

# Fiscal Year 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) Supplemental Funding Guidance

## EXECUTIVE SUMMARY

Due Date for Submissions	HRSA Electronic Handbooks submission only: May 23, 2022 (5:00 pm ET)
Anticipated Total Available Funding	\$88.4 million <ul style="list-style-type: none"> <li>• \$82.3 for H8F-funded health centers</li> <li>• \$6.1 for L2C-funded look-alikes</li> </ul>
Award Amount	Approximately \$60,000, see <a href="#">Award Information</a>
Estimated Number of Awards	1,474 <ul style="list-style-type: none"> <li>• 1,372 H8F-funded health centers</li> <li>• 102 L2C-funded health centers</li> </ul>
Period of Performance	From August 1, 2022, through the end of the American Rescue Plan (ARP) budget period: <ul style="list-style-type: none"> <li>• March 31, 2023, for H8F-funded health centers</li> <li>• June 30, 2023, for L2C-funded look-alikes</li> </ul>
Eligible Award Recipients	H8F and L2C award recipients

Visit the [ARP-UDS+ technical assistance webpage](#) for details about live and recorded events, agency contacts, and other resources specific to this funding opportunity.

## PURPOSE

This announcement details the fiscal year (FY) 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) supplemental funding opportunity for HRSA-funded health centers awarded ARP (H8F) funding and Health Center Program look-alikes awarded ARP (L2C) funding (hereafter referred to as health centers except when award differences require a distinction to be made). The purpose of the ARP-UDS+ one-time investment is to support health centers to respond to and mitigate the spread of COVID-19 and enhance health care services and infrastructure. This funding can be used by health centers for COVID-19 vaccination capacity, COVID-19 response and treatment capacity, maintaining and increasing health center capacity, recovery and stabilization, and infrastructure, including expanding their analytics and/or reporting capacity.

ARP-UDS+ funding will allow HRSA funded health centers to better respond to and mitigate the spread of infectious diseases, like COVID-19, and to enhance health care services and infrastructure by supporting the improvement of their health information technology and/or training of staff. These funds are being made available to support high-

quality, patient-level Uniform Data System Patient-Level Submissions (UDS+)<sup>1</sup> and may be used to support other [ARP allowable activities](#), including for pre-award costs for carrying out ARP allowable activities dating back to January 31, 2020, and ending on the date of award.

## **AUTHORITY**

Section 2601, American Rescue Plan Act of 2021 (P.L.117-2), Social Security Act, Sections 1861(aa)(4) and 1905(l)(2)(B) (42 U.S.C. 1395x(aa)(4)(B) and 42 U.S.C. 1396d(l)(2)(B)(iii)), and Public Health Service Act, Section 330 (42 U.S.C. 254b)).

## **ELIGIBILITY**

Current HRSA-funded health centers with active ARP H8F funding and current Health Center Program look-alikes with active ARP L2C funding are eligible to apply for ARP-UDS+ supplemental funding.<sup>2</sup>

## **BACKGROUND**

In FY 2021, the American Rescue Plan Act (ARP) provided one-time funding to HRSA-funded health centers and look-alikes to respond to and mitigate the spread of COVID-19 and enhance health care services and infrastructure. FY 2022 ARP-UDS+ funding will continue to support the ARP purpose by supporting ARP activities, including health information technology infrastructure investments and increasing and training staff in data analysis and reporting.

The [UDS Modernization Initiative](#) aims to increase the utility of the UDS report data and reduce the annual reporting burden. This initiative will align annual health center reporting with interoperability standards and reporting requirements used across the U.S. Department of Health and Human Services and within the health care industry.

As part of the modernization initiative, health centers will submit a redesigned patient-level section of the UDS report to HRSA through manual file upload or the Fast Healthcare Interoperability Resources ([FHIR](#)). FHIR is an application programming interface-focused standard used to represent and exchange health information. This redesigned section of the UDS report will replace the existing patient-oriented tables, aggregated at the health center level, with patient-level data for the calendar year 2023 UDS report. However, UDS+ reports submitted to HRSA will not consist of a full copy of each patient's electronic medical records and cannot be used to directly identify patients.

At the health center level, standardization of patient-level health data will enable the identification of populations most at risk for health disparities and will provide data to

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<sup>1</sup> Consistent with the Health Resources and Services Administration (HRSA) [UDS Modernization Initiative](#).

<sup>2</sup> An active ARP grant is one that has not been closed out in the Payment Management System (PMS). Even if your health center has expended all of your H8F or L2C ARP funds, you can still apply for ARP-UDS+ funding if your ARP award has not been closed out in PMS.

inform potential clinical interventions.<sup>3</sup> The enhancements that health centers may make to their infrastructure using ARP-UDS+ funds will support patient-level reporting and enable them to better identify, measure, and investigate disparities in health care use and health outcomes by race, ethnicity, age, and other important demographic factors, and to more precisely target their resources accordingly. Furthermore, the ability to collect, house, and report standardized patient-level health data will support health centers' participation in critical population health surveillance activities during public health emergencies.

