

**NURSING AND ALLIED HEALTH INITIATIVE:
SCALING EFFORTS TO ADVANCE THE COMMONWEALTH'S
DIRECT CARE WORKFORCE**

Request for Proposals



Issued by:

**Massachusetts Department of Higher Education
One Ashburton Place, Room 1401
Boston, Massachusetts 02108**

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I. Introduction

In April, 2014, DHE issued its **Allied Health – Direct Care Workforce Plan** (<http://tinyurl.com/ptw6ak7>). The report recognized that Massachusetts, like the nation, is facing the challenge of providing high-quality and affordable, individual-centered health care to all members of our society, while serving a population that is aging and becoming increasingly diverse. To address this challenge, three communities - education and training, workforce development and health care providers - must collaborate to build a workforce pipeline sufficient in capacity and capability to:

- 1) Address the health care needs of the unique population of individuals in each region of the Commonwealth
- 2) Deliver contemporary health care services based upon industry-defined skill competencies that span the care continuum
- 3) Meet the job requirements of employers in rapidly evolving and emerging care delivery settings
- 4) Provide seamless academic and career pathways for workers to enter the industry and progress in their careers through higher-levels of education

Massachusetts is refocusing the center of health care delivery from acute-care hospitals to community-based practices. As a result of this transition, demand for direct care workers is growing rapidly and this growth is projected to continue for the next decade. Direct care jobs, for our purposes, are defined as **certified nurse assistants, medical assistants, home makers, personal care and home health aides, and Licensed Practical Nurses**. These jobs represent the new “front line” of health care delivery and offer entry-level access points for many adult and traditional-aged students who aspire to advance to higher-level jobs paying family sustaining wages.

Students interested in pursuing health care careers often begin their training in non-credit programs offered through community-based organizations and community colleges. However, the workforce pool that pursues entry-level health care jobs is all too often not fluent in English, lacks a foundation in basic numeracy skills and has little or no experience with the application of technology as an essential tool for health care delivery. These deficits, while significant, can be in-part offset by the skill set of local workers who often have a strong cultural awareness of and sensitivity to the healthcare needs of the communities they seek to serve.

Therefore, the emerging health care workforce presents both challenges and opportunities. Through appropriately designed job training programs that provide the right mix of academic and student support services, Massachusetts will build a health care workforce pipeline that meets the needs of all residents for high quality, accessible and cost effective care and provides new and expanding career pathways for everyone seeking work in the Commonwealth.

II. Workforce Development Priorities

In June of 2015, the DHE convened the Allied Health Advisory Group (AHAG) to develop an implementation agenda based upon the recommendations of the Allied Health-Direct Care workforce plan approved by the Board of Higher Education in 2014. This group meets quarterly and consists of representatives from community colleges, 4-year colleges, employers, industry groups, regional employment boards, and state agencies. The group agreed that the priorities for the immediate future should be:

Priority 1: Building Direct Care Worker Pathways - Direct care jobs represent entry-level access points to higher education for many adult and traditional-age students. Curriculum and career pathways based on industry validated job competencies, consistent across the taxonomy of direct care jobs and health care delivery settings, is necessary to develop and sustain the direct care workforce pipeline. Such pathways, codified in standards and regulations, will provide for portability of job competencies (knowledge, skills and abilities) among different entry level training programs and jobs, and will also provide for alignment of outcome expectations between education and employer partners.

This framework allows for the seamless progression of students - both traditional age and adult learners - from foundation skills training (English language and numeracy) through entry level workplace skills into college-level certificate and degree programs leading to sustainable, living wage careers. It will also offer the flexibility to provide students with options for entry, exit and re-entry points along the education/career pathway.

Development of such an aligned curriculum and career pathways system will require collaboration across community-based training organizations, higher education institutions (community colleges), employers, labor organizations and industry associations.

Priority 2: Creating recognized transferable training to support pathway advancement – Considerable progress has been made in the community college system to develop stackable and accelerated programming for high demand industry sectors (like healthcare) through credit bearing certificate and degree programs. However, there is quite a lot of opportunity to expand the transferability of credit between non-credit and for-credit programming.

Just as credit transfer is a priority for students who progress from 2 year to 4 year programs, it is equally important that non-credit training “stack” to for-credit coursework, certificates and degrees thus providing portable building blocks and seamless academic progression, that reinforce student learning outcomes and progression to higher levels of education and careers. These clearly articulated pathways, stackable credentials, and complementary support services that align and reinforce the partnership between levels of the direct care/allied health career ladder, are strategies that reinforce student retention, completion, and worker progression in direct-care careers.

