

## NATIONAL HEALTH CARE REFORM FUNDING OPPORTUNITIES RELEVANT TO CHILDREN

Attached is a summary chart of grant and other funding opportunities under the Patient Protection and Affordable Care Act (ACA) that we have identified as being of particular relevance to State policy makers working on children's health coverage. The ACA provides many grant and funding opportunities and the summary provided here is by no means an exhaustive list of all those available opportunities.

The chart provides the section of the legislation in the left hand column; the title of the provision and a brief description (unless the title is self-explanatory); whether funding is limited to states or if there are other eligible entities; whether the grant/funding will be competitively bid; whether the grant/funding opportunity is specifically stated in the legislation as being targeted for children only; information on the funding level and the availability of funds; and other helpful information and requirements of the provision.

It should be noted that many of these provisions will require the additional step of going through the appropriations process before funds become available, even when a level of funding is indicated. Grants needing to go through the appropriations process will have their funding characterized in one of three ways in this chart:

- No appropriation specified;
- Authorizes appropriation of necessary funds; or
- Authorizes appropriation of \$\_\_ million (see §5405 as an example).

Provisions in the chart for which funding is available and the additional step of going through the appropriations process is not required, are characterized in the funding column as:

- Appropriates \$\_\_ million for the period FY \_\_ to \_\_ (see § 4108 as an example).

This chart was prepared with support from the David and Lucile Packard Foundation, which has continuously supported NASHP's work to support and report on state children's coverage programs and initiatives since shortly after the enactment of the State Children's Health Insurance Program.

**Summary of Grant/Funding Opportunities Relating to Coverage of Children**

PPACA §	Demonstrations and Grant programs	Limited to States	Competitive or for All Comers	Child or MCH-specific	Appropriations	Requirements / Additional information
<b>Maternal and Child Health</b>						
2951	<p><b>Maternal, Infant and Early Childhood Home Visitation Grant.</b> Adds new section 511 to Title V to provide grants to states (or other eligible entity if state does not apply) to deliver services under early childhood home visitation programs to promote improvements in prenatal, maternal and newborn health, child health and development, parenting skills, school readiness, juvenile delinquency and family economic self-sufficiency.</p>	States get priority. State needs to apply by beginning of FY 2012 or nonprofits can apply.	Yes	Yes	Appropriates \$100M - FY 2010; \$250M - FY 2011; \$350M - FY 2012; \$400M - FY 2013; \$400M - FY 2014	(1) To receive funds for FY 2011, within 6 months (9/23/10), states must conduct statewide needs assessment; (2) must use evidence-based program or model; (3) priority must be given to serving high-risk populations defined in statute; (4) state/eligible entity must establish quantifiable, measureable 3- and 5-year benchmarks to demonstrate improvement in specified areas: maternal and newborn health, child injuries, abuse and neglect; school readiness; crime and domestic violence, family economic self-sufficiency; coordination and referrals for other community supports; (5) reports and corrective action plan required, if necessary; (6) maintenance of effort with respect to other early childhood home visitation programs applied; and, (7) must have a national research and evaluation component.
2952	<p><b>Support for Postpartum Depression.</b> Authorizes grants to eligible entities (including states and local gov'ts) to provide education and services with respect to diagnosis and management of postpartum conditions for individuals with or at risk for postpartum conditions and their families, including inpatient, outpatient and home-based services. HHS Secretary encouraged to continue and expand current activities to better understand cause, diagnosis and treatment and to conduct information and education programs.</p>	No	Yes	Yes	Authorizes appropriation of \$3M for FY 2010 and such sums as necessary for FY 2011 and 2012.	To be determined by HHS Secretary.
10211-10214	<p><b>Pregnancy Assistance Fund.</b> Establishes fund for grants to assist pregnant and parenting teens and women. States can use grants to provide matching funds to institutions of higher education and/or funding to high schools and community service centers for providing pregnant and parenting services. Funds also can be used for State Attorney General to assist Statewide offices in providing intervention and supportive social services for pregnant women who are victims of domestic violence, sexual assault or stalking as well as technical assistance to federal, state, tribal and local governments, law enforcement agencies and courts, appropriate professionals, nonprofits and faith-based organizations.</p>	Yes	Yes	Yes	Appropriates \$25M for each FY 2010 - 2019	

