ARRA Briefing Update: Increased Demand for Services

Grantee Technical Assistance Conference Call March 10, 2009 American Recovery and Reinvestment Act (ARRA)

Signed into law on February 17
Provides \$500 million in grants to:

- support new sites and services areas
- increase services at existing sites and provide payments for spikes in uninsured populations.

 Provides \$1.5 billion for repair, renovation, construction of health centers including purchase of HIT.

ARRA Background

• The Recovery Act was enacted to:

- preserve and create jobs;
- promote economic recovery;
- help people most impacted by the recession;
- increase economic efficiency by investing in technological advances in science and health;
- promote long-term economic benefits by investing in transportation, environmental protection and other infrastructure; and
- preserve essential services in States and local governments.

ARRA Services Funding

- \$155 million for New Access Point Grants on March 2
- \$340 million for Increased Demand for Services (IDS)
 - Address increased demand for services nationwide
 - Create employment opportunities in underserved communities

ARRA IDS Formula Allocation

• Formula Allocations:

- All grantees = \$100,000 base allocation
- Those with UDS data:
 - \$6 for every patient and
 - \$19 additional for every uninsured patient

ARRA IDS Formula Allocation

- Awarded at same distribution level as existing operational funding (i.e., special population funding proportion)
- CY 2008 UDS foundation for determining formula allocations
 - If no CY 2008 UDS, CY 2007 UDS used
 - If neither CY 2008 or CY 2007 UDS available, award base allocation only

ARRA IDS Funding

- Supports activities within scope of project
 - Increase health center staffing
 - Extend hours of operation
 - Expand existing services
 - Other

ARRA IDS Funding

• Not allowed:

- Construction costs (including alterations and renovations),
- Site or services not in scope,
- Facility or land purchase,
- Equipment costing \$5,000 or more

ARRA IDS Grant Details

One-time awards
2-year budget/project period
No ongoing funding anticipated
Requests submitted through EHB
Due no later than March 16

ARRA IDS Application

- Need: Need for additional health services
- Project Types: How the IDS project will impact on the need for services
- Project Description: How grantee will implement the IDS project(s)
- Impact: How the impact of the project(s) will be measured
- o 2-Year Budget
- Proposed Staffing and Utilization Chart

ARRA IDS Reporting

• Impact of IDS funding

- Number of new patients
- Number of new visits
- Number of new uninsured patients
- Number of new full-time equivalents (FTEs)
- Number of retained jobs
- Actual versus projected budget information use of IDS funds
- Other ARRA reporting required by Act

ARRA General Requirements

New grant number: H8B
Separate PMS sub-account
Must be accounted for and reported separately

