**Expanding the Public Health Workforce Within ACL’s Networks**

FREQUENTLY ASKED QUESTIONS

***FOR CENTERS FOR INDEPENDENT LIVING***

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On November 10, 2021, the Administration for Community Living (ACL) announced a $150 million investment to expand the public health workforce within the aging and disability networks. In January 2022, ACL began the process for distributing the funding to grantees. This FAQ is intended to answer anticipated questions and assist our networks with implementing this new program.

# Background and Purpose of the Program

The American Rescue Plan Act of 2021 (ARPA) provided funding to recruit, hire, and train public health workers to respond to the COVID-19 pandemic and prepare for future public health challenges. ARPA directed that funds may be used to offset costs of hiring a range of public health professionals, including but not limited to social support professionals, community health workers, communication and policy experts and “other positions as may be required to prevent, prepare for, and respond to COVID-19….”

As trusted members of their communities and providers of services that support older adults and people with disabilities in every community across the country, the aging and disability networks play an essential role in public health. Our networks provide a variety of services that directly support public health, such as health and wellness education and information, counseling, case management and assistance with accessing health care services, including COVID-19 vaccinations. With more than 50 years of experience and unmatched knowledge of the unique needs of older adults and people with disabilities, our networks also are critical partners with the public health system, providing technical assistance and guidance on meeting the unique needs of older adults and people with disabilities.

ACL’s *Expanding the Public Health Workforce within the Aging and Disability Networks* program provides funding to help cover the costs of staff to conduct these crucial public health activities. Professionals funded through this program may provide a wide range of public health services and supports, including culturally affirmative and linguistically accessible information, assistance with accessing vaccines (including boosters) and connecting to other services, transition and diversion from high-risk congregate settings to community living, health and wellness programs, activities that address social isolation and social determinants of health, and other activities that support the public health and wellbeing of older adults and people with disabilities.

## **Allowable Activities**

**Q1: What are the allowable activities for this award?**

Funding may be used to cover wages and benefits for public health professionals (directly or through contract), as well as the costs of associated equipment, training and supplies for these professionals and indirect costs.

**Q2: How are wages and benefits defined?**

See the [compensation section](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-E/subject-group-ECFR5d90ba314caea08/section-75.431) of the Electronic Code of Federal Regulations (eCFR) ([45 CFR § 75.430-431](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-E/subject-group-ECFR5d90ba314caea08/section-75.431)).

**Q3: What kinds of professionals can be paid for with this funding?\***

ARPA included this list of professional categories, which represent a wide range of jobs, functions, and responsibilities found through the aging and disability networks. The following definitions are provided as guidance and are based on CDC positions:

* **Case investigator:** a public health professional responsible for receiving reports of persons suspected as having COVID-19, locating them, and interviewing them to gather information necessary for public health investigations and contract tracing.
* **Contact tracer:** responsible for contacting and ensuring the quarantine of contacts of the case.
* **Social support specialist:** a position that facilitates or develops a strategy that boosts social support, such as supportive social networks, friendships, and similar actions that can help respond to COVID-19 or prepare for other public health challenges.
* **Community health worker:** trained public health worker who serves as a bridge between communities, health care systems, and state health departments.
* **Public health nurse:** a nurse who provides program planning, development, review, and evaluation of administrative activities and related work in areas associated with public health.
* **Disease intervention specialist**: non-licensed public health professional who helps stop the spread of outbreaks of infectious diseases and engages in emergency response through case analysis, education and counseling, linkage to care, and provider and community engagement.
* **Epidemiologist:** physician, veterinarian, scientist, or other health professional who searches for the cause of a disease, identifies people who are at risk, and determines how to control or stop the spread or prevent it from happening again.
* **Program Manager:** person responsible for the management of public health projects.
* **Laboratory personnel:** public health laboratory and support staff working in a laboratory engaged in addressing public health challenges.
* **Informaticians:** IT professional who develops public health strategies and data systems and carries out complex scientific and information assessments to support public health policies and practices.
* **Communication expert:** expert in creating and disseminating public health messages and eliciting feedback from individuals and groups.
* **Policy expert**: a professional who can create and analyze policy or could identify policy options that could address a public health issue.
* Other positions as may be required to prevent, prepare for, and respond to COVID-19: Clearly define how this position would meet the grant requirements.

**\*It is important to note that personal care attendants and in-home caregivers are not considered public health positions under this funding opportunity, therefore, use of funds to support wages, supplement, equipment and training is not allowable.**

**Q4: Can the funding be used to pay for staff to plan, organize, and participate in meetings with local public health officials and other entities, and/or collect and analyze data on COVID-19 vaccination rates of the people with disabilities and older adults, family caregivers, and network staff and volunteers?**

Yes. These are considered public health activities related to COVID-19 response, so the staff who conduct them may be funded through this program.

**Q5: Can we use these funds to provide temporary staffing and/or independent contractors to carry out public health related activities?**

Yes. Paying for temporary staff and independent contractors is allowed (consistent with the grantee’s policies and procedures).

