



Health Resources and Services Administration: Health Professions Programs

A. Funding Table

The table below provides an overview of the plan for the use of the \$200 million for Health Professions Programs in ARRA funding. All obligations will be made in FY2009 or FY2010 as indicated in the table. The ARRA provides for 0.5% of the total appropriated amount to be used to support the administrative costs of implementation; this totals \$1 million across the two years of implementation.

(Dollars in millions)

Program/ Project/Activity	Total Appropriated	FY 2009 Actual Obligations	FY 2010 Estimated Obligations
Training in Primary Care Medicine & Dentistry	\$47.600	\$0	\$47.6
Public Health Traineeships	3.000	3.0	0.0
Preventive Medicine; Dental Public Health	7.500	0.815	6.685
Nursing Education Loan Repayment Program	26.997	26.997	0.0
Scholarships for Disadvantaged Students	40.000	19.34	20.66
Nurse Faculty Loan Program	12.000	5.33	6.67
Faculty Loan Repayment	1.182	1.182	0.0
Centers for Excellence	4.924	4.924	0.0
Health Careers Opportunity Program	2.517	2.517	0.0
Nursing Workforce Diversity	2.756	2.756	0.0
Licensure Portability Special Initiative	1.008	0.0	1.008
Equipment to Enhance Training of Health Professionals	50.516	0.0	50.516
<i>Total</i>	\$200.000	\$66.861	\$133.139

B. Objectives

The objective of the Health Professions Programs as supported through ARRA is to address health professions workforce shortages. Programs funded promote training in nursing and public health, help educational institutions, assist in the recruitment and retention of nurses and faculty, and increase the diversity of the health professions workforce. These programs will also help disadvantaged individuals who might otherwise have to delay their entry into, or drop out of, training programs or teaching. The program efforts funded by these awards support the U.S. Department of Health and Human Services (HHS) Strategic Plan focus on ensuring the health care workforce meets the Nation's health needs.



C. Activities

Several types of activities will be funded with ARRA dollars including direct student support/training, loan repayment, system change, and support for the purchase of equipment. The grant programs will help increase the diversity of students entering health professions programs, support the training of disadvantaged students, provide training in primary care disciplines where shortages exist, and improve training programs by providing access to better equipment. The individual awards for loan repayment will assist trained health professionals in the repayment of qualifying educational loans in exchange for serving in underserved facilities or for serving as faculty in health professions training programs. HRSA will manage this program consistent with changes to eligibility and program structure as a result of the Affordable Care Act.

D. Characteristics

	<i>Training in Primary Care Medicine & Dentistry</i>	<i>Public Health Traineeships</i>	<i>Preventive Medicine; Dental Public Health</i>
Type of Award	Grant	Grant	Grant
Non-Federal Recipients	\$47.362	\$2.985	\$7.463
Federal Administration and Support (0.5%)	\$0.238	\$0.015	\$0.037
Total Funding Amount (Million)	\$47.600	\$3.000	\$7.500
Recipients	Educational Institutions	Educational Institutions	Educational Institutions
Beneficiaries	Institutions and Students	Institutions and Students	Institutions and Residents
Methodology for Award Selection	New FY2010 competitions and continuation awards	Fund from 2009 applications	New FY2010 competition and fund from 2009 applications

	<i>Nursing Education Loan Repayment Program</i>	<i>Scholarships for Disadvantaged Students</i>	<i>Nurse Faculty Loan Program</i>
Type of Award	Service Agreement Contract	Grant	Grant
Non-Federal Recipients	\$26.862	\$39.800	\$11.940
Federal Administration and Support (0.5%)	\$0.135	\$0.200	\$0.060
Total Funding Amount (Million)	\$26.997	\$40.000	\$12.000
Recipients	Registered Nurses	Educational Institutions	Educational Institutions
Beneficiaries	Facilities with a critical shortage of nurses	Students	Students



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	<i>Nursing Education Loan Repayment Program</i>	<i>Scholarships for Disadvantaged Students</i>	<i>Nurse Faculty Loan Program</i>
Methodology for Award Selection	Fund from 2009 applications	Fund from 2009 applications and new FY2010 competition	Fund from 2009 applications and new FY2010 competition