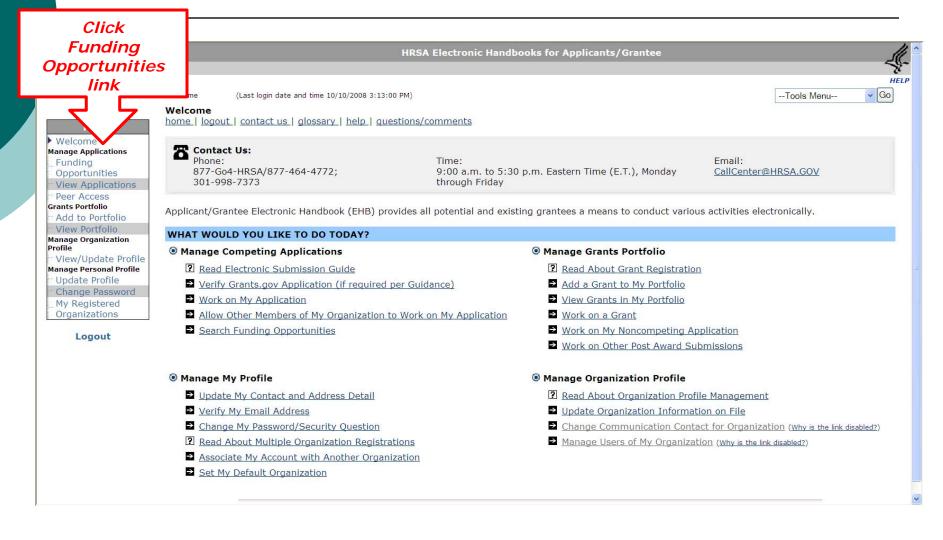
EHB Application Process

- Application available March 9th
- Application deadline March 16th 8:00 PM ET
- EHB generated email with *eligibility code* (3578) and your *maximum eligible budget amount*
- System Help
 - BPHC Helpline (301-443-7356) available 7:00 am to 7:00 pm ET or email <u>BHCMISYS@hrsa.gov</u>. Extended hours (7AM – 7PM) available March 9th - March 16th.
 - Contact the HRSA Call Center at <u>CallCenter@hrsa.gov</u> or 1-877-464-4772 if need assistance registering as a new user (7AM-7PM weekdays, 10AM-4PM weekend)

Login to EHBs

| Resources and Services Administration | | HRSA Electronic Handbooks for Applicants/Grantee | |
|---|---|--|---|
| Logon Menu | Login home contact us more instructions glossary | help_ questions/comments | |
| Login Forgot Password Registration Login | Contact Us: Phone: 877-Go4-HRSA/877-464-4772; 301-998-7373 | Time: 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday | Email: <u>CallCenter@HRSA.GOV</u> |
| | Fields marked with an asterisk(*) are required. | | |
| | LOGIN | | |
| | Already Registered? | Not Registered? | |
| | *Username | Create an Account | |
| | *Password | | |
| https | S://grants.hrs | a.gov/webextern | al/login.as |
| | Warning! | | |
| | subject to criminal prosecution in federal court. Fe | t is protected by various provisions of Title 18, U.S. Code of Federa or site security purposes and to ensure that this service remains av ted attempts to upload or change information, or otherwise cause of | vailable to all users, we employ software damage. In the event of authorized law |
| | | required legal process, information from these sources may be use | d to help identify an individual. |

Electronic Submission Guide (www.hrsa.gov/grants) for registration instructions



| NDING OPPORTUNITIES | | | |
|---|----------------------|--|--|
| Search Funding Opportunities | | | |
| Key Program Areas | | Bureau of Clinician Recruitment and Service Healthcare Systems Office of Health Information Technology Maternal and Child Health Office of the Administrator Organ Transplantation Rural Health Special Programs Tele-Health | |
| CFDA Number (Example: 93.999) | | More Information | |
| Funding Opportunity Name Like | | | |
| HRSA Preview Announcement Code (Example: COES) | | More Information | |
| HRSA Preview Announcement Number 04-003) | Like (Example: HRSA- | HRSA-09-218 More Information | |
| Application Deadline | announ | HRSA preview cement number HRSA-09-218 | |
| Provisional Announcement | | ○Yes ○No | |
| Cooperative Agreement | | ○Yes ○No | |
| Search Archive | | ○Yes No More Information | |
| Reset | | Sear | |

Following are the funding opportunities that meet your search criteria. For available opportunity, 'Begin Application' is available in a drop down menu. To begin an application, select this action and click on the 'Go' button. To view more details of each opportunity, click on the 'View Details' link. In order to refine your search criteria click on the 'Search' button.

| DING OPPORTUNITIES RESULT teria: Key Program Areas: Bure portunity Name Like: All, HRSA e: HRSA-09-221, Application De nouncement: Both Provisional a arch Archive: No | eau of Clinician Recruitmen Preview Announcement Co eadline (From): All, Applica and Non-Provisional annour | ode Like: All, HRSA Preview ation Deadline (To): All, Prov ncements, Cooperative Agre | Announcement N visional sement: Yes or N | No, |
|---|--|---|--|--------|
| ding opportunities with an ## a tiple application deadlines. <u>M</u> | | nt having either multiple pr | ogram purposes | or |
| covery Act Health Center Cl | uster Program | Deadline: M | 1ar 16 2009 8:0 | 0 PM |
| te: Electronic submission of egin Application' and click on lore Information | | | | select |
| nouncement Code | 93.751 | _ | | |
| nouncement Number | | Begin Applicati | ion 💌 Go | GO |
| tivity Code | H8A | View De | tails | |
| plication Available Date | | - | | |
| operative Agreement | No | Competitive | Yes | |
| ow Electronic Submission | Yes | Guidance Availability | Yes | |
| w Electronic Submission | | | in all a she | |
| ctronic Submission | Electronic submission is av | ailable in HRSA Electronic H | landbooks. | |
| ctronic Submission | Electronic submission is av | ailable in HRSA Electronic H | landbooks. | |

