

## **Increased Demand for Services Announcement Number: HRSA-09-218**

### **1. Purpose**

The American Recovery and Reinvestment Act (ARRA or Recovery Act), signed into law February 17, 2009, provides \$500 million in grants to support new sites and service areas, increase services at existing sites, and provide supplemental payments for spikes in uninsured populations to health centers that receive operating grants under section 330 of the Public Health Service (PHS) Act, as amended (42U.S.C. 254b).

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.

Additional information on the Recovery Act can be found at <http://www.recovery.gov>. Information on activities related to the Recovery Act at the U.S. Department of Health and Human Services can be accessed at <http://www.hhs.gov/recovery>.

Funds made available by the Recovery Act will support health centers in their efforts to address the increased demand for services nationwide as well as create employment opportunities in underserved communities over the next two years. This announcement details the funding opportunity available for existing Health Center Program grantees under the Increased Demand for Services (IDS) initiative.

Health center grantees requesting IDS funds must demonstrate how these funds will be used to increase the number of total patients and uninsured patients served. Strategies to expand services may include, but are not limited to, adding new providers, expanding hours of operations, and/or expanding existing health center services. As one-time awards, there is no expectation for ongoing support of IDS activities after the end of the 2-year project period.

Grantees must comply with applicable requirements of section 330 of the PHS Act, and guidelines, including the Health Center Program Requirements available at <http://bphc.hrsa.gov/about/requirements.htm>. Recovery Act grants administered by the Health Resources and Services Administration will have separate reporting requirements and funding categories (i.e., grantees will need to be able to track IDS funds separately from a health center's current section 330 funds). Reporting requirements and expectations related to Recovery Act funding are discussed below.

## **2. Summary of Funding**

HRSA will award approximately \$340 million, through formula allocation grants, for one-time IDS funding in fiscal year (FY) 2009 to support existing Section 330 funded health centers. IDS funding will be awarded for a **2-year project period** (i.e., funds will only be available for two years). There is no expectation for ongoing support of IDS activities after the end of the 2-year project period. IDS grant funding will be provided to each grantee at the same program distribution level (i.e., special population funding proportions) as its existing operational grant funding.

In a separate correspondence through the Electronic HandBook (EHB) system, HRSA will communicate to each health center grantee the maximum amount grantees are eligible to request. Proposals will be submitted through HRSA's EHB. Grantees will need to submit the following items:

- A completed Standard Form 424 Face Page,
- A project budget, and
- A project description.

It is expected that the request for Federal support and the budget will be reasonable and appropriate based on an increased level of effort **within the current scope of project**, and an increased number of total and uninsured patients served.

## **3. Eligibility**

In FY 2009, the following types of existing health centers currently receiving support under the Health Center Program are eligible for IDS funds:

- Community Health Centers (CHC) - section 330(e)
- Migrant Health Centers (MHC) - section 330(g)
- Health Care for the Homeless (HCH) - section 330(h)
- Public Housing Primary Care (PHPC) - section 330(i)

## **4. Methodology**

Maximum funding allocations were determined based on the patient information submitted by each Health Center Program grantee in their respective 2008 Uniform Data System (UDS) report. For each health center grantee, this amount has been derived from the following formula:

- All section 330 grantees will receive a base allocation of \$100,000.
- An additional \$6.00 per health center patient, as exhibited on the 2008 UDS submission, plus
- An additional \$19.00 per health center uninsured patient, as exhibited on the 2008 UDS submission.

In the event that calendar year (CY) 2008 UDS data was not available, CY 2007 UDS data was used in determining the funding allocation. For those grantees with neither CY 2007 nor CY 2008 UDS reports, the maximum amount that can be requested is the base allocation of \$100,000.

## 5. Eligible Use of Funds

Current section 330 grantees will submit a request for financial assistance to increase and expand comprehensive primary care services to an underserved area or population that is currently in their approved scope of project at the time of application. **All activities to be supported under the IDS must be within a grantee's current scope of project.**

Allowable uses of operational grant funds under section 330 will generally apply to IDS grants, unless specifically excluded in this funding announcement. **The following uses of grant funds are not eligible under IDS:**

- Construction costs (including minor alterations and renovation).
- Support of sites or services not included in the grantee's current scope of project.
- Facility or land purchases.
- Equipment items costing \$5,000 or more.

## 6. Budget

A complete budget presentation includes one budget in line-item form for the 2-year IDS project period. Please see the sample budget in Appendix 1 for further details.

## 7. Project Description

The project description should provide a framework and description of all aspects of the proposed IDS project, including how the funds will be used. Please be aware that all information presented in the description is publishable and may be used to provide information to the public and Congress. Grantees are expected to describe the impact of IDS funding to be achieved over the 2-year IDS project period. Please see Appendix 2 for proposed staffing and utilization for IDS funds.