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	<b>Prevention and Public Health</b>					
4004	<b>Education and Outreach Campaign Regarding Preventive Benefits</b> -Not later than 1 year after enactment, there will be a national campaign established by the Secretary and implemented on health promotion and disease prevention. Each State required to design a public awareness campaign to educate Medicaid enrollees regarding the availability of preventive and obesity-related services.	Yes	Mandate	No	Authorizes appropriations of necessary sums.	
4204	<b>Demonstration Program to Improve Immunization Coverage.</b> Grants for demonstration programs to increase recommended immunization levels for children, adolescents and adults. Funds to be used to implement interventions recommended by the Task Force on Community Preventive Services or other evidence-based interventions.	Yes	All	No	Authorizes appropriations as necessary for FY 2010 through 2014.	
4201	<b>Community Transformation Grants.</b> CDC to award grants to states, local governments and community based organizations to promote evidence-based preventive health activities designed to reduce chronic disease, prevent secondary conditions, address health disparities and develop a stronger evidence-base of effective prevention programming. Funds to be used (1) to develop a Community Transformation Plan, including policy, environmental, programmatic and infrastructure changes needed to promote healthy living and reduce disparities, e.g., creating healthier school, work and community living environments; (2) to implement a variety of programs to achieve goals of program.	No	Yes	No	Authorizes appropriation of such funding as necessary for FY 2010 through 2014.	Grant recipients must: (1) demonstrate capacity to develop relationships with key stakeholders from multiple sectors within and beyond health care; (2) measure and provide annual report evaluating impact of grant program. Measures to include changes in weight, proper nutrition, physical activity, tobacco use, emotional well-being and mental health, and others; and, (3) participate in regional and national meetings and dissemination activities.
5313	<b>Grants to Promote the Community Health Workforce.</b> CDC to award grants to promote positive behaviors and outcomes for populations in medically underserved areas through community health workers. Funds to be used for education and outreach regarding prevalent health problems and effective strategies to promote positive health behaviors; for outreach regarding enrollment in health insurance, including Medicaid, CHIP and Medicare, as well as community-based programs and organizations; and to educate, guide and provide home visitation services regarding maternal health and prenatal care. Collaboration with academic institutions and one-stop delivery systems encouraged. Community health worker programs receiving funds also encouraged, but not required, to implement a process or outcome-based payment system rewarding community health workers for connecting underserved populations to appropriate services.	No	Yes	No	Authorizes appropriation of such funding as necessary for FY 2010 through 2014.	