U.S. Department of Health and Human Services HRSA Electronic Handbooks for Applicants/Grantee Application PHS 5161 for 2009 E-HANDBOOK HOME Applications Welcome FSR TA (Last login date and time 3/6/2009 2:11:00 PM) home | logout | contact us | glossary | help | guestions/comments Please select the appropriate radio button from the options given below and provide the information requested. Application 5161 In order to create an application for this announcement, you must have an eligibility code. To get an eligibility code for this announce ram contact on the announcemement. Enter Eligibility Code eligibility ications for programs which have eligibility (Example: code - 3578 restrictions) 2588) Construction

| Program | NO | |
|---------------------|--|--------|
| | New | |
| Type of | Competing Continuation | |
| Application | Supplemental, If "Supplemental" then specify : Increase Award Decrease Award | |
| <u>Grant Number</u> | (Required for "Competing Continuation" or "Supplemental" applica | ation) |
| | Click | |

Continue

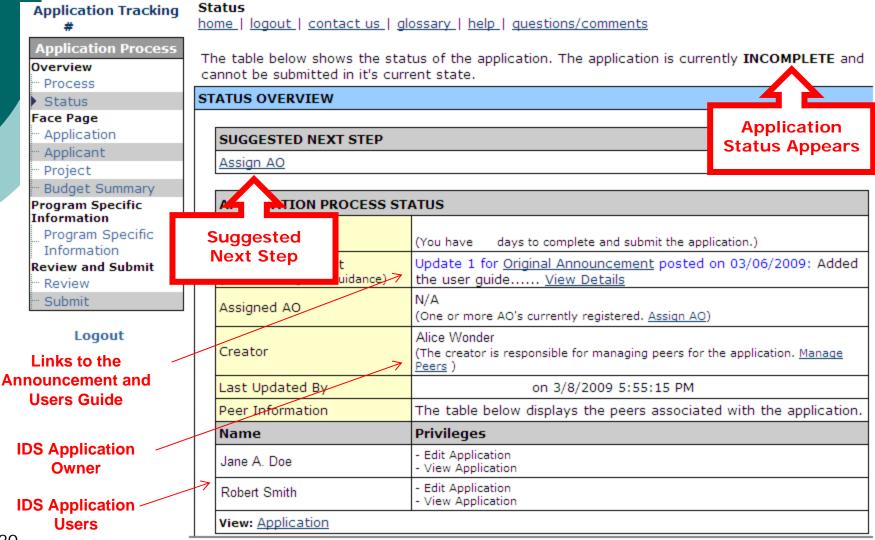
Continue

Cancel

IDS Application Overview

- The IDS Application consists of Standard forms (SF424) and Program Specific Forms
- All sections of the application must be complete before the application can be submitted
- Only the Authorizing Official (AO) for the organization can submit the application. See Electronic Submission Guide (<u>www.hrsa.gov/grants</u>) for more details.
- Required fields are marked with a red asterisk
- Use the navigation buttons at the bottom of each page to navigate between sections

IDS Application Status Page



IDS Application Status Page

Application forms status table displays each section of the application All sections of the application must be *complete* before submitting to HRSA

| APPLICATION FORMS STATUS | | |
|------------------------------|---------------|--------------|
| Section | Action | Status |
| Face Page | | Y |
| Application | <u>Update</u> | NOT COMPLETE |
| Applicant | <u>Update</u> | NOT COMPLETE |
| Project | <u>Update</u> | NOT COMPLETE |
| Budget Summary | <u>Update</u> | NOT COMPLETE |
| Program Specific Information | | |
| Program Specific Information | <u>Update</u> | NOT COMPLETE |

