

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Performance Report for Grants and Cooperative Agreements

ACADEMIC YEAR 2018-2019



**Instruction Manual for Grantees of the
Nurse Anesthetist Traineeship**

Annual Performance Report

Welcome


Welcome to the Bureau of Health Workforce's Performance Measures Handbook (BPMH)! This instruction manual has been carefully designed to assist your organization in completing the required Performance Report for Grants and Cooperative Agreements (PRGCA). Please read through this manual carefully, as it contains examples and a series of step-by-step instructions that will aid you in completing all required forms.


1. All required performance measures are linked to the following legislative purpose(s) of the **NAT** grant program:
 - **To provide traineeships to eligible individuals enrolled in an accredited graduate-level nurse anesthesia degree program.**
2. Data submitted by grantees of the program must cover all activities that took place between **July 01, 2018 - June 30, 2019** (Referred to as **Annual Performance Report**).
3. **The PRGCA is due no later than July 31, 2019.** Failure to submit a PRGCA by this date may place your grant in a noncompliant status.
4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all PRGCAs submitted by grantees. In the case that revisions are needed, you will be granted the ability to re-enter the BPMH system, make corrections, and submit a revised PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.
5. We appreciate your feedback and assistance during this process. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center. All requests for technical assistance will be coordinated through the Call Center and responded to promptly: **Call Center Phone Number: 877-G04-HRSA (877-464-4772) or Call Center Online Assistance Form: [click here](#).**

Getting Started

The Office of Management and Budget (OMB) has issued a 3-year approval for the annual collection of performance measures across all grants and cooperative agreements funded through the Health Resources and Services Administration's Bureau of Health Workforces (BHW) (OMB # **0915-0061**; Expiration Date: **03/31/2022**). The BPMH system has been significantly enhanced to incorporate all approved subforms, as well as increase system performance and functionality. Throughout the manual, there are several icons that identify tips and other important information that will assist you in completing each subform accurately (see below).

 Marks a warning statement. Please read information in **bold** carefully in order to complete each subform accurately.

 Marks a tip or important note for completing a specific column or subform in the BPMH system.

 Marks the end of a subform and provides instructions for initiating required validations checks.

Due to the nature of annual reporting, the BPMH system has been recently enhanced to prepopulate specific columns within certain subforms with data submitted in a previous reporting period. In addition, a "View Prior Period Data" link has been added at the top of each subform in order to provide you with easy access to data submitted by your organization in prior reporting periods.

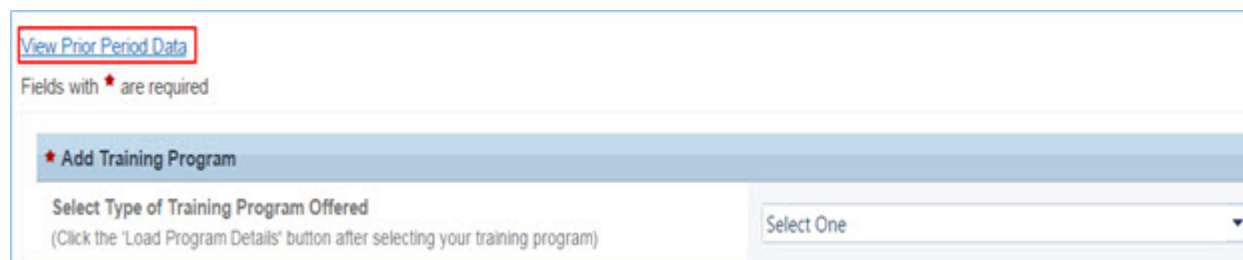



Figure 1. Screenshot of View Prior Period Data Link

Getting Started - How Performance Measure Data Fields Are Identified in the Forms

No.	Type of Training Program	Trainees by Training Category		Attrition	
		Enter # of Enrollees	Enter # of Graduates	Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion
	(1)	(2) Block 1	(5) Block 4	(7) Block 6	(8) Block 6a
1	Degree/Diploma MD/MPH Health Policy & Management	20	5	1	0



Column Number
Block Number

Figure 2. Example of Performance Measures Data Table

There are two (2) types of data entry field identifiers. Each data entry field in a performance measure is identified with both types of numbers when the measure appears like the example in the above Figure.

1. **Column Numbers:** The first is a Column number. It is contained in parentheses above the Block number. Column numbers are unique to the field in a particular form and are used to identify error messages. If you receive an error message, it will refer to a Column Number. In that circumstance, find the Column number in the form to locate the error. Data fields that are prepopulated may only be identified with a Column number as shown in Column #1 in the above Figure.
2. **Block Numbers:** The second type of identifier is a Block number. Block numbers are also unique to a data entry field and correspond to the paper version of the performance measures. If you print the performance measures or received paper copies, the data fields are identified with a Block number. The Block numbers here in the EHB are the same as what appears in the paper copies of the performance measures. Nearly all fields where you enter data will be identified with a Block number.

Getting Started: Browser Settings



Warning: Check your browser settings before beginning your PRGCA. Incompatible browsers or incorrect settings will cause forms to display incorrectly.

1. HRSA's Electronic Handbook system (EHB) is compatible only with certain Internet browsers that have specific settings. Please check your settings by logging into EHB and clicking the 'Recommended Settings' tab that appears in the yellow banner at the top left of your home screen. The system will check your browser and its settings for compatibility.
2. There are multiple checks that are performed, and you must receive green check marks next to each setting in order to proceed. The following link will direct you to a page that displays the list of the checks performed: [Recommended Settings](#).
3. Opening this link in your browser will automatically perform the recommended settings checks. Alternatively, you can access the recommended settings page in the EHBs system by clicking the 'Recommended Settings' tab on your EHBs home screen. It is highly recommended to check your settings prior to entering data in the BPMH system.
4. Using different browsers or settings than what is described above may produce unpredictable results. If you find that you are unable to see dropdown menus, cannot enter data into a field, or a form is not appearing, you most likely have a browser compatibility problem.
5. Please check these settings prior to calling the HRSA Call Center or your Government Project Officer. You may be asked to provide a screenshot showing the results of the 'Recommended Settings' tab.

Getting Started: Helpful Resources and Recommendations

The following is a list of resources and tips you may find helpful in the event you need assistance:

1. Begin PRGCA data entry early and submit your report prior to the deadline.
2. **Browser Settings:** Check your Internet browser and its settings by using ‘Recommended Settings’ tab on the EHB home screen within the yellow banner in the top left corner of the screen. Look for green check marks for all system requirements in order to meet system requirements and proceed.
3. **Reporting on Your Grant:** Several resources are available through HRSA’s “Reporting on Your Grant” link <http://bhwhrsa.gov/grants/reporting/index.html> including general EHB guidance as well as links to the performance measures and program manual.
4. **Resource Links:** Several resources are available via the ‘Resource’ tab on the EHB home screen including the following links:
 1. View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
 2. Glossary- Current definitions of key terms
 3. Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings:**
 1. Videos with general information about how to enter data in the BPMH system are available at <https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos>.
6. **Grant Personnel:** Review your grant personnel listed in EHB and update this list as necessary. Ensure that listed personnel have appropriate authorizations (i.e., PRGCA submission, etc.). Make sure you have a backup person in place to submit your report!
7. **Sequence of Forms:** Complete PRGCA forms in the order they appear (i.e., complete EXP-1 prior to EXP-2)
8. **Saving and Validating:** You must click ‘Save and Validate’ in order to move to the next form. Save your work frequently (every 15-20 minutes) and print a hard copy of your report prior to submission.
9. **Government Project Officers:** Contact your Government Project Officer if you need further assistance on the content of your report.
10. **HRSA Call Center:** If you need additional assistance, contact the HRSA Call Center. If you have contacted the Call Center and are waiting for a reply, you should follow-up with them 48 hours after the initial contact. Have your ticket number ready (the same ticket number will be used at all tier levels now). Do not wait for the Call Center to return a phone call or email: **Call Center Phone Number: 877-Go4-HRSA/877-464-4772 or Call Center Online Assistance Form [click here](#).**

Order of Required Forms

The following table shows the order that subforms will appear throughout the BPMH system for your specific grant program. Please note that clicking on the "Save and Validate" button at the end of each subform will cause the system to check all Blocks for errors and route you to the next required subform on the list. If you need to go back to any subform for any reason, simply click on the Form ID on the left sidebar of the Electronic Handbook (EHB). Please note that changing data that has already been saved will require you to click on the "Save and Validate" button and go through the validation process once more.

Order	Type of Form	Parent Form	Form ID
1	Setup Form	SetupForms	Training Program
2	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-1
3	Performance Data Form	IndividualCharacteristics-INDGENSubforms	IND-GEN
4	Performance Data Form	IndividualCharacteristics-INDGENSubforms	INDGEN-PY
5	Performance Data Form	ExperientialCharacteristics-EXPSubforms	EXP-1
6	Performance Data Form	ExperientialCharacteristics-EXPSubforms	EXP-2

Setup Forms

Setup Forms - Introduction

Training Program - Setup

Training Program Setup - Selecting Type of Training Program



Warning: A new entry in the Training Program Setup form is only needed if BHW-funded financial awards were provided to students in degree programs other than those previously reported. If BHW-funded financial awards were only provided to students in degree programs previously reported, skip to the last step for this subform.

