

Geriatrics Workforce Enhancement Program **(GWEP)**

Frequently Asked Questions:

Question 1: Our institution uses a system-to-system mechanism to submit to grants.gov. Will that work or can we only use workspace?

Answer: Health Resources and Services Administration (HRSA) understands that some universities use a different interface. It is your responsibility to ensure that grants.gov finds your alternative acceptable.

Question 2: Are all currently funded GWEP considered competing continuation projects?

Answer: If you are a currently funded GWEP and you submit your application through your current lead school or facility, then you are considered to be a competing continuation project.

Question 3: Can a Federally Qualified Health Center (FQHC) act as both the applicant and the primary care practice site? Can a FQHC serve double roles as the primary care site partner and Community Based Organization (CBO) partner for GWEP?

Answer: A FQHC, if it is a medical facility, is an eligible entity. A FQHC can be both an applicant and a primary care practice site but it cannot be the independent community-based primary care site. You must have another, independent, primary care site to meet that requirement. We believe that most FQHCs would not meet the requirement to be a CBO partner but are willing to discuss your specific FQHC's components to see if it meets the definition of a CBO.

Question 4: One of our clinics serves as a GWEP training site (we are currently a subcontractor at a funded GWEP). If we apply as a lead agency for the upcoming cycle, can we propose the same clinical site for GWEP training activities or do we need to propose new/additional sites?

Answer: As a new applicant you may propose to use the same site yourself, but you must also propose other primary care sites that are not affiliated with your organization. Please note that in order to meet the requirement stated in the Notice of Funding Opportunity (NOFO), the applicant site cannot be the only primary care site. The primary care site that counts as the primary care partner must be outside of your system. If the currently funded GWEP also proposes to use your clinic then both applicants must show how their programing differs and is not competitive or repetitive. This is difficult to do and is discouraged.

Question 5: The GWEP NOFO says: a student/trainee/fellow/faculty receiving support from award funds must be a citizen of the United States, a foreign national having in his/her possession a visa permitting permanent residence in the United States, or a non-citizen national. Does this apply to faculty salaries as well?

Answer: Yes, this statement does apply to faculty salaries as well. You may not pay salaries for faculty who are not us citizens or who are not foreign nationals with a visa permitting permanent residence, or who are not non-citizen nationals.

Question 6: How do we allot the \$750,000 to students? Is there a limit or a specified amount? Do we provide stipends?

Answer: You may provide stipends or fellowships or traineeships. How much you provide depends upon the norms for the profession of each student and the norms at your organization.

Question 7: Can the participant/trainee 'stipend' funding be used to help health professionals get geriatric certification/training/education?

Answer: Please contact the Project Officer (PO) to further clarify your question. Please note that GWEP funds may not be used to pay for certification testing.

Question 8: You indicated that all applications must include "medicine". Do you mean that a school of medicine must be included, or medical students, or medical interns, residents?

Answer: Medical students, residents or fellows, physician faculty, or physicians in practice must be included in the trainee group when you are training health professionals. Specifically this applies to your activities in objectives 1, 2, 3, and 5. Objective 4 focuses on training patients, families and caregivers, and is not required to be interprofessional although you can combine training of both individuals and health professionals if you wish, at which time you must include medicine.

Question 9: "Medicine must be one of the professions included in all interprofessional activities" How does this statement factor in the inclusion of Physician Assistants (PAs), Advance Practice Nurses (APRNs), registered nurses (RNs), and others? It would seem that it is not practical to mandate that all training must include medicine in every segment, for some training would be targeted at other professions or settings.

Answer: Including medicine in all interprofessional activities is a requirement and your application must reflect that. Also please note that all activities must be interprofessional. Profession-specific training is allowed but there must be an interprofessional component to that training and it must include medicine.

Question 10: Does a physician assistant satisfy the requirement including medicine or must trainees/faculty be physicians?

