**Digital Innovation and Lifelong Learning Pilots**

**Questions and Answers**

*Last update July 15, 2019; newly answered questions are highlighted in green.*

*Questions and Answers are organized to mirror the structure of the RFQ*

**OUTCOMES and SUCCESS MEASURES**

**Q. Does the training have to lead to promotion AND wage gain? Or can it just achieve one of these two things?**

A. The purpose of this program is to prepare students for better paid jobs through career advancement. As detailed on page 6 of the RFQ, we will measure benefits to employers and participant employees including 1) the % of students who complete the program and earn a relevant credential and 2) the % of students who achieve a wage gain.

**BeEficiaries and Target Occupations**

**Q. Incumbent workers**

* **Must participants be incumbent workers?**
* **Is the goal of this initiative to create training for entry level workers in healthcare in MA in general or those already within an employer's workforce?**
* **Must they be employed by an employer partner on the team at the outset of their training? Must they remain employed with one of the employer partners once their training is complete?**
1. This pilot is designed for workers who are currently employed by the participating employers. They are the target group for “upskilling” to develop their skills for advancement and better paying jobs in their organizations. The programs should be designed based on the assumption that workers will continue to work at their current employer working towards a more advanced position. However, we know that individuals may make other plans and that they could change jobs.

**Q. Are you looking necessarily for each pilot to address different categories of workers? Are there priority occupations within healthcare?**

**Q. Is there a list of eligible occupations? Specifically interested to know if behavioral healthcare and addiction/substance use disorder treatment occupations are eligible.**

A. No we are not necessarily looking for each pilot to address a different worker occupation. As outlined in the RFQ, we will fund digital or hybrid competency-based programs for entry level incumbent workers from any of these parts of the health care industry: acute care, long term care, home care, behavioral health, community health, substance use and addiction services in order to train for health care occupations where there is a documented need and where a 6-18 month digitally enabled competency based education/training program can adequately prepare workers for advancement.

**Q. Do employees trained in this grant need to already be working in an entry level clinical care role such as CNA/HHA, etc., or could they be the employees of a healthcare facility that work in non-clinical entry level roles such as housekeeping or food service?**

A. Employees do not necessarily need to be working in an entry level **clinical care** role. They could be working in non-clinical roles. Of course, your proposed program will need to incorporate program elements necessary for building these non-clinical employees’ knowledge and skills in order to prepare them for promotion and advancement into healthcare professions.

**Q. Are our Interns considered “employees”?**

A. No, only regular payroll employees are eligible to participate in the Digital Innovation and Lifelong Learning Pilots.

**Q. The RFP states the intended participants of the training are entry-level healthcare workers. Would an LPN to RN online/hybrid project be considered or is the LPN role not considered an “entry level” position?**

A. Yes, we would consider LPN to RN proposals.

**Q. Are there particular industries that this RFQ is interested in addressing?**

A. This funding targets the **health care** industry, where economists project that there will be a gap of 43,000 workers by 2024 in the health care labor force.

**Q. What health care occupations are eligible for funding? In particular, is behavioral health care eligible?**

**A.** Yes, partnerships that propose to prepare incumbent health care professionals for careers in acute care, home care, long term care, community-based care, behavioral health, substance use and addictions services are all eligible to apply for the funds.

 As outlined on page 8 in the Section called “Beneficiaries” RFQ, the primary application criteria related to the target beneficiaries (e.g. prospective trainees) and the target occupations are that:

1. There is demonstrated evidence of need and sufﬁcient prospective demand for continued training to build career ladders in the target occupation.

2. The target participants are incumbent, entry level health care workers.

3. New programs may be designed to assist these workers to move up the career ladder in their existing occupations or prepare them to “cross” occupations into more advanced higher paying roles in other healthcare ﬁelds.

4. We envision that most of the beneﬁciaries will not yet have earned a college degree, though this is not a requirement.

**Program Elements**

**Q. It has been noted that the timeline for implementation is 18 months. Given that entry level healthcare staff may have significant barriers and challenges preventing them from completing a robust industry recognized credential within that time frame, is there an opportunity for project designers to extend this implementation period longer than 18 months (if there’s no additional costs to the grant), so that participants would have the time they need to complete a longer program?**

A. The intent of these pilots is to support the development of programs that can result in advancement and wage gains for workers by the end of the implementation phase of the grant period, which ends in June 2022.  If those outcomes were attainable by earning a micro-credential that was part of a longer path of study we would consider your proposal- but again these particular outcomes would need to be achieved within the implementation cycle and should be part of the initial design of the program that you develop.

