

Affordable Care Act Funding Opportunities

On March 23, 2010, President Obama signed into law HR 3590, the *Patient Protection and Affordable Care Act*. Below is a summary of existing and upcoming funding provisions from the *Patient Protection and Affordable Care Act* that can have an impact on local community change efforts, including creating more positive health outcomes for families and children, ensuring more equity in resources, and increasing and expanding employment and workforce development.¹ Although much of this funding will be disbursed directly to States, communities still have a number of opportunities to influence the use of federal dollars on the local level by strengthening and building upon existing community partnerships and lifting up the experiences, needs, and capacity of local organizations and community residents.

Affordable Care Act Funding Opportunities						
Funding Opportunity	Important Dates	Purpose	Grant Type/ Amount	Eligibility	Requirements	Community Implications
Capital Development - Building Capacity Grant Program	Due Date: October 12, 2011	To improve the capacity of existing Health Center Program grantees to provide primary and preventive health services to medically underserved populations through alteration/renovation, expansion or construction of a facility.	Type of Award Grant Estimated Available Funds: \$600 M Estimated Number of Grant Awards: 125-150	Eligible applicants include existing health centers that had an application approved in FY 2011 under the Health Center Program under the Public Health Service Act. Sites that received funding from the FY 2010 Facility Investment Program or FY2011 Capital Development funding may NOT apply.	Applicants must have received FY2011 funding from the Health Center Program. Applicants must choose only one facility project from the following categories: 1) Alteration/Renovation (work to modernize or improve the facility; can include medical equipment with a useful life of one year or greater) OR 2) Construction (of a new site or expansion of an existing site; medical equipment with a useful life of one year or greater can be included). All projects target the applicant health center and cannot include sub-recipients or contractor sites. Applicants must address how this type of project will improve the quality and effectiveness of health services for underserved populations.	The Capital Development – Building Capacity Grant Program allows existing health centers in medically underserved communities to modernize and improve their existing facilities, infrastructure and equipment, thereby improving the quality of healthcare patients and communities receive.

¹ The shaded region at the end of the chart represents funds for which guidance has not yet been released.

Capital Development – Immediate Facility Improvements Grant	<p>Due Date: October 12, 2011</p>	<p>To improve and modernize health centers facilities that received FY2011 funding under the Health Center Program. Funding will support the costs of alteration/renovation of facilities under the health center’s current approved scope of project.</p>	<p>Type of Award: Grant</p> <p>Estimated Available Funds: \$100 M</p> <p>Estimated Number of Grant Awards: 250</p>	<p>Eligible applicants include existing health centers that had an application approved in FY 2011 under the Health Center Program under the Public Health Service Act.</p> <p>Sites that received funding from the FY 2010 Facility Investment Program or FY2011 Capital Development funding may NOT apply.</p>	<p>Funding will cover the costs of renovating the physical facilities of health centers, which may include: improving/replacing the building exterior, improving the accessibility and/or safety requirements, purchasing medical or administrative equipment that has a useful life of one year or great. New construction costs are not permitted. Projects may not include installing trailers/modular units or acquiring mobile units.</p> <p>Applicants must address how this type of project will improve the quality and effectiveness of health services for underserved populations.</p>	<p>The Capital Development – Immediate Facility Improvements Grant Program allows existing health centers in medically underserved communities to modernize and improve their existing facilities, and equipment, thereby improving the quality of healthcare patients and communities receive and have access to.</p>
<p>Community Health Center Cooperative Agreements</p>	<p>Due Date: November 19, 2010</p>	<p>To support the development and operation of health centers. Cooperative agreement organizations use training and technical assistance funds to support the following core functions related to supporting health centers: community development, expansion planning, patient-centered medical home development, meaningful use health information technology adoption and workforce development.</p>	<p>Type of Award: Grant</p> <p>Estimated Available Funds: \$8 M</p>	<p>Eligible applicants include existing community health centers.</p>	<p>Agreements should provide additional training and technical assistance on a national, regional and state basis to community-based organizations that support community health centers.</p>	<p>The Community Health Center fund serves as an opportunity for communities to work closely with community health centers to support and sustain critical health services on the neighborhood level.</p>
<p>Community Transformation Grants</p>	<p>Due Date: July 15, 2011</p>	<p>To create healthier communities by focusing on capacity building and implementation of broad, evidence-based and practice-based policy, environmental, programmatic, and infrastructure changes in five strategic areas: Tobacco Free Living, Active Living and Healthy Eating, High Impact Quality Clinical and Other Preventive Services, Social and Emotional Wellness, and Healthy and Safe Physical Environment.. The long term goal of the CTG initiative is to reduce risk factors responsible for the leading causes of death and disability and to prevent and control chronic diseases in the nation.</p>	<p>Type of Award: Grant</p> <p>Estimated Available Funds: \$102 M FY 2011</p> <p>A total of \$900M over the five years of the grant period</p>	<p>Eligible applications include state and local government agencies, federally recognized tribes, and state and local non-profit organizations.</p>	<p>Applicants must apply for at least one of the two main funding categories: Category A (Capacity Building Grants) and Category B (Implementation Grants). Interested applicants must apply for only one funding category. Applicants must focus on the five priority areas designated in HHS’ “Healthy People 2020” Initiative: 1) tobacco-free living; 2) active living and healthy eating; 3) evidence-based quality clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol; 4) social and emotional wellness, and 5) healthy and safe physical environments.</p> <p>Successful applicants must use</p>	<p>Community based organizations can either apply independently or partner with state and local government agencies to implement, evaluate, and disseminate evidence-based community preventive health activities.</p> <p>Community based organizations that work in low-income or disinvested neighborhoods can use this opportunity to fund and develop partnerships to support improved health outcomes for children and families. The grant also supports a focus on health disparities and health equity which are both goals in HHS’ Healthy People 2020 Initiative</p>