*Add Training Program	
Select Type of Training Program Offered (Click the 'Load Program Details' button after selecting your training program)	Load Program Details
Add Record	

Figure 3. Training Program Setup - Selecting Type of Training Program

For New Degree Programs Only:

Select Type of Training Program Offered: The Training Program Setup form will configure all subforms specific to the NAT program. To begin the PRGCA, you must complete the training program setup form to identify the degree program(s) of students who received BHW-funded financial awards during the annual reporting period.

To begin completing the setup form, select the type(s) of training program(s) supported through the grant during the annual reporting period by clicking on the drop-down menu next to "Select Type of Training Program Offered" and choosing one of the following options:

- Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)



Note: To view data submitted in previous reporting period, click on the "View Prior Period Data" link on top of the form.

Training Program Setup - Loading Program Details

* Add Training Program	
Select Type of Training Program Offered <small>(Click the 'Load Program Details' button after selecting your training program)</small>	Degree/Diploma/Certificate Academic Training Program (Degree) <input type="button" value="Load Program Details"/>
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	Select One
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	Select One
For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program	Select One

Figure 4. Training Program Setup - Loading Program Details

Next, click on the “Load Program Details” button to activate the remaining drop-down menus in this setup form.



Note: Clicking on the "Load Program Details" button will activate drop-down menus specific to the selection made in the previous step.

Training Program Setup - Adding Degree/Diploma Program



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

*Add Training Program	
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	
Select Delivery Mode Used to Offer Program	
Add Record	

Figure 5. Training Program Setup - Adding Degree/Diploma Program

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered: To complete your entry, select the degree program of students who received BHW-funded financial awards during annual reporting period by clicking on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program, Select Type of Degree Offered” and choosing **one** of the following options:

- DNP
- MSN
- DrAP
- MNA
- Post-Masters Certificate
- MS
- DMPNA
- DrAP/MBA
- MSA
- MSHS
- DNAP
- MN
- MSNA

For a Degree/Diploma/Certificate Program, Select Primary Focus Area: Next, select the degree program's primary focus area by clicking on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program, Select Primary Focus Area” and choosing **one** of the following options:

- Nursing - Nurse Anesthetist

Select Delivery Mode Used to Offer Program: Next, select the primary mode used to deliver each degree program during the annual reporting period by clicking on the drop-down menu under and choosing **one** of the options from the list below.

Click on the "**Add Record**" button to save your entry. **Repeat this process** to capture the degree programs of all students who received a BHW-funded financial award during annual reporting period.

- Campus-based program
- Distance learning program
- Hybrid program



Note: If the same degree program with the same focus area is delivered with 2 different modes, you have to enter the degree program again on the training set up form and select a different mode of delivery.

Example: The John Doe School of Nursing provided traineeships to 7 students between July 1 and December 31. Among the 7 students who received a traineeship, 5 were enrolled in a DNP program with a focus area in Nurse Anesthesia and 2 were enrolled in a MSN program with a focus area in Nurse Anesthesia. In the setup form, the John Doe School of Nursing would enter each degree program, focus area and mode of delivery separately—for a total of 2 entries. The completed Training Program Setup form for the John Doe School of Nursing would appear as shown below.

Training Program Setup - Selecting Training Activity Status

Select Training Activity Status in the Current Reporting Period
(2)

Figure 6. Training Program Setup - Selecting Training Activity Status

To complete the Training Program Setup form, please review the Saved Records Table to ensure that all degree programs supported with grant funds during the annual reporting period were captured accurately.

For new records, please review the information contained in the table for accuracy and, for any reason a record has to be deleted, simply click on the "Delete" link under the Option(s) column.

Select Training Activity Status in the Current Reporting Period: Select the Training Activity Status of all reported training programs by choosing **one** of the options from the list below. If you are reporting on a program, please choose 'Active.'

- Active
- Inactive

No action is needed for prior records, if they remain Active. If a prior record training program no longer has active enrollees (no students are enrolled and all students have already graduated), you may select 'Inactive' as the status of the program. Selecting 'Inactive' indicates the training program is completed, you are no longer administering it, and you have no active INDGEN records or faculty development programs. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP records) will be made inactive.



To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Program Characteristics—PC Subforms

PC Subforms - Introduction

PC-1: Program Characteristics – Degree/Diploma/Certificate Training Programs

PC-1 - Selecting Type(s) of Partners/Consortia



Warning: For degree programs previously reported, Column 4 will appear as read-only and is not editable. If the delivery mode for a degree program has changed, this requires a new entry in the Training Program Setup form.



Warning: If no new records were added in the Training Program Setup form, complete the PC-1 subform for prior records.

Select Type(s) of Partners/Consortia Used to Offer this Training
(6) Block 2

Figure 7. PC-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training:

Select Type(s) of Partners/Consortia Used to Offer this Training: Complete Column 6 (Block 2) by selecting all of the type(s) of partnerships or consortia established for the purpose of offering each degree program during the current reporting period.

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike

Health Resources and Services Administration
Bureau of Health Workforce

- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Government

- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization




Warning: You may not select "No partners/consortia used" in combination with any other option.



Note: If you select the option "Other" please use the comment field to indicate the type of partnership used (include the certificate program name in your comment).

PC-1 - Entering Enrollment Information

 **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Blocks 3, 3a and 3b on the PC-1 subform **apply to all records** and capture enrollment information about the students enrolled in degree programs where BHW-funded financial awards were provided during the annual reporting period.

Enter Total # Enrolled (whether funded by BHW or not)		
Total	URM	Disadvantaged Background and not URM
(7) Block 3	(8) Block 3a	(9) Block 3b

Figure 8. PC-1 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total:

For Column 7, enter the total number of students who participated in each degree program during the current reporting period. Count all students who participated, regardless of whether the student received a BHW-funded financial award.

Enter Total # Enrolled (whether funded by BHW or not): URM:

For Column 8, enter the number of students who participated in each degree program during the current reporting period who were underrepresented minorities.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM:

For Column 9, enter the number of students from disadvantaged backgrounds who participated in the degree program during the current reporting period but were not underrepresented minorities.



Note: For the total enrollee count (Column 7), DO include students who went on to graduate from the degree program in the current reporting period but do NOT include students who discontinued prior to graduation (i.e., attrition). Attrition counts will be captured separately in Column 12.



Note: Columns 8 and 9 are subsets of Column 7.



Reference: Refer to the glossary for a definition of underrepresented minority.



Reference: Refer to the glossary for a definition of disadvantaged background.

Example: The John Doe School of Nursing had a total of 27 students enrolled in the NP program with a focus area in Family. The school used BHW funds to provide traineeships to 3 out of the 27 students in the program during the annual reporting period. During this period, 2 students permanently left the degree program before completion.

In Block 3 of this form, the John Doe School of Nursing would enter 25.

Example: The John Doe School of Nursing had a total of 25 students maintain enrollment in the NP program with a focus area in Family during the annual reporting period. Among the 25 students enrolled in this degree program, 15 are underrepresented minorities.

In Block 3a, the John Doe School of Nursing would enter 15.

Example: The John Doe School of Nursing had a total of 25 students maintain enrollment in the NP program with a focus area in Family during the annual reporting period. Among the 25 students enrolled in this degree program, a total of 10 students are from disadvantaged backgrounds. Six (6)

out of the 10 students from a disadvantaged background are also underrepresented minorities.
In Block 3b, the John Doe School of Nursing would enter 4.

PC-1 - Entering Graduate Information

 **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Enter Total # Graduated/Completed (whether funded by BHW or not)	
Total	URM
(10) Block 8	(11) Block 8a

Figure 9. PC-1 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total:

In Column 10 (Block 8), enter the total number of students who graduated from their degree program during the current reporting period. Count all students who graduated, regardless of whether the student directly received a BHW-funded financial award.

Enter Total # Graduated/Completed (whether funded by BHW or not): URM:

In Column 11 (Block 8a), enter the number of students who graduated from their degree program during the current reporting period and were underrepresented minorities.



Note: Students who permanently left their degree program before graduation (i.e., attrition) will be counted separately in Column 12 (Block 9).

Example: The John Doe School of Nursing had a total of 25 students maintain enrollment in the NP program with a focus area in Family during the annual reporting period. Among the 25 students enrolled in this degree program, a total of 8 students completed all degree requirements and graduated during this period.

In Block 8, the John Doe School of Nursing would enter 8.

Example: The John Doe School of Nursing had a total of 25 students maintain enrollment in the NP program with a focus area in Family during the annual reporting period. Among the 25 students enrolled in this degree program, a total of 8 completed all degree requirements and graduated during this period. Four (4) out of the 8 students who graduated are underrepresented minorities.

In Block 8a, the John Doe School of Nursing would enter 4.

PC-1 - Entering Attrition Information

 **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total	URM
(12) Block 9	(13) Block 9a

Figure 10. PC-1 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total:

In Column 12 (Block 9), enter the total number of students who permanently left their degree programs before completion during the current reporting period. Count all students who permanently left their degree programs regardless of whether or not the student directly received a BHW-funded financial award.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM:

In Column 13 (Block 9a), enter the number of students who permanently left their degree programs before completion during the current reporting period and were underrepresented minorities.



