

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

**Health Resources and Services Administration**

*Bureau of Health Professions*

*Division of Workforce Policy and Performance Management*

**AFFORDABLE CARE ACT**

**STATE HEALTHCARE WORKFORCE  
PLANNING AND IMPLEMENTATION GRANTS**

**FREQUENTLY ASKED QUESTIONS**

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# AFFORDABLE CARE ACT STATE HEALTH CARE WORKFORCE DEVELOPMENT GRANTS

## Frequently Asked Questions

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## Purpose

### **What is the purpose of the Affordable Care Act State Health Care Workforce Development Grant (SHCWDG) program funding opportunities?**

These planning and implementation grants are for the purposes of enabling State partnerships to:

- (1) complete comprehensive health care workforce development planning; and
- (2) implement those plans or carry out activities as defined by the State application in order to address current and projected workforce demands within the State.

### **What is the goal of the Affordable Care Act State Health Care Workforce Development Grant (SHCWDG) program funding opportunities?**

The goal of this program is to provide support to States in expanding their health care workforce. To comply with programmatic requirements, States applying for planning grants should develop plans to expand their primary care Full Time Equivalent (FTE) health care workforce by between ten to twenty-five percent over ten years to meet the expected demand for health care services.

## Summary of Funding

### How much funding is available?

Approximately \$5 million is available in FY 2010 to fund new State planning grants and new State implementation grants. Planning grants will be awarded for a period of one year with a maximum award of \$150,000 per grant. Implementation grants will be awarded for a period of two years. All funding will be provided in FY 2010, at the time of the award, for an average \$1.5M per year; however, there will be limitations on the drawn down amount of funding each year. Later, if funds are available and the Health Resources and Services Administration (HRSA) determines that the grantee is high performing and the activities supported by the grant warrant up to one additional year of funding, a third year of funding may be available. The period of support for approved and funded projects begins September 30, 2010.

### How do eligible entities apply for ACA-SHCWD funds?

The following funding opportunity announcements are currently open, and will close in both Grants.gov and HRSA's Electronic Handbooks on July 19.

- ACA SHCWD Planning Grants: HRSA-10-284
- ACA SHCWD Implementation Grants: HRSA-10-285

### When can grantees funded to do planning grants expect to have to submit applications for implementation grants?

Given the normal budget and appropriations caveats (i.e., pending the availability of appropriated funds), applications would have to be submitted by no later than this time next year with awards made by September 30, 2011. Of course, applications could be due earlier in the year if awards are to be made at an earlier date.

### When will the grant be awarded?

ACA-SHCWD funds will be awarded in September 2010.

### Is there any formal notification of an ACA-SHCWD 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-SHCWD applicant organization/institution.

## Eligibility

### Who is eligible for a Planning Grant?

To be eligible to receive a planning grant, an applicant must be an eligible State partnership. Generally, an eligible partnership will be a State Workforce Investment Board that includes, or modifies the members to include, at least one representative from each of the following: health care employer, labor organization, a public two-year institution of higher education, a public four-year institution of higher education, the recognized State federation of labor, the State public secondary education agency, the State P-16 or P-20 Council (statewide assemblies of education, business, and community leaders charged with developing strategies to better coordinate, integrate, and improve education for preschool through college students), if such a council exists, and a philanthropic organization that is actively engaged in providing learning, mentoring, and work opportunities to recruit, educate, and train individuals for, and retain individuals in, careers in health care and related industries. State Workforce Investment Boards that must make changes to their membership or membership of their subcommittees in order to meet these eligibility requirements should do so as soon as possible but no later than June 30, 2011. Any State Workforce Investment Board membership changes made, or that will be made by June 30, 2011, should be described in a modification to the Workforce Investment Act State Plan that should be submitted to the U.S. Department of Labor Employment and Training Administration (ETA) for Program Year (PY) 2011, according to the due dates established by ETA in subsequent guidance on PY 2011 State Plans. However, the State may designate another partnership if it includes the required members.

### Who is eligible for an Implementation Grant?

To be eligible for an implementation grant, a State partnership (including the members stated above) shall have—(1\*) received a planning grant as specified under subsection c of Section 5102, P.L. 111-148 and completed all requirements of such grant; or (2) completed a satisfactory application, including a plan to coordinate with required partners and complete the required activities during the two year period of the implementation grant.

\*Note regarding Implementation Grants Eligibility: Considering this is a new grant program, applicants in FY 2010 cannot meet eligibility requirements in (1) from above.

### Can an applicant apply for both a planning and an implementation grant?

Applicants are not prohibited from applying to both planning (HRSA-10-284) and implementation (HRSA-10-285) grant funding opportunities. Applicants are advised to apply for the opportunity that is most closely associated with applicant's current status of health workforce development activities and their ability to successfully achieve all of the activities within the time frame allotted for the particular funding opportunity. Note, however, that applicants may not receive both a planning and an implementation award at the same time.

