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. 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	FY 2009 Actual Obligations	FY 2010 Estimated Obligations
New Access Point (NAP) Grants	$156.7	155.0	1.7
Increased Demand for Services (IDS) Grants	$343.3	341.9	1.4
Total	500.0	496.9	3.1

B. Objectives

The Health Center Services Recovery Act funding preserves and creates jobs, promotes economic recovery, and helps people most impacted by the recession. These funds 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 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.

IDS grants support health centers' response to increases in demand for services, including addressing increases in uninsured populations and increasing services at existing sites. IDS grants increase health center staffing (i.e., full-time equivalents), extend hours of operations and expand existing services.

Together, NAP and IDS grants will provide services to an estimated 2,870,000 new health center patients, including approximately 1,340,000 new uninsured patients.

These awards also support multiple objectives of the U.S. Department of Health and Human Services (HHS) Strategic Plan, including ensuring access to high quality health care, particularly for vulnerable populations, and promoting preventive care.

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 are using 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 are using 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, Federal Support	$155.9	$341.7
Administration (0.5%)	$ 0.8	$ 1.6
Total Funding Amount (Millions)	$156.7	$343.3
Recipients	Private and Nonprofit Institution/Organizations, Public and Nonprofit Institutions	Private and Nonprofit Institution/Organizations, Public and Nonprofit Institutions
Beneficiaries	general public (medically underserved populations)	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
Planning Phase: 2007
Application Phase: September 28 – December 18, 2007
Award Date: March 2, 2009
Project Period: March 2, 2009 – February 28, 2011
Quarterly Reports: July 1, 2009 through April 1, 2011
Monitoring: Ongoing

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
Quarterly Reports: July 1, 2009 through April 1, 2011
Monitoring: Ongoing

F. Environmental Review Compliance

Working with HHS and the Council on Environmental Quality, HRSA 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 reviewed submissions and conducted additional review and monitoring as needed. Of the 127 NAP grants, 119 were classified under a categorical exclusion (HCHCBIDS-H8A) obtained by HRSA, and 8 required HRSA to conduct an environmental assessment. All reviews have been completed.

HRSA has obtained a categorical exclusion (HCHBIDS-H8B) for compliance with environmental statutes for activities carried out using IDS funds.

For NAP and IDS grants, compliance status is regularly reported on the Section 1609(c) report.

G. Measures

Measurement for both NAP and IDS grants focuses on number of new patients served and number of new uninsured patients served. Grantees will report on measures using their existing patient data collection and personnel systems. All job data are reported, on a quarterly basis, directly by grantees to federalreporting.gov. All outcome measures are reported, on a quarterly basis, directly by grantees to HRSA via the HRSA Electronic Handbook system. Through the quarterly progress reports, grantees are asked to report on major accomplishments and/or progress made as well as any factors that may have impeded progress to date, where appropriate.

Department of Health and Human Services
American Recovery and Reinvestment Act
Strengthening Community Healthcare Services

Outcome/ Achievement	Units	Data Type	9/30/09	12/31/09	3/31/10	6/30/10	9/30/10	12/31/10	3/31/11	Program End
Number of new patients served	New Patients	TARGET	1,000,000	1,320,000	1,630,000	1,940,000	2,250,000	2,560,000	2,870,000	2,870,000
		ACTUAL	1,014,237	1,579,532						
Number of new uninsured patients served	New Uninsured Patients	TARGET	600,000	740,000	860,000	980,000	1,100,000	1,220,000	1,340,000	1,340,000
		ACTUAL	619,575	915,815						

New health center patients served
Frequency: Quarterly
Direction: Increasing
Type: Outcome
Explanation: 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.

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. 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 extend hours of operations and expand existing services. ***Together, NAP and IDS grants will provide services to an estimated 2,870,000 new health center patients.***
Unit: New Patients

New uninsured patients served
Frequency: Quarterly
Direction: Increasing
Type: Outcome
Explanation: 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.

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. 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. ***Together, NAP and IDS grants will provide services to an estimated 1,340,000 new uninsured patients.***

Unit: Uninsured Patients

Data Source for all measures is reporting from grantees; all measures are currently collected in the Health Center Program's quarterly submission of the Health Center Quarterly Report (HCQR). Data will be validated quarterly in comparison with application projections and annual reports sent by grantees to HRSA. The HCQR is validated using edit checks, including checks for missing data and outliers, and checks against history and norms. 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 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. The Team met weekly during the first year of ARRA and continues to meet biweekly 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.

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 is continuing to follow established policies and procedures for health center program training, technical assistance, reporting, data verification, documentation and corrective actions. Ongoing monitoring and evaluation is continuing through at least quarterly communication between grantees and Project Officers, quarterly progress reports, 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. Additionally, HRSA utilizes an early alerts monitoring process to 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.

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. HRSA utilizes existing electronic reporting and information systems to organize program cost and performance information.

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 Health Center Program 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. HRSA's personnel performance appraisal system also incorporates 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 ensure the timely award and appropriate management of funds, and, as appropriate, HRSA Performance Management and Assessment Plans are 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 Center 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 has not encountered 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 were hired. 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 also met weekly with RHRC to ensure selections met OPM requirements and job offers were made in a timely manner.

L. Federal Infrastructure

Not applicable.

Summary of Significant Changes:

- Updated status of Environmental Review Compliance
- Actual measures data through 12/31/10 have been added