	<i>Faculty Loan Repayment</i>	<i>Centers for Excellence</i>	<i>Health Careers Opportunities Program</i>
Type of Award	Service Agreement Contract	Grant	Grant
<i>Non-Federal Recipients</i>	\$1.176	\$4.899	\$2.504
<i>Federal Administration and Support (0.5%)</i>	\$0.006	\$0.025	\$0.013
Total Funding Amount (Million)	\$1.182	\$4.925	\$2.517
Recipients	Health Professions Faculty from a disadvantaged background	Educational Institutions	Educational Institutions
Beneficiaries	Health Professions schools/programs	Institutions and Students	Institutions and Students
Methodology for Award Selection	Fund from 2009 applications	Fund from 2009 applications	Fund from qualified 2008 applications

	<i>Nursing Workforce Diversity</i>	<i>Licensure Portability Special Initiative</i>	<i>Equipment to Enhance Training of Health Professionals</i>
Type of Award	Grant	Grant	Grant
<i>Non-Federal Recipients</i>	\$2.742	\$1.003	\$50.263
<i>Federal Administration and Support (0.5%)</i>	\$0.014	\$0.005	\$0.253
Total Funding Amount (Million)	\$2.756	\$1.008	\$50.516
Recipients	Educational Institutions	State Licensing Boards/Professional Organizations of Licensing Boards	Educational Institutions
Beneficiaries	Institutions and Students	Health Professionals	Institutions and Students
Methodology for Award Selection	Fund from 2009 applications	New FY2010 Competition	New FY2010 Competition

E. Delivery Schedule

Training In Primary Care Medicine & Dentistry

Guidance Released: April 22, 2010



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Award Date: July 1, 2010
Project Period: July 1, 2010 - June 30, 2015
Quarterly Reports: October 1, 2010 - October 1, 2015

Public Health Traineeships

Guidance Released: March 6, 2009
Award Date: September 1, 2009
Project Period: September 1, 2009 - August 31, 2012
Quarterly Reports: October 1, 2010 - October 1, 2012

Preventive Medicine

Guidance Released: December 21, 2009
Award Date: June 15, 2010
Project Period: July 1, 2010 - June 30, 2013
Quarterly Reports: October 1, 2010 - October 1, 2013

Residency Training in Dental Public Health

Guidance Released: June 17, 2009
Award Date: July 1, 2009
Project Period: July 1, 2009 - June 30, 2012
Quarterly Reports: October 1, 2009 - October 1, 2012

Nursing Education Loan Repayment Program

Guidance Released: February 2, 2009
Award Date: September 30, 2009
Project Period: N/A
Quarterly Reports: N/A

Scholarships for Disadvantaged Students

Guidance Released: May 3, 2009
Award Date: August 1, 2009
Project Period: September 1, 2009 - June 30, 2010
Project Period: July 1, 2010 - June 30, 2011
Quarterly Reports: October 1, 2009 - October 1, 2010

Nurse Faculty Loan Program

Guidance Released: April 17, 2009
Award Date: September 1, 2009
Project Period: August 1, 2009 - June 30, 2010
Quarterly Reports: N/A



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Faculty Loan Repayment

Guidance Released: May 19, 2009
Award Date: September 21, 2009
Project Period: N/A
Quarterly Reports: N/A

Centers for Excellence

Guidance Released: June 15, 2009
Award Date: July 1, 2009
Project Period: September 1, 2009 - August 31, 2012
Quarterly Reports: October 1, 2009 - October 1, 2012

Health Careers Opportunity Program

Guidance Released: June 15, 2009
Award Date: August 1, 2009
Project Period: September 1, 2009 - August 31, 2012
Quarterly Reports: October 1, 2009 - October 1, 2012

Nursing Workforce Diversity

Guidance Released: June 13, 2009
Award Date: September 1, 2009
Project Period: September 1, 2009 - August 31, 2012
Quarterly Reports: October 1, 2009 - October 1, 2012