At the federal level, patient-level data will enable HRSA to better evaluate the Health Center Program, provide targeted training and technical assistance, and advance quality improvement research. Such research may lead to improvements inequitable access to high-quality, cost-effective care, including addressing the ongoing impacts of COVID-19 and supporting responses to future public health emergencies.

ARP-UDS+ funding will support improvements in infrastructure, such as health information technology, and enhanced data collection and reporting through FHIR. These funds also may be used to support other [ARP allowable activities](#), consistent with ARP purposes as COVID-19 circumstances and related community, patient, and organizational needs evolve, in one or more of the following areas:

1. Plan, prepare for, promote, distribute, administer, and track COVID–19 vaccines, and to carry out other vaccine-related activities.
2. Detect, diagnose, trace, and monitor COVID–19 infections and related activities necessary to mitigate the spread of COVID–19, including activities related to, and equipment or supplies purchased for, testing, contact tracing, surveillance, mitigation, and treatment of COVID-19.
3. Purchase equipment and supplies to conduct mobile testing or vaccinations for COVID-19, purchase and maintain mobile vehicles and equipment to conduct such testing or vaccinations, and hire and train laboratory personnel and other staff to conduct such mobile testing or vaccinations, particularly in medically underserved areas.
4. Establish, expand, and sustain the health care workforce to prevent, prepare for, and respond to COVID–19, and to carry out other health workforce-related activities.
5. Modify, enhance, and expand health care services and infrastructure.<sup>4</sup>
6. Conduct community outreach and education activities related to COVID–19.

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<sup>3</sup> Zhang, X., Haliu, B., Tabor, D. C., Gold, R., Sayre, M. H., Sim, I., Jean-Francois, B., Casnoff, C. A., Cullen, T., Thomas, V. A., Artiles, L., Williams, K., Le, P.-T., Aclin, C. F., and James, R. 2019. Role of health information technology in addressing health disparities. *Medical Care* 57 (6 Suppl 2): S115-S120.

<sup>4</sup> Funds may not be used for alteration/renovation, which is defined as an activity that modernizes, improves, and/or reconfigures the interior arrangements of an existing facility; improves and/or replaces exterior envelope; improves accessibility (such as sidewalks and ramps) and/or life safety requirements in an existing facility. For more information, see <https://bphc.hrsa.gov/programopportunities/fundingopportunities/capdev.html>.

## AWARD INFORMATION

Approximately \$88.4 million in supplemental funding is available in FY 2022 to support additional allowable ARP activities, including UDS+ activities, through the end of your ARP period of performance (March 31, 2023 for HRSA-funded health centers and June 30, 2023 for look-alikes).

## SUMMARY OF FUNDING

HRSA anticipates awarding approximately \$60,000 per awardee through one-time supplemental funding. Depending on the number of approvable applications, HRSA may adjust award amounts consistent with funds available for this supplemental funding opportunity at the time award decisions are made. Cost sharing or matching is not required.

HRSA expects to release funding on or around August 1, 2022, for use throughout the remainder of your American Rescue Plan Act (H8F or L2C) award's period of performance (until March 31, 2023 for HRSA-funded health centers and June 30, 2023 for look-alikes), as well as for pre-award costs for carrying out [ARP allowable activities](#), described in 1-6, above, dating back to January 31, 2020 and ending on the date of award.

## SUBMISSION REQUIREMENTS

To request ARP-UDS+ funding you must submit the following items through the HRSA Electronic Handbooks (EHBs) by 5 pm ET on May 23, 2022:

### 1. Project Description

A Project Abstract is not required for this funding opportunity and will not be reviewed by HRSA. Enter only your H8F or L2C grant number into the Project Abstract box.

### 2. Project Narrative

A Project Narrative is not required for this funding opportunity and will not be reviewed by HRSA. Attach a blank document in the required Project Narrative box; no narrative information is required because your proposed activities will be gathered through your [ARP-UDS+ Activities Plan](#).

### 3. Application for Federal Assistance (SF-424A)

Complete Sections A through C of the SF-424A and leave Sections D through F blank. Detailed instructions for the SF-424A can be found in the [SF-424 Application Guide](#).