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IDS Application SF424

| Resources and Services Administrati | on | | | on PHS 5161 | r Applicants/ for FY2009 | | | ~ |
|---|---------------------------|---|-----------------|--------------------------------|-----------------------------|---|-----------------------|-------------|
| E-HANDBOOK HOME | Applicati | ons | | | | - | | |
| | Welcome | e cecil soman (Last login date and tin | ne 3/9/2009 7:2 | 21:00 PM) | | | -Tools Meni | .– 🔽 🖸 |
| Application Tracking # 00061713 | | Summary logout contact us more inst | ructions glo | ssary help | questions/co | <u>mments</u> | | |
| Application Process verview Process Status | Informa | ite the information for a grant p tion" button. When you are don ction. To save the information e | ie, click on th | e "Save" butt | on or use the | "Save and Con | tinue" butto | |
| ace Page Application | BUDGE | T INFORMATION - NON CONS | TRUCTION | | | | STATUS: NO | T COMPLET |
| Applicant | Section | ı A - Budget Summary | | | | | | |
| Project Budget Summary | Grant Program Function or | | CFDA | Estimated Unobligated Funds | | New or Revised Budget | | |
| rogram Specific nformation Program Specific | Select | Ăctivity | Number | Federal | Non- Federal | Federal | Non- Federal | Total |
| Information eview and Submit | ۲ | ARRA – Increase Services to Health Centers | 93.703 | | | \$100,000.00 | \$0.00 | \$100,000.0 |
| Review Submit | | pdate Budget Information | Total | | | \$100,000.00 | \$0.00 | \$100,000.0 |
| Logout | | | | | | Save | Save a | nd Continue |
| | | | Aci | ceptable Use I | Policy | | | |
| sep | arate s | oken down into 4 creens; For most information is pre- |] [| amour | nt; You ca later) to k | to enter n navigate now what able amou | e to Fori t your m | n 13 R |

Program Specific Status

| © Application Tracking # | Status home help questions/comments | | |
|---------------------------------------|---|--------------------------------------|----------------------|
| 00061713 | The table below shows the status for the IDS Program Sp | pecific. The application is currentl | y COMPLETE. |
| Program Specific Information | Your session will remain active for 30 minutes since intervals. | your last activity. Please save | your work at regular |
| Status | Fields marked with an asterisk (*) are required. | | |
| udget Information | | | |
| Form 13R: Use of Funds | STATUS OVERVIEW | | |
| Form 14R: Staffing and Utilization | PROGRAM SPECIFIC INFORMATION STATUS | | |
| Form 15R: Line-Item | Section | Action | Status |
| Budget | Budget Information | | |
| her Information | Form 13R: Use of Funds | Update | COMPLETE |
| Attachment view | Form 14R: Staffing and Utilization | Update | COMPLETE |
| Program Specific | Form 15R: Line-Item Budget | Update | COMPLETE |
| Forms | Other Information (Budget Justification) | · | |
| All Forms | Attachment | Update | COMPLETE |
| verview | | • | |
| Complete Status | | | |

Submit

Form 13 R – Use of Funds

| | Increased Demand in Serv | vices Application for FY 2009 | | |
|---|-------------------------------|---|------------------------------|------------|
| | | | | Tools Me |
| Form 13R: Use of Funds | | | | 10013 1016 |
| home help questions/comments | | | | |
| | | | | |
| Fields marked with an asterisk (*) are required. USE OF FUNDS | | | | |
| Form 13R: Use of Funds | | | | Status: |
| Form 15R. Ose of Funds | | | | Status. |
| Grantee Information | | | | |
| Grantee Name, City, State: The Floating Hospital, Long Island City, NY | | Application Tracking Number: 00060330 | | |
| Budget Information | | | | |
| | 0.00 | Maximum Eligible Amount | #100 | ~~ |
| | | | = \$100 | ,00 |
| *1. Need | | | | |
| How will you address the need for health services in the co | community and target populat | tion(s), including the needs of special pop | ulations (inigrant and seaso | nal farm w |
| people experiencing homelessness, and/or residents of pu | ublic housing) and the uninsu | ired? | | |
| Maximum 2000 characters (Approx. 1 Page) | | | | |
| Maximum 2000 characters (Approx. 1 Page) | | ~ | | |
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| | | | | |
| | | 4 | | |
| | | | | |
| *2. Project Types | | | | |
| How do you plan to use IDS funds? (Check all that apply) |) | | | |
| Energy and April United for an and a state of the Contract of | | | | |
| □Increase health center staffing (i.e., full-time equivalen | nts) | | | |
| Extend hours of operations | | | | |
| Expand existing services | | | | |
| Other | Í | | | |
| If 'Other', please specify | | | | |
| *3. Description | | | | |
| How will you implement the IDS project(s) in a manner th | | | | 22 |