**Q. I read recently in the updated Q & A that the expectation is that content would be made public at the completion of the program. Due to the certification and licensing process for many of our Healthcare programs, content is licensed through a certified credentialing entity which would preclude us from making content available to the public. Does this preclude us from participating in the DILL Pilot program?**

A. No, this would not preclude you from participating. Please include these assumptions in your Letter of Intent as recommended in the answer to the question on Page 4 that asks Who “owns” rights to the training materials after the grant is over?

**Q. What do you consider a micro-credential?**

A micro-credential represents that students have mastered a set of competencies that have recognized value among employers. While there is no single definition of a micro-credential, here is one that we consider relevant for this project [(Source](https://system.suny.edu/academic-affairs/microcredentials/definitions/%29)). The micro-credential:

* verifies, validates and attests that specific skills and/or competencies for a particular occupation or occupations have been achieved;
* is endorsed by the issuing institution;
* is designed to be meaningful to employers and of high quality.

**Q. Should the DILL Pilot workforce training articulate to a college degree program?**

A. The training for the incumbent workers for the DILL Pilots does not necessarily have to articulate to a college degree program.

**Q. Is there a minimum length requirement for programming?**

A. There is no minimum length. However, the program design needs to provide sufficient time for working adults to earn a credential that will enable them to earn more and become eligible for promotion.

**Q. I understand there is some flexibility around hybrid models that include some in-person class time. Is there a maximum amount of in-person time in mind?**

A. There is no maximum time for in-person class time but a substantial part of the program must be offered digitally.

**Q. For some employees, developing English language competency in a healthcare setting may be as much of a challenge as acquiring hard skills. ESOL training would be best offered in a classroom setting, so how would a hybrid model be considered?**

A. We recognize that gaining ESOL competency is a necessary requirement in some health care settings as an addition to hard skills. Thus your proposed program design could incorporate classroom based ESOL instruction in addition to competency based training. You may also want to consider exploring digital options as well. The timing and location of this training would need to conform to the participants’ work schedules. Offering ESOL classes to student cohorts during the work day is an option that employers sometimes offer as part of their workforce development services. It would be interesting to consider how digitally enabled language approaches might be incorporated!

**Q. What is the size of each student cohort you are anticipating?**

**Q. Is there a specific number of employees that need to be in the first cohort of the program?**

We have not set a **required** number of employees to be trained during the grant period. However, the program you propose to design should aim to educate/train a number of employees that would be greater than the number who could be trained in person for the same sum of money. In benchmarking the program costs to 6, 12 or 18 month Pell tuition rates (depending on the length of your program) the grant Applicant may be able to roughly calculate how many students could feasibly participate through a $150K allocation plus a 30% match.

**Q. Asynchronous instruction- can you please explain this more? Because there are clinical components to most of our healthcare programs, we need to work within a semester schedule. Classes would be online and accessible at the student's convenience but a cohort would need to attend clinical training at the same time. Is this acceptable?**

A. By "asynchronous instruction" we mean that working students will have access to participate in the digital portion of the courses based on their availability, including nights and weekends, rather than all participating in class sessions at the same time. There would, however, be benchmarked milestones to ensure that students are making progress within the course. If the design of your program also involves ‘hands on" clinical components, it is fine to propose that it operate within a semester schedule that would include scheduled clinical components for competency-based training or assessment. These clinical components you design will need to be organized - and scheduled - with the collaboration of employers so that target employees can continue working in their current positions while they are also engaged in the education/training you are proposing to design. These sort of detailed instructional design decisions will be a primary focus of the Program Design phase of the grant.

1. **Who “owns” rights to the training materials after the grant is over?**

A. The intent of these pilots is to create new digitally enhanced competency-based programs for the public domain. Therefore, our general expectation is that the curricula will become publicly available. If a prospective applicant has any particular concerns about sharing their curricula, they should articulate these concerns in the Letter of Intent.

**Q. Could paid internships be included in the blended learning?**

A. Yes, provided that these internships could be scheduled and organized so that the employees (students) can continue working and receiving their customary wage at the partner employers. In other words, the timing cannot conflict with employee’s paid time and would need to be coordinated with the employers. (NOTE: The design of the proposed program does not need to be finalized at the time of the LOI or RFQ submission. We intend partnerships to continue to refine their program design during the 6-month Program Design phase.)

**Partnership Participants and Roles**

**Q.   If all of the elements in the partnership requirements charts (on slide 14 of the webinar) are accounted for, does it matter if they exist within a different configuration?  (i.e. if there is a higher education institution partner that has experience delivering digital courses and an online platform for digital instruction AND a nonprofit training organization partner that employs staff with teaching expertise and offers robust student supports, will that meet the requirements even though all three elements don’t exist within one partner?)**

A. Yes, it is allowable to create a different configuration of responsibilities among the partners as long as the partners have the knowledge and capacity to provide the required element of the pilot.