- In Section A – Budget Summary, in the Federal column, enter the federal funding requested, up to \$60,000. Estimated Unobligated Funds are not applicable for this funding opportunity. Enter all other project costs in the Non-Federal column.
  - HRSA-funded health center ARP H8F awardees: You must request funding and funding will be awarded proportionately for all population types for which you currently receive Health Center Program funding. No new population

- types may be added for this purpose.
- Health Center Program look-alikes ARP L2C awardees: You must enter the federal funding requested under the L2C-ARPA subsection.
- In Section B – Budget Categories, enter an object class category (line item) budget, broken out by federal and nonfederal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Narrative.
- In Section C – Non-Federal Resources, enter the amount of all other sources of funding for the proposal, not including the federal funding request. The total in Section C must be consistent with the Non-Federal Total in Section A. When providing Non-Federal Resources by funding source, include other federal funds supporting the proposed project in the “other” category.

#### 4. Budget Narrative

The Budget Narrative must clearly detail the federal and non-federal costs (including program income, if any) for each line item within each object class category noted on the SF-424A - Section B. It should include enough detail to enable HRSA to understand how each cost contributes to meeting the intent of the ARP-UDS+ supplemental funding opportunity. The costs must clearly align with the [Equipment List](#) form and proposed activities in the [ARP-UDS+ Activities Plan](#) form.

Funding may also be used to support costs dating back to January 31, 2020 expended in alignment with the [purpose](#) of ARP-UDS+ funding. In your budget narrative, provide a detailed description of the pre-award costs, which must have been incurred between January 31, 2020 and the date of the ARP-UDS+ award, including the date incurred. See the sample budget narrative on the [ARP-UDS+ technical assistance webpage](#) for how to document such costs.

Cost categories that may be included in the Budget Narrative are:

- Personnel. Funds can be used to support personnel costs (i.e., salary and fringe benefits) to support activities related to the [ARP-UDS+ funding purpose](#). However, because this is a one-time funding opportunity, any personnel hired will have to be supported from a different source once the [period of performance](#) is completed.
- Fringe benefits: List the components of the fringe benefit rate for proposed direct hire staff. Fringe benefits should be directly proportional to the proposed personnel costs.
- Travel. Reflect expenses associated with consultant travel and travel for staff or health care providers to attend trainings. List travel costs according to local and long distance travel. For local travel, include the mileage rate, number of miles, reason for travel, and individuals traveling.
- Equipment. List equipment costs consistent with those provided in the [Equipment List](#) form. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000.
- Supplies. List the items necessary for implementing the proposed activities. Equipment that does not meet the \$5,000 threshold listed above should be

included here.

- Contractual. Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. You are responsible for ensuring that your organization/institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.
- Other. Include all costs that do not fit into any other category and provide an explanation of each cost.
- Personnel Justification Table (if applicable). If you propose to use ARP-UDS+ funding to support personnel costs (i.e., salary and fringe benefits), submit a Personnel Justification Table at the bottom of the Budget Narrative. The table must demonstrate that ARP-UDS+ funding will not be used to pay the salary of an individual at a rate in excess of [Executive Level II of the Federal Executive Pay scale](#).<sup>5</sup>

## 5. Equipment List Form (if applicable)

If you include equipment costs in the Budget Narrative, you must include an Equipment List form.

## 6. Project Overview

Complete the [ARP-UDS+ Activities Plan](#) form to indicate your proposed activities. Your activities must align with your proposed budget. The activities listed are not exhaustive, and you may write in self-defined activities under “Other” within each activity category. Reference the list of allowable activities in [Appendix A](#).

All activities proposed in the ARP-UDS+ Activities Plan form must be consistent with the [ARP-UDS+ purpose](#) and must align with your current HRSA-funded health center (H80) or LAL scope of project. You must receive approval for any changes in scope before implementing a new service, service delivery method, or service delivery site or location in support of your ARP-UDS+ activities.

## INELIGIBLE COSTS

All proposed budget items must directly support the [purpose](#) of ARP-UDS+ funding, as demonstrated in the Budget Narrative attachment and the [ARP-UDS+ Activities Plan](#) form. The following uses of funds are not permitted:

- Costs already supported by a Health Center Program H80 operational award or by supplemental awards (N/A for look-alikes);
- Purchase or upgrade of an EHR that is not ONC-certified;<sup>6</sup>

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<sup>5</sup> OPM “Rates of Pay for the Executive Schedule” link on this website has the most current salary limitation. Effective January 2022, the Executive Level II salary increased from \$199,300 to \$203,700.

<sup>6</sup> The Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology have established standards and other criteria for structured data. For additional information, refer to <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html>.

- Fixed equipment costs, such as permanent signage or heating, ventilation, and air conditioning (HVAC) units (exception: the purchase of generators is allowed);
- Construction, including minor alterations and renovation;
- Facility or land purchases.

Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all grants awarded under this announcement and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

You may not use grant funds for costs that are reimbursed or compensated by other federal or state programs that provide for such benefits, including but not limited to the [CARES Act Provider Relief Fund](#), [Health Center COVID-19 Vaccine Program](#), [HRSA COVID-19 Testing Supply Program](#), or unemployment compensation.

