



# Primary Care Residency (PCR) Technical Assistance Webinar

Department of Health Care Access and Information

July 2022

# About Song-Brown

- Song-Brown provides funding to education programs
  - Primary Care (Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics)
  - Family Nurse Practitioners/Physician Assistants (FNP/PA)
  - Registered Nurses (RN)
  - Midwifery Programs (Certified Nurse Midwives and Licensed Midwives)
- 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: June 30, 2022

Early submission review: July 29, 2022

Application deadline: August 12, 2022

Applications open and close at 3:00 pm

# Before You Apply

- If your program requires approval to contract from a coordinating authority, 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

- Two New Programs funding opportunities
  - New Programs for up to \$1,000,000
  - New Programs with a Match funding for up to \$2,000,000
- New Program application includes new application questions and changes to the scoring criteria
- New email to contact Song-Brown staff is [songbrown@hcai.ca.gov](mailto:songbrown@hcai.ca.gov)

# Information to Gather (Existing, Expansion, and THC)

- Grant Agreement and Payee Data record (STD-204) signatories
- Facility type for each primary continuity clinic training site
- Payer mix information for each listed primary continuity clinic
- Race/ethnicity data for all current residents
- High school information (name and address) for all current residents
- Correct organization name (incorrect information can delay the agreement process)

# Information to Gather, Continued (Existing, Expansion, and THC)

- Current practice site information for all graduates entered
- National Provider Identification number for all graduates entered
- Applicable required attachments (ACGME Accreditation or ACGME Expansion letter)
- Current permission from your organization to apply for the grant

# Information to Gather (New Programs)

- Grant Agreement and Payee Data record (STD-204) signatories
- Facility type for each primary continuity clinic training site
- Payer mix information for each listed primary continuity clinic
- Correct organization name (incorrect information can delay the agreement process)

# Required Documents

Gather information for phases and applicable required attachments

Each phase from A-D would require an attachment

- A. Institution Affiliation (sponsor) Letter or Proof of Application
- B. Fiscal Plan
- C. Timeline in Place
- D. Training Sites Recruited
- E. Curriculum Development
- F. Faculty Recruitment
- G. Secure ACGME Residency Accreditation

# Program Funding Categories

Existing Primary Care Residency Program (Existing)	A program that is accredited by the Accreditation Council for Graduate Medical Education and will enroll at least one class by July 1 <sup>st</sup> .
Teaching Health Center (THC)	A community-based ambulatory patient care center, operating a primary care residency program. Community-based ambulatory patient care settings include, but are not limited to, federally qualified health centers, community mental health centers, rural health clinics, health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization, and entities receiving funds under Title X of the federal Public Health Service Act (Public Law 91-572). Health and Safety Code Section 128205 subdivision (h). The sponsoring institution of the residency program must be a qualified Teaching Health Center or an educational consortium that includes a health center.
New Primary Care Residency Slots for Existing Programs (Expansion)	<p>A permanent increase in the number of Accreditation Council on Graduate Medical Education categorical primary care residency positions for an existing primary care program as evidenced by a letter from ACGME, dated July 1, 2016, or later.</p> <p>A program may continue to apply for expansion funding until all approved ACGME expansion positions have been filled.</p>

# Program Funding Categories, Continued

## New Primary Care Residency Program

A program that meets one of the following criteria:

- Has completed Accreditation Phases: a) ACGME Institutional Affiliation, b) Fiscal Plan, c) Timeline in Place, and d) Training Sites Recruited.

OR

- Has obtained residency program accreditation, has no first-year residents at the time of the application, and has not received any prior Song-Brown funding.

## New Primary Care Residency Programs with a Match

A program that meets the following criteria:

- Is in the process of completing Accreditation Phases: a) ACGME, Institutional Affiliation, b) Fiscal Plan, and c) Timeline in Place.
- Has not received any prior Song-Brown funding.
- Is willing to match twenty-five percent (25%) of their organization's funds toward HCAI's total award.

# Available Funding

Award Category	Total Available	Award Amount	Disbursement Method
Existing Slots	\$18.7 M	<ul style="list-style-type: none"> <li>Spread over 3-year period to support at least one resident of an existing PCR program</li> <li>\$125,000 per filled first-year slot; maximum of five slots</li> <li>No indirect costs allowed</li> </ul>	Paid quarterly in arrears
Teaching Health Centers	\$5.7 M	<ul style="list-style-type: none"> <li>One-time funding to support a recognized THC</li> <li>\$125,000 per filled first-year slot; maximum of six slots.</li> <li>Maximum of 8% indirect costs allowed</li> </ul>	70% upon contract execution; remainder upon proof of allowable expenditures
Expansion Slots	\$3.3 M	<ul style="list-style-type: none"> <li>Spread over 3-year period to support at least one resident of a PCR program that has permanently expanded</li> <li>\$300,000 per first-year slot; maximum of three slots</li> </ul>	Paid quarterly in arrears
New Programs	\$53.3 M	<ul style="list-style-type: none"> <li>Funding to offset the costs associated with achieving ACGME accreditation</li> <li>Up to \$2,000,000</li> </ul>	Upon proof of accreditation and allowable expenditures
<b>Total</b>	<b>\$81 M</b>		

# Helpful Resources

1. [Song-Brown Glossary](#)
2. [PCR Grant Guide](#)

# eApplication (eApp) Registration

# Creating an Account

The screenshot shows the HCAI website interface. At the top, there is a navigation bar with links for Newsroom, Boards & Committees, About HCAI, Subscribe, SIGN IN, and Create Account. Below this is a search bar and a blue navigation bar with links for Building Safety & Finance, Loan Repayments, Scholarships & Grants, Workforce Capacity, Data & Reports, and Facility Finder. The main content area features a 'Sign in' button, a 'Create Account' link, and a 'Redeem invitation' link. Below these is a section titled 'Sign in with a local account' with input fields for Email and Password, and buttons for 'Sign in' and 'Forgot your password?'. At the bottom, there is a grid of service links including Services, Data Submissions, CA Healthcare Infrastructure, Public Transparency, and About HCAI.