The project description should address the following:

1. **NEED.** The need for health services in the community and target population(s), including the needs of special populations (i.e., migrant and seasonal farmworkers, people experiencing homelessness, and/or residents of public housing) and the uninsured.
2. **PROJECT TYPES.** How the proposed IDS project(s) will impact the need for health services in the community and target populations. Grantees will be required to identify how IDS funds will be applied to:
  - a. Increase health center staffing (i.e., full-time equivalents)
  - b. Extend hours of operations
  - c. Expand existing services
  - d. Other (specify)
3. **PROJECT DESCRIPTION.** How the grantee will implement the IDS project(s) in a manner that is appropriate and responsive to the identified community and target population health care needs. Include a description of the types of services impacted as well as strategies/methods for expanding access to primary care services and increasing capacity.
4. **IMPACT.** How the proposed outcomes of IDS project(s) will be measured, including projected:
  - a. Number of new patients (unduplicated)
  - b. Number of new visits

- c. Number of new uninsured patients
- d. Number of new full-time equivalents (FTEs)
- e. Number of retained jobs

For the purposes of the IDS funding under the Recovery Act, the following definitions will be used:

- *New jobs* include new positions created and filled or previously existing unfilled positions that are filled as a result of IDS funding.
- *Retained jobs* include those positions preserved from layoffs or terminations and those restored to full-time as a result of IDS funding.
- New and retained FTEs include both direct hire and contractual staff.

## **8. Submission Dates and Times**

Submission of the SF 424 face page, project budget, and project description will be completed through HRSA's EHB. The due date for submission of IDS proposals is **March 16, 2009** at 8:00 P.M. ET. Submissions will be considered as meeting the deadline if they are electronically marked on or before the due date. Delays are anticipated in the processing of IDS funding for submissions received after the deadline date.

## **9. Reporting**

Grantees must continue to comply with the usual and customary reporting requirements of the Health Center Program, in addition to specific Recovery Act reporting. Recipients of Recovery Act funding will be required to provide periodic reports to ensure that funds are used for authorized purposes and instances of fraud, waste, error, and abuse are mitigated. Recovery Act funds can be used in conjunction with other funding as necessary to complete projects, but tracking and reporting must be separate to meet the reporting requirements of the Recovery Act.

Health center grantees will be required to provide periodic reports on the impact of IDS funding including:

1. Number of new patients
2. Number of new visits
3. Number of new uninsured patients
4. Number of new full-time equivalents (FTEs)
5. Number of retained jobs
6. Actual versus projected budget information—uses of IDS grant funds

Generally, as required by the Recovery Act, recipients are required to report the following information to the Federal agency providing the award 10 days after the end of each calendar quarter; submission dates will be July 10, October 10, January 10, and April 10. These reports will include the following data elements, as prescribed by the Recovery Act:

1. The total amount of Recovery Act funds;
2. The amount of Recovery Act funds received that were obligated and expended to projects or activities. This reporting will also include unobligated allotment balances to facilitate reconciliations.
3. A detailed list of all projects or activities for which Recovery Act funds were obligated and expended, including

- a. The name of the project or activity;
  - b. A description of the project or activity;
  - c. An evaluation of the completion status of the project or activity;
  - d. An estimate of the number of jobs created and the number of jobs retained by the project or activity
4. Detailed information on any subcontracts or subgrants awarded by the recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282), allowing aggregate reporting on awards below \$25,000 or to individuals, as prescribed by the Director of the Office of Management and Budget.

**10. Agency Contacts**

<b>TYPE OF ASSISTANCE NEEDED</b>	<b>PLEASE CONTACT</b>
Business, administrative, or fiscal issues related to this announcement	Donna Marx Health Resources and Services Administration Division of Grants Management Operations Office of Federal Assistance Management Telephone: 301-594-4245 Fax: 301-443-6686 Email: <a href="mailto:dmarx@hrsa.gov">dmarx@hrsa.gov</a>
Program issues	Marie Legaspi Health Resources and Services Administration Bureau of Primary Health Care Office of Policy and Program Development Telephone: 301-594-4319 Fax: 301-594-4997 Email: <a href="mailto:mlegaspi@hrsa.gov">mlegaspi@hrsa.gov</a>
Electronic submission issues	<p><b>BPHC Help Desk</b>            UDS electronic reporting questions  <a href="mailto:BHCMISYS@hrsa.gov">BHCMISYS@hrsa.gov</a> or 1-301-443-7356            Weekday and weekend 7:00 A.M. to 7:00 P.M. (ET)</p> <p><b>HRSA Call Center</b>            EHB accounts and user access questions  <a href="mailto:CallCenter@hrsa.gov">CallCenter@hrsa.gov</a> or 1-877-464-4772            Monday through Friday 8:30 A.M. to 5:00 P.M. (ET)</p>

## APPENDIX 1

### Line-Item Budget [Required Format]

The following required format is provided to assist you in developing your line-item budget. It should reflect the total necessary costs for the proposed IDS project.