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5405	<b>Primary Care Extension Program.</b> The purpose is to provide support to primary care providers to educate them about preventive medicine, health promotion, chronic disease management, mental and behavioral health services and evidence-based therapies and techniques to enable incorporation into provider practices and to improve community health by working with community-based health connectors, "Health Extension Agents," (HEAs). HEAs are community-based health workers who facilitate quality improvement or system redesign, including principles of patient-centered medical home, to improve primary care in culturally and linguistically appropriate ways and to improve linkages of primary care practices to diverse health system resources. Grants to establish state or multi-state Primary Care Extension Program Hubs to effectuate the program. 2 year planning grants; 6 year program grants; additional support in out years possible.	Yes	Yes	No	Authorizes appropriation of \$120M for FY 2011 and 2012 and such sums as necessary for FY 2013 and 2014.	Hubs must (1) include state health department, Medicaid agency, state-level agency administering Medicare, and departments of at least 1 health professional school that trains primary care providers; may include hospital associations, health professional societies, primary care practice-based research networks, state licensing boards, consumer groups, and other appropriate entities. (2) administer grant funds to county- or local-level Primary Care Extension Agencies (PCEA) to serve as a catchment area, and organize networks of PCEAs to disseminate information and best practices. (3) 10% cap on administrative expenses. Activities of PCEAs to (1) assist PCPs in implementing patient-centered medical home, (2) develop and support primary care learning communities, (3) participate in national network of the Hubs for determination of best dissemination mechanisms, and (4) develop plan for financial sustainability after 6 years. PCEAs may also provide technical assistance and support for community health teams established under section 3502, collaborate with local health departments, tribal entities, community health centers and agencies to identify community health priorities and local workforce needs and participate in corresponding local efforts, collect standard measure of provider feedback to aid in performance improvement, and develop measures to monitor program's impact.
4108	<b>Incentives for Prevention of Chronic Disease in Medicaid.</b> The purpose is to test approaches that may encourage behavior modification and determine scalable solutions. The program must have demonstrated success in one or more of the following: ceasing tobacco use; controlling/reducing weight; lowering cholesterol; lowering blood pressure; avoiding the onset of diabetes or improving the management of diabetes in the case of a diabetic.	Yes	Yes	No	Appropriates \$100 million for the 5-year period beginning January 1, 2011.	A State awarded a grant must conduct a related outreach and enrollment campaign to make beneficiaries and providers aware of the programs to be carried out under the grant. The requirements of section 1902(a) (1) (relating to state wideness) may be waived.
4206	<b>Demonstration Project Concerning Individualized Wellness Plan.</b> A pilot program for testing the impact of providing at-risk populations that use community health centers an individualized wellness plan designed to reduce risk factors for preventable conditions. The pilot will be with up to 10 community health centers.	No	Yes	No	Authorizes appropriation of necessary funds.	Wellness plan risk factors include weight; tobacco and alcohol use; exercise rates; nutritional status; and blood pressure. A control group for comparison is required for the identified risk factors.

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4306	<b>Funding for Childhood Obesity Demonstration Project.</b> This demonstration was authorized in section 401(e) of CHIPRA to develop a comprehensive and systematic model for reducing childhood obesity.	No	Yes	Yes	Appropriates \$25 million for the period of FY 2010 through 2014.	Eligible entities include: a) cities, counties or Indian tribes; b) local or tribal educational agencies; c) accredited universities, colleges, or community colleges; d) Federally-qualified health centers; e) local health departments; f) health care providers; g) community-based organizations; h) any other entities determined appropriate by the Secretary, including a consortia or partnership of eligible entities.
<b>Behavior modification</b>						
2953 (513)	<b>Personal Responsibility Education Grants.</b> The purpose is to implement "personal responsibility education programs" to educate adolescents on abstinence and contraception to prevent pregnancy and sexually transmitted diseases, including HIV-AIDS, and adulthood preparation subjects.	No, but only if state does not apply.	No	Yes	Appropriates \$75M for each FY 2010 through 2014. Certain amounts set aside for Indian Tribes and tribal organizations, for federal program support and evaluation, and for grants for innovative strategies.	Application must provide data on teen pregnancy and birth rates and trends; state goals for reducing such rates; plan for how allotment would be used to achieve goals, especially among vulnerable populations and those at highest risk, including youth in foster care, homeless youth, youth with HIV/AIDS, youth living in area with high rate of teen birth rates. Maintenance of effort applies, based on expenditures in FY 2009.
2954	<b>Abstinence Education.</b> Restores funding for abstinence education under section 510 of Title V. -	Yes	No	Yes	Appropriates \$50 million per year for FY 2010 through FY 2014	Per existing law.
<b>Health Homes</b>						
2703	<b>Health home for Medicaid Beneficiaries.</b> State plan option for Medicaid beneficiaries with chronic conditions to designate a health home. Provides 90% FMAP for provider reimbursement for medical home provider for 8 quarters. Individuals with 2 chronic conditions or 1 chronic condition plus at risk of 2nd qualify as well as individuals with one serious and persistent mental health condition qualify.	Yes	No	No	None needed - Funded through Title XIX match	To get planning grant, states must contribute state share. States can receive planning grant up to \$25M in federal matching funds.