## **FUNDING RESTRICTIONS**

[HRSA's Standard Terms](#) apply to this supplemental funding.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including, but not limited to, statutory restrictions on use of funds for lobbying, executive salaries, gun control, and abortion. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01](#).

Any program income generated as a result of awarded funds must be used for approved project-related activities. You can find post-award requirements for program income at [45 CFR § 75.307](#).

Awards are subject to the provisions of Executive Order 12372, as implemented by Uniform Guidance 2 CFR part 200 (as codified by HHS at 45 CFR part 75), as well as all applicable Health Center Program administrative and national policy requirements. Award recipients must comply with applicable requirements of all other federal laws, executive orders, regulations, and policies governing the Health Center Program.

## **DUE DATE AND AWARD NOTICE**

Applications are due in the EHBs by 5:00 PM ET on May 23, 2022. HRSA anticipates that awards will be made on or around August 1, 2022.

## SUBMISSION REVIEWS

HRSA will conduct technical reviews for completeness, eligibility, and allowable costs. HRSA reserves the right to request budget modifications and/or activities revisions if an application is not fully responsive to the ARP-UDS+ supplemental funding opportunity instructions, or if [ineligible activities](#) are proposed.

## UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM)

The UEI, a “new, non-proprietary identifier” assigned by the System for Award Management ([SAM.gov](#)), will replace the Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

- You can register in [SAM.gov](#) and you will be assigned your UEI (SAM) within [SAM.gov](#).
- You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems ([SAM.gov](#), CPARS, FAPIIS, eSRS, FSRs, FPDS-NG).

For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

## AWARD RECIPIENT STATUS

Prior to award, HRSA will assess the award status of all applicants. You are not eligible to receive ARP-UDS+ supplemental funding if you are no longer a(n):

- Active recipient<sup>7</sup> of ARP (i.e., H8F or L2C) funding, and
- Current Health Center Program (H80) award recipient or currently designated look-alike.

## ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES

HRSA may apply special conditions of award or elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory, or other requirements ([45 C.F.R. § 75.205](#)).

HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award.

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<sup>7</sup> An active ARP grant is one that has not been closed out in the Payment Management System (PMS). Even if your health center has expended all of your H8F or L2C ARP funds, you can still apply for ARP-UDS+ funding if your ARP award has not been closed out in PMS.



Following review of all applicable information, HRSA's approving and business management officials will determine if HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 C.F.R. § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 C.F.R. § 75.212](#)).

## **REPORTING REQUIREMENTS**

Since ARP-UDS+ funding will supplement previously awarded ARP awards, there will be no unique reporting requirements for this supplemental funding. Award recipients will include progress on the activities supported by the one-time ARP-UDS+ funding in their ARP quarterly progress reports (see [H8F](#) and [L2C](#) progress report guides). More information will be posted to the [ARP-UDS+ technical assistance webpage](#).

## APPENDIX A

### Fiscal Year 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) Activities Plan

In the EHBs, complete the ARP-UDS+ Activities Plan form to indicate activities you plan to conduct using your ARP-UDS+ supplemental funding. On the Funding Request section of the form, you will indicate if you will be using ARP-UDS+ supplemental funding to carry out only UDS+ activities, only other ARP activities, or both UDS+ and other ARP activities. You will then fill out the UDS+ activity checklist, the Other ARP activity checklist, or both checklists, as relevant.

When completing the UDS+ activities form, select activities that will help you prepare for UDS+ patient-level reporting. When completing the Other ARP activities form select activities that address the ARP [purpose](#), based on how community, patient, and organizational needs have evolved over time.

#### Instructions for Completing the ARP-UDS+ Activities Plan

- **Funding Request.** Mark “YES” or “NO” (only one “YES” is permitted) to indicate if:
  - You will use this funding to support only UDS+ activities.
  - You will use this funding to support only other ARP activities.
  - You will use this funding to support both UDS+ and other ARP activities.
  - If you do not wish to receive ARP-UDS+ supplemental funding, mark “NO” for all three funding request questions.
- **UDS+ Activities.** Mark “YES” to indicate how you will use supplemental ARP-UDS+ funding to prepare for UDS+ patient-level reporting.
  - If you are proposing to use ARP-UDS+ funding to support a UDS+ activity that will be completed in the remainder of your ARP [performance period](#), mark “YES” next to that activity.
  - You may write in self-defined UDS+ activities under “Other” for each category. You may add as many “Other” rows as necessary to describe any additional proposed activities. Please be as specific as possible to support review and approval of your application.
- **Other ARP Activities.** Mark “YES” to indicate how you will use supplemental ARP-UDS+ funding to carry out other ARP activities that respond to and mitigate the spread of COVID-19 and enhance health care services and infrastructure.
  - If you are proposing to use ARP-UDS+ funding to support an other ARP activity that will be completed in the remainder of your ARP [performance period](#), mark “YES” next to that activity.
  - You may write in self-defined ARP activities under “Other” for each category. You may add as many “Other” rows as necessary to describe any additional

proposed activities. Please be as specific as possible to support review and approval of your application.