**Q. Can we do a partnership with another employer?**

A. Yes, in fact the RFQ requires that at least 2 employers and a higher education or training organization must partner to develop the program. Page 9 of the RFQ outlines partnership participants and roles.

**Q. Are you giving priority to a specific type of employers - i.e. would you give priority to a hospital or hospital system versus a smaller community healthcare organization or smaller mental health agency?**

A. No, as long as an employer meets the requirements outlined on Page 10 of the RFQ we are not giving priority to any specific type of employer.

**Q. Can employers be large and mid-sized? (or small)**

A. As long as the employers each meet the requirements outlined on Page 10 of the RFQ we are not giving priority to any specific employer size. As part of their grant, the employers must identify how many incumbent employees would be eligible to participate in this program and how many vacancies they anticipate in the target occupations to ensure that there will be a sufficient pool of prospective students.

**Q. Might it be possible to consider a local Aging Service Access Point (ASAP) as an employer partner?**

A. No. Partnerships must include at least 2 employers as outlined on page 10 of the RFQ. Although the Aging Service Access Point could be a great partner as part of an overall pilot partnership to bring employers to the table, the design of this pilot envisions direct employer engagement for competency-based program design to support worker engagement and continued commitment to that advancement through implementation.

**Q. In our region there is a hospital group that consists of 5 autonomous hospitals. Would you count this as 1 employee partner or as 5?**

A. For the purposes of the grant each employer needs to have its own FEIN number. Thus, these hospitals would count as 5 separate employers if they each had a unique FEIN number.

**Q. About lead applicants: Who should be the lead applicant? Can the lead applicant be either the educator or the employer? Is there any preference for lead applicants to be from a certain sector?**

**Can the lead applicant be a higher education organization with substantial experience in this arena and have relationships with these other types of organizations?**

A. The lead applicant may come from any of the organizations forming the partnership that are listed on page 9 of the RFQ. The responsibilities of the lead applicant are outlined on page 10 of the RFQ and partners should select from among themselves the organization that has the capacity to fulfill those responsibilities.

**Q. Can we have a partnership from multiple departments within our organization?**

A Multiple departments may participate but they would be treated as a single employer for this grant application. As outlined on page 10 of the RFQ, the DILL Pilot requires that at least 2 employers participate who have vacancies/hiring needs in the target occupation and agree to use the new education program as a staff advancement/sourcing strategy.

**Q. Can a community college be the lead applicant on one DILL proposal, and a partner on a second DILL proposal?**

A. Yes, assuming that the applicant is participating in proposals for different programs.

**Q. Can we bring on a Trade Association as part of the partnership?**

A. Yes, as long as the other partners include at least 2 employers and a higher education institution or training organization

**Q. Can our proposal include more than one educational organization?**

Q. Yes, assuming that the educational organizations are all serving the same proposed program. If you anticipate including more than one educational organization, briefly outline their respective roles as part of your LOI.

**Q. Who qualifies as a training provider?**

A. While there is no formal definition, eligible "training providers" would be organizations with the capacity to offer digitally enabled, competency-based training and fulfill the other qualifications listed on page 10 of the RFQ under "A higher education institution or learning/training provider." Unless they are Title IV eligible, partnerships must propose how tuition might be subsidized after the grant.

**Q. Will grant funding be available for 501(c) 3 museums for adult learning programs?**

A. Funding for the DILL Pilots will support incumbent health care worker training in order to address the shortage of health care workers. The involvement of each organization must be part of a partnership working towards that specific goal.

**Q. Do employers have to pay into the MA Unemployment Insurance system in order to be qualified to apply for the DILL RFQ?**

A. No, employers do not need to pay into the **MA Unemployment Insurance system (and eligible to apply for Workforce Training Fund dollars) in order to be eligible to participate in this grant.**

**Q. We already have a pending application for the WCTF RFP for health care workers. Does this disqualify us from eligibility to submit an application for the DILL RFQ, which is funded in part with WCTF funds?**

A. No

**Q If we were funded for another WCTF grant, would we still be eligible (if selected) to receive funding from the DILL grant as well?**

A. Yes

**Co-Design and Implementation – A Two StaGe Development Process**

Q. How many meetings do you anticipate will be held during the Design Phase, and where will those meetings be located?

A. We anticipate organizing approximately 6-7 meetings over the course of 6 months involving teams from the pilots including (minimally) a lead agency representative, an employer representative and the leader of the course design for each pilot. The location of the meetings will be determined after the pilots are selected.