<b>Category</b>	<b>Line Item</b>	<b>Total</b>
<b>Revenue</b>	Patient Service Income	
	Local and State Grants	
	Local Funding	
	Federal BPHC ARRA Grant	
	Other Federal Funding	
<b>Revenue Total</b>		
<b>Expenses</b>	Personnel	
	Fringe Benefits	
	Travel	
	Supplies	
	Contractual	
	Other	
<b>Expenses Total</b>		

**APPENDIX 2**

**Proposed Staffing and Utilization (Form 14R)**

<b>Personnel by Major Service Category</b>		<b>New and Retained FTEs (a)</b>	<b>New Clinic Encounters (b)</b>	<b>New Patients (c)</b>
<b>Medical Care Services</b>				
1.	Family Physicians			
2.	General Practitioners			
3.	Internists			
4.	Obstetrician/Gynecologists			
5.	Pediatricians			
7.	Other Specialty Physicians			
8.	<b>Subtotal Physicians (Sum lines 1-7)</b>			
9a.	Nurse Practitioners			
9b.	Physician Assistants			
10.	Certified Nurse Midwives			
10a.	<b>Subtotal Mid-Levels (Sum lines 9a-10)</b>			
11.	Nurses			
12.	Other Medical Personnel			
13.	Laboratory Personnel			
14.	X-Ray Personnel			
15.	<b>Total Medical (Sum lines 8+10a through 14)</b>			
<b>Dental Services</b>				
16.	Dentists			
17.	Dental Hygienists			
18.	Dental Assistance, Aides, Techs			
19.	<b>Subtotal Dental Services (Sum lines 16-18)</b>			
<b>Mental Health Services</b>				
20a.	Psychiatrists			
20a1.	Licensed Clinical Psychologists			
20a2.	Licensed Clinical Social Workers			
20b.	Other Licensed Mental Health Providers			
20c.	Other Mental Health Staff			

<b>Personnel by Major Service Category</b>		<b>New and Retained FTEs (a)</b>	<b>New Clinic Encounters (b)</b>	<b>New Patients (c)</b>
20.	<b>Mental Health (Sum lines 20a-20c)</b>			
<b>Substance Abuse Services</b>				
21.	<b>Substance Abuse Services</b>			
<b>Other Professional Services</b>				
22.	<b>Other Professional Services</b> Specify: Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>			
<b>Pharmacy Personnel</b>				
23.	<b>Pharmacy Personnel</b>			
<b>Enabling Services</b>				
24.	Case Managers			
25.	Patient/Community Education Specialists			
26.	Outreach Workers			
27.	Transportation Staff			
27a.	Eligibility Assistance Workers			
27b.	Interpretation Staff			
28.	Other Enabling Services			
29.	<b>Subtotal Enabling Services (Sum lines 24-28)</b>			
<b>Other Programs/Services</b>				
29a.	<b>Other Programs/Services</b> Specify: Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>			
<b>Administration and Facility</b>				
30a.	Management and Support Staff			
30b.	Fiscal and Billing Staff			
30c.	IT Staff			
30.	<b>Subtotal Administrative Staff (Sum lines 30a-30c)</b>			
31.	Facility Staff			

<b>Personnel by Major Service Category</b>		<b>New and Retained FTEs (a)</b>	<b>New Clinic Encounters (b)</b>	<b>New Patients (c)</b>
32.	Patient Support Staff	<input type="text"/>		
33.	<b>Total Administrative &amp; Facility (Sum lines 30-32)</b>			
				<input type="button" value="Save"/>
<b>Grand Total</b>				
34.	<b>Grand Total (Sum lines 15+19+20+21+22+23+29+29a+33)</b>	<input type="text"/>		

## **Frequently Asked Questions**

### **What are the eligibility requirements for IDS funding?**

Health centers currently receiving operating grants under section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). The submission will be a request for financial assistance by current section 330 grantees to increase and expand comprehensive primary care services to an underserved area or population that is presently in the grantee's current scope of project at the time of application.

### **Will there be an opportunity to request additional IDS funds for grantees with unique circumstances?**

This process utilizes all of the one-time Recovery Act funds allocated for IDS. There will not be an opportunity to request additional funds.

### **With IDS funding, will grantees be allowed to expand capacity outside of their current and approved scope of project?**

No, IDS funds may not be used to expand capacity at sites operated outside of a grantee's current approved scope of project. However, in the event a grantee needs to request a change in scope, please refer to Policy Information Notice 2008-01: Defining Scope of Project and Policy for Requesting Changes.