### Can one State apply for either of these funding opportunities more than once?

No. HRSA will only allow one application for each opportunity from each State.

### Are there any program-specific requirements for planning grants?

A State partnership receiving a planning grant shall carry out all of the following:

- a) Analyze State labor market information in order to create health care career pathways for students and adults, including dislocated workers;

- b) Identify current and projected high demand State or regional health care sectors for purposes of planning career pathways;
- c) Identify existing Federal, State, and private resources to recruit, educate or train, and retain a skilled health care workforce and strengthen partnerships;
- d) Describe the academic and health care industry skill standards for high school graduation, for entry into postsecondary education, and for various credentials and licensure;
- e) Describe State secondary and postsecondary education and training policies, models, or practices for the health care sector, including career information and guidance counseling;
- f) Identify Federal or State policies or rules to developing a coherent and comprehensive health care workforce development strategy and barriers and a plan to resolve these barriers; and
- g) Participate in programmatic evaluation and reporting activities.

**Are there any program-specific requirements for implementation grants?**

A State partnership that receives an implementation grant may reserve not less than 60 percent of the grant funds to make grants to be competitively awarded by the State partnership, consistent with State procurement rules, to encourage regional partnerships to address health care workforce development needs and to promote innovative health care workforce career pathway activities, including career counseling, learning, and employment.

Additionally, an eligible State partnership receiving an implementation grant shall:

- i. identify and convene regional leadership to discuss opportunities to engage in statewide health care workforce development planning, including the potential use of competitive grants to improve the development, distribution, and diversity of the regional health care workforce; the alignment of curricula for health care careers; and the access to quality career information and guidance and education and training opportunities;
- ii. in consultation with key stakeholders and regional leaders, take appropriate steps to reduce Federal, State, or local barriers to a comprehensive and coherent strategy, including changes in State or local policies to foster coherent and comprehensive health care workforce development activities, including health care career pathways at the regional and State levels, career planning information, retraining for dislocated workers, and as appropriate, requests for Federal program or administrative waivers;
- iii. develop, disseminate, and review with key stakeholders a preliminary statewide strategy that addresses short- and long-term health care workforce development supply versus demand;
- iv. convene State partnership members on a regular basis, and at least on a semiannual basis;
- v. assist leaders at the regional level to form partnerships, including technical assistance and capacity building activities;
- vi. collect and assess data on and report on the performance benchmarks selected by the State partnership and the Administration for implementation activities carried out by regional and State partnerships; and
- vii. participate in programmatic evaluation and reporting activities.

**How soon does a partnership have to be formed with the required partners?**

Recognizing that not all existing partnerships will have the required partners in place at the time of application, the applicant should explain in their application, how these partners will be added (with a specific timeframe) during the Workforce Investment Act planning cycle for Program Year 2010 (July 1, 2010 through June 30, 2011). Additionally, applicants should explain how they will complete all tasks within the project period. Signed and dated letters of agreement from each

member of the partnership must be attached to your application. In other words, applicants are required to submit a letter of agreement from each of the following members of the partnership:

- a health care employer,
- a labor organization,
- a public two-year institution of higher education,
- a public four-year institution of higher education,
- the recognized State federation of labor,
- the State public secondary education agency,
- the State P-16 or P-20 council if one exists, and
- a philanthropic organization actively engaged in health education and workforce activities.

**Are we eligible to apply for the planning or implementation grant if we can we make changes to the membership of a subcommittee of our State Workforce Investment Board to include all the required partners?**

Yes. As specified on page 8 of the guidance, the State Workforce Investment Board can make changes to membership of their subcommittees in order to meet eligibility requirements. Changes in membership of the State Workforce Investment Board must be described in a modification to the Workforce Investment Act State Plan that should be submitted to the U.S. Department of Labor Employment and Training Administration for Program Year 2011.

**The guidance indicates that one member of the partnership must be from a philanthropic organization. Can you give examples of the type of philanthropic organizations that are acceptable?**

Examples of philanthropic organizations include the Kellogg Foundation, Robert Wood Johnson Foundation, and Kaiser Family Foundation. Typically, these organizations are not-for-profit organizations that make grants to support specific projects through competitive grants. In this case, there is the additional requirement that the organization support work related to health workforce development.

**In the guidance, it states to be eligible to receive a grant, an applicant must be an eligible State partnership. Could the entity applying be a State Public Health Department?**

The State Workforce Investment Board must be the applicant on behalf of the State if it includes the appropriate representatives or agrees to modify the Board composition to reflect the statutory requirements. If a State Workforce Investment Board does not have the required composition or express an intent to modify, then presumably, alternative State partnerships with all required partners would be eligible to apply. This decision rests with your State Workforce Investment Board, and ultimately, the State.

