HRSA-22-110: Promoting Resilience and Mental Health among Health Professional Workforce (PRMHW)
Frequently Asked Questions and Answers (FAQs)
Notice of Funding Opportunity Number: HRSA-22-110

Applicant Submission

Q.1. How do I access the application?
Answer: The FY22 PRMHW announcement can be found HERE on grants.gov. Click the HRSA-22-110 opportunity number. Select the blue tab labeled "package." It will take you to another page, where you can select "preview/apply." If you select "preview" there is an option to download the instructions (the NOFO) as a PDF file.

Definitions

Q.2. What is meant by entities providing health care? How is it being defined by HRSA?
Answer: "Entities providing health care" are entities that provide direct patient care services provided by a licensed health care professional.

Q.3. How does HRSA define a health care provider?
Answer: A health care provider is defined as a licensed health professional, including, but not limited to, physicians, registered nurses, advanced practice registered nurses, physician assistants, allied health professional, dentists, dental hygienists, dental therapists, allied health professionals, health service psychologists, licensed clinical social workers, and licensed professional counselors.

Q.4. What is the Health Professional Workforce?
Answer: The Health Professional Workforce includes the full spectrum of health care workers, including health care professionals (including public health), paraprofessionals, direct care workers, caregivers and health care support personnel such as administrative, facilities (IT, security, linen, dietary, etc.), operations (bioengineering) and maintenance (janitorial, etc.).

Q.5. Does the Health Professional Workforce include residents, medical students, or other trainees that provide care in the hospital, clinic, office or other settings?

> **Answer:** Residents and other trainees who are employed by the health care entity and who are providing health care for the eligible entity are considered part of the workforce. Students, who are not employed by the health care entity are not considered part of the workforce.

Q.6. Does HRSA want applicants to use HRSA approved or standard definitions of burnout, resilience, mental health, et cetera. If so, what are these definitions?

> **Answer:** Relevant definitions can be found on page 2 and under "Program Definitions" on page 5 of the PRMHW NOFO.

- Resilience is defined as the ability to bounce back from stressful situations, endure hardships, and repair your own well-being, while creating a positive adaptation in the face of disruptive changes.
- Wellness for purposes of this NOFO is multidimensional and holistic, encompassing lifestyle, physical, mental and emotional well-being, and the environment.
- Burnout consists of three components: emotional exhaustion, depersonalization of clients and feeling of ineffectiveness or lack of personal accomplishments. Emotional exhaustion is a feeling of being overextended, beginning to feel a lack of compassion for clients, and feeling unable to meet workplace demands. Depersonalization is the process by which providers distance themselves from clients to prevent emotional fatigue. Finally, feelings of ineffectiveness and lack of personal accomplishment occur when practitioners feel negative sense of personal and/or career worth.[1]

Applicant Eligibility

Q.7. Who is eligible to apply?

> **Answer:** Eligible applicants are entities that provide health care, including health care providers associations, and Federally Qualified Health Centers (FQHCs).

Q8. Are health professions programs eligible?

> For example:
> - Schools/departments of nursing, physical therapy, social work, medicine
> - Departments in a school of medicine that has a well-being department

> **Answer:** If the health professions program is an entity that provides health care, as defined above, the program would be eligible. The program must provide documentation of the health care they are providing in attachment 8 of the application.

Q.9. Are clinics within health professional schools eligible to apply?

> **Answer:** If the clinic provides health care, it would be an eligible entity.

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[1] Staff, P. (n.d.). Research roundup: Burnout in mental health providers. Retrieved April 13, 2021, from https://www.apaservices.org/practice/update/2018/01-25/mental-health-providers

Q.10. Is health care being defined as just medical or surgical care for physical conditions such as cancer, infections, or chronic diseases(medical: chronic diseases, cancer, surgery, infections), or does the definition also include mental and physical; or care for mental, physical and behavioral disorders, such as (substance use disorder in treatment, rehabilitation, behavioral issues, opioid use disorder), depression, ADHD)?

Answer: Health care is defined as care for physical, mental or behavioral health conditions. Applicants must provide documentation in attachment 8 of the health care they are providing.

Q.11. Are associations that represent health care organizations eligible?

For example:

- State hospital associations
- Associations that represent community health centers
- Aging service provider associations
- Primary Care Associations (PCA) or Health Center Controlled Networks (HCCN)
- Associations representing FQHCs
- A Health System Foundation
- Physician organization that provides resiliency training
- American Nurses Association

Answer: Yes, they are eligible because they are considered health care provider associations.

Q.12. Are associations that represent health care providers eligible? For example:

Labor unions
Aging service providers
Physician organization that provides resiliency training
American Nurses Association

Answer: Yes, they are eligible if they are an association representing health care providers.

Q.13. Are for-profit and non-profit organizations eligible? What about private vs. public organizations?

Answer: Eligibility is not affected by for-profit/non-profit status. Eligibility is not affected by private or public status.

Q.14. Are residential organizations eligible? For example:

- Mental health residential organizations?
- Behavioral health organizations?

Answer: Residential facilities that provide health care are eligible to apply.

Q.15. Are federal agencies eligible, for example, the VA?
    Answer: Federal agencies are not eligible for these awards.

Q.16. Are pre-hospital agencies eligible? For example, EMS organizations?
    Answer: Pre-hospital agencies that provide health care are eligible to apply.

Q.17. Are organizations that have a contract service agreement/or have projects that provide health care eligible?
    Answer: Organizations that have a contract service agreement/or have projects that provide health care are eligible if they provide documentation of the health care they are providing in attachment 8 of the application.