Licensure Portability Special Initiative

Guidance Released: October 5, 2009
Award Date: March 1, 2010
Project Period: March 1, 2010 - February 28, 2012
Quarterly Reports: June 1, 2010 - June 1, 2012

Equipment to Enhance Training of Health Professionals

Guidance Released: February 26, 2010
Application Start Date: February 26, 2010
Award Date: September 1, 2010
Project Period: September 1, 2010 - August 31, 2011
Quarterly Reports: October 1, 2010 - October 1, 2011

F. Environmental Review Compliance

HRSA has reviewed this activity in accordance with the HHS GAM 30 and discussed the program with the HHS Environmental Program Manager. From this review,



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HRSA has concluded that it qualifies for a Category 2.a. Function Exclusion and there are no additional extraordinary circumstances that may cause significant effects. HRSA will maintain written documentation of all environmental reviews and they will be reported on the Section 1609(c) report.

G. Measures

Organizations receiving ARRA Division A¹ funds will submit section 1512 required data centrally through federalreporting.gov on a quarterly basis. This data is available to the public on Recovery.gov. The Nursing Education Loan Repayment Program and the Faculty Loan Repayment Program provide direct assistance to individuals who are not required to submit reports in accordance with section 1512. For these two programs, financial data required by section 1512 will be consolidated and reported by HRSA to Recovery.gov.

All grantees will report to HRSA through the normal reporting systems on the measures and schedule defined in the following table. Details are provided through guidance to the applicants for competitive programs and through terms and conditions on the Notice of Grant Award for the other programs. Grantees are also expected to fulfill the normal reporting requirements for each specific program. Data on ARRA measures will be consolidated and reported by HRSA to Recovery.gov.

¹ The American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law by President Obama on February 17, 2009. Division A of ARRA appropriates substantial funding for construction, alteration and repair of federal buildings and for infrastructure projects, such as roads, bridges, public transit, water systems, and housing.



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Training in Primary Care Medicine and Dentistry			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Outputs/Jobs			
# of students trained	Quarterly	Recovery.gov, HHS website	Quarterly
Outcome			
# of residents, students/trainees and faculty in clinical training with health service organizations serving underserved areas	Quarterly	Recovery.gov, HHS website	Quarterly
Data Sources and Validation: BHPr Data Collection System for Grants and Cooperative Agreements. Data are entered through a web-based system that incorporates extensive validation checks. Grantees are also required to describe methods and systems they use to collect and submit data. Those with deficient systems are required to submit a corrective action plan.			

Public Health Traineeships			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Outputs/Jobs			
# of traineeships funded	Quarterly	Recovery.gov, HHS website	Quarterly
Outcome			
# of graduates	Quarterly	Recovery.gov, HHS website	Quarterly
Data Sources and Validation: BHPr Data Collection System for Grants and Cooperative Agreements. Data are entered through a web-based system that incorporates extensive validation checks. Grantees are also required to describe methods and systems they use to collect and submit data. Those with deficient systems are required to submit a corrective action plan.			

Preventive Medicine; Dental Public Health			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Outputs/Jobs			
# of residents funded	Quarterly	Recovery.gov, HHS website	Quarterly
Outcome			
# of residents training in underserved areas # of preventive medicine residents practicing preventive medicine	Quarterly	Recovery.gov, HHS website	Quarterly
Data Sources and Validation: BHPr Data Collection System for Grants and Cooperative Agreements. Data are entered through a web-based system that incorporates extensive validation checks. Grantees are also required to describe methods and systems they use to			



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Preventive Medicine; Dental Public Health			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
collect and submit data. Those with deficient systems are required to submit a corrective action plan.			

Nursing Education Loan Repayment Program (NELRP)			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Outputs/Jobs			
# of new NELRP Loan repayment awards (jobs created/preserved)	Quarterly	Recovery.gov, HHS website	Quarterly
Outcome			
Increase in NELRP field strength	Annually	Recovery.gov, HHS website	Annually
Data Sources and Validation: Nursing Information System for NELRP service agreement contract awards. Application data is entered through a web-based system that incorporates consistency and completeness edits. Applicants are also required to supply supporting documentation. Application information is checked with appropriate sources, including lenders.			