Efforts in this arena should build upon the successful experience of the Transformation Agenda program (U.S. Department of Labor Grant funded TAACCCT program) to successfully create bridges from non-credit offerings and stack them into for-credit programs. These trainings must articulate with career pathways and provide stackable credentials which promote accelerated student progression and seamless academic transitions, thus preparing workers for success in credit-bearing certificate and degree programs.

Priority 3: Investing in the development of core competencies – Higher Education and job training programs, including those delivered by community-based organizations working in partnership with community colleges, must be aligned to the competency requirements of employers in key industry sectors and deliver predictable student learning outcomes. The current array of training and certificate/degree programs that address direct care jobs are not well aligned to meet employer expectations regionally and statewide, nor are these programs based on common core-competencies to promote seamless and accelerated career progression of workers.

Developing core competencies that are consistent across settings and job titles are important for giving direct care workers more freedom to fluidly move from setting to setting. This is also beneficial to employers as it would save them time and money that is now spent retraining aides who otherwise could be working immediately. Currently, competency models for these programs are available in various forms throughout the state (see PHCAST program mentioned later in this document), but there is a need to expand their purpose, and institutionalize them across educational establishments.

Priority 4: Development/adoption of competency-based leadership training for managers of DCW's –

Note: The following is *adapted from*: U.S. Department of Health and Human Services Nursing Home Work Practices and Nursing Assistants' Job Satisfaction; Christine E. Bishop, Ph.D., Marie R. Squillace, Ph.D., Jennifer Meagher, M.A., Wayne L. Anderson, Ph.D., and Joshua M. Wiener, Ph.D. June 8, 2009; <http://aspe.hhs.gov/daltcp/reports/2009/NHwork.htm>

In Massachusetts, the average retention rate for C.N.As is 72% (2014 Mass Senior Care Survey). While this is higher than the national retention goal (60%), the fact still remains that many direct care employers have a difficult time hiring and retaining workers. While wage is certainly a factor, research has shown a primary reason direct care workers report leaving their job is a lack of support being provided by their manager or supervisor (Bishop, Squillace, Meagher, Anderson, & Wiener, 2009; Chou & Robert, 2008; Eaton, 2001).

Providing the high level of support that many aides need is often beyond the capacity or the ability of their employer. Now, new attention is being paid to better preparing these supervisors, giving them the tools to be better managers and leaders within their organization. Providing these managers with additional training to become better supervisors will benefit DCWs and their employers.

The importance of well trained supervisors to the retention of direct care workers cannot be overstated. Numerous studies have noted that the quality of the supervisory relationship between direct care workers and their nurse supervisors is an essential element to job satisfaction and retention of direct care staff. According to Stone, "Direct care workers whose work is valued and appreciated by supervisors, and who are listened to and encouraged to participate in care planning decisions, have higher levels of job satisfaction and are more likely to stay in their jobs" (Stone 2007).

Increased satisfaction for nursing assistants should reduce turnover and, thus further improving working conditions by increasing staffing, reducing the need for mandatory overtime, and increasing the stability of teams and supervisory relationships. This shift should support better outcomes for residents, the ultimate aim of nursing home service provision and policy.

III. Purpose/Scope

This Request for Proposals (RFP) is intended to address specific near-term needs across the Commonwealth, while beginning work that will have a longer-term trajectory and will create a sustainable impact over time. The AHAG strongly expressed the priority to move beyond the practice of funding pilot projects which, while locally valuable, have not resulted in the adoption of best practices regionally and statewide, and promote sustainable systems change. Therefore, this cycle of the Nursing and Allied Health Initiative grant program will focus on: (1) system and curriculum alignment; (2) sharing of best practices; (3) meaningful collaboration between campuses; and (4) promotion of broad-based regional and statewide collaboration, all in an effort to meet the training needs of the direct care workforce and the staffing needs of employers.

To promote the idea of cross-campus collaboration, applicants are encouraged to consider a **consortium-based proposal** with one or more campuses acting in a coordinating capacity with other campuses and/or partners. Proposals should offer new innovations and may extend prior initiatives to replicate successful models which, as a result, will reach a meaningful level of scale. Preference will be given to proposals showing strong educator/employer collaboration.

