



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

**HEALTH INFORMATION
TECHNOLOGY AND EXCHANGE**

**ARRA/STIMULUS FUNDING
OPPORTUNITIES**



Phone: (860) 509-7101 FAX: (860) 509-7111
410 Capitol Avenue—MS#13COM P.O. Box 340308, Hartford, CT 06134-0308
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HEALTH INFORMATION TECHNOLOGY AND EXCHANGE

ARRA/STIMULUS FUNDING OPPORTUNITIES

The American Recovery and Reinvestment Act of 2009 (the Recovery Act), signed into law on February 17, 2009, provides major opportunities for the improvement of our nation's health care through health information technology and exchange (HIT/E). Title XIII of Division A and Title IV of Division B of ARRA, together cited as the Health Information Technology for Economic and Clinical Health Act (HITECH Act), include provisions to promote meaningful use of health information technology to improve the quality and value of American health care. The HITECH Act also established the Office of the National Coordinator for Health Information Technology (ONC) within the U.S. Department of Health and Human Services (HHS) as the principal federal entity responsible for coordinating the effort to implement a nationwide health information technology (health IT) infrastructure that allows for the use and exchange of electronic health information in electronic format.

The statute provides for funding to support (1) health information technology architecture that will support the nationwide electronic exchange and use of health information in a secure, private, and accurate manner; (2) development and adoption of appropriate certified electronic health records for categories of health care providers not eligible for incentive payments; (3) training and dissemination of information on best practices to integrate health IT, including EHR, into a provider's delivery of care; (4) infrastructure and tools for the promotion of telemedicine; (5) promotion of interoperability of clinical data repositories or registries; (6) promotion of technologies and best practices that enhance the protection of health information by all holders of individually identifiable health information; and (7) improvement and expansion of the use of health IT by public health departments.

Opportunities for HIT/E are summarized on the following pages:

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HEALTH IT INCENTIVES FOR EHR ADOPTION

The Medicare and Medicaid Health IT provisions in the Recovery Act provide incentives and support for the adoption of certified electronic health records (EHRs). The Centers for Medicare and Medicaid Services (CMS) is overseeing and administering the incentive program and is coordinating with the ONC.

Sections 4101 and 4102 of the Recovery Act provide Medicare bonus payments to eligible professionals who meaningfully use certified EHRs by calendar years 2011 to 2014 and for hospitals that meaningfully use certified EHRs by fiscal years 2011 to 2015. Beginning in 2015, the Recovery Act mandates penalties under Medicare for eligible professionals and hospitals that fail to demonstrate meaningful use of certified EHRs.

The Medicaid EHR incentive program will provide incentive payments to eligible professionals and hospitals for efforts to adopt, implement, or upgrade certified EHR technology or for meaningful use in the first year of their participation in the program and for demonstrating meaningful use during each of five subsequent years. Section 4201 of the Recovery Act established 100 percent Federal Financial Participation (FFP) to States for incentives to eligible Medicaid providers who have purchased, implemented, and are operating certified electronic health records (EHR) technology and established 90 percent Federal Financial Participation (FFP) for State administrative expenses related to carrying out this provision.

On December 30, 2009, CMS announced a notice of proposed rulemaking (NPRM) to implement provisions of the Recovery Act that provide incentive payments for the meaningful use of certified EHR technology. The proposed rule outlines provisions governing the EHR incentive programs, including defining the central concept of "meaningful use" of EHR technology. CMS' goal is for the definition of meaningful use to be consistent with applicable provisions of Medicare and Medicaid law while continually advancing the contributions certified EHR technology can make to improving health care quality, efficiency, and patient safety. To accomplish this, CMS' proposed rule would phase in more robust criteria for demonstrating meaningful use in three stages. CMS provides a 60-day comment period on the proposed rule, beginning on the date of publication.

BEACON COMMUNITY COOPERATIVE AGREEMENT PROGRAM

The Beacon Community grants program will attempt to demonstrate the feasibility of achieving the objectives related to health care delivery system outcome and efficiency and population health objectives for the meaningful use criteria for HIT incentive payments.