Note: Column 13 (Block 9a) is a subset of Column 12 (Block 9). The total entered in Column 12 (Block 9) is exclusive of the total number of students Column 7 (Block 3).

Example: The John Doe School of Nursing had a total of 27 students enrolled in the NP program with a focus area in Family. The school used BHW funds to provide traineeships to 3 out of the 27 students in the program during the annual reporting period. During this period, 2 students permanently left the degree program before completion.

In Block 9 of this form, the John Doe School of Nursing would enter 2.

Example: The John Doe School of Nursing had a total of 27 students enrolled in the NP program with a focus area in Family. The school used BHW funds to provide traineeships to 3 out of the 27 students in the program during the annual reporting period. During this period, 2 students permanently left the degree program before completion and none who left were underrepresented minorities.

In Block 9a of this form, the John Doe School of Nursing would enter 0.

The completed PC-1 subform for the John Doe School of Nursing would look identical to the image below.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
25	15	4	8	4	2	0

Figure 11. Example of PC-1 Subform



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Individual-level Data—INDGEN Subforms

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

- You must complete an INDGEN record for each individual who received a BHW-funded financial award during the annual reporting period. In addition, annual updates are required for individuals who were previously reported on INDGEN and were not marked as having graduated, completed or attrited from their training program by **July 01, 2018 - June 30, 2019**.

- For prior records, the BPMH system will prepopulate certain blocks in the INDGEN subform with data submitted in previous reporting periods for each individual. All other fields must be updated on an annual basis until the individual graduates from, completes, or permanently leaves their training program.

- The INDGEN subform will automatically calculate and display read-only columns labeled \"Academic Year Total\" and \"Cumulative BHW Financial Award Total.\"

1. The Academic Year Total will display the amount entered for a given academic year.

2. The Cumulative BHW Financial Award Total will sum all amounts entered for this individual in the BMPH system.
 - Individuals who were reported as having graduated from or completed their training program in the previous reporting period will automatically be transferred from INDGEN to the INDGEN-PY subform after one (1) full calendar year has passed from the moment of graduation/completion. At that point, 1-year post-graduation/completion employment status data must be provided for each individual.



Note: To view data submitted in previous reporting period, click on the \"View Prior Period Data\" link on top of the form.

IND-GEN: Individual Characteristics

IND-GEN - Setup

To begin providing individual-level data for trainees who received BHW-funded financial awards during the reporting period or to provide updates for individuals previously reported on IND-GEN, click \"Yes\" to the initial setup question. Clicking \"Yes\" will activate the embedded Excel® form that will allow you to begin data entry.

Do you have either a) individuals who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for individuals who received direct financial support in a previous reporting period?	<input type="checkbox"/> Yes (complete IND-GEN) <input type="checkbox"/> No (click Save and Validate button to proceed to the next form)
---	--

Figure 12. IND-GEN - Setup

Do you have either a) individuals who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for individuals who received direct financial support in a previous reporting period?:



Warning: If you are unable to enter data into the INDGEN form, edit prior records, or see drop-down menus despite the question above being answered 'Yes', you likely have a browser compatibility problem. Please refer to the Getting Started-Browser Settings page at the beginning of this manual.



Warning: Prior records cannot be deleted.

IND-GEN - Selecting Type of Training Program

Type of Training Program
(1)

Figure 13. IND-GEN - Selecting Type of Training Program

Type of Training Program: To begin completing the IND-GEN subform, select each student's degree program by clicking on the drop-down menu under the column labeled "Type of Training Program" and choosing **one** of the available options.



Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form. The option for "Other" that is available in the drop-down menu under the column labeled "Type of Training Program" does not apply to the NAT program. Selecting this option will result in an error message.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.

IND-GEN - Entering Trainee Unique ID

Trainee Unique ID
(2) Block 1

Figure 14. IND-GEN - Entering Trainee Unique ID

Trainee Unique ID: Enter a seven (7) alphanumeric unique identifier for each student in the textbox under Block 1.



Warning: It is the responsibility of each grantee to keep a log of all unique IDs used, as these will be required to provide annual updates and 1-year follow-up data for each student.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.

IND-GEN - Selecting Individual's Training or Awardee Category

Select Individual's Training or Awardee Category
(3) Block 2

Figure 15. IND-GEN - Selecting Individual's Training or Awardee Category

Select Individual's Training or Awardee Category: Select each individual's training category by clicking on the drop-down menu in Column 3 (Block 2) and choosing one of the following options:

- Enrollee (campus-based only)
- Enrollee (distance learning only)
- Enrollee (hybrid)



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status
(4) Block 3

Figure 16. IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status: Select each individual's current enrollment or employment status by clicking on the drop-down menu in Column 4 (Block 3) and choosing one of the following options:

- Both Full-time and Part-time
- Full-time
- Part-time
- On leave of absence
- Inactive



Warning: All NAT Students MUST be enrolled Full-time.

IND-GEN - Selecting Individual's Gender

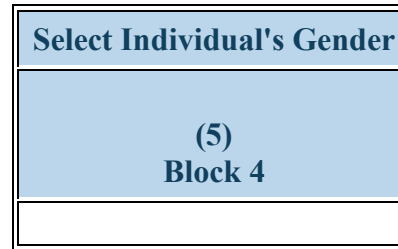


Figure 17. IND-GEN - Selecting Individual's Gender

Select Individual's Gender:

Select each individual's gender by clicking on the drop-down menu in Column 5 (Block 4) and choosing one of the following options:

- Female
- Male
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.

IND-GEN - Entering Year of Birth

Enter Year of Birth
(6a)

Figure 18. IND-GEN - Entering Year of Birth

Enter Year of Birth:

Select each individual's year of birth in the dropdown menu under Column 6a.

- 1917
- 1918
- 1919
- 1920
- 1921
- 1922
- 1923
- 1924
- 1925
- 1926
- 1927
- 1928
- 1929
- 1930
- 1931
- 1932
- 1933
- 1934
- 1935
- 1936
- 1937
- 1938
- 1939
- 1940
- 1941
- 1942
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- 2014
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- 1979
- 1982
- 1985
- 1988
- 1991
- 1994
- 1997
- 2000
- 2003
- 2006
- 2009
- 2012
- 2015
- Not Reported

IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity
(7) Block 6

Figure 19. IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity:

Select each individual's ethnicity by clicking on the drop-down menu in Column 7 (Block 6) and choosing one of the following options:

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.

IND-GEN - Selecting Individual's Race

Select Individual's Race
(8) Block 7

Figure 20. IND-GEN - Selecting Individual's Race

Select Individual's Race:

Select each individual's race by clicking on the drop-down menu in Column 8 (Block 7) and choosing all that apply from the following options. You may select more than one option for individuals of multiple races:

- American Indian or Alaska Native
- Black or African-American
- White
- Asian
- Native Hawaiian or Other Pacific Islander
- Not Reported



Warning: You may not select \"Not Reported\" in combination with any other option.



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted. If \"Not Reported\" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.

IND-GEN - Selecting if Individual is from a Rural Residential Background

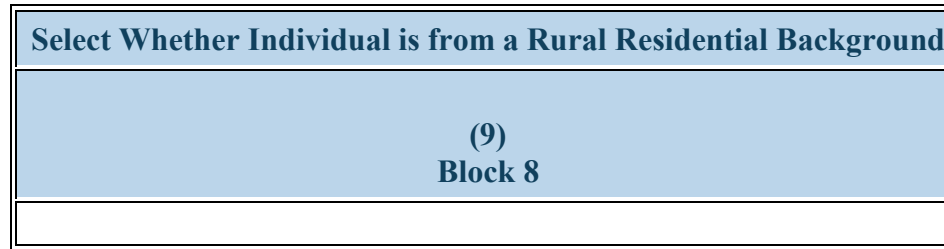


Figure 21. IND-GEN - Selecting if Individual is from a Rural Residential Background

Select Whether Individual is from a Rural Residential Background:

Select whether each individual is from a rural residential background by clicking on the drop-down menu in Column 9 (Block 8) and choosing one of the following options:

- Yes
- No
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.



Reference: Refer to the glossary for a definition of rural setting.

IND-GEN - Selecting if Individual is from a Disadvantaged Background

Select Whether Individual is from a Disadvantaged Background
(10) Block 9

Figure 22. IND-GEN - Selecting if Individual is from a Disadvantaged Background

Select Whether Individual is from a Disadvantaged Background:

Select whether each individual is from a disadvantaged background by clicking on the drop-down menu in Column 10 (Block 9) and choosing one of the following options:

- Yes
- No
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.



Reference: Refer to the glossary for a definition of disadvantaged background.

