

Attachment 8A

Explanatory Note for Department of Health & Human Services (HHS) November 2, 2009

ACF - Administration for Children & Families

Child Care and Development Block Grant total represents the 315 awards issued to date.

Children and Family Services Program total includes:

- an estimate of 600 Early Head Start Expansion awards, which will be issued during FY 2010 (NOTE previous report error, this number was incorrectly entered on Page 2 Line 2 under “Head Start Expansion” as 1 EA;
- 1,701 awards issued as Head Start Cost of Living Adjustment (COLA) and Quality Improvement (QI) actions (NOTE increase from 109 previously reported);
- 219 awards issued under the Head Start Expansion Program (NOTE previous report error, this number of 200 projects now increased to 219 was incorrectly entered on Page 2 Line 3 under “Early Head Start Expansion”). All of these actions have completed EAs;
- 105 mandatory awards reflect an increase of 2 awards over the previous report and 47 discretionary awards (decreased from 96 awards) issued under the Community Services Block Grant Program and NOTE: the discretionary awards are not withdrawals, but due to the original estimate of 2 awards per each of 48 eligible States, the final number of 47 is correct and no additional awards are anticipated at this time);
- 84 awards reflecting 2 additional awards issued under the Strengthening Communities Fund Grant Program.

The 315 Child Care and Development Block Grants, 105 Community Services Block Grants, and 84 Strengthening Communities Fund Grants were reviewed and categorically excluded in accordance with HHS NEPA procedures.

Head Start Expansion and Early Head Start Expansion programs allow for construction and major renovations; therefore, Categorical Exclusions (CEs) are not applicable. Under the ACF’s Programmatic Environmental Assessment (PEA) for Head Start and Early Head Start programs, applicants are required to prepare an Environmental Report. The reports received from the applicants undergo a final evaluation and ACF completes the work necessary for NEPA compliance.

The *Head Start Cost of Living Adjustments/Quality Improvement (COLA/QI)* and *Head Start Expansion* awards have been issued to existing Head Start grantees. The original grants were awarded in previous years under ACF’s established PEA, prior to the ARRA requirement to track the dates for each NEPA action. The NEPA status for these actions is reflected as “Done” with an aggregate completion date of 31 December 2008.

Attachment 8A

Explanatory Note for Department of Health & Human Services (HHS) November 2, 2009

Given that *Head Start Expansion* awards will be issued during FY 2010 and the applicant's environmental reports will be reviewed when they are received, the NEPA status for these actions is reflected as "Pending", and the Environmental Reviews and Documents are Completed status is reflected as "No".

AHRQ - Agency for Healthcare Research & Quality

Information is provided on a single CE for \$300,000,000 for the implementation plan for AHRQ's Comparative Effectiveness Research (CER) program which will provide information on the relative strengths and weakness of various medical interventions. The NEPA review for this program was concluded with a CE. AHRQ has estimated that they will employ grants (68), contracts (3), task order contracts (21), and salaries and benefits to undertake this research. Actual numbers will be updated in subsequent reports. An additional \$800,000,000 from the ARRA appropriations for CER will be disbursed through two additional spend plans being developed by the National Institutes of Health (NIH) and the Office of the Secretary (OS) – these activities are pending CEs.

For this reporting period, AHRQ has obligated over \$6.4 million in contracts (5) and salaries and benefits related to our Comparative Effectiveness spend plan. These contracts include \$2.5M to modify the John M. Eisenberg Clinical Decisions and Communications Science Center contract. The Eisenberg Center contract modification will expand their scope of work to include additional translation and dissemination activities. Approximately 15 to 45 tools including summary guides for consumers, clinicians and policymakers are expected to be funded with ARRA funds, depending on the number of comparative effectiveness reviews produced and the scope of those reports. The ARRA funds will primarily be used to support grantees in developing and implementing innovative approaches to integrating comparative effectiveness research findings into clinical practice and health care decision making. This program has been reviewed and a CE is determined to be the appropriate level of NEPA review.

AoA- Administration on Aging

AoA received \$32 million in funding for Home-Delivered Nutrition Services, \$65 million for Congregate Nutrition Services (to provide meals and related nutrition services for seniors who are homebound), and \$3 million for Nutrition Services for Native Americans (to provide meals and related nutrition services for American Indian, Alaskan Native and Native Hawaiian elders). These programs have been reviewed and CEs are determined to be the appropriate level of NEPA review. The AoA reports 56 awards to States and Territories for each of these 2 programs (Congregate Nutrition Services (56) and Home-Delivered Nutrition Services [56]) and 246 awards for the third program (Nutrition Services for Native Americans), for a total of 358 awards.