**Q6: Do I need to hire a new person, or can the funding be used to pay current staff?**

The intent of the program is to increase the number of public health professionals within the aging and disability networks to support the public health of older adults and people with disabilities, but there is flexibility in how this is accomplished. Grantees could hire new staff, hire contract staff, expand knowledge and duties of current staff, pay existing staff for additional hours worked, etc. This grant pays for staff time that is directly supporting any public health activities as they relate to COVID-19 and the use of funds is not supplanting funding. The Administration will be interested in knowing how many staff or full-time equivalent have been hired or supported using this funding, as the intent of the grant is to expand the public health workforce within the network.

**Q7: Can this funding be used for COVID-19-related activities, such as assistance with getting vaccinations and boosters or assistance for people who have contracted COVID?**

Yes. ARPA states the funding may be used for "other positions required to prevent, prepare for, and respond to COVID-19.” Therefore, public health professionals paid with this funding may provide COVID-19-related assistance, such as assistance with getting vaccinations and boosters, activities around mental health, transitioning people into safer housing, assistance for people who have contracted COVID, partnering with food banks and delivering food, or conducting public health education campaigns. All of the staff time associated with these activities can be paid with this funding. You can also contract with people to do these activities.

**Q8: Can this funding be used to support public health activities other than COVID-19 response and recovery?**

ARPA specifically focuses on public health activities to respond to the COVID-19 pandemic. However, ARPA allows for activities to “prevent, prepare for, and respond to COVID-19,” which encompasses a very broad range of activities that have applicability to a wide variety of public health needs and scenarios. While our primary focus right now is COVID-19, we also know there could be another public health crisis at any time, and we need to be prepared. Many activities that improve public health capacity for future crises also will increase preparation for responding to additional variants of COVID-19 and other COVID-19-related issues that have not yet emerged, and therefore are allowable.

**Q9: Can the funding be used to provide incentives to individuals to get a COVID-19 vaccine/booster?**

No, but the funding may be used to fund staff who, as part of their public health duties, support incentive programs.

**Q10: How can this funding be used to advance equity within our networks?**

As with all of ACL’s programs, grantees are encouraged to target funding to those with greatest needs, and there are many ways this funding could be used to advance equity. For example, grantees may use this funding to add staff to provide public health services to people with limited English proficiency, focus on improving the cultural competency of public health programs, increase the organization’s ability to reach underserved populations with public health services, or other similar activities.

**Q11: Can the funding be used to provide transportation stipends/vouchers to individuals?**

No, that would not be allowable using the public health workforce funding.

**Q12: Can the funding be used to purchase equipment, such as IT equipment?**

Funds MAY be used for equipment to support the recruiting, hiring, and training of staff supporting public health activities. This could include IT equipment, personal protective equipment, data management and other technology, or other necessary supplies.

Funds may NOT be used for general equipment purchases for staff who are not involved in public health activities, or for the organization as a whole.

**Q13: Can the funding be used to purchase a vehicle to transport people with disabilities or older adults to vaccination appointments?**

No, that would not be allowable use of the public health workforce funding.

**Q14: Is funding required to be targeted toward the needs of a specific population?**

Yes. This funding must be used to expand the public health workforce that supports people with disabilities. Funding must be targeted to serve this population.

**Q15: Can the funds be used to provide any of the five core services?**

Yes, as long as they are not supplanting funds, and the work being carried out related to the five core services falls within the public health realm and either falls within one of the specifically named categories of PHW professionals or can reasonably be considered to increase capacity to prepare for or respond to COVID-19. Staff time to pay for transitions out of nursing homes or other institutional settings would be an allowable type of activity.

**Q16: Can some of the funds be used to temporarily increase staff's pay who transition people out of nursing homes, since this work has a high turnover rate but the work is much needed during the pandemic?**

If you are increasing pay to retain staff who otherwise would’ve been lost and are working in public health, that increase could count towards supporting the public health workforce.

**Q17: The guidance suggested that we could not supplant existing funding. If we already have transition staff paid by state/federal funds, can we shift their wages to the PHWF if their jobs relate to PHWF when that funding ends?**

Yes. You are, essentially, adding staff who would have been lost without the funding.

## **Grant and Fiscal Policy Questions**

In order to get the funding out to communities as fast as possible, ACL is distributing it using existing grant mechanisms. As a result, the grants to CILs share a CFDA number with the Centers for Independent Living Programs grants. However, this funding is separate and distinct from all other funding. This funding is not a Centers for Independent Living Programs grant.

**Q18: Will these grants be awarded as an amended Notice of Award (NOA) to an existing grant, or will they be issued under a new grant award number?**

These funds will be issued as a separate grant and a new grant award number will be issued (i.e. 2201XXXXPH). Funds should be accounted for and tracked separately.

**Q19: Will funding received under this award affect funding for other current or future grant awards received from ACL?**  
No.There will be no impact on future funding since these are one-time special funds provided under the American Rescue Plan Act of 2021.