IND-GEN - Selecting Individual's Veteran Status

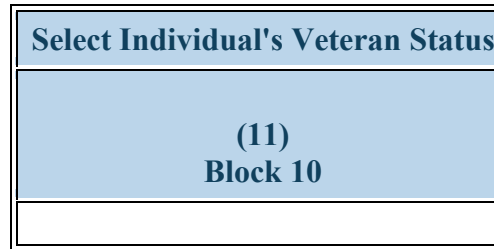


Figure 23. IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status:

Select each individual's current veteran status by clicking on the drop-down menu in Column 11 (Block 10) and choosing one of the following options:

- Active Duty Military
- Reservist
- Veteran - Retired
- Individual is not a Veteran
- Veteran - Prior Service
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.





Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.



Reference: Refer to the glossary for a definition of the various types of veteran statuses.

IND-GEN - Entering BHW-Funded Financial Award Information

 **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

 **Warning: All NEW records should be for individuals who did receive direct financial support ("Yes" for Column 12). The NO response should only be selected for prior records of trainees who did not receive support in the current reporting period.**

Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)
	Traineeship
(12) Block 11	(14) Block 11

Figure 24. IND-GEN - Entering BHW-Funded Financial Award Information

Select Whether Individual Received BHW Financial Award?:

Select whether each individual received a BHW-funded financial award (i.e., salary and benefits) during the current reporting period by clicking on the drop-down menu in Column 12 (Block 11) and choosing one of the following options:

- Yes
- No

Enter Individual's Financial Award Amount (BHW funds only): Traineeship:

If the individual did receive a BHW-funded financial award, select “Yes” in Column 12 (Block 11) and enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 14.

If the individual did not receive a BHW-funded financial award, select “No” in Column 14 (Block 11) and enter "0" in the textbox in Column 12a.

IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

Enter # of Academic Years the Individual has Received BHW Funding
(22) Block 12

Figure 25. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

Enter # of Academic Years the Individual has Received BHW Funding: Select the cumulative number of academic years that each student has received a BHW-funded financial award by clicking on the drop-down menu under Column 22 and choosing one of the following options:

- 0
- 1
- 2
- 3
- 4
- 5 or more



Note: The number of academic years receiving BHW-funded financial awards does not need to be consecutive; rather, the cumulative total number of years should be reported.



Note: If an individual has received money for a partial academic year, please round up to the nearest whole number. For example, if an individual has received direct financial support for 1 ½ years, please enter 2 in Column 22 (Block 12).



Note: If an individual received a BHW-funded financial award for the first time during the current reporting period, select "1" under Column 22 (Block 12).

IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year
(26) Block 15

Figure 26. IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year: Select each student's current training year by clicking on the drop-down menu under Block 15 and choosing **one** of the following options:

- Graduate Year 1
- Graduate Year 2
- Graduate Year 3
- Graduate Year 4
- Graduate Year 5
- Graduate Year 6
- Graduate Year 7



Note: For faculty or preceptors, select N/A.

IND-GEN - Selecting Topic Area(s) on which Individual was Trained

Select Topic Area(s) on which Individual was Trained
(26a) Block 15

Figure 27. IND-GEN - Selecting Topic Area(s) on which Individual was Trained

Select Topic Area(s) on which Individual was Trained: Use the dropdown menu in Column 26a to select all that apply from the list of topic areas on which the individual was trained.

- Opioid Abuse
- Pain Management
- Pain Management and Opioid Abuse

IND-GEN - Selecting any HHS Priority Topic Area on which an Individual Received Training

Select any HHS Priority Topic Area on which an Individual Received Training
(26b) Block 15

Figure 28. IND-GEN - Selecting any HHS Priority Topic Area on which an Individual Received Training

Select any HHS Priority Topic Area on which an Individual Received Training: Use the dropdown menu in Column 26b to select all that apply from the list of topic areas on which the individual was trained.

- Individual participated on a health care team delivering integrated behavioral health services in primary care
- Individual received a SAMHSA waiver to prescribe medication assisted treatment (MAT)
- Individual received training in opioid use treatment
- Individual received training in telehealth
- Individual received training on integrated behavioral health in primary care
- Individual received training in medication assisted treatment (MAT) for SUD/ODU
- Individual received training in substance use treatment
- None of the above

IND-GEN - Entering Training Information in a Primary Care Setting



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Training in a Primary Care Setting		
Select Whether Individual Received Training	Enter # of Contact Hours	Enter # of Patient Encounters
(28) Block 17	(29) Block 17a	(30) Block 17b

Figure 29. IND-GEN - Entering Training Information in a Primary Care Setting

Training in a Primary Care Setting: Select Whether Individual Received Training:

Select whether each individual received clinical or experiential training in a primary care setting during the current reporting period by clicking on the drop-down menu in Column 28 (Block 17) and choosing one of the following options:

- Yes
- No

Training in a Primary Care Setting: Enter # of Contact Hours:

If the individual received clinical or experiential training in a primary care setting, enter the total number of hours spent in this type of setting during the current reporting period in the textbox under Column 29 (Block 17a).

If the individual did NOT receive clinical or experiential training in a primary care setting, leave the textbox blank under Column 29 (Block 17a).

Training in a Primary Care Setting: Enter # of Patient Encounters: If the individual received experiential training in a primary care setting,

enter the total number of patient encounters in this type of setting during the annual reporting period in the textbox under Block 17b.
If the individual did not receive experiential training in a primary care setting, leave the textbox under Block 17b blank.

IND-GEN - Entering Training Information in a Medically Underserved Community



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Training in a Medically Underserved Community	
Select Whether Individual Received Training	Enter # of Contact Hours
(31) Block 18	(32) Block 18a

Figure 30. IND-GEN - Entering Training Information in a Medically Underserved Community

Training in a Medically Underserved Community: Select Whether Individual Received Training:

Select whether each individual received experiential training in a medically underserved community (MUC) during the annual reporting period by clicking on the drop-down menu under Column 31 and choosing one of the following options:

- Yes
- No

Training in a Medically Underserved Community: Enter # of Contact Hours: If the individual received clinical or experiential training in a MUC, enter the total number of hours spent in this type of setting during the current reporting period in the textbox in Column 31 (Block 18a). If the individual did not receive clinical or experiential training in a MUC, leave the textbox in Column 31 (Block 18a) blank.

IND-GEN - Entering Training Information in a Rural Area



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Training in a Rural Area	
Select Whether Individual Received Training	Enter # of Contact Hours
(33) Block 19	(34) Block 19a

Figure 31. IND-GEN - Entering Training Information in a Rural Area

Training in a Rural Area: Select Whether Individual Received Training:

Select whether each individual received experiential training in a rural area during the annual reporting period by clicking on the drop-down menu and choosing one of the following options:

- Yes
- No

Training in a Rural Area: Enter # of Contact Hours:

- **If the individual received clinical or experiential training in a rural area**, enter the total number of hours spent in this type of setting during the current reporting period in the textbox.
- **If the individual did not receive clinical or experiential training in a rural area**, leave the textbox blank.

IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion
(36) Block 21

Figure 32. IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion:

Select whether each individual permanently left their training program before completion during the current reporting period by clicking on the drop-down menu in Column 36 (Block 21) and choosing one of the following options:

- Yes
- No

IND-GEN - Entering Graduation/Completion Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Select Whether Individual Graduated/Completed the Program	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions
(37) Block 22	(38) Block 22a	(39) Block 22b

Figure 33. IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Graduated/Completed the Program:

Select whether each individual completed their training program during the current reporting period by clicking on the drop-down menu in Column 37 (Block 22) and choosing one of the following options:

- Yes
- No

Select Degree Earned:

If a student graduated from their degree program during the annual reporting period, select the type of degree earned through the program by clicking on the drop-down menu under Column 38 and choosing one of the options from the list below. If a student did not graduate, select "N/A" under Column 38.

- DMPNA
- DrAP
- MNA
- MSHS
- DNAP
- DrAP/MBA
- MS
- MSN
- DNP
- MN
- MSA

- Post-Masters Certificate
- N/A
- MSNA

Select Individual's Post-Graduation/Completion Intentions:

If a student graduated from their degree program during the annual reporting period, select the individual's training or employment intentions by clicking on the drop-down menu in Column 39 (Block 22b) and choosing all that apply from the options listed below.

If an individual did not complete their training program during the current reporting period, select “N/A” in Column 39 (Block 22b).


- Individual intends to become employed or pursue further training in a medically underserved community
- Individual intends to become employed or pursue further training in a primary care setting
- Individual intends to become employed or pursue further training in a rural setting
- None of the above
- N/A



Warning: For Column 39 (Block 22b), None of the above, not reported, and N/A cannot be selected in combination with any other option.

INDGEN-PY: Individual Prior Year

INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

 Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Select whether status/employment data are available for the individual 1-year post graduation/completion	Select Individual's Current Training/Employment Status	Select Whether Your Organization Hired this Individual	Select Whether a Partner Organization Hired this Individual	Select Employment Location
(13) Block 23	(14) Block 23a	(16)	(17)	(18)

Figure 34. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

Grayed fields are provided here for identification purposes only.

Select whether status/employment data are available for the individual 1-year post graduation/completion:

To select whether current training/employment data are available for each prior program completer click on the drop-down menu in Column 13 (Block 23) and choose one of the following options:

- Yes
- No

Select Individual's Current Training/Employment Status:

If current training/employment data are available, select the individual's status by clicking on the drop-down menu in Column 14 (Block 23a) and choosing all that apply from the options listed below. If current training/employment data are not available, select 'N/A' in Column 14 (Block 23a).