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

# Setting up Your Profile

Profile

Your email has been confirmed successfully.

Profile

My Security Settings

Change Password

Change Email

Select your user type (Choose all that are applicable):\*

Healthcare Professional

Student

Organization

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.

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 you have selected or submitted an organization, it will populate the search field.

**Note:** Most organizations are in the system. Use the search function before submitting a new organization name for approval.

# Adding a New Organization

New Organization

Profile

My Security Settings

Change Password

Change Email

Organization Name \*

+ Select Address

Street Address \* Suite/Dept

City \* State Zip Code \*

County

Submit Cancel

1. Enter the new “Organization Name”.
2. Click the “+Select Address” button.
3. A new window will open 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. **Ensure that the organization name is accurate.** During this time, you may still begin an application.

# Completing Your Profile

My Security Settings

Change Password

Change Email

Organization

Select an organization from the search list below.

Showcase Organization

Prefix

First Name \*  Middle Initial

Last Name \*  Suffix

Title  Degree \*

Phone 1 \*  Phone 2

Email \*

Receive email announcements for new grant or scholarship opportunities

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 stating your profile has been updated successfully

**Note:** Incomplete information may delay your registration

# Account Roles

Account Validation Complete: Current eApp Account Role Inbox x



# SVC-Dynamics <no-reply@hcai.ca.gov>

10:05 AM (17 minutes ago) ☆ ↶ ⋮

to me ▾

Dear Avenger New,

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](mailto: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. If you are the Residency Program Director, email [SongBrown@hcai.ca.gov](mailto:SongBrown@hcai.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, submit applications, payment certifications and Final Reports. Grant Preparers are limited to viewing, editing applications, and submitting payment certifications.

# Assigning Other Users

Assign Other Users

Showcase Person

Profile

Assign Other Users

My Security Settings

Change Password

Change Email

Full Name ↑ Organization Applicant Role E-mail Phone Degree

Add User

There are no records to display.

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

**Note:** Only Program Director’s can submit an application

# Apply Here

The screenshot shows the HCAI application portal interface. At the top, there is a navigation bar with the HCAI logo on the left and user options: Profile, Assign Other Users, Sign Out, and a button labeled JON SNOW. Below this is a dark blue header with menu items: Grant Applications Commissioner List, Loan Repayment Application Reviews, Applications, Grant Application Reviews, and Scholarship Applications. A message states: "Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your Profile." Below the message is a table of grant applications.

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 2021	06/16/2021 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
<a href="#">Song-Brown Primary Care Residency 2021</a>	04/13/2022 2:58 PM	10/07/2022 4:00 PM	Organization
Song-Brown Registered Nurse Captation 2020	09/01/2021 3:00 PM	10/28/2021 3:00 PM	Organization
Song-Brown Registered Nurse Captation 2021	09/01/2020 3:00 PM	10/01/2022 3:00 PM	Organization
Song-Brown Registered Nurse Captation 2022	09/01/2021 3:00 PM	10/01/2022 3:00 PM	Organization
Song-Brown Registered Nurse Special Programs 2021	07/14/2021 3:00 PM	10/02/2021 3:00 PM	Organization

1. Navigate to the “Apply Here” page on the main menu
2. Select the “Song-Brown Primary Care Residency 2022” 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.

Apply Here	Applications - In Progress/Submitted	Awards	Payments	Messages	Forms/Requests			
Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	Options
SBPCR-1000355	Showcase Training Program	Janine Doe		Submitted	Song-Brown Primary Care Residency 2019	04/05/2022 12:00 AM		▼

[Register to Vote](#) [Privacy](#) [Accessibility](#) [Conditions of Use](#) [Contact Us](#)

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# 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.

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

Contract Administrator Last Name \* 

# Starting the Application

# Program Information

## Application – Song-Brown Primary Care Residency

### Program Information

Song-Brown Primary Care Residency 2019

### Organization

Courtney's Corgi Academy

### Program Director \*

### Program Director Email

Janine Doe

### Program Type \*

Family Medicine  Internal Medicine  Obstetrics and Gynecology (OB/GYN)  Pediatrics

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 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”

# Program Information: Address

Training Program not listed

Training Program Title \*

+ Select Address

Street Address \* Suite/Dept

City \* State \* Zip Code \*

County \*

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

Search Address 401 pioneer ave Search

Search Results

- 401 Pioneer Ave, Woodland, CA 95776
- 401 N Pioneer Ave, Negaunee, MI 49866

Close

**Note:** You will see this feature throughout the application

# Program Information: Award Category

[+ Select Address](#)

Street Address \* Suite/Dept [?](#)

401 Pioneer Ave

City \* State \* Zip Code \*

Woodland CA 95776

County \*

Yolo

Award Category \* (select all that apply):

- New Program
- Existing Slots
- Teaching Health Center Slots [?](#)
- Expansion Slots

[Next](#)

1. Select the “Award Category” you are applying for.

**Note:** You can apply for multiple funding categories in one application. However, if you are applying for “Any New Program” funding, you cannot apply for any other categories.