**Q20: Can we use multiple funding sources to fund these activities in the community?**

Yes. ACL encourages collaboration and leveraging of funds, and many grantees are using multiple funding sources to fund different parts of projects. For example, some grantees are using funding from the Centers for Independent Living Programs grant, CARES Act funds and CDC funding.

Grantees should be specifically cautious that costs charged to a grant are not also included on any other federally financed program in either the current or a prior period.

Please also note that funding utilized, and the related activities and outcomes, will need to be reported. Grantees are encouraged to plan for expenses that can be tracked and reported specific to this funding source.

**Q21: Can multiple entities receiving grants through this program pool these funds and partner to jointly fund staff and/or conduct allowable activities?**

Yes, and ACL encourages grantees to work together to achieve greater impact with these funds. There are a number of ways this could be accomplished. For example, two grantees could agree to jointly fund a single FTE to perform public health functions that support the mission of both organizations. Using funds from this grant, one grantee could pay the other via a contract (or other agreement) to fund a portion of the costs of paying that FTE. Or, multiple organizations could individually contract with a single independent contractor to support all of the organizations’ allowable public health activities.   
  
Each grantee must maintain control and oversight of their grant funds, and each must track and report on the expenditures.

**Q22: Can I transfer this grant to another entity?**

No. A grantee cannot transfer the grant to another entity. However, a grantee may have a contract or formal agreement with another entity to jointly conduct allowed activities under this grant. ACL expects the recipient to have control and oversight of these funds at all times.

**Q23: Will I need to track these funds separately?**

Yes. Grantees will be expected to report separately on the use of these funds and should ensure funds are utilized in a way that allows for specific tracking and reporting.

**Q24: Will there be separate reporting requirements specific to this award?**

Yes. These funds are awarded as separate grants; therefore, funds must be accounted for separately from other grants. Grantees are required to maintain appropriate records and documentation to support the charges against the federal awards. Required reports include semi-annual federal financial reports (FFR) and annual program reports that include:

* Number of full-time equivalents (FTEs),
* Type of public health professional(s) hired, and
* The activities they are engaged in to advance public health.

To minimize burden on grantees, ACL will incorporate these requirements into existing reporting processes wherever possible. Specific requirements, processes and deadlines will be shared in the coming months.

**Q25: What is the project period for this award?**

Funding will be available until September 30, 2024, regardless of when grants are awarded. However, grantees may use the funds over any period of time within this period, and they are encouraged to use the funding as soon as possible to have the greatest impact.

The [Federal Register Notice](https://www.federalregister.gov/documents/2022/01/12/2022-00397/availability-of-program-application-instructions-for-title-vii-part-c-of-the-rehabilitation-act) included an estimated start date of March 1, 2022, but the actual award may be earlier or later than that date. Because total amount awarded to each CIL is contingent upon the total number of CILs applying for funding, grants cannot be awarded until ACL receives responses from all eligible CILs.

**Q26: Does the program need to apply for these funds?**

Yes. In order to receive these funds, DSEs must submit a Letter of Assurance **no later than February 25, 2022**. This has been extended from the prior [Federal Register Notice](https://www.federalregister.gov/documents/2022/01/12/2022-00398/availability-of-program-application-instructions-for-title-vii-part-b-of-the-rehabilitation-act) published January 12, 2022 for details.

**Q27:** **Can the funding be declined?**

Yes, although ACL encourages CILs to take advantage of this opportunity to grow the critical public health capability within the disability networks. If a CIL declines the funding, their portion will be equally distributed across all CILs accepting funding. Please notify us at [PHWF@acl.hhs.gov](mailto:PHWF@acl.hhs.gov) if you wish to decline funding.

**Q28: How are funding amounts determined?**

Each CIL will receive an equal amount of funding. If any CIL chooses not to access this funding, this will increase the awards for all other CILs.

**Q29: Is match required?**

No. There is no non-federal participation (match) requirement.

**Q30: Can indirect costs be charged to the grant?**

Yes. Indirect costs that are in accordance with [45 CFR § 75.414](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75#75.414) may be charged to the grant. Grantees should use their existing approved indirect cost rate agreement to determine indirect costs for this funding opportunity. A grantee that has never had a negotiated indirect cost rate has the option of using a 10 percent de minimis rate without negotiation.

**Q31: Is there any estimation of the funding amount expected per DSE so that CILs, SILCs, and DSEs can appropriately plan for the use of the PHWF funds?**

ACL will distribute the $38,297,600 evenly to all eligible entities to ensure a sufficient level of funding to provide substantive support for the public health workforce, which equates to a minimum award of $80,000 for each DSE part B grant and $104,069 for each CIL part C grant. For example, if a CIL has four part C awards, they would then be eligible for four awards through this announcement. Please note these figures are based on the current number of eligible entities and would increase if some eligible entities refuse or are deemed ineligible.

**Q32: Is it possible to get a confirmation email once the Assurance letter has been received accepting funding?**

Starting January 28th, each grantee will receive a confirmation e-mail following receipt of the letter of assurance. If you have not received a confirmation e-mail, please follow up with [PWHF@acl.hhs.gov](mailto:PWHF@acl.hhs.gov).