Attachment 8A

Explanatory Note for Department of Health & Human Services (HHS) November 2, 2009

CDC - Centers for Disease Control & Prevention

The CDC has 3 NEPA actions for the \$,990,000,000 appropriations for Prevention and Wellness Fund. The spending and implementation plans for these activities have been reviewed and the projects and activities have been found to be categorically excluded from further NEPA review in accordance with HHS NEPA procedures.

These activities receiving Division A of the American Recovery and Reinvestment Act of 2009 funds include: 64 immunization programs that include all 50 states, Washington DC, 5 urban areas, the U.S. Territories, and selected Pacific Island nations; and programs to reduce preventable Healthcare Associated Infections through State health department efforts, including leveraging the National Healthcare Safety Network to support the dissemination of HHS evidence-based practices within hospitals.

This report period also addresses the program project to address chronic disease prevention and control in four well-established, demographically diverse population areas in the United States: large cities, urban areas, tribal communities, and state-coordinated small cities and rural areas. The focal points for the implementation of plans for this effort are state health departments, local health departments, and tribes which possess the infrastructure to rapidly deploy programs and interventions to their citizens.

One line item was transferred to the Center for Medicare and Medicaid Services (CMS). One project will be transferred to AoA before awards are made to applicants relative to the applicable Funding Opportunity Announcement. Although AoA has completed the NEPA review, the transfer of funds from the CDC appropriation is still pending. CDC has completed NEPA review for their portions of the funds and AoA and CMS have completed independent NEPA review for their portions.

CMS – Centers for Medicaid and Medicare Services

The total appropriation of Division A funding available is \$10,000,000 and the obligated funding for the 12 states are reflected report. Under the American Recovery and Reinvestment Act of 2009, CMS has awarded funding to 12 states in FY09 for the improvement of State Survey Agency inspection capability for Ambulatory Surgical Centers. CMS will make 43 additional awards to states with FY10 funding for this program. The intent of this program is to make funds available for State-level implementation of healthcare associated infection (HAI) reduction strategies. The funds will also be used to enhance HAI prevention activities and increase oversight and accreditation at the state level. This reporting period reflects 12 projects funded to states and CMS anticipates an additional 43 grants to states in FY2010. No funds will be released until all NEPA documentation is complete.

Attachment 8A

Explanatory Note for Department of Health & Human Services (HHS) November 2, 2009

CMS has determined that these activities fall within a CE for NEPA under the NEPA procedures as published in the HHS General Accounting Manual (GAM), the review is complete and pending final administrative signatures.

HRSA - Health Resources & Services Administration

The number of pending CEs and the Environmental Assessments (EAs) for the Health Center Cluster Program (H8A) Grants were updated since the last report to reflect completed reviews and finalized project scopes. In some cases the scopes of some of the previously reported H8A grants were still being finalized, so HRSA erred with caution and reported those as EA pending in the first report. It has now been determined that the majority of the grants can appropriately be categorically excluded. Of the 88 grants previously reported as EA pending, it is now projected that only six will require an EA. Those six will be used for separate work being funded under the pending Capital Improvement Program (CIP) grants to be awarded in July.

On June 6, 2009, HRSA awarded 1,123 Capital Improvement Program grants, which are reported as 2,614 projects for: (1) health center equipment and information technology, certified electronic health records and health information technology; (2) alterations, repairs, and renovation of health centers; and (3) construction and expansion of health centers. The CIP construction and renovation grants were awarded with restrictions allowing grantees to only engage in completing A&E/design, finalizing permits, and completing NEPA and Section 106 review. There are a number of pending CEs and the EAs as the grant review processes are ongoing.

In some cases there are more projects than NEPA actions listed because some programs or groups of projects could be covered by one NEPA action (CE). These actions are typically personnel or minor medical equipment or supply purchases (e.g., stethoscopes, examination tables).

The overall number of CE and EA actions decreased from 1,052 CEs to 12 CEs, and 1,570 EAs to 280 EAs. This is due to individual projects being grouped together under various NEPA documents when the projects were similar in nature.

Eight projects, an increase of 2, under the Health Center Cluster program (Row 4 on Page 2 of the spreadsheet) involved alteration and renovations and did not fall under a CE. After review of the proposed scopes, these projects are listed under one PEA. 5 projects are approved. An additional 3 projects are pending approval, with restricted funding until Section 106 clearance has been completed.

Two additional Increased Demand for Services grants were awarded during the last quarter, bringing the number of awards to 1130. The grants are provided for the purpose of providing health care services and were Categorically Excluded from further review under the National Environmental Policy Act.