# PCR New Programs Overview

# Overview of New Programs and New Programs with Match

	Phase Description
Phase A	<a href="#">ACGME Institutional Affiliation</a>
Phase B	<a href="#">Fiscal Plan</a>
Phase C	<a href="#">Timeline in Place</a>
Phase D	<a href="#">Training Sites Recruited</a>
Phase E	<a href="#">Curriculum Development</a>
Phase F	<a href="#">Faculty Recruitment</a>
Phase G	<a href="#">Secure ACGME Residency Accreditation</a>

- Phase A is mandatory to receive any type of New Programs fundings
- The phase that you have completed determines which new programs application you are eligible to apply for

**Note:** A PCR program may not apply for THC, Existing, or Expansion funding if applying for any New PCR Programs funding during the same cycle

# Determining Eligibility for New Programs with Match

	Phase Description	Phase Completed	Eligibility Result
Phase A	<a href="#">ACGME Institutional Affiliation</a>	"Yes"	\$2 million dollars with a 25% match
Phase B	<a href="#">Fiscal Plan</a>	"Yes" or "No"	
Phase C	<a href="#">Timeline in Place</a>	"Yes" or "No"	
Phase D	<a href="#">Training Sites Recruited</a>	"No"	
Phase E	<a href="#">Curriculum Development</a>	"No"	
Phase F	<a href="#">Faculty Recruitment</a>	"No"	
Phase G	<a href="#">Secure ACGME Residency Accreditation</a>	"No"	

- In process of applying for or has already received sponsoring institution accreditation
- Has not received any prior Song-Brown funding
- In process of completing or has completed Phases A-C
- You have not yet completed Phases D-G
- You are willing to match twenty-five percent (25%) of your organization's funds toward HCAI's total award
- If yes to A-C, you may apply for New Programs with a Match funding

# New Programs with Match

## How it Works

The table below provides an example of how the match works:

HCAI – Grant Award Amount	Grantee Participation - Twenty-Five Percent (25%) Match	Total Budget
\$ 2,000,000.00	\$ 500,000.00	\$ 2,500,000.00

- Award Amount
- 25 Percent Match
- Total Budget

# Determining Eligibility for New Programs

	Phase Description	Phase Completed	Eligibility Result
Phase A	<a href="#">ACGME Institutional Affiliation</a>	"Yes"	\$1 million dollars
Phase B	<a href="#">Fiscal Plan Timeline in Place</a>	"Yes"	
Phase C	<a href="#">Training Sites Recruited</a>	"Yes"	
Phase D	<a href="#">Curriculum Development</a>	"Yes" or "No"	
Phase E	<a href="#">Faculty Recruitment</a>	"Yes" or "No"	
Phase F	<a href="#">Secure ACGME Residency Accreditation</a>	"Yes" or "No"	
Phase G			

- Has received sponsoring institution accreditation or will have applied for sponsoring institution accreditation by time of annual PCR application release
- Has obtained residency program accreditation, has no first-year residents at the time of the application, and has not received any prior Song-Brown funding
- Has completed Phases A-D
- If yes to A-D, you may apply for New Programs funding

# PCR New Program Application

# Program Information: New Program

Award Category \* (select all that apply):

New Program



Existing Slots

Teaching Health Center Slots?

Expansion Slots

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**Save & Next**

1. Check the box “New Program”
2. After completing this page, click “Save & Next”

# Contract Administration

Contract Organization Name   
Adventist Health Hanford

Doing Business As   
Adventist Health Hanford

Prefix  Contract Administrator First Name   
Luke Contract Administrator Last Name   
Skywalker

Title 

Phone 1 \*   
(916) 322-2777 Phone 2   
Provide a telephone number

Contract Administrator Email \*   
a@a.com

Grant Agreement Signatory   
First Name   
Yoda Last Name   
Skywalker Phone \*   
(916) 277-3244

Email \*   
a@a.com

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 \*

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 

1. "Contract Organization Name" must match what you report 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.

**Note:** Verify this information with your finance or contracts office to ensure this information is correct. Providing incorrect information will delay your grant agreement should you be awarded.

**New:** PO box option available for the 204 category.

# Program Data

## Program Data

GME Naive vs Non-Naive New

Do you have a residency Program at your facility/primary site? \*

No

Does your facility/primary site serve as a rotation site for another residency program? \*

No

## ACGME Accreditation Phase

Have you completed this phase of accreditation? If Yes, please provide documentation.\*

A. Institution Affiliation (sponsor) Letter or Proof of Application

Yes

Note that since you selected 'Yes' to this question, you will be required to upload documentation information in the last section of this application.

B. Fiscal Plan

No

Note that since you selected 'Yes' to this question, you will be required to upload documentation information in the last section of this application.

C. Timeline in Place

No

Note that since you selected 'Yes' to this question, you will be required to upload documentation information in the last section of this application.

D. Training Sites Recruited

No

You are eligible to apply for a grant up to \$2 million dollars with a 25 percent match.

- Review ACGME accreditation phases A-G
- Select the response that best describes the status of each phase listed
- Selecting “Yes” to phases A-C and being willing to match 25% makes you eligible for up to \$2 million in funding (New Programs Match)

# Program Data, Continued

## ACGME Accreditation Phase

Have you completed this phase of accreditation? If Yes, please provide documentation.\*

A. Institution Affiliation (sponsor) Letter or Proof of Application?

Yes

B. Fiscal Plan?

Yes

C. Timeline in Place?

Yes

D. Training Sites Recruited

Yes

You are eligible to apply for a grant up to \$1 million dollars.

E. Curriculum Development?

No

F. Faculty Recruitment

No

G. Secure ACGME Residency Accreditation?

No

- Selecting “Yes” to D-G makes you eligible for up to \$1 million in funding (New Programs)
- Supporting documentation is needed for each phase answered with yes (except for Training Sites Recruited)

# Training Sites

Have you completed this phase of accreditation? If Yes, please provide documentation.\*

A. Institution Affiliation (sponsor) Letter or Proof of Application 

Yes 

B. Fiscal Plan 

Yes 

C. Timeline in Place 

Yes 

**D. Training Sites Recruited**

Yes 

You are eligible to apply for a grant up to \$1 million dollars.

E. Curriculum Development 

No 

F. Faculty Recruitment

No 

G. Secure ACGME Residency Accreditation 

No 

1. Selecting yes to Phase D will require you to fill out training site information in the next page
2. To add a continuity training site(s), click the “Add a Site” button
3. A pop-up window will display
4. Complete all required fields shown

## Training Sites

Click on the **Add a Site** button to add a new primary outpatient training site used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

Add a Site

Training Site Name	Private Practitioner 	Private Practitioner First Name	Private Practitioner Last Name	Continuity Clinic	Street Address	Suite/Dept	City	State	Zip Code	County
--------------------	--	---------------------------------	--------------------------------	-------------------	----------------	------------	------	-------	----------	--------

There are no records to display.

