated signatory can open the DocuSign email, otherwise the link may become invalid.
- No one can be CC'ed on the DocuSign emails, however designated signatories can download a copy of what they sign.
- DocuSign links expire within 30 days. Review the agreement template in the Grant Guide on the SB web page before receiving the DocuSign to expedite your review and signing process.

Questions?

- Email us at SongBrown@hcai.ca.gov
- Email subject line must include the application number and program name.