Attachment 8A

Explanatory Note for Department of Health & Human Services (HHS) November 2, 2009

One minor correction from the previous report. One grantee (Planned Parenthood of El Paso, TX) withdrew from the 330 program and returned all 330 and ARRA funding for reasons unrelated to ARRA. This is reflected as 2 projects withdrawn, one under the Increased Demand for Services Program and one under Health Center Cluster Program.

Eight new programs were awarded funding during the last quarter for the purpose of providing training and health care services and were Categorically Excluded from further review under the National Environmental Policy Act.

- National Health Service Corps, Loan Repayment Program (direct payment): 464 Awards
- Nursing Education Loan Repayment Program(direct payment): 426 Awards
- State Loan Repayment Program: 18 Grants
- Grants for Residency Training in Dental Public Health: 3 Grants
- Public Health Traineeship Program: 30 Grants
- Scholarships to Disadvantaged Students: 281 Grants
- Nurse Faculty Loan Program: 65 Grants
- Health Information Technology Initiative: 26 Grants. Note that the CE under the Health Information Technology grants is still pending receipt of documentation noting no extraordinary circumstances from grantees. This is expected within the next few weeks.

Capital Improvement Grant Award projects are still undergoing project scope review and approval. As scopes were being reviewed, it was determined that some projects were originally incorrectly classified, and other project scopes underwent revision, requiring reclassification. The following adjustments are noted to the overall 2616 grants that were awarded on June 6, 2009:

1. Health center equipment and information technology, certified electronic health records and health information technology projects increased from 1050 to 1082. 1 CATEX for 90 projects is pending scope review to ensure that projects are limited to medical and IT equipment.
2. Alterations, repairs, and renovation of health center projects decreased from 1153 to 1132. While projects are listed under one PEA. 60 projects are approved, and an additional 85 projects are pending, with restricted funding pending Section 106 clearance.
3. Construction and expansion of health center projects, decreased from 411 to 400. Projects are listed under one PEA. 678 projects are approved, and an additional 432 projects are pending, with restricted funding pending Section 106 clearance.

IHS - Indian Health Service

The 'Indian Health Facilities' and the 'Indian Health Services' report includes the number of funded projects that were obligated by contracts, Memorandum of Agreements

Attachment 8A

Explanatory Note for Department of Health & Human Services (HHS) November 2, 2009

(MOA)s, Indian Sanitation Facilities Act (Public Law 86-121) agreements, or other authorized obligating agreements through June 30, 2009.

The 'Indian Health Facilities' appropriations include maintenance and improvement projects, repair and renovation projects, acquisition of medical equipment and CT scanners, and sanitation projects. The activities listed are undergoing an environmental review according to IHS policies and procedures; hence, their pending status. Blank items indicate that the level of NEPA will be determined when sufficient information about the project is available.

The 'Indian Health Services' appropriations includes 63 categorically excluded activities, mostly acquisition, related to Health information technology (HIT) Electronic Health Record Development & Deployment, Telehealth and Network Infrastructure and Project Management, Transparency.

Obligations, NEPA status and activities are reported in the Section 1609(c) report and include:

Sanitation Projects:

- 5 sanitation projects are jointly funded with EPA ARRA funds
- 11 sanitation projects are funded with EPA ARRA funds only

For this reporting period, projects 'pending' have reduced from 425 to 140 that are carry-overs pending completion of NEPA review. These projects are on schedule and in various stages of the routine work order processing system (including NEPA review and concurrent design, materials procurement and regulatory permitting etc.) prior to actual construction. Unless there are extraordinary or exceptional circumstances, most of these 'pending' projects are being processed as CEs, while 3 projects may require EAs.

Health Facilities Construction (Rows 322 and 323 on Page 2 of the spreadsheet): Both projects have completed their NEPA and other environmental requirements and are not expected to change in future reports.

Equipment: Three of the NEPA actions for equipment, which were previously listed as one line item, were withdrawn and reentered as distinct line items (see table below). The description was also modified, by adding the affected IHS 'Area' to each equipment line to clarify the activity.