					evidence-based strategies and ensure that their activities not only have broad population impact, but also help address health disparities. Examples of projects that could qualify for grants include eliminating food deserts and increasing access to healthy food options, including efforts to improve school nutrition or bring healthier food to corner markets in urban areas. Other examples include promoting blood pressure and cholesterol screenings.	
Family-to-Family Health Information Centers	Due Date: December 15, 2010	Supports Family-to Family Health Information Centers (F2F HIC) to provide information, education and technical assistance and peer support for parents of children with disabilities and special health needs. These family-staffed/run Centers assist families in making informed decisions about health care in order to promote good treatment decisions.	Type of Award: Grant Estimated Available Funds: FY2011-FY2012 \$3.9M Estimated Number of Awards: 41 grantees	Eligibility for this funding opportunity is limited to organizations within 41 states that will not have a Maternal Child Health Bureau-funded Center as of June 1, 2011. These states include AZ, CA, CO, CT, DC, DE, FL, GA, HI, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MS, MT, NE, NH, NV, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SD, TN, TX, UT, VA, VT, WA and WI	Centers are required to: 1) assist families of Children with Special Health Care Needs(CSHCN) to make informed choices about health care in order to promote good treatment decisions, cost effectiveness and improved health outcomes; 2) provide information regarding the health care needs of and resources of available for CSHCN; 3) identify successful health delivery models for CSHCN; 4) develop with representatives of health care providers managed care organization, health care purchasers, and appropriate state agencies, a model for collaboration between families of CSHCN and health professionals; 5) provide training and guidance regarding the care of CSHCN; 6) conduct outreach activities to families of CSHCN; and 7) be staffed by such families who have expertise in Federal and State public and private health care systems; and by health providers.	Family-to-Family Health Information Centers are responsible for developing partnerships with organizations serving children and their families including State Title V programs or other parent/family led organizations. Community based organizations serving children and families have an opportunity to develop partnerships with Family-to-Family Health Information Centers in their state.
Health Center Expanded Services Supplemental Funding	Due Date: January 6, 2011	This fund provides expanded services supplemental funds to support increased access to preventive and primary health care services, including oral health, behavioral health, pharmacy, vision, and/or enabling services at existing health center sites. HRSA expects to award between \$270 and \$335 million through formula-based supplements. Final funding levels will be determined following enactment of FY 2011 appropriations	Type of Award: Formula Estimated Available Funds: \$270 million -\$335 million	Eligible applicants are existing health centers currently receiving funding as of September 30, 2010 under the Health Center Program . Existing Health Centers include Community Health Centers (CHC), Migrant Health Centers (MHC) Health Care for the Homeless (HCH), Public Housing Primary Care (PHPC).	All applicants must propose one "Expanded Medical Capacity" (EMC) project and may submit no more than one of each of the five (5) "Service Expansion" (SE) project types. In determining how many and which projects to propose, applicants should carefully consider both the existing need and capacity and their own ability to respond to the identified need in order to most effectively utilize the funds.	The Health Center Expanded Services fund serves as an opportunity for communities to work closely with community health centers to better support and sustain critical health services on the neighborhood level.