- Individual is currently employed or is pursuing further training in a medically underserved community
- Individual is currently employed or is pursuing further training in a rural setting
- Individual is currently working in a facility that provides substance use treatment services
- None of the above

- Individual is currently employed or is pursuing further training in a primary care setting
- Individual is currently providing treatment or wrap-around services to individuals with substance use disorders
- Individual is serving individuals with OUD/SUD
- N/A

Select Whether Your Organization Hired this Individual:

Select whether your organization hired this individual following training program completion by clicking on the drop-down menu under Column 16 and choosing one of the following options:


- No
- Yes
- N/A


Select Whether a Partner Organization Hired this Individual: description

- Yes
- No
- N/A

Select Employment Location: description

- Academic Institution
- Critical Access Hospital
- Other Clinical Training Site
- None of the Above
- Area Health Education Center
- FQHC or Look-Alike
- Rural Health Clinic
- N/A

 Warning: For Column 14, “None of the above” and “N/A” cannot be selected in combination with any other option.

 **To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

Experiential Characteristics—EXP Subforms

EXP - Introduction

1. Purpose: The EXP forms are used to characterize experiential or clinical training characteristics, including training sites and the number and profession/discipline of trainees.

- The EXP-1 form collects information about the different clinical sites used to provide your trainees with experiential training.
- The EXP-2 subform collects information about the profession and discipline of individuals trained at each site used during the current reporting period.

2. Order of Forms:

- The EXP forms **MUST** be completed in order, otherwise drop-down menus will not populate correctly.
- You must complete and click ‘Save and Validate’ in EXP-1 before proceeding to EXP-2.

3. Pre-population of Prior Records (training sites):

- The BPMH system will prepopulate saved information for each previously-used site (i.e., prior record) in the EXP-1 data table.
- You must indicate whether each previously-used site was used again during the current reporting period.



Warning: Complete the EXP-1 and EXP-2 subforms only for sites used to train individuals who appear on the INDGEN subform.

EXP-1: Training Site Setup

EXP-1 - Entering Site Name

Site Name
(1) Block 1

Figure 35. EXP-1 - Entering Site Name

Site Name:

Enter the name of any new sites used to train individuals during the current reporting period in the row labeled, “Enter the Site’s Name.” Next, click the “Add Record” button. New sites will be listed at the bottom of the data table, beneath all previously used sites (i.e., prior records). Repeat this process as necessary to enter the names of each NEW site used during the current reporting period.



Note: There is an option to delete both new and prior records on EXP-1. This option should only be used if the clinical sites will not be used in the future, or were erroneously entered. The delete option is not reversible (i.e. if the site was erroneously deleted, it will need to be re-entered again).

EXP-1 - Selecting Whether the Site was Used in the Current Period

Select Whether the Site was Used in the Current Reporting Period
(2)

Figure 36. EXP-1 - Selecting Whether the Site was Used in the Current Period

Select Whether the Site was Used in the Current Reporting Period:

Select whether each site was used during the reporting period by clicking on the drop-down menu in Column 2 and choosing one of the following options:

- Yes
- No

For NEW sites, you must select \"Yes\" in Column 2.



Note: If the clinical site was used in the current reporting period, then you must enter or update information for all subsequent columns in that row. If the clinical site was NOT used in the current reporting period, then the remaining columns are not required.



Note: If a clinical site was NOT used in the current reporting period, then it will not appear on EXP-2 as a dropdown option in Column 1.

EXP-1 - Selecting Type of Site Used

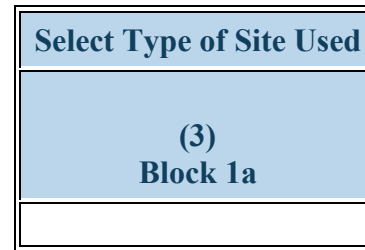


Figure 37. EXP-1 - Selecting Type of Site Used

Select Type of Site Used:

Select the type of site used to train individuals during the current reporting period by clicking on the drop- down menu in Column 3 and choosing one of the following options:

- Academic institution
- Aerospace operations setting
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Dentist Office
- Federal Government Office or Agency
- Hospice
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- National health association
- Nursing Home
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- State Health Department
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Critical Access Hospital
- Emergency Room
- FQHC or look - alike
- Federal Government - Other
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Other
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic
- Acute care services
- Community - based organization
- Community Mental Health Center
- Extended care facilities
- Federal and State Bureau of Prisons
- Federal Government - Department of Defense / Military
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- School - based clinic
- Residential Living Facility
- State Government Office or Agency

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- Tribal Health Department

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- Tribal Organization
 - Veterans Affairs Healthcare (e.g. VA Hospital or clinic)



Note: If you select "Other" in Column 3, provide an explanation in the comments field and reference the site name.

EXP-1 - Selecting Type of Setting Where the Site was Located

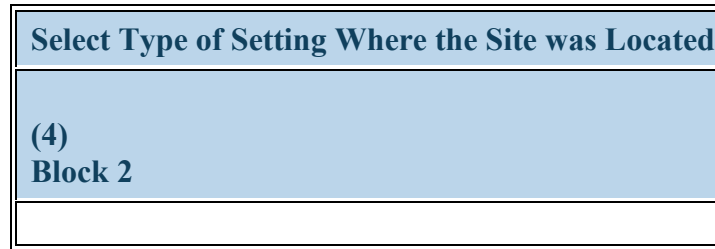


Figure 38. EXP-1 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located:

Select whether each site used to train individuals during the current reporting period was located in designated settings by clicking on the drop-down menu under Column 4 and choosing all that apply from the following options:

- Medically underserved community
- Primary Care Setting
- Rural area
- None of the above



Warning: “None of the above” cannot be selected in combination with any other option.



Reference: To determine whether a site is located in a medically underserved community, please visit HRSA’s Office of Shortage Designation at <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>



Reference: To determine whether a site is located in a rural area, please visit HRSA’s Office of Rural Health Policy at <http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx>

EXP-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia used to Offer Training at this Site
(5)

Figure 39. EXP-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia used to Offer Training at this Site:

Select the type(s) of partnerships or consortia used or established for the purpose of training individuals at each site during the reporting period by clicking on the drop-down menu in Column 5 and choosing all that apply from the following options:

- Academic department - outside the institution
- Day and home care programs (i.e. Home Health)
- Ambulatory practice sites
- Community Mental Health Center
- Federal Government - Department of Defense/Military
- Geriatric Behavioral or Mental Health Units
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other
- Hospital
- Long-term care facility
- Physical therapy/Rehabilitation center
- Senior Center
- Federally - qualified health center or look-alikes
- Health department - State
- Academic department - within the institution
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Educational institution (Grades K - 12)
- Geriatric ambulatory care and comprehensive units
- Federal Government - ACL
- Federal Government - CDC
- Extended care facilities
- Hospice
- Federal Government - SAMHSA
- Nursing home
- Professional Associations
- State Governmental Programs
- Tribal Organization
- Health department - Tribal
- Health policy center
- Community Health Center (CHC)
- Alzheimer's Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Federal Government - Veterans Affairs
- Federal Government - Other HRSA Program
- Geriatric consultation services
- Federal Government - FDA
- Federal Government - NIH
- Federal Government - Other HHS Agency/Office
- Local Government
- Other
- Quality improvement organization
- Tribal Government
- Health department - Local

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- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Nonprofit organization (non - faith based)
- No partners/consortia used
- Nurse Managed Health Clinics

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- Health disparities research center
- Nonprofit organization (faith - based)
- Private/For - profit organization



Warning: You may not select "No partners/consortia used" in combination with any other option.



Note: If you select "Other" in Column 5, provide an explanation in the comments field and reference the site name.

EXP-1 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site
(7)

Figure 40. EXP-1 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site:

Select the type(s) of vulnerable populations served at each site used to train individuals during the reporting period by clicking on the drop-down menu in Column 7 and choosing all that apply from the following options:

- Adolescents
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Military and/or military families
- Pregnant women and infants
- Undocumented Immigrants
- Veterans
- Children
- Individuals with HIV/AIDS
- Low income persons/families
- Older adults
- Refugee Adults
- Unemployed
- Victims of abuse or trauma
- Chronically ill
- Individuals with mental illness or substance use disorders
- Migrant workers
- People with disabilities
- Returning war veterans (Iraq or Afghanistan)
- Uninsured/Underinsured persons/families
- Tribal Population



Warning: You may not select \"None of the above\" in combination with any other option.

EXP-1 - Entering Site's geographical Data

Enter Zip Code	City	State	Four Digit Zip Code Extension
(8)	(9)	(10)	(11)

Figure 41. EXP-1 - Entering Site's geographical Data

State:

City:

Zip Code: Enter the four-digit zip code extension where each training site is located by clicking on the textbox in Column 11.

Four Digit Zip Code Extension: Enter the four-digit zip code extension where each training site is located by clicking on the textbox in Column 11.



