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Table-1: SHARP Program - Comparison of Components: SHARP-3 vs. SHARP-1 and SHARP-2						
Answers to Question: How is SHARP-3 different than SHARP 1 and 2? What will SHARP-3 add?						
Dimension	SHARP-1	SHARP-2	Impact To-Date	Status	SHARP-3	Expected Impact of SHARP-3
1-Location Types						
HPSA required	Yes	No	Mixed; HPSAs restrictive	<= Problem	No	Solidly expands eligible areas
AK HSSA required	No	Score only	Mixed; Broader than HPSAs	OK	Neutral	Expands eligible areas
Rural requirement	No	No	OK	OK	No	Expands eligible areas
Rural preference	Only modest	Yes; rural emphasis	Rural 71%, Frontier 53%	OK	Neutral	
Urban preference	Neutral	Bias against urban sites	Urban 23% overall	<= Problem	Allowed	Expands areas; not negative about urban
Statewide positions	No	Yes, but very few	Statewide 6% of Total	<= Problem	Allowed	Will likely solidly expand "statewide"
2-Site Types						
Practice Types	Primary care; outpatient	Wide variety	Most all are PC; outpatient	<= Problem	Variety allowed	Expands practice-types beyond PC
Hospitals	Very limited; (follow-along)	Hospitals possible	Very few are in-hospital	<= Problem	Variety allowed	Will likely increase hospital participation
Mental Health	Outpatient; CMHCs, clinics	Clinics & facilities	Most all are clinic-based	<= Problem	Variety allowed	Increases MH facility participation
For-Profit	No	Allowed	Very few (2 of 194)	<= Problem	Allowed	Will likely increase for-profit participation
Government	Yes	Yes	Few; Needed in DOC, API, OCS	<= Problem	Allowed	Will allow participation by Gov't sites
University	No	No	No HC faculty participants	<= Problem	Allowed	Will likely induce faculty participation

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3-Practitioners						
Total To-Date	111	83	194; but more are needed	<= Problem	Demand-based	Will increase # of participants
Occup - Tier-1	Physician, Dentist, Pharm.	Physician, Dentist, Pharm.	89 of 194 (46%); more needed	<= Problem	Wide variety	Will increase specialists participation
Occup - Tier-2	NP, PA, RN, Psych, Mid-Wife, LCSW, DH, LPC, MFT	NP, PA, RN, HS-Psych., LCSW, DH, PT	105 of 194 (54%); more needed	<= Problem	Wide variety	Number & variety of Occ's participants
Hospitalists	No	Allowed, but few	Relatively few	<= Problem	Demand-based	Will increase # of Hospital participants
Surgeons	No	Yes	Extremely few (3 of 194)	<= Problem	Demand-based	Will increase # of Surgeon participants
Professional Counselors	Yes	No	SH-1 helps; more needed	<= Problem	Demand-based	Will increase # of Surgeon participants
Physical Therapists	No	Yes	SH-2 helps; more needed	<= Problem	Demand-based	Will increase # of Surgeon participants
Paraprofessionals	No	No	None in SH-1 or SH-2	<= Problem	Maybe allowed	Value for Disability Srv, Senior Srv, & LTC
Specialists	No	Allowed, but very few to-date	Extremely few	<= Problem	Demand-based	Will increase # of Specialist participants
Faculty	No	No	No HC faculty participants	<= Problem	Allowed	Will likely induce faculty participation
Practice Type	Primary care only	Several types of DPC allowed	Primary care is large %	<= Problem	Demand-based	Likely Increase hospitalists & specialists
Direct Pt Care Required	Yes	Yes	100% are Direct Patient Care	<= Problem	DPC or Non-DPC	Probably will get some Non-DPC
Care Coordinators	No, unless licenced DPC	No, unless licenced DPC	Very few LCSWs & RNs do this	<= Problem	Demand-based	May get some Care Coordinators
Administrators	No	No	No Admin FTE (a few partial)	<= Problem	Demand-based	May get some Administrators
Allied Health personnel	No (only RDH & Psych)	No (only RDH, Psych, PT)	Very few (some DPH, Psy, PT)	<= Problem	Demand-based	May get some Allied Health personnel
Licensure	AK Lic; if THO then Any	AK Lic; if THO then Any	100% are licensed	OK	AK Lic; exc't Non-DPC don't need	May get some Non-DPC, so no license