Answer: Physician assistant does not satisfy the requirement that the trainees include medicine.

Question 11: if students are placed in a healthcare setting, hospital or clinic, is that considered to include medicine?

Answer: Placement of medical students, residents, and /or fellows in a primary care healthcare setting is considered to be including medicine. Training in a hospital, which is an acute care

setting, not a primary care setting, is not allowed on this grant. If your hospital is a critical access hospital, call the PO to discuss.

Question 12: As a school of nursing, we confer master's degree for nurse practitioners, physician assistants, and also a master's entry level program in nursing... Do we need to apply through only one of these degree programs or can we include trainees from all three?

Answer: A school of nursing is the eligible applicant. The applicant decides which program trainees are included in the application from the school of nursing. Please note, medicine must be one of the disciplines.

Question 13: How can nursing apply?

Answer: Accredited schools of nursing are eligible applicants and can apply through grants.gov. Please make sure you have the required System for Award Management (SAM) registration and (Dunn and Bradstreet) DUNS number.

Question 14: Is it only the applicant that must have a DUNS number and SAM registration? Or, do all partners need to meet this requirement?

Answer: Everyone must have a DUNS number, including consultants. The lead applicant and collaborating partners each need a SAM registration. The application's partners must all have different DUNS numbers and SAM registrations.

Question 15: Can licensed vocational nurses participate in this program?

Answer: A program of licensed vocational nurses cannot be the lead applicant because they are not eligible entities under schools of nursing. However, they can partner with an eligible entity and receive training through them.

Question 16: For the section 791 funding preference: b) significant increase for placing graduates/program completers in practice setting: is this for grad students working at the FQHC or just students who recently graduated even at a bachelor's level.

Answer: The instructions for calculating a significant increase of placing graduates /program completers are in the NOFO. These graduates/program completers are from all of the programs of the eligible applicant. "to qualify under significant increase you must demonstrate a percentage point increase from ay 2015-2016 to 2017-2018 of 25 percent in the rate of placing graduates/program completers in practice settings serving underserved populations. The applicant must report all graduates/program completers regardless of their training program's source of funding. Any graduates/program completers that are currently in further training programs, such as residency programs or fellowships, are not considered in practice and must not be included in the numerators."

Question 17: If we have program completers who are just getting licensed and there is no data on their practice settings, how do we factor that into our high rate preference calculation? Are we

penalized for not having the data that doesn't even exist yet (i.e., Do we include in the denominator 2018 grads for whom there is no practice data)?

Answer: In the NOFO the instructions state “to qualify under high rate you must demonstrate that the percentage of graduates/program completers placed in practice settings serving Medically Underserved Communities (MUCs) for the two academic years (AYS) (2016-2017 and 2017-2018) is greater than 40 percent for student trainees or 80 percent for resident or fellow trainees”. If you cannot access these data then perhaps you should consider asking for a different preference. Contact the Project Officer (PO) for more guidance.

Question 18: What do you mean regarding the "geographic health professional shortage area"? Our site is on the data warehouse shortage area but it still does not meet the conditions which is unclear.

Answer: A geographic health professional shortage area can be identified by visiting the websites given in the NOFO and will give you the information you need. If you have further questions please contact the PO to tell us what conditions you feel are not met so that we may be better able to address your concerns.

Question 19: will awardees need to plan on collecting data for the GWEP performance reports (attendance data, MUC, rural, primary care, *etc.*)?

Answer: Yes, grant recipients must submit two different progress reports to HRSA annually. One demonstrates recipient progress on program-specific goals and the other collects information on overall progress in meeting the approved and funded objectives. Collecting those data as your activities occur will make it easier for you to provide the data when HRSA requires it.

Question 20: Should the work plan be included in the narrative section as well as the appendix section or only in the appendix section?

Answer: The full work plan goes in the narrative. The attachment, also called the work plan, is a summary of the work plan that is in the narrative, and goes in attachment 1.