Note: Four-digit zip code extension information can accessed at https://tools.usps.com/go/ZipLookupAction_input. Do not enter invalid responses or placeholder entries. If you need assistance when entering the address information for your training sites, contact your Government Project Officer for guidance. Upon saving and validating the EXP-1 form, the city and state information will auto-populate.

EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

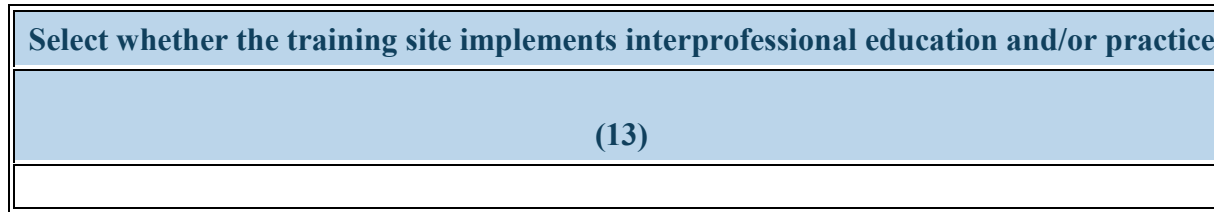


Figure 42. EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

Select whether the training site implements interprofessional education and/or practice: Select whether the training site implements interprofessional education and/or practice

- Yes
- No

EXP-1 - Selecting any HHS Priorities Addressed at this Site

Select any HHS Priorities Addressed at this Site
(14)

Figure 43. EXP-1 - Selecting any HHS Priorities Addressed at this Site

Select any HHS Priorities Addressed at this Site:

Using the dropdown menu in Column 14, select all that apply from the list of HHS priorities that were addressed at this site.


- This site offers integrated behavioral health services in a primary care setting
- This site offers opioid use treatment services
- This site offers telehealth services
- This site offers medication assisted treatment (MAT) for OUD
- This site offers substance use treatment services
- None of the above



To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

EXP-2: Experiential Characteristics - Trainees by Profession/Discipline

EXP-2 - Selecting Training Program and Site Name

 **Warning:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Type of Training Program	Site Name
(1)	(2) Block 1

Figure 44. EXP-2 - Selecting Training Program and Site Name

Type of Training Program:

Select a training program by clicking on the drop-down menu in Column 1 and choosing one of the training program options.

Site Name:

Pair the selected training program with a training site by clicking on the drop-down menu in Column 2 and choosing a site name. The options available will be sites that were marked as "Used" in the current reporting period on EXP-1.



Note: The EXP-2 form will initially appear blank.

EXP-2 - Selecting Profession and Discipline of Individuals Trained

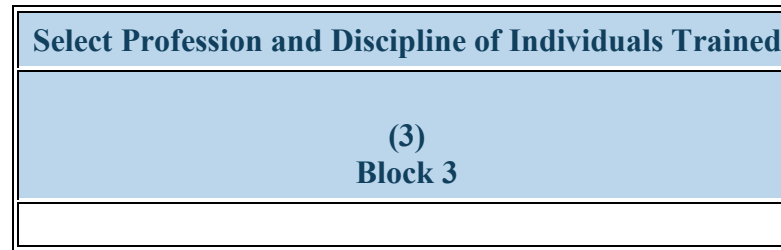


Figure 45. EXP-2 - Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained:

Select the profession/discipline of individuals trained for each training program/site combination by clicking on the drop-down menu in Column 3. Be sure to select the disciplines of your principal trainees as well as any “other interprofessional” trainees who participated in team-based care at the clinical site. Repeat as necessary to identify all profession/discipline of all individuals trained at each site.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology Social Work or Substance Abuse/Addictions Counseling
- Behavioral Health - Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Home Health Aide
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work Substance Abuse/Addictions Counseling
- Student - Diploma/Certificate
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery

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- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other (e.g. CNA PCA)
- Nursing - Researcher/Scientist
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Allied Health
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Occupational Therapy
- Other - Other
- Other - Podiatry
- Other - Recreational Therapy
- Other - Respiratory Therapy

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- Medicine - Obstetrics and Gynecology
- Student - Physician Assistant
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and pediatrics
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant

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- Other - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Nutritionist
- Other - Optometry
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Research
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - Nursing - Nurse midwife
- Student - Certified Nursing Assistant
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental Assistant
- Student - Dietician
- Student - Graduate - Behavioral Health
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health

- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Student - Nursing - Registered nurse (RN)
- Student - Chiropractic School
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - CNS - Women's health and pediatrics
- Student - Dental Hygiene
- Student - EMT
- Student - Graduate - Clinical Laboratory Services
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Graduate - Social Work
- Student - Law School
- Student - Medical School
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Assistant
- Student - Occupational Therapy
- Student - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Registered Nurse - BSN

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- Other - Midwife (non-nurse)
- Other - Office/Support Staff
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Registered Dietician
- Other - Speech Pathology
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Student - Nursing - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Alternative/Complementary Nursing
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Community Health Nursing
- Student - Dental School
- Student - Graduate - Allied Health
- Student - Graduate - Nursing
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife (non - nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health

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- Student - Graduate - Radiological Assistant
 - Student - Home Health Aide
 - Student - Medical Assistant
 - Student - NP - Acute care adult gerontology
 - Student - NP - Adult gerontology
 - Student - NP - Emergency care
 - Student - NP - Geropsychiatric
 - Student - NP - Pediatrics
 - Student - Nurse Anesthetist
 - Student - Nurse Researchers/Scientists
 - Student - Nursing Pre-licensure
 - Student - Pharmacy
 - Student - Podiatry School
 - Student - Registered nurse (RN)
 - Student - Speech Therapy
 - Student - Undergraduate - Other
 - Student - Undergraduate - Radiological Technician
- Student - Undergraduate - Allied Health
 - Student - Undergraduate - Public Health

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- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Student - Nurse Midwife
- Student - Nursing Informatics
- Student - Optometry
- Student - Physical Therapy
- Student - Public Health Nurse
- Student - Rehabilitation Therapy
- Student - Undergraduate - Clinical Laboratory Services
- Student - Undergraduate - Radiological Assistant



Note: Principal trainees are those who were directly or indirectly supported through your grant. For your grant program, these are the individuals reported on the INDGEN form. “Other Interprofessional” trainees are those individuals who trained at the same site on an interdisciplinary team with your principal trainees, but who did not received support from or have an association with your HRSA grant.



Note: Do not select professions/disciplines for faculty, site staff, or other non-trainees.

EXP-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline
(4) Block 3

Figure 46. EXP-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

For each row, enter the number of "Principal" trainees in the profession/discipline listed.



Note: Principal trainees are those who were directly or indirectly supported through your grant. For your grant program, these are the individuals reported on the INDGEN form.



Note: Do not enter counts for faculty, site staff, or other non-trainees.

EXP-2 - Entering # of Other Interprofessional trainees who participated in team-based care

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(5) Block 8

Figure 47. EXP-2 - Entering # of Other Interprofessional trainees who participated in team-based care

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care:

For each row, enter the number of all "Other Interprofessional" trainees in each profession and discipline listed.



Note: "Other Interprofessional" trainees are those individuals who trained at the same site on an interdisciplinary team with your principal trainees, but who did not received support from or have an association with your HRSA grant.



Note: Do not enter counts for faculty, site staff, or other non-trainees.

EXP-2 - Selecting Type of Site Used

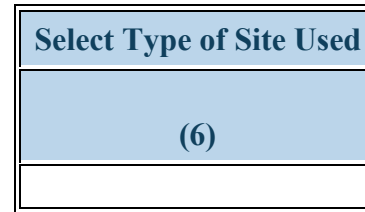


Figure 48. EXP-2 - Selecting Type of Site Used

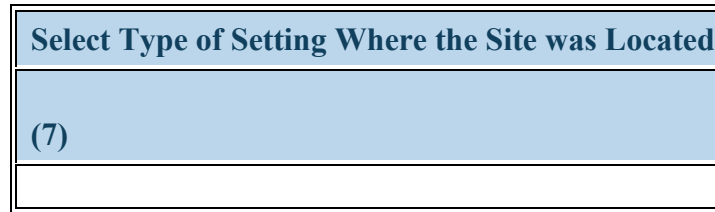
Select Type of Site Used: Pair the selected training program with a site name by clicking on the drop-down menu in Column 2 (Block 1) and choosing one of the available options (sites that were marked in EXP-1 as “used” in the current reporting period).

- Academic institution
- Aerospace operations setting
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Dentist Office
- Federal Government Office or Agency
- Hospice
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- National health association
- Nursing Home
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- State Health Department
- Tribal Health Department
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Critical Access Hospital
- Emergency Room
- FQHC or look - alike
- Federal Government - Other
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Other
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic
- Tribal Organization
- Acute care services
- Community - based organization
- Community Mental Health Center
- Extended care facilities
- Federal and State Bureau of Prisons
- Federal Government - Department of Defense / Military
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- School - based clinic
- Residential Living Facility
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)



Warning: Site types are linked to the name of training sites in EXP-1. To change the associated site type with a particular site name, return to EXP-1.

