



Expanding the Public Health Workforce Within ACL's Networks

FREQUENTLY ASKED QUESTIONS

FOR STATE ASSISTIVE TECHNOLOGY ACT PROGRAMS

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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](#) of the Electronic Code of Federal Regulations (eCFR) ([45 CFR § 75.430-431](#)).

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:

- Community health worker
- Program manager
- Public health nurse
- Communication and policy experts
- Case investigator
- Contact tracer
- Social support specialist
- Disease intervention specialist
- Epidemiologist
- Laboratory personnel
- Informaticians
- Other positions required to prevent, prepare for, and respond to COVID-19

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.

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.

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.

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. Grants for state assistive technology programs should be used to expand the workforce that supports public health for people with disabilities, their families, support providers, and network staff and volunteers. Funding must be targeted to serve these populations.

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 state assistive technology (AT) programs share a CFDA number with the AT State grants. However, this funding is separate and distinct from all other funding. This funding is not an Assistive Technology Act grant.

Q15: 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. 2201XXATPH). Funds should be accounted for and tracked separately.

Q16: 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.

Q17: 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.

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.

Q18: 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.

Q19: 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.

Q20: 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.

Q21: 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.

Q22: What is the project period for this award?

Public Health Workforce awards made under this announcement for the state AT programs have a start date of January 1, 2022 and end date of September 30, 2024. 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.

Q23: Does the program need to apply for these funds?

No. ACL will distribute funding to state AT programs automatically.

Q24: Can the funding be declined?

Yes, although ACL encourages state AT programs to take advantage of this opportunity to grow the critical public health capability within the disability and aging networks. If a state AT program declines the funding, their portion will be equally distributed across all state AT programs accepting funding. Please inform Rob Groenendaal via email at Robert.Groenendaal@acl.hhs.gov if the decision is to decline funding.

Please note that drawing of funds by the recipient constitutes acceptance of the terms and conditions of the grant.

Q25: How are funding amounts determined?

Each state AT program will receive an equal amount of funding. If any state AT program chooses not to access this funding, this will increase the awards for all other state AT programs.

Q26: Is state match required?

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

Q27: Can indirect costs be charged to the grant?

Yes. Indirect costs that are in accordance with [45 CFR § 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.