**Fiscal Year 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) Activities Plan Template**

<b>Funding Request</b>		
If NO is selected for all questions below, you will not complete additional forms or attachments and you will not receive supplemental ARP-UDS+ funding.		
Do you request ARP-UDS+ supplemental funding to support only UDS+ reporting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Note: If YES is selected, you will complete the UDS+ Activities list.		
Do you request ARP-UDS+ supplemental funding to conduct only other ARP activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Note: If YES is selected, you will complete the Other ARP Activities list.		
Do you request ARP-UDS+ supplemental funding to support both UDS+ reporting and other ARP activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Note: If YES is selected, you will complete both the UDS+ Activities list and the Other ARP Activities list.		

**Uniform Data System Patient-Level Submission (UDS+) Activities List**

<b>Improve Health Information Technology (Health IT)</b>	
<b>Reporting:</b> Improve data quality, aggregation, and analytic capacity to better facilitate UDS+ reporting.	<input type="checkbox"/> YES
<b>Data Integration:</b> Develop data warehousing capabilities to integrate clinical, financial, and/or operational data.	<input type="checkbox"/> YES
<b>Workflow Design:</b> Develop or modify operational workflows to systematically collect data on social risk factors and other barriers that influence patients' health outcomes and receipt of health care.	<input type="checkbox"/> YES
<b>Data Collection:</b> Enhance data collection on structural, process, and outcome measures most meaningful to patients.	<input type="checkbox"/> YES
<b>FHIR:</b> Develop or modify clinical and operational workflows to implement new health IT, Fast Healthcare Interoperability Resources (FHIR), and UDS+ reporting.	<input type="checkbox"/> YES
<b>Interoperability Standards:</b> Enhance EHR interoperability and health information exchange with FHIR in order to support enhanced data collection, improve UDS+ reporting, and align with national interoperability standards.	<input type="checkbox"/> YES
<b>Data Storage:</b> Improve data storage and accessibility through new or expanded server capacity.	<input type="checkbox"/> YES
<b>Internet Efficiency:</b> Update Internet systems to enhance efficiency (e.g., fiber optics lines, increased Internet bandwidth, new routers).	<input type="checkbox"/> YES

<b>Improve Health Information Technology (Health IT)</b>	
<b>External Data Sites:</b> Increase connectivity to external data recovery sites that host health centers' health IT systems.	<input type="checkbox"/> YES
<b>Software:</b> Purchase or upgrade Office of the National Coordinator for Health Information Technology (ONC)-certified technology, including electronic health records (EHRs).	<input type="checkbox"/> YES
<b>Hardware:</b> Purchase laptop computers, portable devices (e.g., tablets), kiosks, and modular workstation adaptations to improve patient services and engagement, and increase the efficiency and/or quality of patient data retention to improve clinical outcomes.	<input type="checkbox"/> YES
Other Activities	
<b>Other:</b> Provide details	<input type="checkbox"/> YES

<b>Recruiting and/or Training Staff</b>	
<b>Data Training:</b> Provide staff and/or provider training to support enhanced clinical data entry and extraction.	<input type="checkbox"/> YES
<b>Software Training:</b> Train providers and staff to implement and optimize use of FHIR, and UDS+ enhancements and equipment.	<input type="checkbox"/> YES
<b>Workflow Design:</b> Develop or modify clinical and operational workflows to enable improved collection and utilization of clinical quality data.	<input type="checkbox"/> YES
<b>Staffing:</b> Increase FTE for internal individuals or hire and/or contract external individuals experienced in patient-level data collection and analysis to produce test files for UDS+ reporting.	<input type="checkbox"/> YES
Other Activities	
<b>Other:</b> Provide details	<input type="checkbox"/> YES

**Other ARP Activities List**

<b>COVID-19 Vaccination Capacity</b>	
<b>Vaccine Administration:</b> Administer vaccinations at permanent and temporary health center service sites or other locations, including through mobile, drive-up, walk-up, or community-based vaccination events. Such vaccine administration activities should address the unique and evolving access barriers experienced by underserved and vulnerable populations and be carried out in alignment with CDC, state/jurisdiction, and other public health guidance.	<input type="checkbox"/> YES