Individually and in aggregate, the Beacon Communities will generate and disseminate valuable lessons learned that will be applicable to the rest of the nation’s communities as they strive to build and leverage their health IT infrastructure for healthcare improvement. Communities will also demonstrate that care can be coordinated and health information exchanged in a manner that enhances the protection of health information by all holders of individually identifiable health information.

Substantial Federal involvement in the Beacon Community Program will be required, including ONC’s close collaboration with recipients to ensure diversity of project aims, ongoing technical assistance and troubleshooting, and coordination with the Regional Health IT Extension Center Program and the State Health Information Exchange Program. Funds will therefore be obligated and disbursed after a competitive application process resulting in approximately 15 cooperative agreements with individual communities, including approximately 3 Virtual Lifetime Electronic Record Beacon Communities and at least 5 communities which address the needs of rural communities and/or minority and other underserved populations. Though Beacon Communities will likely represent a consortium of stakeholders, the Beacon Community proposal will be advanced by one “lead applicant” organization which will serve as the point of contact for the application process and become the recipient of the award. When necessary, the lead applicant will be permitted to make subawards (subgrants) for approved activities to stakeholder organizations and/or other appropriate organizations according to all applicable federal regulations and guidelines.

The Beacon Community Program will include \$220 million in grants to build and strengthen health IT infrastructure and health information exchange capabilities, including strong privacy and security measures for data exchange, within 15 communities. An additional \$15 million will be provided for technical assistance to the communities and to evaluate the success of the program.

Approx Funding	FOA Released	Letters of Intent Due	Applications Due	Cooperative Agreements Awarded	Anticipated Start Date
\$220 million	December 2, 2009	January 8, 2010	February 1, 2010	March 2010	April 1, 2010

STRATEGIC HEALTH IT ADVANCED RESEARCH PROJECTS (SHARP)

The purpose of the Strategic Health IT Advanced Research Projects (SHARP) Program is to fund research focused on achieving breakthrough advances to address well-documented problems that have impeded adoption of health IT and to accelerate progress towards achieving nationwide meaningful use of health IT in support of a high-performing, continuously-learning health care system.

- Security of Health Information Technology research to address the challenges of developing security and risk mitigation policies and the technologies necessary to build and preserve the public trust as health IT systems become ubiquitous.
- Patient-Centered Cognitive Support research to address the need to harness the power of health IT in a patient-focused manner and align the technology with the day-to-day practice of medicine to support clinicians as they care for patients.
- Health care Application and Network Platform Architectures research to focus on the development of new and improved architectures that are necessary to achieve electronic exchange and use of health information in a secure, private, and accurate manner.
- Secondary Use of Electronic Health Record Data research to identify strategies to enhance the use of health IT in improving the overall quality of health care, population health and clinical research while protecting patient privacy.

Applicants for the SHARP Program must be a U.S.-based public or private institution of higher education or, other public or private institution or organization with a research mission.

ONC expects to award four (4-year) cooperative agreements:

- Security of Health Information Technology
- Patient-Centered Cognitive Support
- Healthcare Application and Network Platform Architectures
- Secondary Use of EHR Data

Approximate Funding	FOA Released	Letters of Intent Due	Applications Due	Estimated Cooperative Agreements Awarded	Anticipated Start Date
\$60 million (estimated 4 projects @ \$15 million each)	December 17, 2009	January 8, 2010	January 25, 2010	March 15, 2010	April 1, 2010

REGIONAL EXTENSION CENTERS [DHHS/ONC]

Section 3012 of the Public Health Service Act (PHSA), as amended by ARRA (see Appendix A), authorizes a Health Information Technology Extension Program (Extension Program). By statute, the Extension Program consists of a national Health Information Technology Research Center (HITRC), and Regional Extension Centers (Regional Centers). DHHS/ONC will establish up to 70 RECs to support providers in adopting and becoming meaningful users of health information technology.