Question 21: Are cross state collaborations in training and education allowed?

Answer: Cross state training and education is allowed. The state that the lead applicant is in is considered to be the home state of the GWEP.

Question 22: Can one person be involved in more than one GWEP grant?

Answer: A person can be involved in more than one GWEP only if his/her role is significantly different in each GWEP and this is convincingly explained in both applications. Also, please note that your total time commitment on all federal grants cannot exceed 100%.

Question 23: Can we convert the final 80 pages to a portable document format (PDF) to ensure page length compliance?

Answer: The grants.gov platform requires uploading of individual files. Nonetheless, it is a good idea to make a PDF for yourself and print it out to get an idea of how close you are to the page limit. However, HRSA has a standard protocol for printing out all of the applications and is the final arbiter on how long the application is.

Question 24: Do Centers for Medicare and Medicaid services (CMS) Merit-Based Incentive Payment System (MIPS) measures need to be gathered for all programs?

Answer: when collecting data for each of your five required program impact evaluations (standardized performance measures), it is permissible to initially collect data from a single primary care site/system in order to perfect your protocols. The five different evaluations may be done on data from the same primary care site/system or may be done in different primary care sites/systems. For the GWEP, a MIPS measure is a standard by which it is determined that the practice has successfully billed for that measure following the infusion of geriatrics education and training into the practice. The more practices you get data from, the higher your perceived success rate (provided the data show a positive change). Certified nursing assistant (CNA) program lead applicants should contact the PO for guidance specific to their program.

Question 25: Can an application propose a progressive MIPS-related evaluation effort; starting out with a single site/system to determine feasibility and then expanding in scale during the grant period to include other primary care sites/systems?

Answer: Yes, scaling up of efforts to other primary care sites is both allowed and expected over the course of the five years of the award.

Question 26: Are MIPS required even if the site/system is not collecting them already, such as ACO's?

Answer: Yes, you will need to propose an evaluation strategy that allows you to gather the necessary data, whether it be from your own primary care site/system or another primary care site/system.

Question 27: Do the required data need to be reported specifically in the MIPS system?

Answer: No, the data need to be reported to HRSA through the annual non-competing continuation reports.

Question 28: Will the three required MIPS metrics be included in the publicly available datasets from CMS?

Answer: We do not know if the MIPS metrics will be included in any publically available dataset from CMS but you are not expected to get your data from CMS.

Question 29: For the dementia portion of the budget, can we assign a portion of an employee's FTE (rather than her entire FTE) to Alzheimer's Disease and Related Dementias (ADRD) activities?

Answer: Yes, you may. Doing so will make it easier for you to develop an accurate ADRD budget for uploading into attachment 6.

Question 30: Regarding required travel, is it 4 individuals per year x 5 years?

Answer: This travel requirement is to attend the annual HRSA meeting. It is for the project director and three individuals from the reciprocal partners (academia, a primary care delivery site, and a community-based organization). Please review the definition for travel in the NOFO.

Question 31: Can sub awardees put travel into their budget?

Answer: Sub-awardees may ask for travel expenses in their budgets.

Question 32: Does a "geriatrics specialist" require formal certification, or would expertise and experience be adequate to qualify for a project director?

Answer: formal certification is required in those professions where there is formal geriatrics specialist examination to be a "geriatrics specialist". In those professions where there is no formal geriatrics specialist examination, HRSA staff will review the curriculum vita (CV) to determine whether the project director has five or more years of appropriate experience in geriatrics initiatives including workforce development.

Question 33: Can we identify a PD who meets qualification but list a different person as the primary point of contact?

Answer: No, a different point of contact is not acceptable. The PD has fiscal and programmatic responsibilities for the GWEP. The PD is the primary point of contact.

Question 34: Will HRSA allow applicants to propose co-project directors (PD) for their GWEP applications? Additionally: do any of the co-PDs have to be from the lead agency?