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3021	<p><b>New waiver program under which Secretary may waive requirements of titles XI and XVIII and §§1902(a) (1) (state wideness), 1902(a) (13) (providing for process to determine institutional payment rates) and 1902(m)(2)(A)(iii)</b> The purpose is to develop, test and expand innovative payment and delivery arrangements to improve quality and reduce cost of care in Medicare, Medicaid and CHIP. Establishes Center for Medicare and Medicaid Innovation within CMS to administer the waiver program. Eighteen categories of possible model types explicitly included in the legislation, including models that (1) Promote broad payment and practice reform in primary care (patient-centered medical home models for high-need individuals, medical homes that address women’s unique needs, and models that transition PCPs away from FFS-based reimbursement toward comprehensive or salary-based payment;(2) Contract with groups of providers and suppliers to promote innovative care delivery models; (3) Promote care coordination between providers and suppliers that transition away from FFS-based reimbursement toward salary-based payment; (4) Promote greater efficiencies and timely access to outpatient services through models not requiring referral; and (5) Establish comprehensive payments to Healthcare Innovation Zones, consisting of groups of providers that together jointly deliver a full spectrum of integrated and comprehensive health care services while also incorporating innovative methods for clinical training of future health care professionals.</p>	Yes	Waiver application must be approved by Secretary	No	Appropriates \$5M for FY 2010 for design, implementation and evaluation of models and \$10B for ten-year fiscal periods beginning FY 2011-2019, FY 2020 - 2029. At least \$25M each year to be made available for design, implementation and evaluation of models.	Budget neutrality is not required, but Secretary must make affirmative finding that the model is expected to improve quality without increasing spending, reduce spending without compromising quality, or improve quality and reduce spending. Also requires Secretary to evaluate each model tested. Permits Secretary to issue regulations to expand (including nationwide) the duration and scope of a waiver model tested and/or a demonstration project under section 1866C provided efficacy conditions are met.
3502	<p><b>Community Health Teams.</b> Grants/contracts to states and tribes to establish community health teams to support the patient-centered medical home in primary care practices. These teams will support the development of medical homes by increasing access to comprehensive, community-based, coordinated care. Funds to be used to establish health teams to provide support and capitated payments to primary care providers.</p>	No	Yes	No	Authorizes appropriation of necessary funds.	Requires a plan (1) for achieving financial sustainability after 3 years; (2) to integrate prevention initiatives and patient education and care management resources with community-based resources where available; (3) health teams must include interdisciplinary, interprofessional providers; (4) must agree to provide services to individuals with chronic conditions; and, (5) health teams to enter into contractual relationships with providers and to collaborate with local providers and community resources to coordinate community preventive and health promotion services, disease prevention, chronic disease management, transitioning between providers and settings and case management for patients, including children, and other activities; <i>responsibility to establish a coordinated system of early identification and referral for children at risk for developmental or behavioral problems specifically included.</i>