		for the Section 330 program. All eligible grantees will be notified of the maximum amount they are eligible to receive			Applicants must propose to spend at least two-thirds of their funding request to expand medical capacity at sites within the health center's current approved scope of project.	
Health Center Planning Grants	Due Date: April 8, 2011	To support public or private nonprofit organizations with plans to develop a comprehensive primary care health center.	Type of Award: Grant Estimated Available Funds: \$10 M FY 2011	Eligible applicants include public or nonprofit private entity, including tribal, faith-based and community based organizations	Applicants must: (1) Demonstrate the need for primary and preventive health care services in the proposed service area and how the HCPG supported projects will support the development of a comprehensive health center; (2) Present a sound and complete work plan consistent with section 330 of the Public Health Service Act such as conducting a comprehensive needs assessment; designing an appropriate health care service delivery model; efforts to secure financial, professional, and technical assistance; increases community involvement in the development and/or operation of a comprehensive health center .	Communities can apply directly for this funding opportunity, especially, community based organizations that can demonstrate the need for primary health care services in a specific target area.
Health Profession Opportunity Grants to Serve TANF Recipients and Other Low-Income Individuals	Due Date: August 5, 2010	Funds will support demonstration projects that are designed to provide eligible individuals with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to either experience labor shortages or be in high demand.	Type of Award: Cooperative Agreement Estimated Available Funds: \$51 M Maximum Award: \$3 M	(1) States including each of the 50 states and the District of Columbia, Guam, the Virgin Islands, and American Samoa. (2) Local Workforce Investment Boards, (3) Institutions of Higher Education, (4) Indian Tribes and organizations, Tribal colleges and universities, (5) a sponsor of an apprenticeship program, (6) and community based organizations. Individuals who are eligible to participate in funded programs are those receiving assistance under a State TANF (Temporary Assistance for Needy Families) program and other low-income individuals. Matching Requirement: none	Training programs funded receiving funding will prepare participants for employment within the healthcare sector Areas targeted (1) target skills and competencies demanded by the healthcare industry (2) support career pathways (3) result in an employer or industry recognized certificate or degree (4) combine supportive services with education and training services to help participants overcome barriers to employment (5) provide training services at times and locations that are easily accessible. ACF is interested in receiving applications from programs in the following health care subsections: Allied Health, Long-Term Care, Child Care Health Advocate Training, Health Information Technology, Nursing	Community based organizations that can design a demonstration project that targets individuals who are receiving assistance under a State TANF program and other low-income individuals should apply for this grant, especially, if the organization can create a program in one of the of the ACF health care areas of interest
Maternal, Infant and Early Childhood Home Visiting Program	Due Date: July 1, 2011	To award competitive grant funding to states that have sufficiently demonstrated the interest and capacity to expand and/or enhance their evidence-based home visiting programs to improve outcomes for children and families who resident in high-risk communities.	Type of Award: Grant Estimated Available Funds: \$33 M (FY2011-FY2012) \$66 M (FY 2011-2014)	Eligible applicants include States and territories-Guam, VI, American Samoa, Northern Mariana Islands.	Applicants must apply for either the Expansion Grants or Development Grants. (1) Development grants are for states and jurisdictions that currently have modest home visiting programs and want to build on existing efforts. (2) Expansion grants recognize states and jurisdictions that have already	Community based organizations with a strong capacity and neighborhood credibility can help to support state home visiting programs for families in at-risk communities.