Type of Award	Cooperative Agreement
Total Amount of Funding Available in FY2010	\$640,000,000
Average Award Amount	\$ 8,543,000
Approximate Number of Awards	70
Project Period Length	four-year project period with two separate two-year budget periods
Final Application Due Date	January 29, 2010
Estimated Start Date	March 31, 2010

The purpose of the Regional Centers is to furnish assistance, defined as education, outreach, and technical assistance, to help providers in their geographic service areas select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care. Regional Centers will also help providers achieve, through appropriate available infrastructures, exchange of health information in compliance with applicable statutory and regulatory requirements, and patient preferences. The support for health information exchange that is provided by Regional Centers will also be consistent with any applicable State Plan(s) for HIE developed and HHS-approved via the cooperative agreements issued by ONC pursuant to PHSA Section 3013, as added by ARRA.

The application review and funding process will be separated into two application cycles. Applicants will be required to submit a preliminary application that will undergo an objective review; successful preliminary applicants will be requested to submit a full application for merit review. Successful full applications will result in award of four-year cooperative agreements. Initial award decisions for Regional Centers are anticipated to be made in the first quarter of FY2010. Additional awards are expected to be made as a result of two subsequent application cycles to be completed in FY2010.

Initial Cycle	Approx Funding	Preliminary Application	Preliminary Approval	Full Applications	Anticipated Awards Date
1	\$350,000,000	September 8, 2009	September 29, 2009	November 3, 2009	January 21 2010

2	\$290,000,000	December 22, 2009	January 5 th 2010	January 29 th , 2010	March 31 st 2010
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Pursuant to requirements of the HITECH Act, priority shall be given to providers that are primary-care providers (physicians and/or other health care professionals with prescriptive privileges, such as physician assistants and nurse practitioners) in any of the following settings:

- individual and small group practices (ten or fewer professionals with prescriptive privileges) primarily focused on primary care;
- public and Critical Access Hospitals;
- Community Health Centers and Rural Health Clinics; and
- other settings that predominantly serve uninsured, underinsured, and medically underserved populations.

A practice otherwise meeting the definition of individual or small-group physician practice, above, may participate in shared-services and/or group purchasing agreements, and/or reciprocal agreements for patient coverage, with other physician practices without affecting its status as individual or small-group practice for purposes of the Regional Centers.

In any given Regional Center's service area, some priority primary-care providers (as described above) may have already acquired and/or implemented EHR technology. Such providers remain priority providers, though the technical assistance required is anticipated to be focused on movement from having an EHR to achieving all aspects of meaningful use of EHR technology, including but not necessarily limited to electronic exchange of health information and reporting of quality measures using the EHR.

The ultimate measure of a Regional Center's effectiveness will be whether it has assisted providers in becoming meaningful users of certified EHR technology. It is expected that each Regional Center will provide federally supported individualized technical assistance to a minimum of 1,000 priority primary-care providers in the first two years of the four-year cooperative agreement project period and that over those same two years the entire cohort of Regional Centers will, in the national aggregate, support over 100,000 priority primary-care providers to achieve successful adoption and meaningful use of certified EHRs.

Each cooperative agreement will consist of a four-year project period with two separate two-year budget periods. Non-competing continuations for the second two-year budget period will be contingent upon performance and a determination by HHS that such continuation of the cooperative agreement with a given center is in the best interest of the program.

Each Regional Center will plan and implement the outreach, education, and technical assistance programs necessary to meet the objective of assisting providers in its geographic service area to improve the quality and value of care they furnish by

attaining or exceeding meaningful use criteria established by the Secretary. On-site technical assistance will be a key service offered by the Regional Centers to priority primary-care providers, and will represent a significant portion of the Regional Centers' activities. Regional Centers are expected to work with both priority primary-care providers who have not yet adopted EHR systems, and with priority primary-care providers who have existing EHR systems, to assist them in achieving meaningful use of certified EHR technology.