<b>COVID-19 Vaccination Capacity</b>	
<b>Outreach:</b> Perform vaccine-related outreach and education, including promoting health center vaccination efforts and supporting COVID-19 vaccine acceptance. Such activities should include a focus on providing services to racial and ethnic minorities, homeless individuals and families, agricultural workers, residents of public housing, individuals with limited English proficiency, and other underserved and vulnerable populations at greatest risk for COVID-19 exposure or severe disease.	<input type="checkbox"/> YES
<b>Enabling Services:</b> Expand or increase health center enabling services (e.g., transportation, translation, interpretation) that facilitate access to COVID-19 vaccination.	<input type="checkbox"/> YES
<b>Vaccine Administration Workflows and Clinical Support:</b> Modify, enhance, and expand systems and workflows to efficiently and effectively administer COVID-19 vaccine, including aligning workflows with current and evolving public health guidance, enhancing and maximizing use of patient registries, enhancing clinical decision support and use of data from electronic health records (EHR), and coordination and collaboration with jurisdictions and other community partners.	<input type="checkbox"/> YES
<b>Vaccine Management and Distribution:</b> Support vaccine ordering, distribution to administration sites, and inventory management, including activities necessary for participation in the CDC COVID-19 Vaccination Program and/or the Health Center COVID-19 Vaccine Program.	<input type="checkbox"/> YES
<b>Personnel:</b> Hire and/or contract additional health center providers, clinical staff, and other personnel (e.g., pharmacy personnel, community health workers, patient/community education specialists, billing staff, case managers, information technology staff) as needed to support COVID-19 vaccination.	<input type="checkbox"/> YES
<b>Training:</b> Train health center workforce on vaccine handling, storage, and administration; assessment and prioritization of patients; and social and other barriers to accessing care.	<input type="checkbox"/> YES
<b>Data Systems and Reporting:</b> Establish and enhance health center data systems that ensure that vaccine administration data are available, secure, complete, timely, valid, and reliable and support related data reporting activities.	<input type="checkbox"/> YES
<b>Health Information Interoperability:</b> Purchase or enhance health information technology software and hardware that support interoperability of health center data systems with federal, state, and local vaccine administration and distribution data systems.	<input type="checkbox"/> YES
<b>Adverse Events Monitoring:</b> Establish and enhance workflows and personnel skills to diagnose, treat, and report potential COVID-19 vaccination adverse events.	<input type="checkbox"/> YES
<b>Hours and Availability:</b> Support increased access to COVID-19 vaccination through extended health center operating hours; enhanced telephone triage capacity; mobile, virtual, and home services; and establishment of temporary service sites and locations.	<input type="checkbox"/> YES
<b>Develop and Deploy Digital Tools:</b> Develop and/or enhance health center websites, patient portals, digital applications, and other tools to support	<input type="checkbox"/> YES

COVID-19 Vaccination Capacity	
scheduling, show rates, and follow up for COVID-19 vaccination.	
Other Activities	
<b>Other:</b> Provide details	<input type="checkbox"/> YES

COVID-19 Response and Treatment Capacity	
<b>Test and Treat:</b> Increase capacity for “test and treat” comprehensive strategies to enable close linkage of early diagnosis and outpatient treatment.	<input type="checkbox"/> YES
<b>Testing:</b> Support self, mobile, drive-up and/or walk-up testing that addresses the unique and evolving access barriers experienced by underserved and vulnerable populations in the community.	<input type="checkbox"/> YES
<b>Hours and Availability:</b> Support increased access to COVID-related services (e.g., screening, testing, and treatment) through extended health center operating hours; enhanced telephone triage capacity; mobile, virtual, and home services; and temporary service sites and locations.	<input type="checkbox"/> YES
<b>Develop and Deploy Digital Tools:</b> Develop and/or enhance websites, patient portals, digital applications, and other tools to support scheduling, show rates, and follow up for COVID-related services including screening, vaccination, testing, and contact tracing.	<input type="checkbox"/> YES
<b>Personnel:</b> Hire and contract additional clinical staff and other personnel (e.g., community health workers, behavioral health specialists, billing staff, case managers) who will support health center outreach, testing, delivery of test results, COVID-19 treatment, and related behavioral health services.	<input type="checkbox"/> YES
<b>Laboratory:</b> Support health center COVID-19 testing and laboratory costs, including purchasing COVID-19 tests; distribution of home tests to established health center patients; specimen handling and collection; and storage and processing equipment.	<input type="checkbox"/> YES
<b>Treatment:</b> Provide health center-based treatment for patients with COVID-19, as appropriate (including monoclonal antibody therapy).	<input type="checkbox"/> YES
<b>Care Coordination:</b> Support care coordination with other health care providers for patients that require hospitalization or other advanced care and treatment not available through the health center.	<input type="checkbox"/> YES
<b>Workflows:</b> Enhance workflows using CDC guidance to facilitate access to testing and necessary follow up services, including risk modification education, plans for repeat testing, and treatment.	<input type="checkbox"/> YES
<b>Interoperability:</b> Enhance health information exchange capacity to support communications with public health partners, emergency response teams, centralized assessment locations, reporting entities and registries, and/or other health care providers.	<input type="checkbox"/> YES