					made significant progress towards a high-quality home visiting program or in successfully embedding their home visiting program into a comprehensive early childhood system.	
New Access Points (NAP)	Due Date: November 17, 2010	To provide funding to establish new access points for full time service delivery site for the provision of comprehensive primary and preventive health care services that will improve the health status and decrease health disparities of the medically underserved and vulnerable populations to be served.	Type of Award: Grant Estimated Available Funds: \$250 M	Eligible applicants must be a public or private, non-profit entity, including tribal, faith based and community based organizations. Current HRSA grantees may apply as well. Matching Requirement: none	Applicants must: (1) Demonstrate a high level of need in their community/population; (2) Provide a sound proposal to meet this need; (3) Responsiveness to the health care environment and readiness to rapidly implement the proposal; (4) Demonstrate that the new access point will increase access to comprehensive, culturally competent, quality primary health care services and improve the health status of underserved and vulnerable populations in the area to be served; (5) Demonstrate that the proposal will ensure the availability and accessibility of essential primary and preventive health services including oral health, mental health, and substance abuse services.	Communities can apply directly for this funding opportunity, specifically, community based organizations that can demonstrate a commitment to improving the health of underserved and vulnerable populations.
Nurse Managed Health Clinics	Due Date: July 19, 2010	(1) Improve access to comprehensive primary health care services and/or wellness services. (2) Provide these services to medically underserved and/or vulnerable populations without regard to income or insurance status of patient. (3) Expand clinical training sites for students in primary care and specifically, enhance nursing practice by increasing the number of structured clinical teaching sites for advanced practice primary care nursing students. (4) Establish or enhance electronic processes for establishing effective patient and workforce data collection systems that are compatible with reporting UDS data used by Community Health Centers.	Type of Award: Grant Estimated Available Funds: \$15 M	Eligible applicants must be a nurse-managed health clinic (NMHC) that is associated with an accredited school, college, university, or department of nursing, federally qualified health center or independent nonprofit health or social services agency. Applicants must provide primary care or wellness services to vulnerable and /or underserved populations. An administrative preference will be given to applications that develop affiliations with schools of nursing advanced practice nursing program and other interdisciplinary providers. Matching Requirement: none	(1) Nurses must be the major providers of services at the NMHC and at least one advanced practice nurse MUST hold an executive management position within the organizational structure of the NMHC; (2) The NMHC must continue providing comprehensive primary care services or wellness services without regard to income or insurance status of the patient for the duration of the grant period; and (3) Within 90 days of receiving this grant, the NMHC must establish a community advisory committee, for which a majority of membership shall be comprised of individuals served by the NMHC	Communities should determine whether there is an existing nurse managed health clinic in their target area which partners with local schools, colleges, or universities. Communities can influence the establishment and activities of the required advisory committee.
Partnerships Active in Communities to Achieve Health Equity	Due Date: August 2, 2010	To improve health outcomes among racial and ethnic minorities through the establishment of community-based networks that employ evidence-based disease intervention strategies; address social determinants and environmental barriers to healthcare access; and increase access to and utilization of preventive health care, medical	Type of Award: Cooperative Agreement Estimated Available Funds: \$4 M Range of Awards: \$400 K - \$500 K Estimated # of Awards: 8-10	To qualify for funding, an applicant must:(1) Be a private nonprofit, community-based, minority-serving organization with a minimum of 5 years experience providing health, human, or social services. (2) Represent a community-based network consisting of a variety of local healthcare, social and supportive	The partnership must have the collective capacity to: (1)Establish a community-based network of healthcare, and applicable social and support service providers and organizations that are geographically proximal (2) Identify unmet need and gaps in services for racial and ethnic minorities at greatest	Communities with a prior history of developing strong partnerships with stakeholders across multi-sectors should be well positioned to apply for this grant. Communities can utilize their local partnerships to build new or strengthen existing collaborations with health advocates and providers around the goal of addressing health