EDUCATION, TRAINING, WORKFORCE DEVELOPMENT [DHHS/ONC]

The American Recovery and Reinvestment Act, under section 3016 of the Public Health Service Act (PHSA), Information Technology Professionals in Health Care, authorizes “assistance to institutions of higher education (or consortia thereof) to establish or expand health informatics education programs, including certification, undergraduate, and masters degree programs, for both health care and information technology students to ensure the rapid and effective utilization and development of health information technologies in the United States health care infrastructure.” Authorized by the American Recovery and Reinvestment Act (ARRA), the grants will work to help strengthen and support the health IT workforce.

Curriculum Development Centers

This funding opportunity will provide approximately \$10 million in grants to institutions of higher education (or consortia thereof) to support health information technology (health IT) curriculum development. ONC plans to make up to 5 grant awards that will support curriculum development to enhance programs of workforce training primarily at the community college level. The materials developed under this program will be used by the member colleges of the five regional consortia as well as be available to institutions of higher education across the country.

The development of these educational programs must begin immediately to meet the growing demand for a trained health IT workforce. Because these educational programs will be new to many institutions, faculty members will benefit from access to high quality educational materials designed for use at multiple institutions. These materials, prepared in collaboration with community colleges and aligned with a common set of nationally validated competencies, will help make it possible to rapidly launch standardized academic programs that meet the needs of the health care industry.

Item to Submit	Deadline Date and Time
Letter of Intent	January 4, 2010
Application	January 14, 2010
Anticipated Award Date	March 18, 2010

Community College Consortia to Educate Health Information Technology Professionals

This funding opportunity, one component of the program, seeks to rapidly create HIT academic programs at Community Colleges or expand existing ones. Community Colleges are "institutions of higher education" as defined by section 101 of the Higher Education Act of 1965. Each student with appropriate prerequisite training and experience will be able to complete intensive training in one of the six roles within six months or less. Academic programs may be offered through traditional on-campus instruction or distance learning modalities, or combinations thereof.

The competencies to be attained by persons trained under this initiative require instruction in IT, health care, workflow of health care practices, redesign of health care practices, change strategies and quality improvement techniques. The training will also prepare individuals to support IT in public health settings. The academic programs that are established using these funds will be flexibly implemented to provide each trainee with the knowledge, skills and competencies that he/she does not already possess and that are required for a particular role.

Successful applications will result in award of a two-year cooperative agreement.

FOA Details	Date
Letter of Intent	January 06, 2010
Application Due Date	January 22, 2010
Anticipated Award Date	March 15, 2010
Total Funding	\$70,000,000

Academic Program Development Assistance for University-Based Training of Health Information Technology Professionals

This FOA will result in new, competitively awarded training grants to rapidly increase the availability of individuals qualified to serve in specific health information technology professional roles requiring university-level training. To that end, awardees will be expected to promptly establish, fill, and begin graduating students from new training positions, in new or expanded training programs, that can be completed in one year (or less). This funding opportunity aims to establish programs that will remain available to train individuals to serve in key health IT professional roles that require university-based training. Thus, awardees will be expected to design and implement programs that will remain available and sustainable after the funding provided by this funding opportunity has been expended.

Six roles addressed by this FOA will support ongoing development, implementation, and use of health IT in a wide range of settings including: hospitals, health centers, long term care facilities, integrated delivery systems, regional extension centers, health information exchange organizations, state and local public health agencies, universities, research centers, government agencies, consulting firms, and EHR vendor organizations.

- Clinician/Public Health Leader
- Health Information Management and Exchange Specialist
- Health Information Privacy and Security Specialist
- Research and Development Scientist
- Programmers and Software Engineer
- Health IT Sub-specialist

Four-year colleges and universities are eligible to apply. Successful applicants will be awarded training grants with a 39-month project period. ONC anticipates issuing approximately eight to twelve one-time funding awards.

