FY2024 PATH Program Design

I. PURPOSE:

To create, support, and expand the opportunities of individuals in the nursing pathway and select healthcare pathways to obtain credentials and degrees that allow them to enter and/or advance their careers in the healthcare industry. Additionally, this program aims to address the shortage of workers in the healthcare industry that have been exasperated by the COVID-19 pandemic.

II. FUNDING:

Anticipated Funding Available

Twenty-five (25) million dollars for a grant period of July 1, 2023-June 30, 2024.

Funding only available upon appropriation by the General Assembly.

Allocation Methodology

Public Act 102-0699 authorizes the ICCB to develop a funding formula to distribute funds for the Illinois Pipeline for the Advancement of the Healthcare (PATH) Workforce Program. Funding is available for all 39 community college districts. Allocations are calculated with a base allocation and an additional amount based upon program completions in eligible healthcare programs, with priority programs weighted higher within the allocations.

- 1. Base Funding: \$100,000 per district base allocation.
- 2. **Prioritized Programs:** The number of completers in the most recent completed Academic Year for which ICCB has collected data, weighted for high need prioritized programs. Table 1 details the 7 Classification of Instructional Programs (CIP) codes that prepare students for employment in healthcare occupations.

Program Title	CIPS
Emergency Care Attendant (EMT / Ambulance).	510810
Emergency Medical Technology/Technician (EMT Paramedic).	510904
Respiratory Care Therapy/Therapist.	510908
Registered Nursing/Registered Nurse.	513801
Perioperative/Operating Room and Surgical Nurse/Nursing.	513812
Licensed Practical/Vocational Nurse Training.	513901

Nursing Assistant/ Aide and Patient Care Assistant/ Aide.513902

3. **Included Programs:** Other programs that are in the healthcare pathway (*see all other eligible programs in Table 3*), in the most recent completed Academic Year for which ICCB has collected data, weighted at approximately 2/3 the amount of funding per completion, compared to the prioritized programs.

The funding formula for the PATH program was approved at the June 17, 2022 ICCB Board meeting.

Allocations will be published on the ICCB website: <u>http://www2.iccb.org/iccb/path/</u>.

Allowable and Unallowable Costs

Grant recipients must adhere to the Illinois Grant Funds Recovery Act. Generally, colleges should consider capacity-building activities as well as broad, wrap around services and supports for students as a key part of program development.

TABLE 2: ALLOWABLE EXPENDITURE CATEGORY GUIDELINES			
Compensation— Personnel 2 CFR 200.430	Compensation for personnel services includes all remuneration, paid currently or accrued, for services of employees rendered during the period of performance, including but not necessarily limited to wages and salaries.		
Compensation— Fringe Benefits 2 CFR 200.431	Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to, the costs of leave (vacation, family-related, sick or military), employee insurance, pensions, and unemployment benefit plans. Except as provided elsewhere in these principles, the costs of fringe benefits are allowable provided that the benefits are reasonable and are required by law, employee agreement, or an established policy of the entity.		
Travel Costs 2 CFR 200.474	Travel costs are the expenses for transportation, lodging, subsistence, and related items incurred by employees who are in travel status on official business. Such costs may be charged on an actual cost basis, on a per diem or mileage basis in lieu of actual costs incurred, or on a combination of the two, provided the method used is applied to an entire trip and not to selected days of the trip.		
Equipment 2 CFR 200.33	Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. Please also see 2 CFR §200.439 Capital Expenditures.		

Supplies 2 CFR 200.94	All tangible personal property [other than those described in §200.33 Equipment]. Generally, supplies include any materials that are expendable or consumed during the course of the grant.		
Contractual Services 2 CFR 200.318	All products or services which are procured by contract. "Contract" means a legal instrument by which an entity purchases property or services needed to carry out the project or program.		
Training and Education 2 CFR 200.472	The cost of training and education provided for employee development.		
Indirect Cost	 In order to charge indirect costs to a grant, the applicant organization must have an annually negotiated indirect cost rate agreement (NICRA). There are three types of NICRA's. Federally Negotiated Rate. Organizations that receive direct federal funding may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. ICCB will accept the federally negotiated rate. State Negotiated Rate. The organization must negotiate an indirect cost rate with the State of Illinois if they do not have a Federally Negotiated Rate or elect to use the De Minimis Rate. The indirect cost rate proposal must be submitted to the State of Illinois within 90 days of the notice of award. De Minimis Rate. An organization that has never received a Federally Negotiated Rate may elect a De Minimis rate of 10 percent of modified total direct cost (MTDC). Once established, the De Minimis rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDS annually in order to accept the De Minimis rate. 		
Other Expenditures	Must first be approved in writing by appropriate ICCB staff. Please include a short description of any costs listed under this Budget Category.		

