

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

*Bureau of Health Professions*

*Division of Nursing*

**AFFORDABLE CARE ACT  
NURSE MANAGED HEALTH CLINICS (NMHC)**

**FREQUENTLY ASKED QUESTIONS**

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**Frequently Asked Questions**

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## Purpose

### **What is the purpose of the Affordable Care Act Nurse Managed Health Clinics (ACA NMHC) funding opportunity?**

The purpose of this initiative is to provide federal funding to support the development and operation of Nurse Managed Health Clinics (NMHCs) to: 1) Improve access to comprehensive primary health care services and/or wellness services (disease prevention and health promotion) across the lifespan; 2) Provide these services in medically underserved and/ or vulnerable populations without regard to income or insurance status of the patient; 3) Serve as valuable clinical training sites for students in primary care and specifically, enhance nursing practice by increasing the number of structured clinical teaching sites for primary and community health graduate nursing students; and 4) Establish or enhance electronic processes for establishing effective patient and workforce data collection systems. Under this program, the focus will support the training and practice development site for nurse practitioners and other disciplines to build the capacity of the primary care provider workforce.

### **How is primary care defined for the ACA NMHC?**

Primary Care” means the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. In Appendix B, it defines primary health care as care which may be initiated by the client or provider in a variety of settings and which consists of a broad range of personal health care services including:

1. Promotion and maintenance of health;
2. Prevention of illness and disability;
3. Basic care during acute and chronic phases of illness;
4. Guidance and counseling of individuals and families;
5. Referral to other health care providers and community resources when appropriate; and,
6. Nurse-midwifery services when appropriate.

## Summary of Funding

### **How much funding is available?**

The NMHC Program will provide \$15 million in funding for Federal fiscal years 2010 through 2012. The program has a three year budget and project period which begins on September 30, 2010 and ends on September 29, 2013. Total awards are capped at \$1.5 million per applicant. All funding will be provided in FY 2010. The amount in which grantees can draw down will be restricted per year to the amount requested and authorized by the notice of grant award.

### **Are applicants expected to support this program upon conclusion of the grant?**

Applicants are required to submit a sustainability plan for continuation of the NMHC after this project is completed in 2013.

### **How do eligible entities apply for ACA-NMHC funds?**

Funding opportunity announcement HRSA-10-282 is currently open, and will close in both Grants.gov and HRSA's Electronic Handbooks on July 19.

### **When will the grant be awarded?**

ACA-NMHC funds will be awarded in September 2010.

### **Is there any formal notification of an ACA-NMHC award from the Health Resources and Services Administration (HRSA)?**

Yes. HRSA will electronically transmit a formal notification in the form of a Notice of Grant Award (NGA) that will be provided to the ACA-NMHC applicant organization/institution.

## Eligibility

### **Who are eligible entities for this funding opportunity?**

Eligible applicants must be a nurse-managed health clinic (NMHC) that is associated with an accredited school, college, university, or department of nursing, federally qualified health center or independent nonprofit health or social services agency. Applicants must provide primary care or wellness services to vulnerable and /or underserved populations.

### **Can one organization apply for NMHC funds if they are already receiving funds from NEPR (NEPQR) or BPHC?**

Yes. There are no current limitations or conditions in regards to this.

### **Who is eligible to be the Project Director?**

As indicated on page 8 of the guidance, the Project Director for NMHC grant projects must be credentialed minimally as an Advanced Practice Nurse. To clarify, Project Directors must be masters or doctorate prepared nurses with clinical background.

## Eligible Use of Funds

### **Are there any program-specific requirements?**

To be eligible to receive a grant, the application must contain assurances for the following requirements:

- Nurses must be the major providers of services at the NMHC and at least one advanced practice nurse MUST hold an executive management position within the organizational structure of the NMHC;
- The NMHC must continue providing comprehensive primary care services or wellness services without regard to income or insurance status of the patient for the duration of the grant period; and
- Within 90 days of receiving this grant, the NMHC must establish a community advisory committee, for which a majority of membership shall be comprised of individuals served by the NMHC. This is to ensure that the entities receiving these grants will maintain a community-based focus and that the community has input in the operation of the clinic.

### **Are there any preferences?**

Administrative preference will be given to applications that develop affiliations with schools of nursing advanced practice programs and other interdisciplinary providers. A plan for the clinical experiences of advanced practice nurse students and other health professions students should be included to demonstrate the impact that the program will have on students in health care. NMHCs must ensure that a minimum of 30% of their training slots are available for advanced practice nursing students, and 100% must be available for training for primary/ community health care students.

If applying for the administrative funding preference, applicant must specifically state the request, and provide details as to how the preference is met. A Memorandum of Agreement with the school(s) is **required** for clinical placement arrangements to apply for this preference.

### **What is meant in the preference when it states that a minimum of 30% of their training slots are available for advanced practice nursing students, and 100% must be available for training for primary/ community health care provider students?**

The goal is to increase the capacity of the primary care workforce in order to adequately address the healthcare needs of the Nation. The advanced practice nursing students should have a family/primary/or community focus. Thirty (30) % of the total number of student slots must be dedicated to Advanced Practice Nursing students. The remainder of the students can be undergraduate nursing students, or other students of health care disciplines. These students are all expected, during their rotation, to be focusing on family/primary/or community health. There is no requirement in regard to the total number of students.

### **Are there any priorities?**

Two administrative priorities will be given: 1) to applicants who implement an electronic data collection system, to assist in capturing data that is compatible with the Uniform Data System (UDS), and to 2) applicants that develop affiliations with universities, colleges, and departments of nursing and other interdisciplinary providers. Each priority requested and met will receive a five (5) point adjustment to the final review score.

**Can these funds be used for development and construction of a NEW NMHC?**

No. Funds may NOT be used for construction/ renovation.

Eligible applicants must be existing and established Nurse Managed Health Clinics managed by advanced practice nurses.

The proposed grant project MUST be operational by September 30, 2010, with patients. Non-compliance will render the application non-responsive and the application will not be sent forward for review or be considered for funding under this announcement.

**Can salaries be paid out of this grant funding?**

Yes they can. Through this grant, it is allowable to hire new staff members, and bring them on under federal funds. It is also allowable to use this federal funding to cover salaries of current staff, where appropriate.

**How will ACA-NMHC funding be delivered to grantees?**

Grantees will receive ACA-NMHC funds much in the same way schools get their current PHT funding via the PMS; a NGA will be issued under a different grant number. For information regarding the drawdown of your awarded funds, contact your account representative at 1-877-614-5533 or <http://www.dpm.psc.gov/>. Grantees should drawdown funds based on the needs of the ARRA-PHT project.

## Reporting

**Are there any special reporting requirements for these funds?**

All Bureau of Health Professions grantees are required to submit an annual two-part progress report. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data to measure the Bureau's progress through its grantees in: (1) improving the distribution, diversity, and quality of the healthcare workforce, (2) improving the educational environment infrastructure, and (3) increasing students' selection of primary care education. Awarded projects will receive further information on data submission.

HRSA encourages, but doesn't require, programs to follow their graduates for more than the first year after program completion to evaluate the effectiveness of their training program in producing graduates who provide high quality, culturally and linguistically appropriate (primary) care to underserved populations. The Affordable Care Act authorizes HRSA to fund such longitudinal evaluations by its grantees. HRSA anticipates establishing guidelines for these evaluations in the coming year and requesting applications from existing grantees to conduct evaluations (pending availability of appropriations for this activity).