FOA Details	Dates
Letter of Intent	January 6, 2010
Application Due Date	January 25, 2010
Anticipated Award Date	March 18, 2010
Approximate Total Funding	\$32,000,000

Competency Examination for Individuals Completing Non-Degree Training

For the Competency Examination Program, ONC anticipates issuing a single one-time funding award to support the development and initial administration of a set of health IT competency examinations. The examinations will assess basic competency for individuals trained through short-duration, non-degree health IT programs, and for members of the workforce with relevant experience or other types of training who are seeking to demonstrate their competency in certain health IT workforce roles integral to achieving meaningful use of electronic health information.

Development of the competency examinations will benefit the awardee and other institutions of higher education by providing them with a set of health IT competency examinations that they may use to evaluate, develop, and improve health IT educational programs. As part of the grant-supported activities and to establish the examinations as part of a national workforce program, the examinations will be available at no charge to the first 10,000 examinees.

This cooperative agreement lays the groundwork for the establishment of a nationwide program of competency examinations that will be supported by other financial resources after the conclusion of this award and pending appropriate Congressional and agency approvals. The award described in this funding opportunity announcement will support the development, testing, and implementation of a mechanism to assess whether examinees have attained a certain set of health IT competencies. The award will not address the establishment of a formal program of government-sanctioned professional certification.

The successful application will result in the award of a two-year cooperative agreement.

FOA Details	Dates
Letter of Intent	January 8, 2010
Application Due Date	January 25, 2010
Anticipated Award Date	March 18, 2010

STATE HEALTH INFORMATION EXCHANGE COOPERATIVE AGREEMENT PROGRAM

These grant programs will support states and/or State Designated Entities (SDEs) in establishing health information exchange (HIE) capacity among health care providers and hospitals in their jurisdictions. Such efforts at the state level will establish and implement appropriate governance, policies, and network services within the broader national framework to rapidly build capacity for connectivity between and among health care providers. State programs to promote HIE will help to realize the full potential of EHRs to improve the coordination, efficiency, and quality of care. Awards expected in early 2010.

This program will be a federal-state collaboration aimed at the long-term goal of nationwide HIE and interoperability. To this end, ONC intends to award cooperative agreements to states or SDEs to meet local health care provider, community, state, public health and nationwide information needs. Each state's cooperative agreement award will be for both planning and implementation, except for states that have a plan approved by the National Coordinator prior to award in which case they would only receive implementation funding. ONC will award no more than one cooperative agreement per state; however groups of states may combine their efforts into one application. The cooperative agreement approach allows for a greater level of coordination and partnership between ONC and states.

The cooperative agreements will focus on developing the statewide policy, governance, technical infrastructure and business practices needed to support the delivery of HIE services. The resulting capabilities for healthcare-providing entities to exchange health information must meet the to-be-developed Medicaid and Medicare meaningful use requirements for health care providers to achieve financial incentives.

Item to Submit	Date
Letter of Intent (CT DPH)	September 11, 2009
Application (CT DPH)	October 16, 2009
Award Announcements (Due Diligence Review)	December 15, 2009
Anticipated Project Start Date	Beginning January 15, 2010

DPH as the lead state agency made application for the State HIE Cooperative Agreement Funds from the ONC. The funds will be used to develop approved strategic and operational HIE plans, and to develop the statewide exchange capacity. As part of the planning effort, the Strategic Plan must address privacy and security issues inter and intra state, and also address how the state will address issues of noncompliance. This requirement falls primarily under the legal/policy domain articulated by the ONC in their funding announcement. As part of our State of

Connecticut Health Information Technology and Exchange Advisory Committee activities, we are forming a Legal/Policy Subcommittee to address these planning requirements, and are recruiting participants.