III. PROGRAM DESCRIPTION:

All programs developed or supported through this initiative should be a part of a career pathway that allows participants to obtain an industry-recognized credential and/or a community college certificate in the shortest possible time while maintaining quality instruction and enhancing the participant's eligibility for employment in the healthcare sector (particularly CNA, LPN, RN). Eligible programs to be supported are included below. Programs may be credit or non-credit.

Target Population

This initiative aims to meet unmet healthcare community and employment needs by increasing enrollment and retention in nursing and other healthcare pathways, specifically for underrepresented groups of students who might not otherwise be successful or able to enroll in healthcare programs. The project would focus on three populations:

- 1) **Incumbent workers** who are already in the workforce looking to continue their education and advance their careers in the nursing or healthcare pathway in Illinois.
- 2) New, entering students on a nursing or healthcare pathway with an identified need for support.
- 3) Low-income, first generation, and minority students as a subset of both of the aforementioned target population categories.

PATH-Eligible Programs

Table 3 lists the programs (credit and/or non-credit) that can be supported by PATH funding. The Table provides the program name, associated CIP, and whether the program is a "priority" program for allocation purposes. Colleges will be required to specifically address all non-credit programs proposed for funding, in their implementation plans.

Program	CIPS	PATH Eligibility
Health Services/Allied Health/ Health Sciences, General.	510000	Included
Hospital and Health Care Facilities Administration/ Management.	510702	Included
Health Unit Coordinator/Ward Clerk.	510703	Included
Medical Office Management/ Administration.	510705	Included
Health Information/Medical Records Administration/ Administrator.	510706	Included
Health Information/Medical Records Technology/Technician.	510707	Included
Medical Transcription/ Transcriptionist.	510708	Included
Medical Office Assistant/Specialist.	510710	Included
Medical Reception/Receptionist.	510712	Included
Medical Insurance Coding Specialist/Coder.	510713	Included
Medical Insurance Specialist/Medical Biller.	510714	Included
Medical Administrative/Executive Assistant and Medical Secretary.	510716	Included
Medical Staff Services Technology/Technician.	510717	Included
Disease Registry Data Management.	510721	Included
Long Term Care Administration/Management	510718	Included
Medical/Clinical Assistant.	510801	Included
Clinical/Medical Laboratory Assistant.	510802	Included
Occupational Therapist Assistant.	510803	Included
Pharmacy Technician/Assistant.	510805	Included
Physical Therapy Assistant.	510806	Included
Anesthesiologist Assistant.	510809	Included
Emergency Care Attendant (EMT \Ambulance).	510810	Included; Weighted
Allied Health and Medical Assisting Services, Other.	510899	Included
Cardiovascular Technology/Technologist.	510901	Included
Electrocardiograph Technology/Technician.	510902	Included
Electroneurodiagnostic/Electroencephalographic Technology/Technologist.	510903	Included

Emergency Medical Technology/Technician (EMT	· ·	
Paramedic).	510904	Included; Weighted
Nuclear Medical Technology/Technologist.	510905	Included
Medical Radiologic Technology/Science - Radiation Therapist.	510907	Included
Respiratory Care Therapy/Therapist.	510908	Included; Weighted
Surgical Technology/Technologist.	510909	Included
Diagnostic Medical Sonography/Sonographer and Ultrasound Technician.	510910	Included
Radiologic Technology/Science - Radiographer.	510911	Included
Polysomnography.	510917	Included
Mammography Technology/Technician.	510919	Included
Magnetic Resonance Imaging (MRI) Technology/Technician.	510920	Included
Clinical/Medical Laboratory Technician.	511004	Included
Histologic Technician.	511008	Included
Phlebotomy Technician/Phlebotomist.	511009	Included
Sterile Processing Technology/Technician.	511012	Included
Substance Abuse/Addiction Counseling.	511501	Included
Psychiatric/Mental Health Services Technician.	511502	Included
Community Health Services/Liaison/ Counseling.	511504	Included
Mental Health Counseling/Counselor.	511508	Included
Mental and Social Health Services and Allied Professions, Other.	511599	Included
Health Aide.	512601	Included
Home Health Aide/Home Attendant.	512602	Included
Registered Nursing/Registered Nurse.	513801	Included; Weighted
Perioperative/Operating Room and Surgical Nurse/Nursing.	513812	Included; Weighted
Licensed Practical/Vocational Nurse Training.	513901	Included; Weighted
Nursing Assistant/ Aide and Patient Care Assistant/ Aide.	513902	Included; Weighted

Program Strategies

This program models the <u>Workforce Equity Initiative</u>, a statewide grant program focused on expanding short-term training opportunities for minority students in underinvested communities by providing comprehensive wraparound support and career services. For this program, the target populations are expanded to include low-income students, first-generation students, and entry-level incumbent workers. Also supported in WEI, the PATH program adopts the use of <u>career pathways</u> as an overarching strategy to address pain points in the healthcare talent pipeline as well as issues of equity within preparation and employment. Strategies and allowable uses of funds are purposefully broad and flexible to allow for innovation and discretion by each college. Both *credit and non-credit programs, as identified by the Approved CIP list (Table 3),* can be supported through this initiative. Colleges should tailor strategies to the needs of their local community and employers.