**Grant Funding: Allowable Uses, Match Requirements and Sustainability Strategy**

**Q. Regarding the required 30% match - if an employer has a student working as a Pharmacy Technician In-Training prior to completion of training, and prior to certification can the wages be counted as a match? (Essentially it is on the job training.)**

A. Yes, if an employer is receiving compensation for on the job training for the target occupation during the pilot their wages can be counted towards the implementation match.. The partnership would still need to provide a 30% match-  totaling $15,000 - towards the $50,000 Program Design funding.

Q. Can you please clarify what you mean by the 30% match?

A. As outlined on page 12 of the RFQ, Partnerships will be required to provide a 30% match of total awarded funds both during the Program Design and Implementation Phases. Match may be cash or in-kind or some combination and may include:

• Staff time to engage in program design
• Anticipated travel expenses
• Rent and associated operating costs not charged to the grant
• Other expenses related to designing or delivering a cohort-based coaching, training and placement model

**Q. Is the 30% match for each partner organization or divided among the three? Does the 30% contribution have to be from all involved partnership members, just the lead, or a mix?**

A. The 30% match represents the partnership’s total contribution. There is no mandated formula for which organizations supply the match. It can come from a single partner or some combination of the partners, depending on their wishes and resources.

**Q. Can you clarify the match and tuition portion. If the grant is $200K, does that mean a firm will need to match ~$70K over two years plus tuition costs incurred by employees?**

A. The match requirement means that the grantee partners must contribute 30% of the total grant in cash or in-kind services. Although tuition support might be part of their contributed match, the grantees would not be expected to provide additional tuition funding in addition to their match.

**Q. Wrap around services are key. Is there any provision for [using the grant] for internet connection and laptops for participants?**

A. Grantees will develop an implementation budget during the Program Design phase that supports the program by including sufficient funding for tuition support as well as wrap around services. There is no prohibition against supporting internet connection and laptops for participants as part of the budget. All grant budgets will need to be reviewed and approved by the funder during the design and implementation phases.

**Q. Are the integrated wrap-around support costs supposed to be embedded within the $6,100 per year cost per participant?**

A. We hope that the Pell benchmark **per pupil** cost will be sufficient to include both tuition and wrap around support services costs in order to ensure that overall program costs remain affordable. However, the Pell benchmark is a suggested target and not a mandate as it is possible that some programs may cost more to operate. In the LOI, please share how many students you intend to engage with the implementation funds (totaling $150,000 plus 30% match) and provide a preliminary per student cost estimate along with any rationale for why per student costs for tuition and wrap around. During the Program Design phase, grantees will work with the funder to develop a detailed budget that addresses these issues.

**Q. Please describe any percentage share between the cost to student vs. cost to employers?**

A. The grant does not contemplate that students, who earn low wages, will contribute to the cost of their participation during the pilot grant period. However, a partnership may propose that students contribute funds for their involvement as long as the partnership documents that they have solicited feedback from potential participants during the design to assess the universal feasibility and affordability of this arrangement

**Q. Are we able to get further info on the option for financial aid for certificate or other credentials at higher ed institution that would be stackable for associates?**

A. We encourage you to think about designing a program that falls within the eligibility rules for Title IV of the Higher Education Act and to work with your higher education or training partner to assess whether and how your program could provide "stackable" credentials for an Associates or Bachelors required through Title IV. In addition, we also encourage you to explore whether the employer partners within your partnership could provide tuition reimbursements to subsidize future employees’ participation. As described on the webinar, Commonwealth Corporation is also exploring policy innovations and funding sources such as Income Share Agreements that may provide new financial aid streams for non-degree programs.

**APPLICATION AND SELECTION PROCESS**

**Q. To whom shall we address the Letter of Intent?**

A. Please address the letter to J.D. LaRock, President & CEO, Commonwealth Corporation

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| **Q. What are the requirements for the Letter of Intent (LOI)?** |

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| A. Please refer to pages 15-16 of the RFQ for the full list of requirements.**Q. How long is a required LOI, and could you please reconfirm the necessary components of the LOI?** A. Your Letter of Interest narrative should be no more than 4 pages long and be submitted on theLead Organization’s letterhead. Please refer to pages 15-16 of the RFQ for an outline of the full requirements. |  |

**Q. Can one institution submit more than one proposal? Or be part of more than one?**

A. Yes, assuming that the institution is submitting proposals on behalf of different training programs that will create pathways for different occupations.

**Q. Do all of the members of our partnership need to be listed on the letter of intent?**

A. As outlined on pages 15-16 of the RFQ, the Letter of Intent must include at least 2 employers and a higher education organization or training provider – e.g. the primary partners. Initial decisions about whether to invite applicants who have submitted a letter of intent to apply for the full application will be made in part based on this list of partners. Other partners may be added to the partnership through the final application submission or later in the design process.