Answer: Co-project directors (co-PD) who work with the project director (PD) are allowed for the programmatic component of the GWEP and they can be in the partner organizations. However, because these external (to the lead agency) co-PDs are not likely to have the authority to make financial decisions for the GWEP at the lead organization, it is expected that a co-PD also be identified from the lead applicant organization, and that this co-PD will be made the PD and will be responsible for the fiscal components of the GWEP, should the original PD be unavailable.

Question 35: Can you repeat the acronyms for the primary care sites? IPN's? One other was mentioned, a national provider identifier (NPI) is a unique 10-digit identification number issued to health care providers used by the Centers for Medicare and Medicaid services (CMS).

Answer: We do not know what other acronym you are referring to. Please call the PO for clarification if you cannot find the definition in the NOFO.

Question 36: Is a nursing home company that owns, hires, and manages nursing homes and staff an eligible applicant?

Answer: No, a company that owns multiple nursing homes is not an eligible applicant. An individual nursing home, which may be either a public or a private healthcare facility, is an eligible applicant.

Question 37: Health administration appears to only be acceptable at the graduate level; long-term care administration increasingly lives in the undergraduate arena. Does this DQ an application with LTC admin undergrad program?

Answer: Assuming that DQ means disqualify, do you mean disqualified as an eligible entity or disqualified as a place where training and education may take place? Please call the PO to clarify your question.

Question 38: Can we use GWEP funds to start a fellowship program?

Answer: No, funds cannot be used to start new programs. Funds may be used to support traineeships and stipend in existing programs.

Question 39: If our program begins in February is it too new to receive GWEP funds?

Answer: As long as the program graduates its first class before July 1, 2019 it will be considered to have started up and will be eligible to receive GWEP funds.

Question 40: Will there be a planning period?

Answer: No. There will be no planning phase. Education and training activities and evaluation activities should be immediately.

Question 41: In a primary care clinical practice site, can one use money to provide release time to providers so they might receive training.

Answer: No. Funds may not be used for release time.

Question 42: Can the funds be used to pay for respite care so care partner can attend training?

Answer: No. This program does not cover training and respite care is not under the scope of the project.

Question 43: Can funds be used for infrastructure such as expanding a wellness clinic?

Answer: Funds cannot be used to build new facilities, but can be used to expand space in a current center to allow for more training.

Question 44: Are Area Health Education Centers (AHECs) appropriate GWEP partners?

Answer: Yes, HRSA-funded AHEC can be GWEP partners.

Question 45: Our senior care community includes a memory unit which provides medication and oxygen therapy. Is this a primary care site?

Answer: Please contact your PO and provide more complete description of why you feel this may or may not be a primary care site.

Question 46: Does HRSA plan to follow the geographic criteria listed in the NOFO, even if it does not allow the five states that are eligible to receive 2 GWEPs?

Answer: HRSA plans to make sure that geographic distribution is implemented as described in the NOFO.

Question 47: What types of students can be supported in the GWEP budget?

Answer: (1) Traineeships are limited to individuals who are preparing for advanced education nursing degrees in geriatrics nursing, long-term care, gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population. (2) Stipends may be given to certified nursing assistant (CNA) trainees. They may also be given to students in the graduate programs that are listed as eligible applicants only while those students are participating in programming that is in the geriatrics/gerontology tract necessary for their degree. (3) Fellowships may be provided to participants in accredited fellowship programs in geriatric medicine, geriatric dentistry, geriatric pharmacy, and geriatric psychiatry. (4) The GWEP does not support medical residents. It can support the integration of geriatrics into the residency program by working through the eligible applicant.

Question 48: May CNA programs use GWEP funds to develop courses with no geriatrics content and also support delivery of those courses?

Answer: No, the GWEP funds are to be used for integrating geriatrics and primary care. Funds may not be used to develop courses that have no geriatrics content. GWEP funds may be used for stipend support for students but only to support expenses while the student is taking course work that has geriatrics content.