		treatment, and supportive services. The PAC Program will support collaborative arrangements among minority serving community-based organizations, community-based health care entities, and social and supportive service providers that coordinate the provision of chronic disease management, evidence-based prevention and intervention programs, healthcare, social, and support services.		service organizations, community-based organizations, and other applicable stakeholders to address health disparities and gaps in health services for racial and ethnic minorities at greatest risk for poorer health outcomes.	risk for poorer health outcomes (3) Coordinate and assure the delivery and receipt of healthcare, and applicable social and support services (4) Identify and propose to address gaps and fragmentation of community level resources and health services (5) Identify and propose to address social determinants, cultural, and/or environmental factors impacting access to healthcare and utilization of health services (6) Ensure that healthcare services are linguistically, culturally and age appropriate (7) Establish a coordinated mechanism for participant consent, data collection and protection of medical confidentiality across network partners (8) Address at least 1, but no more than 3 of the identified health areas in the announcement.	disparities and creating more equity in health outcomes. Communities can also use prior experience using data for learning and accountability to meet the data collection and gap identification requirements of the grant.
Prevention Center for Healthy Weight	Due Date: August 16,2010	To provide funding to support a Prevention Center for Healthy Weight (PC). The PC will plan, implement, and manage a nation-wide Healthy Weight Collaborative (HWC) as well as recruit and support communities and teams participating in the HWC. The program will promote family-centered community-based, coordinated care for children and families, and facilitate the development of community-based systems of services.	Type of Award: Cooperative Agreement Estimated Available Funds: \$5 M Maximum Award: 1	Any public or private nonprofit entity, including state and local government agencies, institutions of higher education, and an Indian tribe or tribal organization. Applicants must have at least four years of experience in the fields of quality management, quality improvement, developing and dissemination informational materials, and providing training or technical assistance related to the prevention and treatment of overweight and obesity on a national level. The PC may be a consortium of organizations but only one eligible entity can be the official applicant for funding. For profit-entities can be part of the consortium but they cannot be the grantee. Matching requirement: None	(1)Plan, implement, and manage the HWC (2)Provide technical assistance to HWC teams to improve approaches to prevent and treat overweight and obesity in their respective communities (3)Improve quality of care to prevent and treat overweight and obesity through understanding of quality improvement concepts, tools, and techniques (4)Support teams participating in HWC (5)Demonstrate commitment to long-term sustainability of the project after the Federal period of support. (6)Teams in the HWC can include health departments, community based organizations, and HRSA and DHHS grantees	Community based organizations have an opportunity to join the community teams established under the Healthy Weight Collaborative. More than 50 community teams will be recruited to provide insight into the needs of children and families on the community level.

School-Based Health Center Capital Program	Due Date: December 1, 2010	To address the significant and pressing equipment needs to support the expansion of services at school-based health centers.	Type of Award: Grant Estimated Available Funds: \$ 100 M	Must be a school-based health center or a sponsoring facility of a school-based health center that comply with all of the following requirements: (1) Meets the definition of a school-based health center (2) Provides, at a minimum, comprehensive primary health services during school hours to children and adolescents by health professionals in accordance with established standards, community practice, reporting laws, and other State laws, including parental consent and notification laws that are not inconsistent with Federal law (3) Does not perform abortion services Matching Requirement: none	For the purpose of movable equipment to be used at school-based health centers, such as, but not limited to: (1) Telehealth equipment (i.e., video cameras, TVs) (2) Equipment to support a HER system (i.e., hardware, servers, licenses) (3) Medical equipment (i.e., exam tables, nebulizers, AEDs) (4) Office equipment (i.e., computers, desks, chairs, file cabinets) Applicants may not use funds to support the provision of health services or personnel; expenses related to acquisition or improvement of land; acquisition, construction, expansion, replacement, or other improvements to any building or other facility; or any facility related expenses.	By partnering with existing school based health centers or sponsoring facilities of school-based health centers, communities can assist these entities with assessing their need for additional health center equipment..
State Healthcare Workforce Development Implementation Grants	Due Date: July 19, 2010	Competitively awarded implementation grants to State partnerships to implement activities that will result in a coherent and comprehensive plan for health workforce development that will address current and projected workforce demands within the State	Type of Award: Competitive Grant Estimated Available Funds: \$3 M Maximum Award: \$1.5 M	State partnership must have received a planning grant under subsection (c) and completed all requirements of such grant; or (2)completed a satisfactory application, including a plan to coordinate with required partners and complete the required activities during the 2 year period of the implementation grants Matching Requirement: each state partnership receiving an implementation grant must provide an amount in cash or in kind that is not less than 25 percent of the amount of the grant. The matching funds may be provided from Federal State local or private sources to carry out such activities.	(1) Identify and convene regional leadership to discuss opportunities to engage in statewide health care workforce (2) Consult key stakeholders and regional leaders to take appropriate steps to reduce Federal, State, or local barriers (3) Develop, disseminate, and review with key stakeholders a preliminary statewide strategy to address short and long-term health care workforce development (4) Convene State partnership members on a regular basis (5) Assist leader at the regional level to form partnerships (6) Collect and assess data on and report on the performance benchmarks selected by the State partnership and the Administration for implementation activities (7) Participate in the Administration's evaluation and reporting activities.	
State Healthcare Workforce Development Planning Grants	Due Date: July 19, 2010	Competitive workforce development planning grants to enable State partnerships to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels.	Award Type: Cooperative Agreement Estimated Available Funds: \$51 M Estimated # of Awards: 17	State workforce investment board if it includes or modifies the members to include at least 1 representative from each of the following: health care employer, labor organization, a public 2 year institution of higher education, the recognized State federation of labor, the State public secondary education agency.	(1) Analyze State labor market information in order to create health care career pathways for students and adults, including dislocated workers. (2) Identify current and projected high demand State or regional health care sectors for purposes of planning career pathways. (3) Identify existing Federal, State, and private resources to recruit, educate or train, and retain a	Communities can assist the State Workforce Investment Board in identifying barriers to creating a comprehensive healthcare workforce development strategy.