In developing their proposals, campuses are encouraged to consider utilizing available, previously validated resources such as the Personal and Home Care Aide State Training (PHCAST) curriculum available from University of Massachusetts Medical School and the Executive Office of Health and Human Services. PHCAST was developed through a Health Resources and Services Administration (HRSA) grant awarded to Massachusetts, and is a freely available resource. The purpose of PHCAST is to define core competencies across the direct care workforce and to ensure that competent personal and home care aides have acquired essential skills that would be transportable to any job market in the nation. Through this grant program, Massachusetts has been successful in implementing core-training competencies including developing written materials and protocols for training and including the development of a certification test for personal or home care aides who have completed the training. More information about PHCAST can be found here: <http://tinyurl.com/pwf5534>

Successful proposals must articulate the conditions necessary for multi-regional or statewide implementation and replication, sharing of best practices and sustainability. Projects in early stages of development should describe relevant strategies to be explored in subsequent phases of implementation. Below are illustrative examples of ways campuses should be considering framing their proposed work:

Academic and Curriculum Planning:

- Identify a 'crosswalk' between PHCAST and CNA curricula
- Standardize and align curricula across campuses/sites by using competency based learning
- Align DCW training and credentialing coursework to meet agreed upon core competencies
- Development of a "How To" manual to provide guidance to other colleges on aligning curriculum to PHCAST

Academic Progression into Credit Bearing Certificates and Degrees (AS and BS)

- Bridge non-credit C.N.A. programs to credit-based programs in general health sciences
- Enhance non-credit programs with appropriate levels of articulation to form richer, credit-eligible content enabling trainees to apply towards higher level certificates and/or degrees
- Build pathway into AS in General Health Sciences for C.N.A.'s/HHAs/PCAs at campuses that lead to BS at 4 year institutions
- Offer designated seats for students to move onto other HC certificate/degree programs

Training and Up-skilling for Incumbents:

- Development of "Senior C.N.A." credential
- Development of C.N.A. to HHA+ credential
- Development of 12 credit Elder Care Certificate

Specific Programming for Non-Native English Speakers:

- Identify models so that current PCA/C.N.A. trainings could be enhanced for ESOL groups

- Building of pathways of progression for non-native English-speaking students completing PHCAST in their own language
- Contextualized ESOL courses in computer proficiency, interpersonal communications, professionalism, and career-oriented trainings

College Readiness:

- Create a “Bridge to Healthcare Careers” Program
- TEAS prep; CPT/Accuplacer Prep; College success workshops; Life skills; Career planning
- Demonstrate proficiency in ENG 101 and MTH 095
- Hiring a Success Coach to help with recruitment, admissions, CPT, TEAS and FAFSA. Ensure students are academically prepared to move into certificate programs like Medical Assistant, CNA, or LPN

Career Training:

- Establish a DCW educational ladder based on transferable training that progresses from PHCAST to PCA or CNA to Senior CNA and beyond
- Implement PHCAST at campus as a way to train PCAs
- Use PHCAST as a way to start students on path to C.N.A. and then Senior C.N.A.

Competency Based Training for Managers and Supervisors

- Review and update the existing EOHHS core competency management training for DCW supervisors
- Develop in person training format and an online training option that incorporates web-based information and resources, and increases access for supervisor training
- Provide a train-the-trainer for community college faculty and employer association staff and members so they can offer the training and disseminate and sustain the project statewide

IV. Eligibility:

This round of funding will target **consortium proposals** based on partnerships of multiple public institutions of higher education and other relevant entities.

Preference will be given to proposals that also include:

- Significant partnership with employers, employer representatives, or an employer collaborative
- Significant partnership with Workforce Investment Boards/Regional Employment Boards
- Partnerships that include 1 or more Community Based Organization (where appropriate) to provide services such as: Case management, ABE, ESOL, college/workforce readiness, etc.
- Designs to achieve significant regional and/or statewide systems change

Projects must be completed within **18 months of award** unless otherwise approved in writing by the Department of Higher Education.

V. Proposal Requirements:

A. Consortium Proposal

1. Project Abstract

Executive Summary (one page, approximately 300 words) should clearly define the goals, process and final products of the project.

2. Project Proposal

Not to exceed 10 pages, double spaced, in 12 point Times New Roman or Arial. The Consortium Proposal should include the narrative, proposed budget for entire project, and deliverables. Evaluation criteria and letters of support may be in addition to the 10 page limit but should be brief.

Consortium Proposal Narrative

Provide the following information:

- Lead applicant
- Partnering institutions
- Lead applicant address
- Lead applicant contact person
- Title
- Telephone number
- Email address
- Provide a detailed description of the proposal including which priority area(s) will be the focus of the project; a statement of the need for the project; and the project objectives. Identify the project partner(s) and role(s) and distinguish the lead partner role and responsibility from others contributions to the consortium. Partners identified in the proposal must provide letters of support for the project.
- Describe the major activities designed to meet the stated objectives.
- Provide a timetable indicating the implementation and completion dates of the proposed activities and related tasks.
- Describe and quantify the scope and impact of your proposed project. Provide relevant data that frame the need and explain how you intend to measure the outcome of the project.
- Describe the potential to reproduce the project in similar settings, multi-regionally or statewide.
- Address how this project will be sustained by the applicant and the partners, if applicable, following the completion of grant funding.