Question 49: We are limited to uploading no more than 8 biosketches of key personnel in the Senior Key Personnel Biosketches Attachment but we have more key personnel than that. How can we share that information?

Answer: As indicated on page 41 of the HRSA SF424 R&R Application Guide, additional key biographical sketches can be uploaded in SF-424 R&R Senior/Key Person Profile form. This single document with all additional biosketches will count towards your page limit.

Question 50: Is the work plan table is supposed to be in 12 font? Can the organizational chart and the logic model be in 10 font?

Answer: As indicated in the instructions on page 38 of the SF424 instructions under 4.2. Narrative and Attachment Formatting Guidelines, 4.2.1. Font, which reads:

Please use an easily readable font, such as Times Roman, Arial, Courier, or CG Times. The text and table portions of the application must be single-spaced and submitted in not less than a 12-point font. Applications not adhering to 12-point font requirements may be deemed non-responsive and returned. For charts, graphs, footnotes, and budget tables, you may use a different pitch or size font but not less than 10 point or size font. It is vital that the charts are legible when scanned or reproduced. Therefore, following the instructions above, tables such as the work plan table must be in 12 font, while charts and graphs such as the organizational chart and the logic model may be 10-point font.

Age Friendly Health Systems **Frequently Asked Questions:**

Question 1: Are Age-Friendly Health Systems focused on care of older adults in the hospital?

Answer: Age-Friendly Health Systems are about integrating the 4Ms framework across the full continuum of care including when older adults are at home and are cared for in ambulatory settings, when older adults are in the hospital and in post-acute care.

Question 2: I am concerned that putting the 4Ms into practice all together may be too much for some health systems. Can health systems select which of the 4Ms they want to implement?

Answer: An Age-Friendly Health System puts the 4Ms into practice as a set. The 4Ms serve as balancing measures to one another and ensure the safety and well-being of older adults. For example, if health systems begin screening for delirium without also reducing high-risk medications, they may inadvertently harm older adults with increased use of medication to manage the symptoms of delirium.

Question 3: What is an Age-Friendly Health System Action Community?

Answer: An Action Community is a group of about 75 health systems who come together for seven months to learn how to adopt the 4Ms for each of their health system. The Action Community participants learn through monthly virtual webinars, drop-in coaching sessions, sharing of data and one in-person meeting. The Institute for Healthcare Improvement (IHI) provides the Action Community content, a guide for their operations and a technology platform for sharing data. The GWEPS can offer Action Communities as a means for disseminating the 4Ms.

Question 4: How are the 4Ms useful in a primary care clinic?

Answer: The 4Ms provide a framework for good, evidence-based care. The 4Ms set can be provided over the course of the year or during each visit. They become the organizing focus for the care.

Question 5: What is the basis for the 4Ms?

Answer: Each of the 4Ms, and the related tools and approaches, is evidence-based. The 4Ms were identified as the core of good and evidence-based care through a rigorous process with researchers, model experts and health system leaders. Ninety core features of geriatric models were synthesized into twenty-four themes from which the 4Ms were selected.

Question 6: Health systems are already overwhelmed with everything they must do, why would they become Age-Friendly Health Systems?

Answer: If the Medicare population is increasing in the health system's geography, and it probably is, they are effectively at-risk for the care delivered to older adults. The 4Ms are not another model of care. The 4Ms are a framework for reliable, safe care with the growing population of older adults. Almost all health systems are practicing the 4Ms some places with some older adults. Becoming an Age-Friendly Health System is a commitment to reliable practice of the 4Ms and closing whatever gap exists to achieve that.

Question 7: How can I learn more about Age-Friendly Health Systems?

Answer: More information about Age-Friendly Health Systems can be found on IHI.ORG/AgeFriendly or by emailing AFHS@IHI.ORG.