Q.18. Are organizations that provide care for senior populations by going into communities where there is a health care provider shortage eligible to apply?
    Answer: Organizations that provide health care for the senior population are eligible to apply.

Q.19. Are aging service providers eligible to apply for this funding opportunity?
    Answer: Yes, they are organizations that provide health care for the senior population.

<center>**Partnerships**</center>

Q.20. What sort of partnership organizations would satisfy the program requirement?
    Answer: Per the NOFO program requirements, applicants would satisfy the program requirement if their organizational partnerships have established and successful programs to provide resilience, mental health, and wellness training for their health professional workforce(s) taking into consideration:
        a. The needs of rural and medically underserved communities,
        b. Health equity and health disparities (social and medical needs),
        c. Social determinants of health,
        d. Burnout, and
        e. Barriers to seeking mental health support for burnout in the workplace.

Q.21. Are we required to create partnerships with other organizations that have created successful workforce support programs, even if the applicant organization has the capacity to develop and implement the proposed program on their own?
    Answer: Yes, this is a program requirement (see pages 9-10 of the NOFO).

<center>**Rural Populations/Medically Underserved Communities**</center>

Q.22. Is the program required to serve a rural population?
    Answer: There is no requirement in the NOFO to serve a rural population. However, the program is required to consider the needs of rural and medically underserved communities.

Q.23. Regarding criterion 1b, if the applicant is not located in a rural community, is it correct that we won't be able to score those four points and the top score we could achieve on the application is 96?

  Answer: Applicants will receive zero points under criterion 1b if they do not document their organization or affiliate satellite is located in a rural or medically underserved community in Table 1- Attachment 5. However, if you meet both of those criteria, you will receive the points. If you only meet one of the criteria, you will only get the points for the criterion to which the application provides documentation.

Q.24. What if the organization has a presence in a rural community, but its primary location is in a metro area? Would all the funds need to be expended only in the rural area?

  Answer: There is no stipulation that all funds need to be expended only in the rural area.

Q.25. What is meant by medically underserved community (MUC) ?

  Answer: A medically underserved community is a geographic location or population of people eligible for designation by the federal government as a: Health Professional Shortage Area, Medically Underserved Area (MUA), Medically Underserved Population (MUP), or Governor's Certified Shortage Area for Rural Health Clinic. As an umbrella term, Medically Underserved Communities also includes populations such as people experiencing homelessness, migrant or seasonal workers, and residents of public housing.[2]

Q.26. What is meant by medically underserved areas, or MUAs and medically underserved populations, or MUPs?

  Answer: MUAs and MUPs are federal designations that identify geographic areas and populations with a lack of access to primary care services. These designations help establish health maintenance organizations or community health centers.

MUAs have a shortage of primary care health services within geographic areas such as:
- a whole county;
- a group of neighboring counties;
- a group of urban census tracts; or
- a group of county or civil divisions

<p style="text-align:center">**Page Limit/Attachment**</p>

Q.27. Are there page limits for each section in addition to the total the 80 page limit?

  Answer: The NOFO states that the abstract should be one (1) page and the biographical sketches should be no longer than two (2) pages per person. There are no other limits for each section.

Q.28. Will a separate sheet for additional key personnel be counted towards the page limit?

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[2] Health Workforce Glossary. Retrieved August 10, 2021 from https://bhw.hrsa.gov/glossary#m

Answer: Yes, Additional Senior/Key Person Profiles will be counted in the page limit. Please refer to the SF424 R&R application guide, page 41 (http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf).

Q.29. **Please provide clarification of where to attach the logic model, is it attachment 7 or attachment 8?**

Answer: Please upload the Logic Model to attachment 7, as indicated on page 21 of the NOFO.

Project Period

Q.30. **Can you confirm the project period start date? Page 7 of the NOFO states the project period starts on January 1, 2022 and page 32 states that the project period is July 1 to June 30?**

Answer: The project period for PRMHW is January 1, 2022 through December 30, 2024. Page 32 of the NOFO refers to the "Annual Performance Report" and the reporting period of July 1 thru June 30 for each year of the grant.

Q.31. **Can you confirm the dates for the annual and final performance report?**

Answer: The annual performance period will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends. See Section VI.3.2 Annual Performance Report for additional details.

Q.32. **When will HRSA issue the Notice of Award?**

Answer: HRSA will issue the Notice of Award (NOA) prior to the start date of January 1, 2022.

Budget

Q.33. **Can we use one budget justification for the entire period or must it be three separate documents?**

Answer: We recommend having three separate budgets justifications for the three different budgets, one for each year.

Q.34. **What is the difference between a federal negotiated rate and the 10% de minimis rate?**

Answer: A nonprofit can develop a federal negotiated rate to pay for indirect costs through negotiations with the cognizant federal agency. The cognizant federal agency is normally the agency that you have received the most money and award from, whether it be HHS or another Federal agency. To obtain a rate you must submit an ICR proposal and other supported documents which are subject to review and/or audit by the cognizant agency. An award recipient that proposes to use federal grant funds to pay for indirect

costs but has never received a federally negotiated indirect cost rate may elect to charge a de minimis rate of up to 10% of its modified total direct costs.

Q.35. **Are salary escalations for years two and three allowed?**
Answer: Salary increases from year to year are allowed, provided that none of the funds are used to pay the salary of an individual at a rate in excess of Executive Level II. The current Executive Level II salary is $199,300. See Section 5.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information.