Potential and impactful strategies include:

- *Recruitment and Outreach* expanding current recruitment and outreach efforts, building community rapport, hiring program recruiters, collaborative partnerships to access new talent pools and additional program on-ramps
- Accelerated Learning Strategies developing, implementing, and expanding dual credit pathways, bridge programming, integrated education and training, competency-based education programs, stackable credentialing, creating smooth transitions between non-credit and credit, improving the use of PLA
- *Capacity-Building Activities* developing or expanding program/section offerings, mitigating clinical availability, hiring additional staff and instructors, staff retention efforts, professional development for faculty and staff, purchasing/upgrading equipment, expanding lab capacity
- *Work-Based Learning* developing and offering internship, pre-apprenticeship, apprenticeship and opportunities
- *Wraparound Support Services* offering academic and non-academic supports- tutoring, childcare, financial support through stipends and last dollar tuition assistance, transportation, transition services for individuals with disabilities, etc.
- *Partnerships and Collaboration* With universities to deliver the BSN, with CBOs to deliver support services or build on-ramps, with employers, coordination and referrals with the local One Stop Center
- *Customized Training* Incumbent worker training or customized training, intentional integration of essential employability skills training, modularized training programs, skills remediation and course preparation

IV. PERFORMANCE AND REPORTING:

Program Metric: Number of Completions

To assess the extent to which the program is successful in preparing more individuals for employment in the healthcare field, districts will be held to a performance target for completions. Data will be disaggregated by race, ethnicity, gender, whether a student is a new entrant or incumbent worker, and income (Pell status) for the purposes of identifying opportunities to address equity gaps.

Completion is defined as a student who completes a PATH-eligible program within the Academic Year, culminating in a credential. This is a duplicated count, for example, meaning that if a student completes a 16-week program in the fall semester and then transitions into another eligible program in the spring semester and completes, the student would be counted for two completions. The ICCB has set completion targets for each district based on the most recent academic year's completions, representing an approximate growth of 15%. ICCB will communicate these targets to each individual district.

Other data including enrollment, retention, and percentage of students employed post-completion will be captured to measure the success of the grant program or identify opportunities for

improvement. While most of these data will be collected through regular ICCB MIS submissions, data via quarterly reporting or other supplemental reports may be requested throughout the fiscal year.

- <u>Enrollment</u> is defined as number of full-time and part-time students enrolled in eligible PATH programs.
- <u>Full-time Retention</u> is defined as new (i.e., first-time), full-time certificate/degree students in the Fall (denominator) that are retained the following Fall (numerator). Also included in the numerator are students that graduated during the academic year of enrollment. A variety of community college certificate programs can be completed in an academic year and, thus, there is not a need to re-enroll the following Fall.
- <u>Part-time Retention</u> is defined as new (i.e., first-time), part-time certificate/degree students in the Fall (denominator) that are retained the following Fall (numerator). Also included in the numerator are students that graduated during the academic year of enrollment.
- <u>Student Employed</u> will be captured through a data match with IDES.

Other Deliverables

Districts will carry out activities as described in their approved Implementation Plan to meet the goals of the PATH program.

In addition to program-specific activities, districts will be required to participate in grant meetings, professional development, and technical assistance as designed by the ICCB and its partners. For FY2024, the ICCB is convening learning communities based on areas of interest, identified as Innovative Strategy Cohorts. Districts will be required to participate in one Cohort. The three Innovative Strategy Cohorts are:

- 1. Competency-based Education
- 2. Apprenticeships
- 3. Rural Development

Reporting

Institutions will be required to report on the identified data points above via three mechanisms:

- Quarterly programmatic and financial reports as required by the ICCB to <u>iccb.grantpayments@illinois.gov</u>.
- Annual submissions through the regular ICCB MIS submissions, including any supplemental (and more current) attachments specific to the funded Healthcare Pathway Projects.
- Any additional supplemental reports as required by the ICCB.

FY2024 Reporting Schedule for the PATH Program			
Quarter	Period	Date Due	
1	July 1 – September 30, 2023	October 30, 2023	
2	October 1 – December 31, 2023	January 30, 2024	
3	January 1 – March 31, 2024	April 30, 2024	
4	April 1 – June 30, 2024	July 30, 2024	

V. IMPLEMENTATION PLANNING

In order to receive funding under the PATH Program, districts must complete and submit an Implementation Plan, along with supporting documents. Document templates can be found on the ICCB website: <u>http://www2.iccb.org/iccb/path/</u>.

Summary of documents to be submitted to ICCB.

- 1. Uniform Application Cover Page- template provided
- 2. Implementation Plan *template provided*
- 3. Uniform Budget *template provided*

VI. Agency Contact(s)

Project Lead(s):

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Report Submission/Budget Modification/ Payment Requests:

Iccb.grantpayments@illinois.gov