Scholarships for Disadvantaged Students			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Outputs/Jobs			
# of scholarships awarded	Academic Year	Recovery.gov, HHS website	Yearly
Outcome			
# of Underrepresented Minority (URM) students	Academic Year	Recovery.gov, HHS website	Yearly
Data Sources and Validation: Data provided by Annual Performance Report completed by each grantee in August. Electronic report system has rigorous validation modules to eliminate error. Additionally, all reports are reviewed by program staff.			

Nurse Faculty Loan Program			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Outputs/Jobs			
# of schools funded	Academic Year	Recovery.gov, HHS website	Yearly
Outcome			
#of students awarded loans to become nurse faculty	Academic Year	Recovery.gov, HHS website	Yearly
Data Sources and Validation: Data provided by Annual Operating Report completed by each grantee in August. Report process uses rigorous validations to eliminate error.			



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Faculty Loan Repayment Program (FLRP)			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Outputs/Jobs			
# of new FLRP loan repayment awards (jobs created/preserved)	Quarterly	Recovery.gov, HHS website	Quarterly
Outcome			
Increase in FLRP field strength	Annually	Recovery.gov, HHS website	Annually
Data Sources and Validation: Application data is entered through a web-based system that incorporates consistency and completeness edits. Applicants are also required to supply supporting documentation. Application information is checked with appropriate sources, including lenders, and validated.			

Centers of Excellence			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Outputs/Jobs			
# of students trained	Quarterly	Recovery.gov, HHS website	Quarterly
Outcome			
% of URM students	Quarterly	Recovery.gov, HHS website	Quarterly
Data Sources and Validation: BHPr Data Collection System for Grants and Cooperative Agreements. Data are entered through a web-based system that incorporates extensive validation checks. Grantees are also required to describe methods and systems they use to collect and submit data. Those with deficient systems are required to submit a corrective action plan.			

Health Careers Opportunity Program			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Outputs/Jobs			
# of student participants	Quarterly	Recovery.gov, HHS website	Quarterly
Outcome			
# of matriculants to health and allied health schools	Academic Year	Recovery.gov, HHS website	Yearly
Data Sources and Validation: BHPr Data Collection System for Grants and Cooperative Agreements. Data are entered through a web-based system that incorporates extensive validation checks. Grantees are also required to describe methods and systems they use to collect and submit data. Those with deficient systems are required to submit a corrective action plan.			



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Nursing Workforce Diversity			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Outputs/Jobs			
# of students trained	Quarterly	Recovery.gov, HHS website	Quarterly
Outcome			
# of graduates	Quarterly	Recovery.gov, HHS website	Quarterly
Data Sources and Validation: BHPr Data Collection System for Grants and Cooperative Agreements. Data are entered through a web-based system that incorporates extensive validation checks. Grantees are also required to describe methods and systems they use to collect and submit data. Those with deficient systems are required to submit a corrective action plan.			

Licensure Portability Special Initiative			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Outputs/Jobs			
# of statutes/regulations/policies/expedited processing systems implemented	Semi-annually	Recovery.gov, HHS website	Semi-annually
Outcome			
Increase the number of individuals holding multiple licenses in each state per discipline	Annually	Recovery.gov, HHS website	Annually
Data Sources and Validation: Progress report will be issued, completed by grantee, and submitted back to the Project Officer. The PO will ensure that data is complete and accurate by contacting the various States participating in the respective consortium for verification.			

Equipment to Enhance Training of Health Professionals Program			
Measure	Reporting Period	How data made available to public	Frequency of making data available to public
Outputs/Jobs			
Proportion of equipment purchases completed by target date	Quarterly	Recovery.gov, HHS website	Quarterly
Outcome			
Proportion of equipment purchases put in service by target date	Quarterly	Recovery.gov, HHS website	Quarterly
Data Sources and Validation: BHPr Data Collection System for Grants and Cooperative Agreements. Data are entered through a web-based system that incorporates extensive validation checks. Grantees are also required to describe methods and systems they use to collect and submit data. Those with deficient systems are required to submit a corrective action plan.			