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	<b>Oral Health</b>					
4102(a)	<b>Demonstration grants to demonstrate effectiveness of research-based dental caries disease management activities.</b> To be awarded through CDC. Entities eligible include clinics of state-owned or operated hospitals, state or local departments of health, community-based and private providers of dental services, educational institutions, and national organizations. Coupled with directive for national 5-year public education campaign to be in place within 2 years of enactment.	No	Yes	No	Authorizes appropriation of necessary funds.	
4102(b)	<b>School based sealant programs</b> – changes discretionary grants to states and Indian tribes for development of school-based sealant programs to mandatory grant to all states, territories and to Indian tribes, tribal organizations and urban Indian organizations.	Yes	No	Yes	Authorizes appropriation of necessary funds.	
4102(c)	<b>Cooperative agreements.</b> CDC to enter into cooperative agreements with states and tribes/tribal organizations to establish oral health leadership and program guidance, oral health data collection and interpretation (including determinant of poor oral health among vulnerable populations), a multi-dimensional delivery system for oral health, and to implement science-based programs (including dental sealants and community water fluoridation) to improve oral health.	Yes	No	No	Authorizes appropriation of necessary funds.	
	<b>Outreach and Enrollment/Communication</b>					
1561	<b>Health Information Technology Enrollment Standards and Protocols</b>					
10203	<b>CHIP Outreach Grants.</b> Extends grant program by 2 years (through 2015) and increases funding for outreach and enrollment to states and other eligible entities.	No	Yes	Yes	Appropriates an additional \$40 million.	
2793	<b>Health Insurance Consumer Information.</b> Grants to establish, expand, and provide for offices of health insurance consumer assistance/health insurance ombudsman programs.	Yes	No	No	Appropriates \$30 million for the first FY and authorizes appropriations as necessary for each subsequent FY.	To be eligible for a grant, a State shall designate an independent office of health insurance consumer assistance, or an ombudsman that, directly or in coordination with State health insurance regulators and consumer assistance organizations, receives and responds to inquiries and complaints concerning health insurance coverage with respect to Federal health insurance requirements and under State law.

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	<b>Payment Reform</b>					
2704	<b>Demonstration Project to Evaluate Integrated Care around a Hospitalization.</b> Establishes a demonstration project, in up to 8 states, to study the use of bundled payments for hospital and physician services under Medicaid.	Yes	Yes	No	No appropriation	The demonstration shall begin on January 1, 2012 and end on December 31, 2016.
2705	<b>Medicaid Global System Payment Demonstration Project.</b> Establishes a demonstration project, in up to 5 states, to adjust the payments made to an eligible safety net hospital system or network from a fee-for-service payment structure to a global capitated payment model.	Yes	Yes	No	Authorizes appropriation of necessary funds.	The demonstration projects are to operate from FY 2010 through FY 2012. During the testing period, budget neutrality requirements under section 1115 will not be applicable.
2706	<b>Pediatric Accountable Care Organization Demonstration Project.</b> Allows participating states to recognize pediatric medical providers who meet certain requirements as an accountable care organization for the purpose of receiving incentive payments, which equals a portion of savings generated by ACO.	Yes	No	Yes	Authorizes appropriations of necessary funds.	State must establish annual minimum savings under Medicaid or CHIP to be achieved by ACO to receive incentive payment. Program authorized from 2012 through 2016 and ACO must agree to minimum of 3 years participation. Secretary to establish guidelines to ensure comparable quality of care.
3021	<b>Encouraging Development of New Patient Care Models.</b> The Center for Medicare and Medicaid Innovation (CMI) shall test payment and delivery models to determine the effect of applying such models under the applicable title (includes titles XVIII, XIX and XXI).	No	Yes	No	Appropriates \$5 million for the design, implementation and evaluation of models for FY 2010. Not less than \$25 million out of appropriated amounts will be made available each subsequent fiscal year.	The Secretary shall select models where there is evidence that the model addresses a defined population for which there are deficits in care leading to poor clinical outcomes or potentially avoidable expenditures. Focus will be on models expected to reduce program costs under the applicable title, while preserving or enhancing quality of care. During the initial testing period, budget neutrality requirements under section 1115 will not be applied.