<b>COVID-19 Response and Treatment Capacity</b>	
<b>Reporting:</b> Report information on COVID-19 infection to federal, state, and local public health agencies consistent with applicable law (including laws relating to communicable disease reporting and privacy).	<input type="checkbox"/> YES
<b>Supplies and Equipment:</b> Purchase equipment and supplies to diagnose and treat COVID-19 (e.g., COVID-19 tests, radiological equipment, health information technologies, PPE, hygiene and other disposable supplies), along with temporary signage to promote testing and treatment locations.	<input type="checkbox"/> YES
<b>Outreach:</b> Conduct outreach and education to patients who may be at risk of COVID-19 exposure or severe illness, have need for extra precautions, or who have barriers to accessing testing or treatment, including enrollment in affordable health insurance coverage options.	<input type="checkbox"/> YES
<b>Enabling Services:</b> Expand or increase health center enabling services (e.g., transportation, translation, interpretation) that facilitate access to COVID-19 education, testing, and treatment.	<input type="checkbox"/> YES
<b>Contact Tracing:</b> In coordination with federal, state, and local public health activities, notify identified contacts of infected health center patients of their exposure to COVID-19, consistent with applicable law (including laws relating to communicable disease reporting and privacy).	<input type="checkbox"/> YES
<b>Other Activities</b>	
<b>Other:</b> Provide details	<input type="checkbox"/> YES

<b>Maintaining and Increasing Capacity</b>	
<b>Personnel:</b> Ensure the availability of comprehensive primary and behavioral health care, through in-person and virtual visits, to meet the needs of underserved and vulnerable populations in the community by supporting salaries and benefits for health center personnel providing in-scope services.	<input type="checkbox"/> YES
<b>Immunization (other than COVID-19 vaccination):</b> Establish and/or expand adult and childhood immunization/vaccination programs, including aligning workflows with current public health guidance, maximizing use of patient registries, enhancing clinical decision supports and use of data from electronic health records (EHR), leveraging community partners, increasing staff, purchasing vaccines and supplies, storage, and outreach.	<input type="checkbox"/> YES
<b>Facilitating Access:</b> Expand or increase enabling services (e.g., transportation, translation, outreach, eligibility assistance) and other strategies, such as home and/or virtual visits, that facilitate access to care and address social and other risk factors, including those amplified or worsened by the public health emergency.	<input type="checkbox"/> YES
<b>Broadband:</b> Increase the health center's broadband capacity to support virtual care models and assist patients in connecting to virtual care by	<input type="checkbox"/> YES

<b>Maintaining and Increasing Capacity</b>	
referring them to government subsidy programs such as the Emergency Broadband Benefit program and the Lifeline program.	
<b>Telehealth:</b> Expand and enhance health center telehealth capacity to perform triage, deliver care, support care transitions, and support follow-up via telehealth, including the use of home monitoring devices and video to provide care to patients in their homes, community settings, and other locations. Support access to virtual care for patients with unstable or no housing or other barriers to accessing care.	<input type="checkbox"/> YES
<b>Training and Education:</b> Train personnel on digital platforms, devices, and workflows supporting the use of telehealth, and provide patient education that will increase digital literacy and competence using digital devices and applications that promote health.	<input type="checkbox"/> YES
<b>Develop and Deploy Digital Tools:</b> Develop and/or enhance software and digital applications to support patients' access to and engagement in virtual care, including patient self-management tools, remote patient monitoring, patient portals, digital applications, websites, and use of social media.	<input type="checkbox"/> YES
<b>Cybersecurity:</b> Enhance telehealth and health information technology cybersecurity infrastructure, including mobile device management, patient portals, and digital applications; develop and implement plans for data risk management, mitigation, and recovery; and update software and operating systems.	<input type="checkbox"/> YES
<b>Equipment and Supplies:</b> Purchase equipment and supplies to support the provision of comprehensive primary care (e.g., clinical and diagnostic equipment; telehealth equipment; information technology systems to enhance data collection, exchange, reporting, and billing; equipment and supplies for use by remotely located staff to ensure continuity of health center services).	<input type="checkbox"/> YES
<b>Electronic Health Record (EHR):</b> Purchase or upgrade an EHR that is certified by the Office of the National Coordinator for Health Information Technology.	<input type="checkbox"/> YES
<b>Re recuperative Care:</b> Provide or support short-term health services to individuals recovering from an acute illness or injury. Such services do not include health services provided in lieu of or concurrent to hospitalization, skilled nursing, or other residential health care.	<input type="checkbox"/> YES
<b>Behavioral Health:</b> Enhance or expand access to behavioral health (mental health and substance use disorder) services.	<input type="checkbox"/> YES
<b>Community Partnerships:</b> Establish and strengthen community partnerships and referrals for housing, child care, food banks, employment, education counseling, legal services, and other related services.	<input type="checkbox"/> YES
<b>Early Childhood Health:</b> Enhance developmental promotion, screening, and follow up to support early childhood health and family well-being by hiring and training new personnel (e.g., developmental-behavioral pediatricians, early childhood mental health consultants, developmental psychologists, community health workers, case managers, health education specialists).	<input type="checkbox"/> YES
<b>Access for Families:</b> Expand workflows to optimize virtual care and home visiting for activities such as developmental screening, behavioral health, care	<input type="checkbox"/> YES