# Training Sites: Facility Type

Training Site Name \*

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

No  Yes

+ Select Address

Street Address \*

 Suite/Dept 

City  State  Zip Code

County

Facility Type (select all that apply) \*

Use the HCAI Geo-website or State Loan Repayment websites to determine facility type.  
<https://geo.hcai.ca.gov/npsa-search>  
<https://geo.hcai.ca.gov/health-care-facilities/>

<input checked="" 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

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

**Note:** Verify your facility type by using the links provided. Use only these provided resources to identify:

- 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

Is this training site the main primary care continuity clinic site where your residents serve their dedicated panel of patients?\*

Yes  No

How many hours, on average, would a first, second, and third year resident spend taking care of patients in this specific continuity clinic for a whole year (1 year example = 520 Hours)?\*

1st Year Residents

1.00

2nd Year Residents

520.00

3rd Year Residents

1.00

Payor Mix

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

Medicare/Medicaid (Dual Eligibility)

10.00

Medi-Cal (Traditional and Managed Care)

20.00

Uninsured

1.00

Training Site Reviewed

No  Yes

1. Complete all required fields.
2. Provide payer mix information for the last 12 months.
3. Select training site reviewed once you've reviewed your training site information for accuracy.
4. After completing this page, click the "Submit" button.

**Note:** "Payer Mix" is required for all listed training sites. "Payer Mix" does not have to equal 100% but must be in whole numbers only.

**New:** Training site reviewed button is new and must be selected yes to move forward.

# Training Sites: Editing

Training Sites

Click on the **Add a Site** button to add a new primary outpatient training site used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

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
There are no records to display.										

Training Sites With No Errors

[Add a Site](#)

Training Site Name	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Continuity Clinic	Street Address	Suite/Dept	City	State	Zip Code	County
zzzYoungJedzzz	No			Yes	2020 W El Camino Ave		Sacramento	CA	95833	Sacramento

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

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”

# Executive Summary and Program Strategies

## Executive Summary and Program Strategies

Executive Summary\*

[One]

### Workforce in Areas of Unmet Need Strategies

Select the program strategies you use to encourage your residents to practice in areas of unmet need. (select all that apply):

- Residents will be carefully selected based on strong interest to serve areas of unmet need
- Residency program will prioritize residents coming from underserved communities
- Residency program plans to set up marketing and outreach programs to recruit residents who have interest in working in underserved communities
- Resident program will require residents to commit to practice in a community of unmet need
- Residency program will offer incentives to residents who commit to living and working in underserved communities

### Cultural Competency Strategies

Select the strategies you will incorporate to implement culturally responsive care training into the program's curriculum (select all that apply):

- Hire bilingual staff who speak the geographical area's key language demographics
- Hire program leaders who come from similar cultural backgrounds as the areas they serve in
- Provide residents annual training in cultural competency education
- Perform rotations in lower socio-economic area locations
- Teach medical professionalism that incorporates multi-cultural social etiquette and norms of behavior
- Require residents to participate in hospital committees
- Offer direct observation of resident patient care with feedback and discussion
- Have residents participate in community outreach activities in areas of unmet need (like going to local high schools)
- Offer non-curricular activities that incorporate various culturally diverse celebratory traditions

1. The “Executive Summary and Program Strategies” section consist of 1 question and a series of strategies to select.
2. The “Executive summary” is required to be answered before continuing to the next page.
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. Double-check the information you enter and make sure everything is captured.

# Residency Training

## Residency Training

### Resident Recruitment Strategies

How many first-year residents will you initially be accredited for?\*

Please select the strategies you will use to recruit and support residents from underrepresented communities. (select all that apply):

- Program uses data to identify underrepresented groups
- Program uses pipeline/recruitment program in development
- Program will include rotation of residents/fellows to assist junior high/high school focused around health education and/or career fair in underserved community
- Program requires residents regularly participate in mentoring activities

Will your residents train side-by-side with FNP and/or PAs? \*

Yes  No

1. The “Residency Training” section consists of a series of questions
2. Questions require a response before proceeding
3. After completing this page, save and proceed by clicking “Next”

# Expected Expenditures

## Expected Expenditures

Requested funding must be used only for the following expenditures: personnel, facility expenses, major equipment over \$500, and consultant costs. Receipts will be required as proof of these expenditures when you submit your program accreditation documents.

How much funding are you requesting? \*

[Previous](#)

[Save & Next](#)

- Provide how much funding you are requesting based on your expected expenditures and what you are eligible to apply for
- Maximum expenditures for New Programs is \$1 million
- Maximum expenditures for New Programs with Match is \$2 million
- Click save and next when done

**Note:** Do not include cents when completing this page

# New Programs with Match Budget/Funding

## Budget/Funding

Please provide your anticipated or realized expenses related to each budget category listed. Please separate your costs into their respected phases.\*

Proposed Program Budget	Phase A	Phase B-D	Phase E-G	Total
A. Program Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
B. Consultants	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
C. Faculty Salary and Benefits (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
D. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Grand Totals	0	0	0	0

Describe other anticipated expenses.

## Funding Sources

Are you receiving any other funding to assist with ACGME accreditation or other costs associated with creating a new residency program?

No  Yes

[Previous](#)

[Save & Next](#)

- New Programs Match will populate an additional table (Budget/Funding).
- Provide your anticipated or actual expenses related to each budget category listed.
- Separate your costs into their respected phases.
- Click Save and Next once you've completed all sections.
- **Note:** Round to the nearest dollar.