NOTE: This screen is an example; this is not intended to show all five (5) questions.

Form 14 R – Staffing and Utilization

| US. Department of Health and Human Services Call Resources and Services Administration | | | HRSA Electronic Handbooks Program Specific Forms for SAC - Typ | e I | |
|---|-----------|--|---|----------------------------------|------------------|
| Grants Home ▼ Go □ Make It Default | | | | | HELP |
| Application Tracking # 00059979 | Form 14R: | tem User to HRSA EHB Mockups (Last login date and time 3/5/2009 2:39:47 PM Staffing and Utilization tact us questions/comments | 4) | | |
| Program Specific Forms | 🖲 Note: (| Grantees should show projections of all patients, encour | nters and jobs supported by the ARRA f | funding at the end of two years. | |
| Overview Status | STAFFING | AND UTILIZATION | | | |
| Budget Information Form 13R: Use | Form 14R: | : Staffing and Utilization | | | Status: In Progr |
| of Funds Form 14R: Staffing and | Perso | onnel by Major Service Category | FTEs (a) | Clinic Encounters (b) | Patients (c) |
| Utilization Other Information | Medic | al Care Services (Click to hide data) | X -7 | | X-7 |
| Attachments | 1. | Family Physicians | | | |
| Review Program | 2. | General Practitioners | | | |
| Specific | 3. | Internists | | | |
| Information | 4. | Obstetrician/Gynecologists | | | |
| All Forms | 5. | Pediatricians | | | |
| Complete | 7. | Other Speciality Physicians | | | |
| Status teview and Submit | 8. | Total Physicians (Sum line | s 1-7) | | |
| Submit | 9a. | Nurse Practitioners | | | |
| Logout | 9b. | Physician Assistants | | | |
| | 10. | Certified Nurse Midwives | | | |
| | 10a. | Total Mid-Levels (Sum lines 9 | a-10) | | |
| | 11. | Nurses | | | |
| | 12. | Other Medical Personnel | | | |
| | 13. | Laboratory Personnel | | | |
| | 14. | X-Ray Personnel | | | |
| | 15. | Total Medical (Sum lines 8+10a throug | ıh 14) | | |
| | Denta | I Services (Click to hide data) | | | |
| | 16. | Dentists | | | |
| | 17. | Dental Hygienists | | | |
| | 18. | Dental Assistance, Aides, Techs | | | |
| | 19. | Total Dental Services (Sum lines 1 | 6-18) | | |

NOTE: This screen is an example; this is not intended to show all questions.

Form 15R - Line Item Budget

Budget Information Form 13R: Use of Funds Form 14R: Staffing and Utilization Form 15R: Line-Item Budget Other Information Attachment Review

Program Specific Forms

| - A 1 | L E c | |
|-------|-------|----|
| AI | IFU | rm |

Overview

" Complete Status

- Submit

Logout

| m 1 | 5R: Line-Item Budget | Status: Not Complet |
|------|--|---------------------|
| | Category | Amount |
| Rev | enue | |
| 1. | Patient Service Income | 1 |
| 2. | Local & State Grants | 1 |
| з. | Local Funding | 1 |
| 4. | Federal BPHC ARRA Grant | 100000 |
| 5. | Other Federal Funding | 1 |
| 6. | Total Revenue (Sum lines 1-5) | |
| Expe | enses | |
| 7. | Construction (Not applicable under this opportunity) | |
| 8. | Personnel | |
| 9. | Fringe Benefits | 0 |
| 10. | Travel | 0 |
| 11. | Equipment (Not applicable under this opportunity) | |
| 12. | Supplies | 0 |
| 13. | Contractual | 0 |
| 14. | Other | 0 |
| 15. | Total Expenses (Sum lines 7-14) | |