				<p>Matching Requirement: Each State partnership receiving a planning grant shall provide an amount, in cash or in kind, that is not less than 15 percent of the amount of the grant</p>	<p>skilled health care workforce and strengthen partnerships. (4) Describe the academic and health care industry skill standards for high school graduation, for entry into postsecondary education, and for various credentials and licensure. (5) Describe State secondary and postsecondary education and training policies, models, or practices for the health care sector (6) Identify Federal or State policies or rules to developing a coherent and comprehensive health care workforce development strategy and barriers and a plan to resolve these barriers. (7) Participate in the Administration's evaluation and reporting activities.</p>	
<p>Support for Pregnant and Parenting Teens and Women</p>	<p>Due Date: August 2, 2010</p>	<p>To seek proposals from States to develop and implement activities to assist pregnant teens and women who have made the decision to carry their pregnancies to term and parenting teens and women</p>	<p>Type of Award: Grant Estimated Available Funds: \$24 M Maximum Award: \$2 M Estimated # of Awards: 24</p>	<p>Any State, which includes the District of Columbia, any commonwealth possession, or other territory of the United States, and any Indian tribe or reservation, is eligible to apply for a grant under this announcement. A signed letter from the authorized State representative must accompany the application; it should include documentation establishing the authorized representative's authority to apply for and administer the grant funds on behalf of the State. Agencies that might apply on behalf of the State could include, but are not limited to the following types of State entities: state education, human services or health agencies.</p> <p>Matching Requirement: none</p>	<p>States may propose to use grant funds to carry out the any or all of the following activities: (1) Support for pregnant and parenting services at institutions of higher education (2)Support for pregnant and parenting teens at high schools and community service centers (3)Improving services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking (4) Increasing public awareness and education</p>	<p>Communities should assess which state agencies are applying for the Support for Pregnant Teens and Women funding opportunity. Communities can then work with state agencies to determine which of the grant supported activities such as support for pregnant and parenting services at institutions of higher learning are best aligned with community needs.</p>