# Patient Demographics

## Patient Demographics

Provide the percent of languages spoken by patients that will be served by the proposed residency program at their primary rotation site/s.\*

Arabic *	Armenian *	Cambodian *	Cantonese *
<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Farsi *	Hmong *	Korean *	Mandarin *
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Chinese *	Russian *	Spanish *	
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Tagalog *	Vietnamese *		
<input type="text" value="0"/>	<input type="text" value="0"/>		

## Optional/Voluntary Data Collection

A. Provide the ethnicity (as a percentage) of patients that will be served by the proposed residency program at their primary rotation site/s.

Hispanic	<input type="text" value="0"/>
NonHispanic or Latino	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>

B. Provide the race (as a percentage) of patients that will be served by the proposed residency program at their primary rotation site/s.

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
White	Multiracial	Other Race	
<input type="text" value="1"/>	<input type="text" value="10"/>	<input type="text" value="0"/>	

- Provide the percent of languages spoken by your patient population (Required)
- Provide the ethnicity of your patient population as a percentage (Optional)
- Provide the race as a percentage of your patient population (Optional)

**Note:** Total percentage for each section can not surpass 100%

# Required Documents

## Required Documents

### Letters of Sustainability

Attach a letter from your sponsoring institution that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded. You may also upload two additional letters of support if needed. See [example letter of sustainability](#). Filename must start with LtrSus\_ to be accepted. Example: LtrSus\_MyDocument

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

There are no folders or files to display.

### Institutional Affiliation (sponsor) Letter

Please attach proof that you have applied for, or acquired ACGME institutional affiliation. Filename must start with InstLtr\_ to be accepted. Example: InstLtr\_MyDocument

**Institutional affiliation upload** ✓ 0 files uploaded, 0 files required.

### Fiscal Plan

Please attach your fiscal plan to achieve ACGME accreditation. Filename must start with FisPlan\_ to be accepted. Example: FisPlan\_MyDocument

**Budget/Funding Plan upload** ✓ 0 files uploaded, 0 files required.

### Timeline

Please attach your proposed timeline for ACGME accreditation (phases A – G). Filename must start with Time\_ to be accepted. Example: Time\_MyDocument

**Timeline in place upload** ✓ 0 files uploaded, 0 files required.

### Curriculum Development

Please attach your overall plan for clinical rotations, didactic teaching, and other longitudinal curricula for your program.

Filename must start with CurDev\_ to be accepted. Example: CurDev\_MyDocument

**Curriculum Development upload** ✓ 0 files uploaded, 0 files required.

### Secure ACGME Residency Accreditation\*

Please attach your ACGME residency program accreditation letter. Filename must start with ACGME\_ to be accepted. Example: ACGME\_MyDocument

**ACGME Accreditation upload** ✓ 0 files uploaded, 0 files required.

1. Files uploaded must include prefix (Example: Accr\_). Save your document using the prefix indicated prior to uploading.
2. The red buttons on this page indicate required documents based on your phase responses.
3. Click on the red button to upload the required documents.

# Required Documents, Continued

## Required Documents

### Letters of Sustainability

Attach a letter from your sponsoring institution that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded. You may also upload two additional letters of support if needed. See [example letter of sustainability](#). Filename must start with LtrSus\_ to be accepted. Example: LtrSus\_MyDocument

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

### Institutional Affiliation (sponsor) Letter

Please attach proof that you have applied for, or acquired ACGME institutional affiliation. Filename must start with InstLtr\_ to be accepted. Example: InstLtr\_MyDocument

**Institutional affiliation upload** ✓ 0 files uploaded, 0 files required.

### Fiscal Plan

Please attach your fiscal plan to achieve ACGME accreditation. Filename must start with FisPlan\_ to be accepted. Example: FisPlan\_MyDocument

**Budget/Funding Plan upload** ✓ 0 files uploaded, 0 files required.

### Timeline

Please attach your proposed timeline for ACGME accreditation (phases A – G). Filename must start with Time\_ to be accepted. Example: Time\_MyDocument

**Timeline in place upload** ✓ 0 files uploaded, 0 files required.

### Curriculum Development

Please attach your overall plan for clinical rotations, didactic teaching, and other longitudinal curricula for your program.

Filename must start with CurDev\_ to be accepted. Example: CurDev\_MyDocument

**Curriculum Development upload** ✓ 0 files uploaded, 0 files required.

### Secure ACGME Residency Accreditation\*

Please attach your ACGME residency program accreditation letter. Filename must start with ACGME\_ to be accepted. Example: ACGME\_MyDocument

**ACGME Accreditation upload** ✓ 0 files uploaded, 0 files required.

Name ↑	Modified
LtrSus_MyDocument.docx (19 KB)	07/01/2022 2:14 PM



1. Once you upload all required documents, the buttons turn green signifying that you may continue. Uploads may take up to 15 minutes
2. To delete a document, click the down arrow and choose delete
3. Click “Next” to take you to the final page of the application

# Assurances

Application SBPCR-1000584 – Song-Brown Primary Care Residency

100%

Assurances

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

Previous

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. Grant Preparers will not see the “Submit” button.

# Submission Complete



[Apply Here](#)

[Applications - In Progress/Submitted](#)

[Awards](#)

[Payments & Deliverables](#)

[Messages](#)

## Application SBPCR-0001134 – Song-Brown Primary Care Residency

Submission completed successfully.