- Describe how the grant recipients will leverage the grant funding and support with resources from their organizations. Matching funds and in-kind resources are not required; however, we are interested in knowing if such resources will be assigned to the project.
- Identify project staff and their expertise relevant to the project.
- Describe how grant recipients, if awarded, will publish/disseminate the results of their proposed project.

Consortium Budget

The lead institution of the consortium shall provide a proposed budget for the overall project.

- Provide a project budget using the attached Form 1.
- Include calculations and breakdowns of budget amounts and items.
- Describe the source of any matching funds.

Deliverables

Describe the planned outcomes of the project. Where possible and/or required, quantify those outcomes.

- Describe how the project partner outcomes will aggregate into the consortium outcomes.
- Awardees will be required to provide an Interim Report with an update on their project activities by **October 28th, 2016** as well as a Final Report due on or before **September 29th, 2017**. A site visit by DHE will be planned for an appropriate point during the project implementation period. The Executive Summary from the proposal, the Interim Report, and the Final Report will be posted on our website, <http://www.mass.edu/naahi/home.asp>

Appendices

Each partner in the consortium proposal will submit an appendix detailing the following:

- Applicant name, address, contact person, title, telephone number, email address
- A detailed description of their proposed project work including which priority area(s) will be the focus; a statement of the need for the project; and the project objectives. Identify local project partner(s) and role(s). Partners identified in the proposal must provide letters of support for the project.
- Describe the major activities designed to meet the stated objectives.
- Provide a timetable indicating the implementation and completion dates of the proposed activities and related tasks.
- Describe and quantify the scope and impact of your proposed project. Provide relevant data that frame the need and explain how you intend to measure the outcome of the project.

- Describe the potential to reproduce the project in similar settings, statewide.
- Address how this project will be sustained by the applicant and the partners, if applicable, following the completion of grant funding.
- Describe how the grant recipients will leverage the grant funding and support with resources from their organizations. Matching funds and in-kind resources are not required; however, we are interested in knowing if such resources will be assigned to the project.
- Identify project staff and their expertise relevant to the project.
- Describe how grant recipients, if awarded, will publish/disseminate the results of their proposed project.
- Budget
 - Provide a proposed budget for the consortium partner's project, using the attached Form 1.
 - Provide a detailed budget narrative that supports each line of your budget request
 - Include calculations and breakdowns of budget amounts and items.
 - Describe the rationale for all planned and justified expenditures.
 - Describe the source of any matching funds.
- Budget notes:
 - Funds may be used to pay stipends but may not be spent for faculty teaching in the program/project or for students to pay for tuition.
 - All proposals will be judged on reasonableness and efficient use of the funding.
 - Indirect costs should be kept to a minimum and are capped at 10%.
 - Travel costs, though not anticipated, should be confined to in-state travel and must show direct relevance to the project or to disseminating the outcomes.
- Deliverables:
 - Describe the planned outcomes of the project. Where possible and/or required, quantify those outcomes.
 - Describe how the outcomes of the project partner will aggregate into the consortium outcomes.
 - Awardees will be required to provide an Interim Report with an update on their project activities by **October 28th, 2016** as well as a Final Report due on or before **September 29th, 2017**. A site visit by DHE will be planned for an appropriate point during the project implementation period. The Executive Summary from the proposal, the Interim Report, and the Final Report will be posted on our website, <http://www.mass.edu/nahi/home.asp>.

B. Evaluation Criteria:

1. Formative Evaluation – Consortium and Individual Partners

- Evaluation that will inform program planning, implementation and improvement
- Provide a description of the plans for formative evaluation, including:
 - Research questions with corresponding data collection and analysis plans adequate to address those questions
 - Interim project implementation report
 - Incorporation of evaluation feedback from previous years of the project (if applicable)

VI. Selection Procedure and Evaluation

All complete proposals will be reviewed by a Selection Review Committee. Incomplete proposals will not be reviewed. Criteria will include:

- How well the quality, scope, and content of project narrative meet the purposes of the grant program;
- Demonstration of each partner’s investment in the success of the proposed consortium project and role;
- Activities and outcomes that are clear, measurable and relevant to the purpose;
- Quality of implementation plan for thoroughness, feasibility, clear linkage of parts;
- Potential for replicating or scaling-up the project at other locations across the Commonwealth;
- Personnel are appropriate to the design of the project;
- Reasonable budget plan to expend funds in a cost effective manner consistent with project objectives and timeline;
- Consistency between planning and budget;
- Project has a clearly defined and appropriate evaluation methodology.

