

Overview of Performance Report for Grants and Cooperative Agreements

Personal and Home Health Care Aides (PHCAST)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Health Workforce

Training Program – Setup

The Training Program Setup form captures general information about the types of training programs that were supported with BHW funds during the reporting period. Please complete this setup page for each training program that was offered during the reporting period and was supported with BHW funds. Enter each training program separately by selecting from the drop-down menu under the ‘Add Training Program’ section. Once selected, click the ‘Load Program Details’ button and complete the remaining follow-up question(s) related to your selection. Once you have answered all follow-up questions, click on ‘Add Record’ to save your entry. If you wish to view data that were submitted in the prior reporting period, click on the ‘View Prior Period Data’ link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as ‘Prior Records’ under the column labeled "Record Status".

You must enter each training program that was supported with BHW funds separately. Do not include any information about faculty development or continuing education offerings in this form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer.

[View Prior Period Data](#)

* Add Training Program	
Select Type of Training Program Offered (Click the ‘Load Program Details’ button after selecting your training program)	Select One Degree/Diploma/Certificate Academic Training Program (Degree/Diploma) <div style="text-align: center; border: 1px solid #ccc; padding: 5px; width: fit-content; margin: 0 auto;">Load Program Details</div>
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	<input type="text" value="Single Select"/>
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	<input type="text" value="Single Select"/>
For a Degree/Diploma/Certificate Program, Select Delivery Mode used to Offer Program	<input type="text" value="Single Select"/>
<div style="border: 1px solid #ccc; padding: 5px; display: inline-block; margin: 0 auto;">Add Record</div>	

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide Campus-Based	Active	Delete

PC: Program Characteristics

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

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. Each of the subforms corresponds to a different type of training program. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

The PC-1 subform collects information specific to Degree/Diploma/Certificate Training Programs only.

PC-1	PC-2	PC-3	PC-4	PC-5	PC-6	PC-7	PC-8	PC-9
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[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Type of Degree Offered	Select Delivery Mode Used to Offer Program	Select Type(s) of Partners/Consortia Used to Offer this Training
		(1) Block 1	(2) Block 1j	(4) Block 1k.1	(6) Block 2
1	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	Certificate	Campus-based	

LR-1: Legislatively Required

LR-1a: Trainees by Training Category

The LR-1a subform captures aggregate-level information about the number of trainees who participated in specific types of programs or activities entered in the Training Program Setup form. Please complete this subform for each training program listed below. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Trainees by Training Category		Attrition		Nursing Aide Employment Status and Exam Outcomes						Select Training Activity Status in the Current Reporting Period
			Enter # of Enrollees	Enter # of Program Completers	Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion	Enter # of Individuals Employed Full-Time	Enter # of Individuals Employed Part-Time	Enter # of Individuals Unemployed	Select Whether Exam Assessed All Competencies	Enter # of Individuals who Passed the Exam	Enter # of Individuals who Failed the Exam	
		(1)	(2) Block 1	(6) Block 5	(7) Block 6	(8) Block 6a	(10) Block 8	(11) Block 9	(12) Block 10	(13) Block 11	(14) Block 12	(15) Block 13	(16)
1	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide											Active

LR-2: Trainees by Age & Sex

The LR-2 form captures aggregate-level information about the age groups and sex of trainees who participated in each of the training programs or activities entered in the Training Program Setup form. Please complete this form for each training program listed below. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Age Group of Trainees	Sex: Male		Sex: Female		Select Training Activity Status in the Current Reporting Period
				Enter # of Enrollees	Enter # of Program Completers	Enter # of Enrollees	Enter # of Program Completers	
		(1)	(2)	(3) Blocks 1-6	(7) Blocks 49-54	(8) Blocks 7-12	(12) Blocks 55-60	(18)
1	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	19 and Under					Active
2	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	20 – 29 years					Active
3	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	30 – 39 years					Active
4	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	40 – 49 years					Active
5	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	50 – 59 years					Active
6	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	60 and Over					Active
7	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	Age Not Reported					Active

DV-1: Trainees by Racial & Ethnic Background

The DV-1 form captures aggregate-level information about the racial and ethnic background of trainees who participated in each of the training programs or activities entered in the Training Program Setup form. Please complete this form for each training program entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Race Category	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino		Select Training Activity Status in the Current Reporting Period
				Enter # of Enrollees	Enter # of Program Completers	Enter # of Enrollees	Enter # of Program Completers	
		(1)	(2)	(3) Blocks 1-7	(7) Blocks 29-35	(8) Blocks 36-42	(12) Blocks 64-70	(18)
1	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	American Indian or Alaska Native					Active
2	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	Black or African American					Active
3	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	Asian					Active
4	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	Native Hawaiian or Pacific Islander					Active
5	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	White					Active
6	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	More than one Race					Active
7	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	Race Not Reported					Active

DV-2: Trainees from a Disadvantaged Background

The DV-2 form captures aggregate-level information about the disadvantaged background status of trainees who participated in each of the training programs or activities entered in the Training Program Setup form. Please complete this form for each training program listed below. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Enrollees		Program Completers		Select Training Activity Status in the Current Reporting Period
			Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	
		(1)	(2) Block 1	(3) Block 2	(10) Block 9	(11) Block 10	(12)
1	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide					Active