309.1	<i>Indian Health Facilities</i>	Equipment / Acquisition of medical equipment and CT scanners, Billings Area	9	ce	done
309.2	<i>Indian Health Facilities</i>	Equipment / Acquisition of medical equipment and CT scanners, Billings Area	3		withdrawn

Attachment 8A

Explanatory Note for Department of Health & Human Services (HHS) November 2, 2009

309.3	<i>Indian Health Facilities</i>	Equipment / Acquisition of medical equipment and CT scanners, Billings Area	4	ce	pending
310.1	<i>Indian Health Facilities</i>	Equipment / Acquisition of medical equipment, California Area	19	ce	done
310.2	<i>Indian Health Facilities</i>	Equipment / Acquisition of medical equipment, California Area	6	ce	pending
316.1	<i>Indian Health Facilities</i>	Equipment / Acquisition of X-Ray Units - Federal Sites: Yakima, PO Area	1	ce	done
316.2	<i>Indian Health Facilities</i>	Equipment / Acquisition of X-Ray Units - Federal Sites: Warm Springs, PO Area	1	ce	done

Health Information Technology: No change from the previous report.

NIH- National Institutes of Health

The NIH has the following appropriations under ARRA: “Building and Facilities”; “NCRR Extramural construction/Shared Instrumentation” (National Center for Research Resources [NCRR]); and “Office of the Director (OD), Scientific Research”. A portion of the appropriation for “Comparative Effectiveness Research” from AHRQ has been transferred to NIH and used the OD Treasury Appropriation Fund Symbol, 75-0845, and is therefore included in “Office of the Director, Scientific Research.”

“Building and Facilities” currently has 16 projects/activities with 13 CEs (one is pending and 12 are completed), one completed EA and two completed Environmental Impact Statements (EISs). The one project pending is waiting on information from the Maryland State Historic Preservation Officer.

The NCRR specializes in extramural grants and grantees are authorized to conduct initial environmental reviews which have resulted in 126 CEs and 3 EAs. The EAs will be coordinated with the NIH and completed prior to construction grants being dispersed.

The OD appropriations are made available to the various Institutes and Centers through grants which may be intramural or extramural research and are usually determined to be CE. Appropriations to OD for Comparative Effectiveness Research include 22 projects which have been incorporated into the OD line item. Those projects/activities with approved spend plans have completed NEPA reviews. Currently, there have been 1,245 activities under the OD resulting in CEs.

Attachment 8A

Explanatory Note for Department of Health & Human Services (HHS) November 2, 2009

OS - Office of the Secretary

The OS appropriations include: General Departmental Management; Office of the National Coordinator for Health Information Technology (ONC HIT); and Public Health and Social Services Emergency (IT Security). General Department Management funds used to administer and oversee the projects/activities receiving funding under Division A of ARRA are not reported.

The IT Security and approximately \$1.5 Billion of the ONC HIT appropriations are pending final determinations as CEs (CEs).

The approximately \$500 million remaining of the ONC HIT appropriations are forthcoming and will undergo review as appropriate – a CE is expected to be appropriate and therefore the report shows a CE as pending. Additionally a portion of the appropriation for “Comparative Effectiveness Research” from AHRQ will be transferred to OS at a later date and undergo similar review.

NEPA reviews for OS ARRA funding are completed. The spend plans for ONC HIT and the IT Security were reviewed in accordance with HHS NEPA procedures and determined to be categorically excluded from further NEPA review. The IT Security program reports 1 NEPA action for 21 projects, while the ONC HIT program has no projects awarded, so reflects 1 NEPA action for 1 program. Both these numbers are expected to increase in 2010.

Additionally a portion of the appropriation for “Comparative Effectiveness Research” (CER) from AHRQ was transferred to OS and categorically excluded from further review. Reporting for OS CER will fall under the AHRQ Section 1609(c) report.

ONC HIT: As of the report ending this period, the total obligations reported on the Section 1609 (c) report reflect administrative activities and no grants awards at this time. The Funding Opportunity Announcements (FOA) for the Health Information Technology Extension program and the State Health Information Exchange program were released on August 20, 2009. Preliminary applications for the Health Information Technology Extension program were due on September 8, 2009. These applications have moved through the objective review process, and approved applicants were invited to submit full applications which are due on November 3, 2009. For the State Health Information Exchange program, Letters of Intent were due on September 11, 2009 and applications are due on October 16, 2009. To date, \$570,000 in ARRA funds were transferred to the Office of Civil Rights who obligated them for contractual work related to privacy and security initiatives.

Attachment 8A

**Explanatory Note for Department of Health & Human Services (HHS)
November 2, 2009**

IT Security: Obligated funds for this period are reported in the Section 1609(c) report and reflect 21 activities (contracts and purchase orders) for this CE in support of the following initiatives:

1. Security Incident Response & Coordination
2. Operating Division (OPDIV) Security Engineering and Technical Staff Support
3. Enterprise-wide Security Situational Awareness
4. Endpoint (Desktop Computer) Protection, Internet Content Web Security Filtering, and Data Loss Prevention
5. Enhanced OPDIV Security Architecture, Engineering, and Implementation

###