VII. Submission Instructions

In order to be considered for selection, a complete proposal must be received no later than **December 14th, 2015 at 4:00 p.m.** Forms and terms listed on CommBuys need only be completed after proposals are selected.

An information session will be conducted by conference call and is scheduled for **November 30th, 2015 at 2:00 p.m.** To participate and receive further instructions, please register by sending an email to the address shown below. FAQs will be posted to CommBuys after the session is completed.

Proposals must be submitted via email to:

Geoff Vercauteren
Director of Healthcare Workforce Development
Massachusetts Department of Higher Education
gvercauteren@bhe.mass.edu

Proposals will be evaluated on the basis of a common scoring process and rubric. Feedback and any requested revisions will be provided promptly.

VIII. RFP/Project Timeline

| RFP/Project Timeline | |
|----------------------|---|
| Release Date | November 20 th , 2015 |
| Information Session | November 30 th , 2015 at 2:00 p.m. |
| Proposals Due | December 14 th , 2015 at 4:00 p.m. |
| Awards Announced | December 23 rd , 2016 |
| Projects Begin | January 4 th , 2016 |
| Interim Report Due | October 28 th , 2016 |
| Projects Completed | July 31 st , 2017 |
| Final Report Due | September 29 th , 2017 |

IX. Awards

The Nursing and Allied Health Initiative is committing **\$200,000** for this round of grants, and we are anticipating making **one (1) consortium award** based on the merits of the application, the size and scope of the project, and the number of partners.

DHE reserves the discretion to fund additional projects under this RFP should funding be made available.

Performance Expectations: Projects should begin as soon as possible after the funding has been awarded and be completed by **July 31st, 2017**.

X. Policies

A. *Grant Disbursement*

Following the applicant's acceptance of the award letter, and the execution of the Standard Contract, or the Interagency Service Agreement, and any other required documents, the applicant can expect to receive disbursements on a schedule consistent to the needs of the project.

B. *Publicity*

Grant recipients are obligated to acknowledge the funding source in all print materials, websites and press releases. The acknowledgement of the funding source contributes to the overall name recognition and branding

of the Nursing and Allied Health Initiative. The following, consistent wording should be used: “The [insert project name] is funded through the Massachusetts’ Department of Higher Education’s Nursing and Allied Health Initiative.”

C. Solicitor Responsibility

Solicitors may not alter (manually or electronically) the grant application language or any grant application component files. Modifications to the body of the grant application, specifications, terms and conditions, or application which change the intent of this grant application are prohibited and may disqualify a response.

All costs associated with responding to this RFP are the sole responsibility of the responding organization. The DHE reserves the right to use any and all ideas included in any response without incurring any obligations to the responding firm or committing to awards for the proposed services. Responses become the property of the DHE.

D. Performance

Any funds distributed to successful applicants are done so with the expectation that they will deliver the programs as described. If the applicant is for some reason unable to fulfill the program described in the original proposal, we reserve the right to recover funds distributed.

E. Legal Disclaimer

This RFP does not represent a contractual agreement by the DHE to any applying organization. Selected organizations will enter into a contractual agreement with the DHE upon award.

THE DEPARTMENT OF HIGHER EDUCATION RESERVES THE RIGHT TO REJECT ANY AND ALL RESPONSES AND THE RIGHT TO CANCEL THIS REQUEST FOR QUALIFIED PROPOSALS (RFP) AT ANY TIME PRIOR TO AWARD.

XI. Form 1

Template – Proposed Budget

Please complete the table below with a breakdown of the requested funding from the Nursing and Allied Health Initiative. Upon completion of the table, please provide an additional *Budget Narrative* that includes specific details of each budget item in the table.

Project Name: _____ Project Manager: _____

| Categories | Total Grant Funds Requested |
|------------------------------------|-----------------------------|
| Total Salaries: | \$ - |
| <i>Administrator</i> | |
| <i>Support Staff</i> | |
| <i>Other</i> | |
| Fringe Benefits | |
| Travel | |
| Contractual Services | |
| Total Supplies & Materials | \$ - |
| <i>Curriculum</i> | |
| <i>Equipment</i> | |
| <i>Other</i> | |
| Transportation | |
| Training | |
| Tuition & Stipends | |
| Other | |
| Evaluation | |
| Indirect Costs (10% Max) | |
| Total | \$ - |
| Plus Private Matching Funds | |
| Grand Total | \$ - |