Health Resources and Services Administration: Community Health Centers - Services

A. Funding Table

The table below provides an overview of the plan for the use of the $500 million for Health Centers services in Recovery Act funding. Column 1 identifies the specific programs that will be funded, column 2 provides the total appropriated amount, and columns 3 and 4 provide the distribution of funds across programs and years. The Recovery Act provides for 0.5% of the total appropriated amount to be used to support the administrative costs of implementation; this totals $2.5 million across the two years of implementation. These amounts are included in program totals listed below.

(Dollars in Millions)

Program/Project Activity	Total Appropriated	Planned Obligations FY 2009	Planned Obligations FY 2010
New Access Point (NAP) Grants	$156.8	$156.8	$0.0
Increased Demand for Services (IDS) Grants	343.2	343.2	0.0
Total	500.0	500.0	0.0

B. Objectives

The Health Center services Recovery Act funding will preserve and create jobs, promote economic recovery, and help people most impacted by the recession. These funds will support new sites and service areas, increase services at existing sites, and provide supplemental payments for spikes in uninsured populations.

The objectives of the New Access Point (NAP) and Increased Demand for Services (IDS) grants are consistent with the objectives and requirements of the Recovery Act as well as the mission of the Health Center Program.

NAP awards will support health centers' new service delivery sites to significantly increase the number of medically underserved and uninsured people with access to comprehensive primary and preventive health care services. NAP grants will provide services to an estimated 750,000 new health center patients and support an estimated 5,500 health center jobs.

IDS grants will support health centers' response to increases in demand for services, including addressing increases in uninsured populations and increasing services at existing sites. IDS grants will increase health center staffing (i.e., full-time equivalents), extend hours of operations and expand existing services. Through these grants, health centers will provide services to an estimated 2,100,000 new health center patients, including approximately 1,000,000 uninsured patients, and create or retain almost 6,400 health center jobs.

These awards also support multiple objectives of the U.S. Department of Health and Human Services (HHS) Strategic Plan, including:

- Increase health care service availability and accessibility (Objective 1.2);
- Improve health care quality, safety, cost and value (Objective 1.3);
- Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery (Objective 2.3); and
- Address the needs, strengths, and abilities of vulnerable populations (Objective 3.4).

C. Activities

Both NAP and IDS grants support the direct provision of comprehensive, culturally competent and quality primary and preventive health care services, regardless of an individual's ability to pay. New and existing health center grantees will use NAP funds to support new service delivery sites around the country, in areas where more primary and preventive health care is needed. Existing health centers will use IDS grants to implement strategies to expand services that include adding new providers, expanding hours of operations and expanding services at existing health center sites.

D. Characteristics

	New Access Point (NAP)	*Increased Demand for Services (IDS)*
Type of award	Grant	Grant
Non-Federal Recipients	$156.1	$341.4
Federal Support and Administration (0.5%)	$ 0.7	$ 1.8
Total Funding Amount (Millions)	$156.8	$343.2
Recipients	Private/Nonprofit Institution/Organizations, Public Nonprofit Institutions	Private Nonprofit Institution/Organizations, Public Nonprofit Institutions
Beneficiaries	Anyone/general public (medically underserved populations)	Anyone/general public (medically underserved populations)
Methodology for Award Selection	Former competition: FY 2008 NAP Grant Competition (HRSA-08-077); approved but unfunded applicants	Grants (HRSA-09-218) to existing health centers based on number of patients and uninsured patients served

E. Delivery Schedule

NAP Awards
Award Date: March 2, 2009
Project Period: March 2, 2009 – February 28, 2011
First Quarterly Report: July 1, 2009

IDS Awards
Planning Phase: February 17 – March 6, 2009
Application Phase: March 9 – March 16, 2009
Award Date: March 27, 2009
Project Period: March 27, 2009 – March 26, 2011
First Quarterly Report: July 1, 2009

F. Environmental Review Compliance

Working with HHS and the Council on Environmental Quality, HRSA has established a protocol and a set of procedures that ensure all activities funded under the Recovery Act will comply with the National Environmental Policy Act (NEPA), National Historic Preservation Act (NHPA), and related statutes. All NAP applicants are required to submit environmental information and documentation checklists with projects, as applicable. HRSA will review submissions and conduct additional review and monitoring as needed.

Compliance status will be reported on the Section 1609(c) report. HRSA has obtained a categorical exclusion (HCHBIDS-H8B) for compliance with environmental statutes for activities carried out using IDS funds.

G. Measures

Measurement for both NAP and IDS grants will focus on new and retained health center jobs, number of new patients served, and number of new uninsured patients served. Grantees will report outputs and outcomes using their existing patient data collection and personnel systems. All outputs and outcomes will be reported, on a quarterly basis, directly by grantees to federalreporting.gov. Through the quarterly progress reports, grantees will be asked to report on major accomplishments and/or progress made as well as any factors that may have impeded progress to date, where appropriate.

Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Output/Jobs			
New health center full-time equivalents (FTE's)	Quarterly	Recovery.gov	Quarterly
Health center jobs retained	Quarterly	Recovery.gov	Quarterly
Outcomes			
Number of new patients served	Quarterly	Recovery.gov	Quarterly
Number of new uninsured patients served	Quarterly	Recovery.gov	Quarterly
Data Source: Reporting from grantees. **Validation**: Data will be validated quarterly in comparison with application projections and annual reports sent by grantees to HRSA. The Uniform Data System (UDS) is validated using edit checks, including checks for missing data and outliers, and checks against history and norms.			

All measures, except for health center jobs retained, are currently collected in the Health Center Program's annual submission of the UDS. HRSA's annual Primary Health Care Online Performance Appendix contains targets and actual results for the existing outputs and outcomes.

H. Monitoring and Evaluation

All Recovery Act programs will be assessed for risk and to ensure that appropriate internal controls are in place throughout the entire funding cycle. These assessments will be consistent with the statutory requirements of the Federal Manager's Financial Integrity Act and the Improper Payments Information Act, as well as OMB's Circular A-123 "Management's Responsibility for Internal Control."

Pre-award: NAP awards were made to prior applicants that received high scores from an Objective Review Committee as part of a competitive application process, but were not previously funded. IDS awards were made to existing section 330-funded health center grantees , with each IDS proposal undergoing internal HRSA review to ensure funds would be used as the Recovery Act and HRSA intended.

Post-award: HRSA will follow established policies and procedures for health center program training, technical assistance, reporting, data verification, documentation and corrective actions. Ongoing monitoring and evaluation will occur through at least quarterly communication between grantees and Project Officers, quarterly progress report, site visits as necessary, annual applications and annual performance reports, including audits.   For the 51 new health center organizations that received NAP funding, two on-site visits will be conducted in the first year of funding. Additionally, HRSA utilizes an early alerts monitoring process to quickly identify potential issues and track corrective actions when needed.

I. Transparency

HRSA will be open and transparent in all grant competitions that involve spending of Recovery Act funding, consistent with statutory and OMB guidance.

HRSA will ensure that recipient reporting required by Section 1512 of the Recovery Act and OMB guidance is made available to the public on Recovery.gov by October 10, 2009. HRSA will inform recipients of their reporting obligations through standard terms and conditions, grant announcements, contract solicitations, and other program guidance. HRSA will provide technical assistance to grantees and contractors and fully utilize Project Officers to ensure compliance with reporting requirements.

HRSA will utilize existing electronic reporting and information systems to organize program cost and performance information. HRSA will inform recipients of reporting requirements outlined by statutory, OMB, and HHS guidance. HRSA will ensure that recipients understand and comply with these requirements through regular communication with and provision of technical assistance to grantees through general guidance, and through existing Project Officer relationships.

J. Accountability

To ensure that managers are held to high standards of accountability in achieving program goals under the Recovery Act, HRSA will build on and strengthen existing processes. Senior HRSA Health Centers Program officials will meet regularly with senior Department officials to ensure that projects are meeting their program goals, assessing and mitigating risks, ensuring transparency, and incorporating corrective actions. HRSA's personnel performance appraisal system will also incorporate Recovery Act program stewardship responsibilities for program and business function managers.

Existing processes ensure that HRSA managers are held to high standards of accountability in terms of achieving program goals and facilitating improvement. As part of their Employee Performance Plans, HRSA program managers are required to assist health center grantees with implementation of program requirements and improve program performance. HRSA managers will ensure the timely award and appropriate management of funds, and, as appropriate, HRSA Performance Management and Assessment Plans may be modified to incorporate oversight of use of Recovery Act funds.

HRSA has implemented senior level governance boards, focused on accountability and internal controls, and a thorough and comprehensive OMB A-123 internal controls testing and evaluation process that tests and ensures appropriate internal controls are in place throughout the entire funding cycle. The Health Centers Program is also subject to a complete improper payments risk assessment on a regular basis by the HRSA CFO, with the last assessment performed during FY 2009.

K. Barriers to Effective Implementation

HRSA has a history of working successfully with health center grantees to provide primary and preventive health care services to medically underserved populations. As the objectives and activities of the NAP and IDS awards are consistent with ongoing HRSA objectives and activities, HRSA does not envision significant barriers to effective implementation.

Available resources will be sufficient to complete the awarding and monitoring activities associated with the Recovery Act. However, to help ensure that HRSA meets established timelines and monitoring requirements, additional staff may be needed. HRSA is working to address hiring needs through the federal hiring process. To decrease the hiring timeframe for Recovery Act positions, HRSA worked closely with the Rockville HR Center (RHRC) to make one announcement to cover approximately 100 vacant positions. HRSA is also meeting weekly with RHRC to ensure selections meet OPM requirements and job offers are made in a timely manner.

L. Federal Infrastructure

Not applicable.