Teaching Health Center Development Grants	Due Date: December 30, 2010	To provide graduate medical education payments to support community-based training. Teaching Health Center Graduate Medical Education payments will cover the costs of new residency programs in community-based ambulatory primary care settings such as health centers. Payments will be made for direct expenses and for indirect expenses to qualified teaching health centers that are listed as sponsoring institutions by the relevant accrediting body for the expansion of existing, or establishing of new approved, graduate medical residency training programs.	Type of Award: Estimated Available Funds: \$230 M	Teaching health center applicants must be: a federally qualified health center, community mental health center, a rural health clinic, a health center operated by the Indian Health Service, and an entity receiving funds under title X of the Public Health Service Act.	Funds may be used to establish or expand a primary care residency training program and includes costs associated with-curriculum development, recruitment, training and retention of residents and faculty, accreditation by the Accreditation Council for Graduate Medical Education, the American Dental Association and the American Osteopathic	Communities should keep in mind this opportunity will help to expand patient centered medical homes in their communities.
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Funding Opportunity	Important Dates	Purpose	Grant Type/Amount	Eligibility	Requirements	Community Implications
Community Based Collaborative Care Network Program	No Guidance	A community based collaborative care network shall be a consortium of health care providers with a joint governance structure(including providers within a single entity) that provides comprehensive coordinated and integrated health care services.	TBA	A network includes the following providers: A hospital that meets the criteria in section 1923(b) (1) of the Social Security Act 2. All Federally qualified health centers	Grantees may use funds for the following activities: (A) Assist low-income individuals to— (I) access and appropriately use health services; (ii) enroll in health coverage programs; and (iii) obtain a regular primary care provider or a medical home. (B) Provide case management and care management.(C) Perform health outreach using neighborhood health workers or through other means.(D) Provide transportation. (E) Expand capacity, including through the health, after-hours services or urgent care. (F) Provide direct patient care services.	Communities can assist the Community Based Collaborative Care Network in performing health outreach on the neighborhood level.
Community Health Teams	No Guidance	Establish a program to provide grants to or enter into contracts with eligible entities to establish community-based interdisciplinary, inter-professional teams, “health teams,” to support primary care practices, including obstetrics and gynecology practices, within the hospital service areas served by the eligible entities.	TBA	To be eligible to receive a grant or contract, an entity must: be a State or State-designated entity or be an Indian tribe or tribal organization; submit a plan for achieving long-term financial sustainability within 3 years; submit a plan for incorporating prevention initiatives and patient education and care management resources into the delivery of health care that is integrated with community based	A health team should: establish contractual agreements with primary care providers to provide support services; support patient-centered medical homes; collaborate with local primary care providers and existing state and community based resources to coordinate disease prevention, chronic disease management, transitioning between health care providers and settings and case management for patients, including	Communities can partner with the state-designated agency applying for the Community Health Team grant and ensure that the agency’s health care delivery integrates existing community resources and services.

				prevention and treatment resources, where available; ensure that the health team established by the entity includes an interdisciplinary, inter-professional team of health care providers, as determined by the Secretary; agree to provide services to eligible individuals with chronic conditions; submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.	children, with priority given to those amenable to prevention and with chronic diseases or conditions identified by the Secretary; in collaboration with local health care providers, develop and implement interdisciplinary, inter-professional care plans that integrate clinical and community preventive and health promotion services for patients, including children, with a priority given to those amenable to prevention and with chronic diseases or conditions identified by the Secretary; incorporate health care providers, patients, caregivers, and authorized representatives in program design and oversight; provide support necessary for local primary care providers; provide 24-hour care management and support during transitions in care settings	
Community Health Workforce- Promoting Positive Health Behaviors and Outcomes	No Guidance	Grants will be used to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of <i>community health workers</i>	TBA	Eligible applicants include a public or nonprofit private entity, a State or public subdivision of a State, a public health department, a free health clinic, a hospital or a federally qualified health center(FQHC)	Grants will be used to support community health workers –(1) to educate, guide and provide outreach community setting regarding health problems prevalent in medically underserved communities, particularly racial and ethnic minority populations. (2) to educate and provide guidance regarding effective strategies to promote positive health behaviors and discourage risky health behaviors (3) to educate and provide outreach regarding enrollment in health insurance including the Children’s Health Insurance Program under title XVIII of such Act and Medicaid under title XIX (4) to identify, educate, refer, and enroll underserved populations to appropriate healthcare services and to eliminate duplicative care(5) to educate, guide, and provide home visitation services regarding maternal health and prenatal care. Grantees must propose to (1) target geographic areas: with a high percentage of residents who are uninsured; with a high percentage of resident who suffer from chronic diseases; with a high infant mortality rate; (2) have experience providing	Community based organizations can apply directly for grants promoting positive health behaviors and outcomes. Organizations that have experience working with community health workers along with underserved populations will be well positioned when applying for this funding opportunity.

					health or health-related social services with underserved social services (3) have documented community activity and experience with community health workers.	
Patient-Centered Medical Homes	No Guidance	The ACA act established the Centers for Medicare & Medicaid Services a Center for Medicare and Medicaid Innovation (in this section referred to as the 'CMI') to increase innovation to promote broad payment and practice reform in primary care, including patient-centered medical home models for high-need applicable individuals, medical homes that address women's unique health care needs, and models that transition primary care practices away from fee-for-service based reimbursement and toward comprehensive payment or salary-based payment. Recently, the Multi-Payer Initiative supporting models of Patient-Centered Medical Homes was announced by HHS.	TBA	TBA	TBA	Patient-centered medical homes have the potential to improve primary care service delivery for community residents.