H. Monitoring and Evaluation

All Recovery Act programs are assessed for risk to ensure that appropriate internal controls are in place throughout the entire life cycle of the program. These assessments are conducted by operating components to comply with the statutory requirements of the Federal Manager's Financial Integrity Act and the Improper Payments Information Act as well as OMB Circular A-123, "Management's Responsibility for Internal Control" (including Appendices A, B, and C).

HRSA's risk management process fits within the overall governance structure established at HHS to address Recovery Act program risks. The HHS Risk Management and Financial Oversight Board provides executive leadership and establishes accountability for the risk assessment process related to internal controls over financial reporting, and the HHS Senior Assessment Team ensures that risk assessment objectives are clearly communicated throughout the Department. HRSA's Senior Assessment Team carries out comprehensive annual assessments of its Recovery Act program(s) to identify risks and develop strategies to address them, including those associated with selecting recipients, awarding and overseeing funds, and achieving program goals. It meets monthly to monitor and assess the effectiveness of mitigation strategies and identify emerging risks.

In addition, HRSA will present its high level risks to the Recovery Act Implementation Team. Chaired by the Deputy Secretary and comprised of senior policy officials from throughout the Department, the Implementation Team convenes monthly to monitor progress in carrying out Recovery Act programs and address the obstacles and risks that could impact on their success.

Monitoring and evaluation of grants will follow existing HRSA grants management processes which includes a financial integrity assessment prior to award (i.e., review of HRSA alert lists and OMB Circular A-133 audit reports to ensure organizations are viable entities). All grant applications will be subject to an objective review and receive a score in accordance with existing HRSA policy. Upon award, conditions and terms will be associated with awards to ensure compliance with financial and performance reporting requirements. Both grants management as well as program staff will monitor awards to ensure compliance with requirements and will quickly identify potential issues and track corrective actions when needed.

I. Transparency

HRSA is open and transparent in all of its contracting and grant competitions and regulations depending on what is appropriate for program activities that involve spending of Recovery Act funding consistent with statutory and OMB guidance including, where appropriate, the use of Grants.gov and FedBizOps.

HRSA ensures that recipient reports required by Section 1512 of the Recovery Act are submitted and reviewed for material omissions and significant errors that would mislead or confuse the public. HRSA informs recipients of their reporting obligation through standard terms and conditions, grant announcements, contract solicitations,



and other program guidance. In addition, HRSA provides key award information to recipients and other technical assistance to grantees and contractors and fully utilizes Project Officers to ensure compliance with reporting requirements.

Every ARRA funded program in HRSA is being structured so that HRSA can track all ARRA financial and performance information separately from existing programs as required by the ARRA, OMB, and HHS guidance. Financial and performance data will be reported through the HRSA website as well as through the government-wide website.

J. Accountability

To ensure that managers are held to high standards of accountability in achieving program goals under the Recovery Act, HRSA has built upon and strengthened existing processes. Senior HRSA/BHPr officials 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. The personnel performance appraisal system also incorporates Recovery Act program stewardship responsibilities for program and business function managers.

K. Barriers to Effective Implementation

Overall Recovery Act implementation is not compromised by any regulatory impediment. To help ensure that HRSA met established timelines and monitoring requirements, additional staff was temporarily hired using the administrative funds set-aside by the Recovery Act. However, some of the temporary staff have found permanent jobs and the funding for the temporary hires will end on 9/30/2010. While the available resources will be sufficient to complete the award activities associated with the Recovery Act, monitoring activities will continue for several years without the staff support provided under the Recovery Act. HRSA is working to implement automated solutions as well as hiring staff in order to continue to monitor grants and activities appropriately.

L. Federal Infrastructure

Not applicable.

Summary of Significant Changes:

At the time the original May 2009 Implementation Plan was issued, the final plan had not yet been approved. This updated plan now reflects all activities which will be implemented under this program and includes performance measures for these activities.