ARRA GRANT REQUIREMENTS

HHS Standard Terms and Conditions

HHS grantees must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, unless they conflict or are superseded by the following terms and conditions implementing the American Recovery and Reinvestment Act of 2009 (ARRA) requirements below. In addition to the standard terms and conditions of award, recipients receiving funds under Division A of ARRA must abide by the terms and conditions set out below. The terms and conditions below concerning civil rights obligations and disclosure of fraud and misconduct are reminders rather than new requirements, but the other requirements are new and are specifically imposed for awards funded under ARRA. Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

Recipient Reporting

Reporting and Registration Requirements under Section 1512 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5

(a) This award requires the recipient to complete projects or activities which are funded under the American Recovery and Reinvestment Act of 2009 ("Recovery Act") and to report on use of Recovery Act funds provided through this award. Information from these reports will be made available to the public.

(b) The reports are due no later than ten calendar days after each calendar quarter in which the recipient receives the assistance award funded in whole or in part by the Recovery Act.

(c) Recipients and their first-tier recipients must maintain current registrations in the Central Contractor Registration (www.ccr.gov) at all times during which they have active federal awards funded with Recovery Act funds. A Dun and Bradstreet Data Universal Numbering System (DUNS) Number (www.dnb.com) is one of the requirements for registration in the Central Contractor Registration.

(d) The recipient shall report the information described in section 1512(c) using the reporting instructions and data elements that will be provided online at www.FederalReporting.gov and ensure that any information that is pre-filled is corrected or updated as needed.

Preference for Quick Start Activities

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of ARRA. Recipients shall also use grant funds in a manner that maximizes job creation and economic benefit. (ARRA Sec. 1602)

Limit on Funds

None of the funds appropriated or otherwise made available in ARRA may be used by

any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (ARRA Sec. 1604)

ARRA: One-Time Funding

Unless otherwise specified, ARRA funding to existent or new awardees should be considered one-time funding.

Civil Rights Obligations

While ARRA has not modified awardees' civil rights obligations, which are referenced in the HHS' Grants Policy Statement, these obligations remain a requirement of Federal law. Recipients and subrecipients of ARRA funds or other Federal financial assistance must comply with Title VI of the Civil Rights Act of 1964 (prohibiting race, color, and national origin discrimination), Section 504 of the Rehabilitation Act of 1973 (prohibiting disability discrimination), Title IX of the Education Amendments of 1972 (prohibiting sex discrimination in education and training programs), and the Age Discrimination Act of 1975 (prohibiting age discrimination in the provision of services).

Disclosure of Fraud or Misconduct

Each recipient or sub-recipient awarded funds made available under the ARRA shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds.

Responsibilities for Informing Sub-recipients

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for ARRA purposes, and amount of ARRA funds.

Recovery Act Transactions listed in Schedule of Expenditures of Federal Awards and Recipient Responsibilities for Informing Sub-recipients

(a) To maximize the transparency and accountability of funds authorized under the American Recovery and Reinvestment Act of 2009 (Public Law 111-5)(Recovery Act) as required by Congress and in accordance with 45 CFR 74.21 and 92.20 "Uniform Administrative Requirements for Grants and Agreements", as applicable, and OMB A-102 Common Rules provisions, recipients agree to maintain records that identify adequately the source and application of Recovery Act funds.

(b) For recipients covered by the Single Audit Act Amendments of 1996 and OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," recipients agree to separately identify the expenditures for Federal awards under the Recovery Act on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by OMB Circular A-133. This shall be accomplished by identifying expenditures for Federal awards made under Recovery Act separately on the SEFA, and as separate rows under Item 9 of Part III on the SF-SAC by CFDA number, and inclusion of the prefix "ARRA-" in identifying the name of the Federal program on the SEFA and as the first characters in Item 9d of Part III on the SF-SAC.

(c) Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award

number, CFDA number, and amount of Recovery Act funds. When a recipient awards Recovery Act funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental Recovery Act funds from regular sub-awards under the existing program.

(d) Recipients agree to require their sub-recipients to include on their SEFA information to specifically identify Recovery Act funding similar to the requirements for the recipient SEFA described above. This information is needed to allow the recipient to properly monitor sub-recipient expenditure of ARRA funds as well as oversight by the Federal awarding agencies, Offices of Inspector General and the Government Accountability Office.