**My organization is interested in becoming a member of a State Partnership for this funding opportunity. I am aware that we would need to be a collaborating organization rather than a main applicant. Can you make my contact information available to any applicant who might be interested in partnering with my organization?**

If you are interested in collaborating with a State for this funding opportunity, you should contact that State's Workforce Investment Board to express your interest.

**Are these grants only for State Workforce Investment Boards? Is this open to regional Workforce Investment Board organizations and collaborations?**

For both the implementation and planning grants, the State Workforce Investment Board must be the applicant on behalf of the State if it includes the appropriate representatives or agrees to

modify the Board composition to reflect the statutory requirements. For the implementation grant, a State WIB that receives a grant must competitively grant 60 percent of its award (or issue sub awards) to regional partnerships to address health care workforce development needs.

**Is it okay if a Regional WIB applies for this funding opportunity if the State Workforce Investment Board has no intention to apply and “says” that the Regional WIB can apply?**

Yes. If a State Workforce Investment Board does not have the required composition or express an intent to modify, then presumably, alternative State partnerships with all required partners would be eligible to apply. This decision rests with your State Workforce Investment Board, and ultimately, the State. Please note that the applicant would still be responsible for addressing all required workforce development activities on a STATE level.

**Our State Workforce Investment Board is not a legal entity for the purposes of receiving funds. The State WIB has no fiduciary responsibilities and is a policy and advisory board to the Governor. This means that the State WIB cannot be registered on Grants.gov since it does not have a DUNS number, nor an EIN, and cannot get them. How do we apply for this grant opportunity given this scenario? [new July 8, 2010]**

If the State WIB does not have the capacity to serve as the fiscal agent, the State WIB must designate an agency with the capability to be its fiscal agent for the grant as the applicant on the grant application in both grants.gov and the HRSA Electronic Handbook System. Please be sure that the DUNS number and the EIN number are for the same agency applying. For example, if the State WIB’s fiscal agent is the State Department of Health, it is the State Department of Health’s DUNS number and EIN that should appear on the application. Though the State Department of Health is the applicant (solely for the purpose of serving as the fiscal agent), the role of the State WIB must still be clear in the application. The State WIB must be the entity that will provide the oversight of grant activities.

**Can one individual represent more than one of the required partners? [new July 8, 2010]**

Yes. An individual can represent more than one of the required partners as long as they have optimum policy making authority within the entities they represent. A representative with optimum policy making authority is an individual who can reasonably be expected to speak affirmatively on behalf of the entity he or she represents and to commit that entity to a chosen course of action.

## Eligible Use of Funds

Throughout the guidance it discusses “health care workforce,” but on page 6 states that “states applying for planning grants should develop plans to expand their primary care full-time equivalent health care workforce.” How is primary care defined for the ACA HCWD Planning Grants? Additionally, is there any limit on the setting or type of care provided, such as long-term, inpatient, or specialty care?

To answer both questions, for the ACA SHCWD Grants we are using the Institute of Medicine’s definition of Primary Care which is consistent with the definition of Primary Care found in various sections of the Affordable Care Act. “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.

### Is there a required match for the planning grants?

Each State partnership receiving a planning grant must provide an amount, in cash or in kind, that is not less than 15 percent of the amount of the grant, to carry out the activities supported by the grant. The matching requirement may be provided from funds available under other Federal, State, local or private sources to carry out the activities.

### Is there a required match for the implementation grants?

Each State partnership receiving an implementation grant must provide an amount, in cash or in kind that is not less than 25 percent of the amount of the grant, to carry out the activities supported by the grant. The matching funds may be provided from funds available from other Federal, State, local, or private sources to carry out such activities.

### Can our State utilize funds from its federal WIA allotment to qualify as the required match for the above referenced grant?

The ACA Statute states that matching funds may be provided from funds available from other Federal, State, local, or private sources to carry out activities. However, you must verify with the funding source (in this case WIA) whether they will allow you to utilize funds in that way.

### How will ACA-SHCWD funding be delivered to grantees?

Grantees will receive ACA-SHCWD funds much in the same way organizations currently receive HRSA 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-SHCWD project.

**Page 7 of the guidance reads “States applying for planning grants should develop plans to expand their primary care Full Time Equivalent (FTE) health care workforce by between ten to twenty-five percent over ten years to meet the expected demand for health care services.” Is the sole intent of the grant to focus on primary care or is that just one component of the broader scope of the health care workforce? [new July 8, 2010]**

Generally this grant refers to the health care workforce in its entirety and applicants should examine the broader picture of the health care workforce in their State. Applicants may address a broad range of disciplines in their applications as long as they clearly justify how this builds and supports the primary care workforce.



## 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.

All BHPgrantees are also required to submit a final report for each year of the grant. Grantees must submit the final report on-line in the Electronic Handbook's system at <https://grants.hrsa.gov/webexternal/home.asp>. The final report must include the State's performance of the activities under the grant, including the use of funds, including matching funds, to carry out required activities, and a description of the progress of the State workforce investment board in meeting the performance benchmarks.