### 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

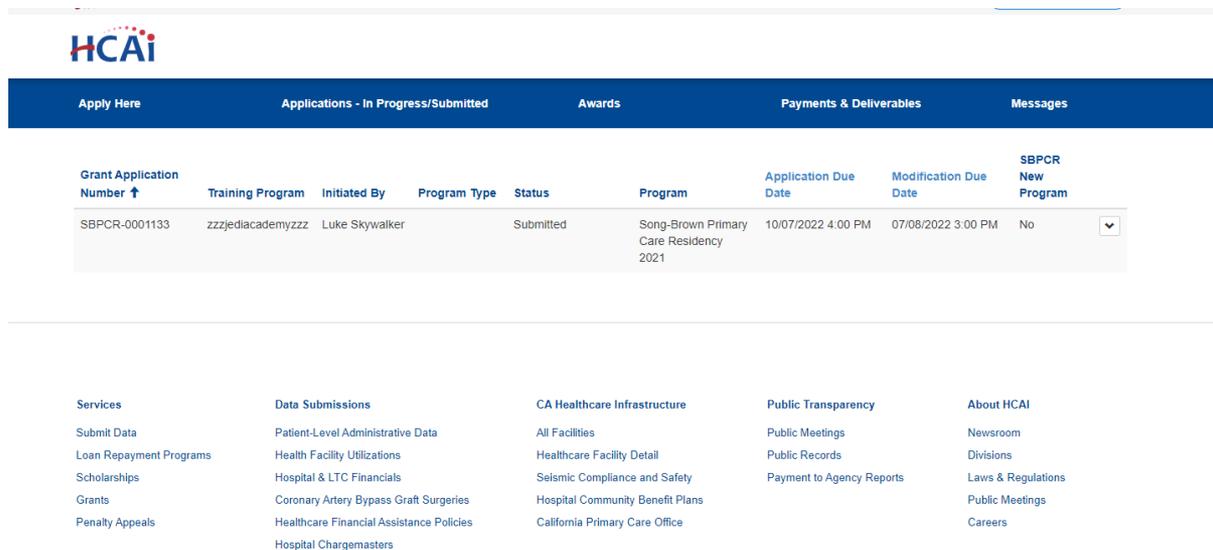
[Public Meetings](#)  
[Public Records](#)  
[Payment to Agency Reports](#)

### About HCAI

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

# 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



The screenshot displays the HCAi web application interface. At the top, the HCAi logo is visible. Below it is a navigation bar with the following tabs: [Apply Here](#), [Applications - In Progress/Submitted](#) (which is the active tab), [Awards](#), [Payments & Deliverables](#), and [Messages](#).

The main content area shows a table of applications. The table has the following columns: Grant Application Number ↑, Training Program, Initiated By, Program Type, Status, Program, Application Due Date, Modification Due Date, and SBPCR New Program. A dropdown menu is visible next to the SBPCR New Program column.

Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	SBPCR New Program
SBPCR-0001133	zzzjediacademyzzz	Luke Skywalker		Submitted	Song-Brown Primary Care Residency 2021	10/07/2022 4:00 PM	07/08/2022 3:00 PM	No

At the bottom of the page, there is a navigation menu with the following links:

- 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

**PCR  
Existing Slots,  
Teaching Health Center Slots, and  
Expansion Slots Applications**

# Program Information: Existing, THC, and Expansion

Program Information \*

Song-Brown Primary Care Residency 2021

Organization

Melissa's PCR Program

Program Director \*

Melissa Small

Program Director Email

melissaomand93@gmail.com

Program Type \*

Family Medicine  Internal Medicine  Obstetrics and Gynecology (OB/GYN)  Pediatrics

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 \*

University of California, Riverside OB/GYN Residency Program

Training Program not listed

Award Category \* (select all that apply):

New Program

Existing Slots

Teaching Health Center Slots

Expansion Slots

1. Provide all requested information
2. To link data from prior applications to the new application, use the magnifying glass search function to select the "Training Program Title" from the list
3. After checking the box next to the desired award category, additional fields will populate
4. After completing this page, click "Save & Next"

# Contract Administration

Contract Organization Name   
Adventist Health Hanford

Doing Business As   
Adventist Health Hanford

Prefix   
Contract Administrator First Name   
Luke

Contract Administrator Last Name   
Skywalker

Title 

Phone 1 \*   
Phone 2

Contract Administrator Email \*

Grant Agreement Signatory   
First Name   
Yoda

Last Name   
Skywalker

Phone \*

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 \*

Email \*

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 \* 

1. "Contract Organization Name" must match what you report 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.

**Note:** Verify this information with your finance or contracts office to ensure this information is correct. Providing incorrect information will delay your grant agreement should you be awarded.

**New:** PO box option available for the 204 category.

# Program Data

## Program Data

Select the data you will be reporting: \*

- Resident and Graduate data  
 Resident data only  
 New program, no Resident or graduate data

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

- No  Yes

The residency program has been in continuous operation since what year? \*

2012

### Instructions:

Enter data in each field for the **graduating class** for each year shown. If no data for a year, enter "0". Include the number of positions approved and filled for academic years 2017/18 to 2021/22.

	2021/22	2020/21	2019/20	2018/19	2017/18
PGY 1 Positions Approved	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
PGY 1 Positions Filled	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
PGY 1 Positions Graduated	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Incoming 2022/23 Current Resident

Total Number 1st Year Positions Approved

Total Number 1st Year Positions Filled

Previous Resident Data

Total Number 2nd Year Positions Filled

Total Number 3rd Year Positions Filled

Do your non-first-year residents spend or plan to spend at least an average of eight hours per week at a primary care continuity clinic? \*

- No  Yes

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

1. On this page you will provide program data on graduates and residents.
2. If you have graduate or resident data to report, additional fields will appear.
3. Complete all required fields shown.
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.

**Note:** Data entered for positions filled needs to match your "Resident" and "Graduate" page data.

# Program Data Page, Continued

## Program Data

Select the data you will be reporting: \*

- Resident and Graduate data  
 Resident data only  
 New program, no Resident or graduate data

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

- No  Yes

The residency program has been in continuous operation since what year? \*

2012

### Instructions:

Enter data in each field for the **graduating class** for each year shown. If no data for a year, enter "0". Include the number of positions approved and filled for academic years 2017/18 to 2021/22.