DV-3: Trainees from a Rural Background

The DV-3 form captures aggregate-level information about the number of trainees who participated in each of the training programs or activities entered in the Training Program Setup form and are from a rural background. Please complete this form for each training program entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

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No.	Record Status	Type of Training Program	Trainees from Rural Residential Background		Select Training Activity Status in the Current Reporting Period
			Enter # of Enrollees from a Rural Background	Enter # of Program Completers from a Rural Background	
		(1)	(2) Block 1	(6) Block 5	(7)
1	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide			Active

IND-GEN: Individual Characteristics

The IND-GEN form captures individual-level information about students, faculty, or other types of awardees who either received direct financial support (e.g., loans, loan repayment, scholarships, or stipends) through a HRSA grant or participated in specific types of HRSA-supported training. Please complete this form in its entirety. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

Design note: Following table will be implemented in embedded Excel format.

<p>* Do you have either a) students, trainees or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for students or trainees who received direct financial support in a previous reporting period?</p>	<input type="button" value="Yes"/>	<p>(complete IND-GEN)</p>	<input type="button" value="No"/>	<p>(click Save and Validate button to proceed to the next form)</p>
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[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status	Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)			
														Stipend	Current Reporting Period Total	Academic Year Total	Cumulative BHW Financial Award Total
		(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10	(12) Block 11	(13) Block 11	(21a) Block 11	(21b) Block 11	(21c) Block 11
1	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide															

IND-GEN: Individual Characteristics (continued)

Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year	Training in a Primary Care Setting			Training in a Medically Underserved Area		Training in a Rural Area		Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions
		Select Whether Individual Received Training	Enter # of Contact Hours	Enter # of Patient Encounters	Select Whether Individual Received Training	Enter # of Contact Hours	Select Whether Individual Received Training	Enter # of Contact Hours				
(22) Block 12	(26) Block 15	(28) Block 17	(29) Block 17a	(30) Block 17b	(31) Block 18	(32) Block 18a	(33) Block 19	(34) Block 19a	(36) Block 21	(37) Block 22	(38) Block 22a	(39) Block 22b

INDGEN-GPC: Prior Period Graduates

The INDGEN-GPC form is a read-only log of individuals who completed a HRSA-supported training program within the past 6 months. This form is read-only and no action is required other than clicking on 'Save and Validate'. Individuals listed below will be automatically moved to the INDGEN-PY table in the next reporting period where you will be able to enter 1-year follow-up employment or training data. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

[View Prior Period Data](#)

No	Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions	Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)
															Academic Year Total
		(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 22a	(12) Block 22b	(13) Block 11	(14) Block 11
1	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide													

INDGEN-PY: Individual Prior Year

The INDGEN-PY subform captures 1-year follow-up information about individuals who received direct financial support (e.g., loans, loan repayment, scholarships, or stipends) through a HRSA grant or participated in specific types of HRSA-supported training programs and have since graduated or completed their training. Please complete this form for each individual listed below. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

Design Note: Following table will be implemented in embedded Excel format.

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No.	Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions	Select whether status/employment data are available for the individual 1-year post graduation/completion	Select Individual's Current Training/Employment Status
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
			Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9	Block 22a	Block 22b	Block 23	Block 23a
1	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide													

EXP: Experiential Characteristics

EXP-1: Training Site Setup

The EXP-1 Setup form captures information about the names of sites used by grantees to provide trainees with clinical or experiential training. Please enter each site used separately by typing in a site's name and clicking the 'Add Record' button. Please complete this setup form for each training site used. If you have any questions about how to complete this setup form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about sites used in a prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

EXP-1	EXP-2	EXP-3
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[View Prior Period Data](#)

* Add Site	
Enter the Site's Name	Textbox, 200 characters
<input type="button" value="Add Record"/>	

No.	Record Status	Site Name	Select Whether the Site was Used in the Current Reporting Period	Option(s)
		(1) Block 1	(2)	
1	Prior Record	Site Name 1	Yes	Delete
2	Prior Record	Site Name 2	No	Delete
3	New Record	Site Name 3	Yes	Delete

EXP-2: Training Site Characteristics

The EXP-2 subform collects general information about each site that was entered in the EXP-1 Setup form. Please complete this subform for each training site listed below. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about sites used in a prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

EXP-1	EXP-2	EXP-3
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Design note: Following table will be implemented in embedded Excel format.

[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site	Option(s)
		(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4	
1	Prior Record	Degree/Diploma Certificate Nursing-Home Health Aide	Site Name 1					Delete

EXP-3: Experiential Characteristics - Trainees by Profession/Discipline

The EXP-3 subform collects information about the profession and discipline of individuals trained at each site that was entered in the EXP-1 Setup form. Please complete this subform for each site listed below. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

Individuals reported in this subform should be those captured in LR-1a or IND-GEN.

EXP-1	EXP-2	EXP-3
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Design note: Following table will be implemented in embedded Excel format.

[View Prior Period Data](#)

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Option(s)
	(1)	(2)	(3)	(4)	
		Block 1	Block 3	Block 3	
1	Degree/Diploma Certificate Nursing- Home Health Aide	Site Name 1			Delete