Maintaining and Increasing Capacity	
coordination, and health education to address childhood developmental delays and social risk factors.	
Other Activities	
<b>Other:</b> Provide details	<input type="checkbox"/> YES

Recovery and Stabilization	
<b>Pent Up Demand:</b> Bring sites, services, and staff to an operational capacity sufficient to meet pent up demand for services, including addressing the needs of patients and other vulnerable populations who have been without care and whose conditions and needs may have been exacerbated by the social and financial impacts of COVID-19.	<input type="checkbox"/> YES
<b>Patient Registries:</b> Develop new and/or update existing patient registries to support continuity of services to patients, including those who have delayed care due to factors related COVID-19.	<input type="checkbox"/> YES
<b>Virtual Care:</b> Expand and enhance virtual care to respond to evolving service area and patient needs and to support access to equitable, high quality care for populations served by the health center.	<input type="checkbox"/> YES
<b>Care Transitions and Coordination:</b> Support transitions in care settings and coordination with health care and public health partners to address changing needs by enhancing workflows, updating telehealth plans, and enhancing health information and data exchange capacity.	<input type="checkbox"/> YES
<b>Outreach:</b> Conduct outreach to patients and residents of the service area who have been out of care or who may be in need of a medical home.	<input type="checkbox"/> YES
<b>Facilitating Access:</b> Expand or enhance enabling or other services to address the unique and evolving access barriers experienced by underserved and vulnerable populations who have been without care and whose conditions and needs may have been exacerbated by the social and financial impacts of COVID-19.	<input type="checkbox"/> YES
<b>Population Health and Social Determinants:</b> Enhance or update patient population and community needs assessments; update strategic plans, policies, and procedures to reduce disparities in access, care delivery, and clinical quality measures; expand or develop new partnerships with social services organizations that can address identified social determinants of health; and develop or enhance the data infrastructure necessary to track and close social service referral loops.	<input type="checkbox"/> YES
<b>Patient Engagement:</b> Enhance patient activation and engagement, including through virtual and in-person outreach and education, self-management programs and techniques, partnerships with families and caregivers, patient-centered care coordination, and other evidence-based interventions to support self-care.	<input type="checkbox"/> YES

<b>Recovery and Stabilization</b>	
<b>Workforce Well-being:</b> Assess needs and develop interventions to support staff well-being and address needs related to burnout and recovery, productivity, stress, professional fulfillment, diversity, and inclusion.	<input type="checkbox"/> YES
<b>Training:</b> Adapt and deliver staff training to meet new and returning patients' needs, including training to assess and address social risk and other barriers to accessing and engaging in care provided by the health center.	<input type="checkbox"/> YES
<b>Continuity of Care:</b> Increase team-based and inter-professional service delivery through both in-person and virtual visits to provide continuity of care.	<input type="checkbox"/> YES
<b>Strategic Planning:</b> Align strategic plans to reflect recovery and stabilization needs.	<input type="checkbox"/> YES
<b>Early Childhood Health Partnerships:</b> Establish and expand partnerships and referral networks with community services to address developmental delays and social risk factors, such as housing, child care, food security, violence prevention, and medical-legal partnerships.	<input type="checkbox"/> YES
<b>Access for Families:</b> Enhance capacity to engage families that have fallen out of care during the COVID-19 public health emergency to ensure that they receive the recommended comprehensive care and resources that align with the child's age, development, and social risk factors, including hiring and training new personnel (e.g., outreach workers, case managers, community health workers, other enabling personnel) to support vaccinations, developmental screenings, intervention referrals, and health education and counseling.	<input type="checkbox"/> YES
Other Activities	
<b>Other:</b> Provide details	<input type="checkbox"/> YES

Sources: [FY 2021 American Rescue Plan Funding for Health Centers \(H8F\) Activities and Allowable Uses of Funds](#) and [FY 2021 American Rescue Plan – Funding for Look-Alikes \(ARP-LAL\) Activities Plan](#).