PPACA §	Demonstrations and Grant programs	Limited to States	Competitive or for All Comers	Child or MCH-specific	Appropriations	Requirements / Additional information
	<b>Workforce</b>					
5102	<b>State Health Care Workforce Development Grants.</b> To be administered by HRSA. Provides grants to State workforce investment boards to plan and implement comprehensive health care workforce development strategies at state and local levels. Planning grants up to \$150,000 for maximum of one year and implementation grants for up to 2 years, with possibility of additional funding for 1 year extension. Minimum of 60% of implementation grant funds must be reserved for regranting for regional partnerships to address workforce development needs and promote innovative career pathway activities.	Yes	Yes	No	Authorizes appropriation of \$8M for planning grants and \$150M for implementation grants for FY 2010 and necessary sums for future FYs.	(1) Grants are for state workforce investment boards, which to apply must include (or be modified to include) representatives of other specified stakeholders (health care employers, labor organizations, institutions of higher education, State Council, if exists, and appropriate philanthropic organization. (2) Planning grants require 15% state match. Implementation grants require 25% state match; can use other Federal or foundation funds. (3) Grant program is coupled with creation of National Health Care Workforce Commission (PPACA section 5101) as well as National and State and Regional Centers for Health Workforce Analysis (PPACA section 5103).
	<b>Non-State Grants and Funding Opportunities</b>					
	<b>Safety Net</b>					
5601	<b>Community Health Centers.</b> Additional funding to expand community health centers.	No	No	No	Authorizes appropriation of \$10B over 5 years.	
5208 (330A-1)	<b>Nurse managed health clinics.</b> Grant program to be administered by HRSA to develop clinics managed by advanced practice nurses to improve access to primary care and wellness services to underserved populations.	No	Yes	No	Authorizes appropriation of \$50M for FY 2010 and necessary sums for FY 2011 through 2014	
4101	<b>School-Based Health Clinics.</b> Grant program for operation and development of School-Based Health Clinics for preventive and primary health care to medically underserved children and families.	No	Yes	No	Appropriates \$50M for each FY 2010 through 2013	Funds may be used only for expenditures for facilities, equipment, or similar expenditures. Funds not to be used for personnel or to provide health services. 20 percent match is required.
10333	<b>Community Based Collaborative Care Networks -</b> Authorizes grants to support community-based collaborative care networks that provides comprehensive coordinated and integrated health care services (as defined by the Secretary) for low-income populations. Must include a hospital and all FQHCs in the community. Funds can be used to assist low-income individuals to provide or access services, medical home, care management, etc. as well as outreach and enrollment in health coverage programs.	Not for states	Yes	No	Authorizes necessary funding for FY 2011 - 2015.	Priority given to networks that include a county or municipal department of health.

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2705	<b>Medicaid Global System Payment Demonstration Project.</b> Establishes a demonstration project, in up to 5 states, to adjust the payments made to an eligible safety net hospital system or network from a fee-for-service payment structure to a global capitated payment model.	Yes	Yes	No	Authorizes appropriations of necessary funds.	The demonstration projects are to operate from FY 2010 through FY 2012. During the testing period, budget neutrality requirements under section 1115 will not be applicable.
<b>Workforce</b>						
5301	<b>Primary Care Training and Enhancement.</b> Within broader program to increase numbers of primary care providers, authorizes grants to hospitals, medical schools, physician assistance training programs and others approved by the Secretary to develop and implement a demonstration program providing training and continuing education to PCPs relevant to providing care in a patient-centered medical home.	Not for states	Yes	No	Authorizes appropriation of \$125M for FY 2010 and such sums as necessary for FY 2011 - 2014.	
5303	<b>Training in General, Pediatric and Public Health Dentistry.</b>	Not for states	Yes	No	Appropriates \$30 million for fiscal year 2010 and such sums as may be needed in subsequent years.	
5304 (340G-1)	<b>Alternative Dental Health Care Providers Demonstration.</b> Awards may be made to up to 15 eligible entities to establish training programs to train, or employ alternative dental care providers in order to increase access to dental services in rural and underserved areas.	No	Yes	No	Each grant shall not be less than \$4 million for the 5-year period during which the demonstration is being conducted. Authorizes appropriation of necessary funds.	Eligible entities include institutions of higher learning; public-private partnerships; Federally qualified health centers; Indian Health Service facilities or tribes or tribal organizations; State or county public health clinics; and public hospitals or health systems.
5306	<b>Mental and Behavioral Health Education and Training Grants.</b> Authorizes grants to institutions of higher education to support recruitment, education and clinical experience of students. Includes 2 programs specifically for expanding pool of mental health professionals working with children and adolescents.	Not for states	Yes	Yes	Authorizes appropriations of \$15M total for both pediatric programs for FY 2010 through 2013.	