	2021/22	2020/21	2019/20	2018/19	2017/18
PGY 1 Positions Approved*	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
PGY 1 Positions Filled*	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
PGY 1 Positions Graduated*	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

### Incoming 2022/23 Current Resident Data

Total Number 1st Year Positions Approved\*

1

Total Number 1st Year Positions Filled\*

1

### Previous Resident Data

Total Number 2nd Year Positions Filled

0

Total Number 3rd Year Positions Filled

0

Do your non-first-year residents spend or plan to spend at least an average of eight hours per week at a primary care continuity clinic? \*

- No  Yes

[Previous](#)

[Save & Next](#)

1. The Import data option defaults to "Yes".
2. If your desired data did not import over, make sure to use the search function to locate your training program name used from last year on the "Program Information" page. The name must match exactly what you have used in the past.
3. If you did not apply in 2020, select "No" to the Import question. In this case, add all requested training site, resident, and graduate data as instructed on each page.

# Continuity Training Sites

## Training Sites

Click on the **Add a Site** button to add a new primary outpatient training site used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

If your organization was a past applicant and opted to include training site information from the last submitted application, the table below displays your previously identified main primary care continuity clinic site(s). To edit information or delete a training site that no longer exists, click on the **Options** button next to a training site name and select **Edit** or **Delete**.

Total Number of Continuity Clinics

### 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
--------------------	----------------------	-------	---------------------------------	--------------------------------	----------------	------------	------	-------	----------	--------

There are no records to display.

### Training Sites With No Errors

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.

Add a Site

Previous

Save & Next

1. To add a training site(s), click the “Add a Site” button
2. A pop-up window will display
3. Complete all required fields shown
4. Imported training sites
  - If you selected “Yes” to import prior year’s data on the “Program Data” page, you will only see continuity training sites from the prior year’s application
  - Verify the imported site information is correct
  - Edit or delete an imported site by selecting the “Options” dropdown list for that line

# Continuity Training Sites: Facility Type

Training Site Name \*

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

No  Yes

Street Address \*

 Suite/Dept 

City  State  Zip Code

County

Facility Type (select all that apply) \*

Use the HCAI Geo-website or State Loan Repayment websites to determine facility type.  
<https://geo.hcai.ca.gov/hpsa-search>  
<https://geo.hcai.ca.gov/health-care-facilities/>

- |  |  |
|--|--|
| <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                |

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

**Note:** Verify your facility type by using the links provided. Use only these provided resources to identify:

- Community Health Centers
- Disproportionate Share Hospital
- FQHCs
- FQHC Look-a-Likes
- Government Owned Facilities
- Indian Health Services Clinics
- Rural Hospitals
- Teaching Hospitals

# Continuity Training Sites: Payer Mix

How many hours, on average, would a first, second, and third year resident spend taking care of patients in this specific continuity clinic for a whole year (1 year example = 520 Hours)?\*

1st Year Residents

2nd Year Residents

3rd Year Residents

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

Medicare/Medicaid (Dual Eligibility)

Medi-Cal (Traditional and Managed Care)

Uninsured†

Training Site Reviewed

No  Yes

1. Complete all required fields.
2. Payer mix information is asking to provide a percentage of the last 12 months.
3. After completing this page, click the “Submit” button.

**Note:** “Payer Mix” is required for all listed training site/s. “Payer Mix” does not have to equal 100% but must be in whole numbers only.

**New:** Training site reviewed button is new and must be selected yes to move forward.

# Continuity Training Sites: Editing

## Training Sites

Click on the **Add a Site** button to add a new primary outpatient training site used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

If your organization was a past applicant and opted to include training site information from the last submitted application, the table below displays your previously identified main primary care continuity clinic site(s). To edit information or delete a training site that no longer exists, click on the **Options** button next to a training site name and select **Edit** or **Delete**.

Total Number of Continuity Clinics

### 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
--------------------	----------------------	-------	---------------------------------	--------------------------------	----------------	------------	------	-------	----------	--------

There are no records to display

### 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
zzzYoungJedizzz	No				2020 W El Camino Ave		Sacramento	CA	95833	Sacramento

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”

# Executive Summary and Program Description

Executive Summary and Program Description – Page 1 of 2

Executive Summary\*

Maximum limit of 2500 characters.

Describe how the residency program structures training that encourages graduates to practice as a health care team that includes licensed and non-physician practitioners.\*

Maximum limit of 2500 characters.

Executive Summary and Program Description – Page 2 of 2

What training program components prepare primary care residents to address community behavioral health needs?\*

Two

How does the residency program address the behavioral health needs of the patients they serve?\*

Three

1. The “Executive Summary and Program Description” section 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. Double-check the information you enter and make sure everything is captured.

# Funding and Expenditures

## Funding and Expenditures

### Funds Requested

Funding Type (enter all that apply) ⓘ

	# of Slots Requested	Maximum Amount per Slot	Total Funds Requested
Existing Program Slots*	1 ▾	125,000	125,000
THC Program Slots*	1 ▾	125,000	125,000
Program Expansion Slots*	1 ▾	300,000	300,000
<b>Grand Total</b>			<b>550,000</b>

Provide the residency program expenditures for academic year (2020/21)

Faculty Costs ⓘ	125,000
Residency Stipends ⓘ	0
Family Practice Center Costs ⓘ	0
Other Costs ⓘ	0
<b>Total Annual Expenditure</b>	<b>125,000</b>

1. The “Funding and Expenditures” are 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.

# Funding and Expenditures, Continued

## Teaching Health Center Budget Summary

Complete this budget proposal for the requested funding for each of the following direct costs, rounded to the nearest dollar.

### Personnel

Annual Budget

Requested Song-Brown Funding

### Operating Expenses

Annual Budget

Requested Song-Brown Funding

### Major Equipment

Annual Budget

Requested Song-Brown Funding

### Other Costs

Annual Budget

Requested Song-Brown Funding

Indirect Cost Percentage (maximum 8%)

Total Program Annual Budget

Total Requested THC Song-Brown Funding

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

## Resident Data

Click on the Add a Resident button to add each resident. The number of residents entered on this page must reflect the resident data you reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are optional for residents. To check if a resident has an NPI number, check the NPI Registry.

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 or delete individuals no longer in the program, click on the **Options** button next to an individual's name and select **Edit** or **Delete**.