Attachments for IDS Application

HELP

| NDBOOK HOME | n | | Increased Demand in Services Applicat | tion for FY 2009 | |
|--|---|---------------------------------|--|------------------------------------|--------------------------------------|
| DBOOK HOME | | | | | Tools Menu |
| e | Attachments | | | | 1000 11010 |
| plication | <u>home help questions/c</u> | <u>comments</u> | | | |
| acking # | - | | | | |
| | To upload Budget Justific Instruction) | ation/Program Abstract click th | e "Attach" button. To return to the previous section | on, click on the "Go to Previous P | age" button. To go to the next se (S |
| Program | moración | | | | |
| Specific formation | Fields marked with an asterisk (* |) are required. | | | |
| riew | ATTACHMENTS | | | | |
| tus | Attachments | | | | Status: No |
| et Information | 6 | | | | |
| n 13P lea | | tion (Maximum One (1) Atta | chment) | | |
| m 13R: Use Funds | * Budget Justifica | | | | |
| F <mark>unds</mark> m 14R: | * Budget Justifica Select | Purpose | Document Name | Size | Uploaded By |
| unds m 14R: ffing and | | | Document Name No attached document exi | | Uploaded By |
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Submit Page for IDS Application

| SA - | | | : Handbooks for Applicants/Grantee ation PHS 5161 for FY2010 | |
|-----------|---|---|---|---------------------------|
| ME Appli | ications | | | |
| | Welcome Victorino Villegas (Last login date and time 3/5/2009 4:19:00 PM) | | | Tools Menu |
| | Submit home logout contact us glossary heli | a Lauretians (commonte | | |
|] # 30 | nome logodi contact us glossary nei | <u>- questions/comments</u> | | |
| ion | The table below shows the status of the ap | pplication. The application is currently IN | ICOMPLETE and cannot be submitted in it's current state. | |
| s | STATUS OVERVIEW | | | |
| | STATUS OVERVIEW | | | |
| | SUGGESTED NEXT STEP | | | |
| 1 | Complete Application | | | |
| | | | | |
| | APPLICATION PROCESS STATUS | | | |
| | Deadline (You have 102 days to complete and submit the application.) | | | |
| ific | Full Announcement (Includes Program Guidance) | Original announcement posted on <u>View Details</u> | | |
| n | Assigned AO (The AO is responsible for submitting the application to HRSA. <u>Reassign AO</u>) | | | |
| bmit | Creator | (The creator is responsible for managing peers for the application. <u>Manage Peers</u>) | | |
| | Last Updated By | | | |
| | Peer Information | The table below displays the peers associated with the application. | | |
| | Name | Privileges - Edit Application | | |
| | | - Submit Application to AO - View Application | | |
| | | - Edit Application - Submit Application to HRSA - View Application | | |
| | View: Application | | | |
| | | | | |
| | APPLICATION FORMS STATUS | | | |
| | Section | | Action | Status |
| | Face Page | | | 1 100 000 000 000 000 000 |
| | Application | | Update | COMPLETE |
| | Applicant | | Update | COMPLETE |
| | Project | | Update | COMPLETE |
| | Budget Summary | | Update | COMPLETE |
| | Program Specific Information | | | |
| | Program Specific Information | | Update | |

Resources

• Policy/Programmatic Help

- Marie Legaspi <u>mlegaspi@hrsa.gov</u>
- EHBs Registration/Electronic Submission <u>http://www.hrsa.gov/grants/default.htm</u>
- Health Center Program Recovery <u>http://bphc.hrsa.gov/recovery/default.htm</u>

System Help

- BPHC Helpline (301-443-7356) available 7:00 am to 7:00 pm ET or email <u>BHCMISYS@hrsa.gov</u>. Extended hours available March 9th - March 16th.
- Contact the HRSA Call Center at <u>CallCenter@hrsa.gov</u> or 1-877-464-4772 if need assistance registering as a new user (7AM-7PM weekdays, 10AM-4PM weekend)