EXP-2 - Selecting Type of Setting Where the Site was Located



The image shows a screenshot of a web form. At the top, there is a blue header bar with the text "Select Type of Setting Where the Site was Located" in white. Below the header is a dropdown menu with a light blue background. The number "(7)" is displayed in the dropdown, indicating it is the selected option. The dropdown is enclosed in a double-line border.

Figure 49. EXP-2 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Following the selection of a training site in EXP-1, the associated settings will be automatically populated when the save and validate button is selected.

- Medically underserved community
- Primary Care Setting
- Rural area
- None of the above



Warning: Site settings are linked to the name of training sites in EXP-1. To change the associated site settings with a particular site name, return to EXP-1.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Printing Your Performance Report

- To print the entire performance report, expand the left side menu of your report and click the 'Review' link under the 'Review and submit' section. You will be directed to the Review page.
- Next, click the 'Print All Forms' button below the Resources section of the Review Page.

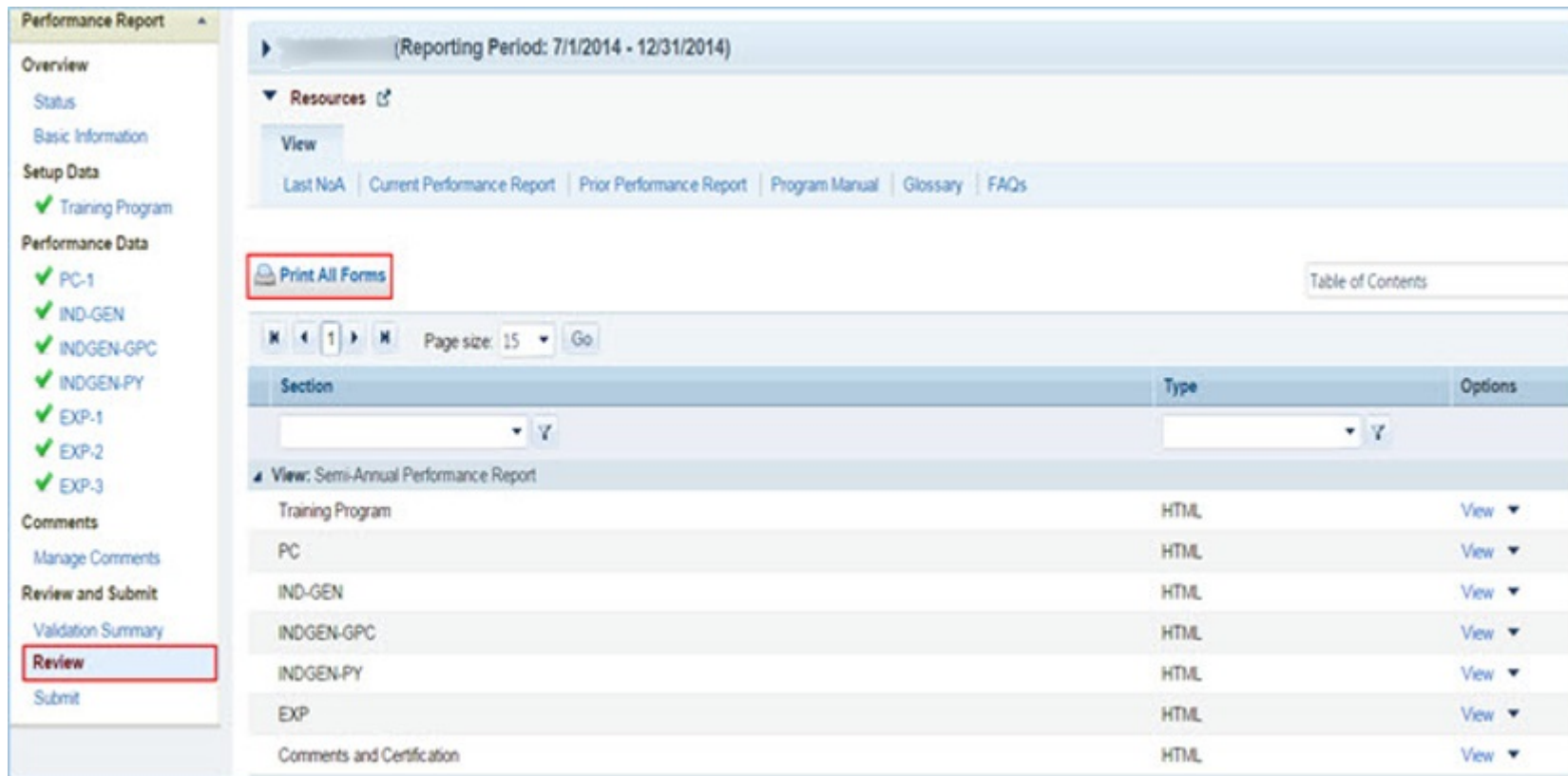


Figure 50. Screenshot of Printing Your Performance Report

Submitting Your Performance Report

1. To submit your performance report, expand the left side menu of your report and click the 'Submit' link under the 'Review and submit' section. You will be directed to the Submit Report. On the Submit Report page, ensure that the status of all forms is 'Complete' with a green check mark. Click the 'Submit' button on the bottom right corner of this page.

The screenshot displays the 'Submit Report' interface. On the left is a navigation menu with categories like 'Performance Report', 'Setup Data', 'Performance Data', 'Comments', and 'Review and Submit'. The 'Submit' link is highlighted in red. The main content area shows a table titled 'Submission Report Status' with columns for 'Section', 'Status', and 'Option'. A red arrow points to the 'Complete' status of the 'PC-1' row. A 'Submit' button is also highlighted in red at the bottom right.

Section	Status	Option
Setup Data		
Training Program	✓ Complete	Update
Performance Data		
PC-1	✓ Complete	Update
IND-GEN	✓ Complete	Update
INDGEN-GPC	✓ Complete	Update
INDGEN-PY	✓ Complete	Update
EXP-1	✓ Complete	Update
EXP-2	✓ Complete	Update
EXP-3	✓ Complete	Update

Figure 51. Screenshot of the Submit Report Page

2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the ‘Certification’ section and click the ‘Confirm’ button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

Submit Report - Confirm

You have chosen to submit this report to HRSA. Please check the box to electronically sign the Report. Click the 'Confirm' button below to submit the report. If you do (+ [View More](#))

Confirmation:
This is a confirmation page! You MUST Click on the appropriate button to complete your action.

Fields with * are required

* **Certification** [View Report](#)

I Sherer, Sara certify that I am authorized to submit this report to HRSA for grant D40HP28075.

Please check the box to electronically sign the Report.

[Cancel](#) [Confirm](#)

Figure 52. Screenshot of the Submit Report - Confirm Page

Appendix A: Glossary

<https://bhw.hrsa.gov/grants/resourcecenter/glossary>

Appendix B: FAQs

General FAQs

When is the due date for the performance report?

Performance reports are due by **July 31, 2019** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by the due date may place your grant in a non-compliant status.

What dates does the performance report cover?

The performance report submitted by grantees should cover all activities conducted through the grant during the current reporting period **July 01, 2018 - June 30, 2019**.

Is it possible to change data entered incorrectly in a prior reporting period?

No. Data entered in a previous reporting period cannot be edited. It is important that grantees provide accurate data during each reporting period.

Where will grantees be able to locate the instruction manuals for the performance reports?

Grantees will be able to access their program-specific instruction manual through the EHB. In addition, the manuals will be posted on the BHW grants website at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Is there a way to look at the data forms required for my program without logging into EHB?

Yes. Grantees will be able to view a program-specific overview of the required performance measure forms on the BHW grants website at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Are reports from prior years stored in the EHBs?

Yes. Grantees can locate reports from prior reporting periods in EHB by using any of the following methods:

- a) Clicking the 'view prior period data' link within a form or under your Resources tab;
- b) Going into your grant folder and searching for previously completed reports; or
- c) Clicking on the "submissions" link in the left side navigation menu.

Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?

Yes. Depending on the form, certain data fields will prepopulate for future reporting periods based on the data you enter when the record is initially created. For example, information reported on the EXP-1 and EXP-2 forms for training sites used will carry over each reporting period. Similarly, much of the information reported on the INDGEN form will also carry over each reporting period until the individual completes his/her specific training program or permanently leaves before completion.

Does this report allow us to submit any attachments?

No, you cannot add attachments to the performance report.

When specific data, such as "N/A" is required after completing a cell, can those cells populate automatically?

No, grantees are required to enter all data themselves due to Section 508 requirements.

FAQs about Technical Support & Assistance

Who do we contact if we need technical assistance entering data in EHB?

Grantees should contact HRSA's Call Center for any questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

FAQs about the Training Program Setup forms

The wrong program name was entered last year. Going forward, should we list the correct name?

If the grantee changes the program name, all the previous years' data will be reset (everything entered in the past will not reappear this year). The best course of action is to make a note in the comments field and leave the program name as-is.

FAQs about the Program Characteristics (PC) forms

Do I need to set up my training program again if it is being reused in the current reporting period?

No. If you previously reported on a training program, you do not need to set up the program again. All of your previously used training programs will be displayed in your training program setup menu with a record status of 'Prior Record' displayed.

What are the status options for the different types of programs?