Total Residents

1

Residents With Errors

Residency Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
----------------	--------------	-----------	--------	------------------------

There are no records to display.

Residents With No Errors

Residency Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
----------------	--------------	-----------	--------	------------------------

Resident Year 1	Luke	Skywalker	Female	Asian - Asian Indian
-----------------	------	-----------	--------	----------------------

Check here to confirm residents entered matches the total number of residents for each year on the Program Data page. \*

Add a Resident

1. To add resident data, click the “Add Resident” button
2. A pop-up window will display
3. Imported resident data
  - If you selected “Yes” to import prior year’s data, the Resident data from the prior year’s application appears
  - Verify the imported resident information is correct
  - Edit or delete imported resident by selecting the “Options” dropdown list for that line
  - Click the down-arrow button next to the desired entry

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

# Resident Data, Continued

Practice Specialty \*  
Dermatology

Other  
[Empty Field]

Residency Year  
Resident Year 1

First Name \*  
Luke

Last Name \*  
Skywalker

Gender \*  
Female

Ethnic/Racial Category \*  
Asian - Asian Indian

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.

Not Applicable  
High School Name  
Jedi

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

+ Select Address

Street Address  
2020 W El Camino Ave

City  
Sacramento

State  
CA

Zipcode  
95833

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

## Resident Data

Click on the Add a Resident button to add each resident. The number of residents entered on this page must reflect the resident data you reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are optional for residents. To check if a resident has an NPI number, check the [NPI Registry](#).

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 or delete individuals no longer in the program, click on the **Options** button next to an individual's name and select **Edit** or **Delete**.

Total Residents

1

Residents With Errors

Residency Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
----------------	--------------	-----------	--------	------------------------

There are no records to display

Residents With No Errors

Add a Resident

Residency Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
----------------	--------------	-----------	--------	------------------------

Resident Year 1	Luke	Skywalker	Female	Asian - Asian Indian
-----------------	------	-----------	--------	----------------------



Check here to confirm residents entered matches the total number of residents for each year on the Program Data page. \*

Previous

Save & Next

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

## 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.

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 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
-----------------------------------	--------------	-----------	--------	------------------------

2021/22	Luke	Skywalker	Male	Asian - Laotian/Hmong
---------	------	-----------	------	-----------------------

Check here to confirm graduates entered matches the total number of graduates for each year on the Program Data page.\*

1. To add graduate data, click the “Add Graduate” button
2. A pop-up window will display
3. Imported graduate data
  - If you selected “Yes” to import prior year’s data, the Graduate data from the prior year’s application appears
  - Verify the imported graduate information is correct
  - Edit or delete imported graduates by selecting the “Options” dropdown list for that line
  - Click the down-arrow button next to the desired entry

# Graduate Data: Facility Type

Facility Type (select all that apply) \*

Use the OSHPD Geo-website or State Loan Repayment websites to determine facility type.

<https://geo.oshpd.ca.gov/hpsa-search>

<https://eapp.oshpd.ca.gov/funding/fqhc-site-search/>

- |  |  |
|--|--|
| <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 checked="" 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

Graduate Data Reviewed

No  Yes

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

**Note:** Verify your facility type by using the links provided. Use only these provided resources to identify:

- Community Health Centers
- Disproportionate Share Hospital
- FQHCs
- FQHC Look-a-Likes
- Government Owned Facilities
- Indian Health Services Clinics
- Rural Hospitals
- Teaching Hospitals

# Graduate Data: Editing

## 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.

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 Graduates

### 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	Options
2021/22	Luke	Skywalker	Male	Asian - Laotian/Hmong	▼

Check here to confirm graduates entered matches the total number of graduates for each year on the Program Data page.\*

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.
- Applicants do not provide the correct contract organization name.
- Applicants do not provide the correct grantee and 204 signatories.
- Applicant added a training program and did not search for previously used training program.

# Required Documents

## Required Documents

### Accreditation Approval Letter

Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies

Accreditation Letter Upload ✓ 1 file uploaded, 1 file required.\*

Name ↑	Modified	
Accr_Fiscal Training docx (345 KB)	07/01/2022, 4:25 PM	▼

### Expansion Approval Letter

Attach a copy of the appropriate expansion approval letter from the ACGME. Expansion Approval Letter Example

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

Previous Save & Next

1. Files uploaded must include prefix (Accr\_). Save your document using the prefix indicated prior to uploading.
2. The red buttons on this page indicate required documents.
3. Depending on the funding type, you will upload specified documents.
4. Click on the red button to upload the required documents.

# Required Documents, Continued

Required Documents

Accreditation Approval Letter

Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies.

Accreditation Letter Upload 1 file uploaded, 1 file required.\*

Name ↑	Modified	
Accr_Fiscal Training.docx (348 KB)	07/01/2022, 4:25 PM	▼

Expansion Approval Letter

Attach a copy of the appropriate expansion approval letter from the ACGME. Expansion Approval Letter Example

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

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

1. Once you upload all required documents, the buttons will turn green signifying that you may continue. Uploads may take up to 15 minutes.
2. To delete a document, click the arrow button to bring a selection of drop-down options then click delete.
3. Click “Next” to take you to the final page of the application.

# Assurances

Application SBPCR-1000584 – Song-Brown Primary Care Residency

100%

Assurances

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

Previous

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



[Apply Here](#)

[Applications - In Progress/Submitted](#)

[Awards](#)

[Payments & Deliverables](#)

[Messages](#)

## Application SBPCR-0001134 – Song-Brown Primary Care Residency

Submission completed successfully.

### 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](#)  
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### About HCAI

[Newsroom](#)  
[Divisions](#)  
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[Public Meetings](#)  
[Careers](#)

# 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.

Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	SBPCR New Program
SBPCR-0001133	zzzjediacademyzzz	Luke Skywalker		Submitted	Song-Brown Primary Care Residency 2021	10/07/2022 4:00 PM	07/08/2022 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  
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Laws & Regulations  
Public Meetings  
Careers

# Questions?

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