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4-Program						
Practitioner Appl Cycle	Every 2 years (ca)	Every 3 years	Not frequent enough	<= Problem	Rolling admission	Better match to HC Sites' HR needs
Size	Per cycle: 25 to 40	Statute cap: 90 at any time	Current census 125; need more	<= Problem	Demand-based	Projected to increase # of participants
Next Solicitation	SH-1: Jan 2017	SH-2: Feb 2016	Fairly long delays	<= Problem	Rolling admission	Better match to HC Sites' HR needs
Advisory Council	Yes, established 2009	Yes, codified 2012	Interagency Council	OK	Council oversight	Council guidance; all standard practice
Program Horizon	SLRP-3: 2015-2018(+)	AS 18.19: renewal 2019	Longer horizons have helped	OK	Based on contracts	
5-Contract						
Duration	2-year contracts	3-year contracts	Mixed; both have value	OK	Duration TBA	Either 3-year, or choice 2 or 3 year
Renewal	Competitive renewal	Competitive renewal	Renewal option helpful	OK	Allowed	
Benefit Type	Loan repayment only	Loan repayment or incentive	LPR is tax-exempt, & DI good	OK	LRP only	LRP is tax-exempt via State Program
Content	Standard MOA contract	Standard MOA contract	Contract differs SH-1 v SH-2	OK	Standard MOA	MOA has some SH1 & SH-2 processes
Very Hard-to-Fill	SLRP-3 allows (none current)	Regular Fill, and VHVF	VHVF Option is helpful	OK	Allowed	VHVF option good re: some Tier-1 jobs
Double-Dip allowed	No	No	Strictly disallowed	OK	Strictly disallowed	There may occasional Tier-1 issue
No-quit clause	No-quit clause; default penalty severe; starts \$31K	No-quit clause; but default penalty is non-financial	Mixed; SH-1 vs SH-2 differ	OK	Similar to SH-2	Details TBA

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6-Revenue - SFSP only						
SFSP: Fed. contribution	Yes (50%)	No	Key aspect for SHARP-1	OK	No	Value of no Fed funds is no fed strictures
SFSP: State-GF contrib.	Yes (9%)	AS 18.29 only	Key for SH-1, esp. SH-2	OK	No	No SH-2 funds means no SH-2 strictures
SFSP: AMHTA contrib.	Yes (16%)	No	Definitely has always helped	OK	Allowed	None currently for SH-3
SFSP: Employer match	Yes (SLRP-3 onward)	Yes (from the beginning)	Now all SH-1&2 at 25%+	OK	Yes	SH-3 Em-Match share increased to 80%
Waiver of Empl. Match	Yes, possible but none yet	Yes, possible; but rare	Waiver possible; but rare	OK	Not allowed	Employer payment is basis for SH-3 awd
SFSP: Foundation cont.	No	No	No contribution to-date	<= Problem	Yes, possible	20% required from source like this
SFSP: HC Partner	No	No	No contribution to-date	<= Problem	Yes, possible	20% required from source like this
SFSP: Compet. Grants	Only inially, start-up planning	No	No ongoing contributors	<= Problem	Yes, possible	20% required from source like this
7-Revenue - Admin only						
Admin: Fed. contribution	No	No	No Fed Admin is a problem	<= Problem	No	SH-3 Admin Fee process needed for all
Admin: State-GF contrib.	Part of Director salary	AS 18.29 only	Helps, but there is shortage	<= Problem	No	SH-3 Admin Fee process needed for all
Admin: AMHTA contrib.	Only inital start-up; none now	No	None	OK	Allowed	None currently for SH-3
Admin: Employer Fee	No	No	None	<= Problem	Admin Fee 5%	Admin 5% of Awd; w/Empl as 80% of that
Admin: Foundation contr	Only inital start-up; none now	No	None	<= Problem	Admin Fee 5%	20% of Fee billed to this or similar source
Admin: HC Partner	No	No	None	<= Problem	Admin Fee 5%	20% of Fee billed to this or similar source
Admin: Compet grants	No	No	None	<= Problem	Admin Fee 5%	20% of Fee billed to this or similar source
Admin: Budget Code	None	AS 18.29 Co-Lo	SH-1 none, but SH-2 has one	<= Problem	Dedicated Co-Lo	All Admin Fee for SHARP prog use only

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8-Program Expense						
SFS Payment Tier-1	Up to: \$35K/year (reg), & \$47K/year (VHTF)	Up to: \$35K/year (reg), & \$47K/year (VHTF)	Tier structure helpful	OK	Standard SHARP	Up to:\$35K/year (reg); \$47K/year (VHTF)
SFS Payment Tier-2	Up to: \$20K/year (reg), & \$27K/year (VHTF)	Up to: \$20K/year (reg), & \$27K/year (VHTF)	Tier structure helpful	OK	Standard SHARP	Up to:\$35K/year (reg); \$47K/year (VHTF)
SFS Payment Tier-3	No	No	None	<= Problem	New for Paraprof & Allied	Paraprofess. & Allied HC possible - TBA
Administration cost	None budgeted at all	As 18.29 budgets 4% of total	Admin revenue not adequate	<= Problem	Admin Fee 5%	Set Admin Fee 5% for all SHARP awards
8-Monitoring						
Quarterly Report	Quarterly Report required	Quarterly Report required	QWR works quite well	OK	Quarterly Report required	Standard quarterly QWR process
Monthly Report	HRSA-SLRP SAMS report	No	Basically not needed	OK	No	
Other Periodic Reports	Field Strength Rpt (3 per yr)	No	Basically not needed	OK	No	TBA - as to special needs
Multi-State Retention Rpt	Yes	Yes	OK; higher Resp Rate needed	OK	Yes	Will participate
Annual Report	Yes, annual report	Yes, annual report	Annual Report	OK	Yes	
Fiscal Report	Yes, Annual HRSA FFR	Yes, needed	SH-1 is OK, but SH-2 not yet	OK	Qtr Budget Rept	Standard quarterly budget report needed
Summative Report	Final program report required	Final program report 2018	OK	OK	Yes	