Structured and Unstructured Training programs use program status options "Ongoing" or "Complete." All other training programs (degree/certificate, internships, fellowships, 1-year retraining, practica/field placements, residencies) use the status options "Active" or "Inactive."

In the PC forms, do we count all trainees in our program, regardless of the year of study; do we include full-time/part-time trainees, etc.?

Yes, as long as trainees are enrolled or participating in the training program identified in Column 1.

Are we required to report on trainees at our institution beyond those who are participating in HRSA-funded programs?

The PC tables capture information about the universe of trainees regardless of funding status at your school. This is the only form that collects this type of information in aggregate.

FAQs about the LR-1 through DV-3 forms

In the LR and DV tables, are the counts for graduates and/or program completers a subset of the total trainee number, or are they to be reported separately?

On the LR and DV forms, graduates and program completers are not reported as a subset of the current trainee total. Please report aggregate counts of trainees (e.g., enrollees, residents, and fellows) SEPARATELY from the aggregate counts of graduates or program completers.

Which address should we use to determine whether an individual is from a rural residential background?

The definition of rural residential background is based on whether an individual has ever lived in a rural area. Grantees may choose to use the address prior to matriculation or the institution's address.

FAQs about the INDGEN form

Where do we get the Trainee Unique ID?

Grantees are responsible for developing a unique ID for each individual for whom an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide follow-up data through the BPMH system.

What are the characters of the 7-digit unique ID?

Each unique ID must be made up of 7 alphanumeric characters. Do not include any personally identifiable information in the ID (name, birthdate, SSN, etc.).

Are INDGEN records from the last reporting period stored in the EHB?

Yes; they will appear in the INDGEN table as 'Prior Records' until (a) the individual is marked as a graduate/ program completer, or (b) the individual permanently discontinues participation in the training program.

Last year we created unique IDs in the INDGEN table. If any of those participants attend a new training cycle this year, should we use the same code for that participant?

The purpose of the Unique ID is to track an individual's training participation over time. If the same individual is simultaneously participating in multiple training programs, you should use the same unique ID. Note that each training program must also have a unique name. The same "unique ID-training program" combination cannot be present more than once.

What if an individual already listed on INDGEN did not receive a financial award during the reporting period?

If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Column 12. The record will remain on INDGEN until this individual is marked as a graduate/program completer or permanently leaves the training program prior to completion.

Is reporting the underrepresented Asian distinction no longer included?

The definition of an underrepresented minority (URM) included in the instruction manuals specifically states that a URM is "is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population". While some professional or accrediting organizations collect detailed information on Asian subpopulations, data sources for the general population (i.e., the Census) do not. Therefore, it is not possible to determine that specific Asian subpopulations are underrepresented relative to the general population. Furthermore, federal agencies have been directed by the Office of Management and Budget to collect race/ethnicity data in a manner consistent with that used for the Census. As a result, all race and ethnicity categories displayed in the INDGEN sub-form are identical to those used in the Census.

Can we use our institution's definitions/standards for disadvantaged background?

The BHW definition of disadvantaged background is included in the glossary of each instruction manual. As long as an institution's definition or standard does not contradict the federal definition of disadvantaged, then grantees may choose to count individuals who have been deemed disadvantaged by the institution. Otherwise, you must use the definition for disadvantaged background located in your program manual glossary.

Do we report full time faculty who receive salary support for teaching or administrative responsibilities?

If the faculty member is already accounted for in the grant's personnel log, then do include this individual on the INDGEN table. If the faculty member who received financial support is not listed in the grant personnel log, then he/she should be reported on INDGEN.

Do conference registration fees count as financial support?

Yes, but only for non-project staff.

How do we find out an individual's family income?

The institution's financial aid office should have that information, as part of the required application for financial aid.

For veteran status, are we asking only for the trainee's status, or the trainee's family status (e.g. dependent of veteran, spouse of veteran, etc.)?

Only the trainee's status should be reported.

How is the academic year funding total calculated?

Once you have validated the form, the academic year total is automatically calculated in EHB as the sum of funding during the academic year.

How is the cumulative funding total calculated?

The cumulative funding total is automatically re-calculated each annual reporting period in EHB. This is the total of each annual amount that has been entered for the individual record either (a) across the life of the grant or (b) since the BPMH system has been in use, starting with Academic Year 2012-2013.

Can I cut and paste rows in the INDGEN table?

The cut and paste capability is currently set up at the row level, rather than individual data elements. After a row of data has been copied and pasted, edits will need to be made to individual cells using the dropdowns. Please note that the system does not accept data that has been cut and pasted from sources outside the report itself.

Do we include faculty or preceptors on this form?

If direct funds were given to the individuals AND the individuals were not already included in the grant application, then yes, include them on INDGEN. Otherwise, do not include them.

In INDGEN Column 13, Stipend, should we include salaries?

The individual's salary (unless it's paid by the grant) should not be included. However, the BHW funding should be included.

On the prior report we indicated that a trainee graduated when he had not. Because of that, he is not showing up on the current report. Can he be moved back to the INDGEN form?

If the individual moves to the INDGEN-PY form you can locate the record of the mislabeled graduate. Scroll all the way to the right, and use the link called "Move to INDGEN", which will allow you to reset that record back to the INDGEN table for continued reporting.

I submitted a report last year using the 'not reported' option for trainee demographics. Why am I getting an error this year?

You may only select the 'not reported' option during the first reporting period for each trainee. Demographics are required information and grantees are expected to collect and report the information in all subsequent reports.

FAQs about the INDGEN-PY form

How do I use the INDGEN-PY form?

One year after an INDGEN record is marked as a graduate/program completer, you will be asked to provide an update on the individual's employment/enrollment status.

FAQs about the Experiential Training (EXP) forms

Which training sites do I need to report on this form? Is it all of the sites our program uses?

Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?

You should list the specific clinics and offices within the hospital that provide training to supported trainees.

Do I need to list a site more than once on EXP-2?

For sites that provide training to students, trainees, and faculty from different training programs, the site should be listed on the form for each training program the grant sponsors.

How can I report interprofessional team-based care at the training sites?

Interprofessional team-based care reporting is a three-step process on the EXP-2 form. After identifying the training program and site, the first step is to select ALL of the professions and disciplines represented on the interprofessional team (including that of the principal HRSA-sponsored trainees). The second step is to provide the number of trainees (by discipline) who were trained by the HRSA-sponsored program (principal trainees). The final step is to provide the number of other trainees (by discipline) who participated at the site, alongside the principal trainees, but who were not enrolled in the HRSA-sponsored program.

What training sites do I report on EXP if I don't have directly-funded individuals in INDGEN?

You should report all training sites used to train individuals touched by your grant funding. If no individuals are reported in INDGEN, consider those you reported on the LR-1 form.

The values I added in EXP-1 aren't prepopulating in EXP-2. Why can I only see my active prior records?

You must select each program-site combination using the drop down menus in columns 1 and 2. The values you added in EXP-1 will load in the dropdown menu in EXP-2 column 2.

Why do I need to enter the zip code of my training sites?

The zip codes allow HRSA to identify sites that are in rural areas, medically underserved communities, and health professions shortage areas. Because the designation of each location may change over time, the zip code allows HRSA to adjust the way it labels a site.

Where can I find the 4-digit zip code extension?

You can locate your site's 4-digit zip code extension by visiting the US Postal Service website:
https://tools.usps.com/go/ZipLookupAction_input

FAQs about the Curriculum Development and Enhancement (CDE) forms

What if courses are created using a variety of funding sources?

Grantees should complete a CDE-1 entry for each course or training activity that was developed or enhanced using any amount of HRSA grant funds.

For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

For the purposes of the CDE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period.

In the CDE-1 table, I have entered a course that has been implemented, but when I try to select the site where the course was taught, I receive an error message that based on my responses for columns 2 and 4, this site is not allowed. Shall I use N/A as the site?

If it is an academic course or training/workshop for health professions students, fellows, or residents, then N/A will need to be used.

Can I delete a course from last year?

You will not be able to delete a previously used course. You may indicate that the course from last year was not used again this year.

FAQs about the Faculty Development (FD) forms

What is the difference between a structured faculty development program and an unstructured faculty development activity?

Structured and unstructured faculty development programs differ in a few ways. Generally, structured faculty development programs are administered over a longer period of time and involve multiple meetings/sessions. Additionally, structured programs tend to be curriculum-driven, and may lead to the conferral of a degree or certificate. In contrast, unstructured faculty development activities are shorter in duration and are single, stand-alone trainings. Faculty development activities include conferences, workshops, and grand rounds. **What are the definitions for the roles of educator and administrator?**

The educator role deals with instruction and training, course preparation, grading, and generally involves imparting knowledge or skills to others. Administrative responsibilities are support functions, such as committee work.

FAQs about the Continuing Education (CE) forms

For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

Count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period. Individuals attending CE trainings should be current providers, rather than students.

In creating and enhancing courses for continuing education, what should the site be?

Enter N/A for these courses.

When should I use the 'Other' option for type of continuing education?

The 'Other' option is available if there was a CE activity that the grantee does not identify as an unstructured training or structured CE course. We anticipate that few (if any) grantees will need to use this option.