
U.S. DEPARTMENT OF LABOR
Office of Disability Employment Policy
NOTICE OF AVAILABILITY OF FUNDS AND FUNDING
OPPORTUNITY ANNOUNCEMENT FOR:
Retaining Employment and Talent After Injury/Illness Network
(RETAIN) Demonstration Projects

MAY 24, 2018
U.S. DEPARTMENT OF LABOR
200 Constitution Avenue, NW
Washington, DC 20210

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Office of Disability Employment Policy

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Retaining Employment and Talent After Injury/Illness Network (RETAIN) Demonstration Projects

ANNOUNCEMENT TYPE: *Initial*

FUNDING OPPORTUNITY NUMBER: *FOA-ODEP-18-01*

CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER: *17.720*

KEY DATES: *The closing date for receipt of applications under this Announcement is **July 23, 2018**. We must receive applications no later than **4:00:00 p.m. Eastern Time**.*

ADDRESSES: *Address mailed applications to:*

***The U.S. Department of Labor
Employment and Training Administration, Office of Grants Management
Attention: Jimmie Curtis, Grant Officer
Reference FOA-ODEP-18-01
200 Constitution Avenue, NW, Room N4716
Washington, DC 20210***

For complete application and submission information, including online application instructions, please refer to Section IV.

The U.S. Department of Labor's Employment and Training Administration is responsible for the Office of Disability Employment Policy's grant award process.

EXECUTIVE SUMMARY

The Office of Disability Employment Policy (ODEP), in collaboration with the Employment and Training Administration (ETA), U.S. Department of Labor (DOL, the Department, or we), and the Social Security Administration (SSA) announce the availability of approximately \$20,000,000 in funds authorized by Section 169, subsection (b)(5), of the Workforce Innovation and Opportunity Act (WIOA), Section 1110 of the Social Security Act, and Consolidated Appropriations Act of 2018 to plan and conduct pilot demonstration projects in Phase 1 of RETAIN – the Retaining Employment and Talent after Injury/Illness Network. A subset of Phase 1 RETAIN awardees will competitively receive Phase 2 RETAIN cooperative agreements and funds to implement projects at full scale. DOL will award all funds and administer all cooperative agreements in both phases of RETAIN.

RETAIN Demonstration Projects will test the impact of early intervention strategies that improve stay-at-work/return-to-work (SAW/RTW) outcomes of individuals who experience an injury or illness while employed. RETAIN projects will address both on-the-job and off-the-job injuries and illnesses. Individuals participating in RETAIN must be employed, or at a minimum in the labor force, at the time of the injury or illness onset.

Central to these projects is the early coordination of health care and employment-related supports and services to help injured or ill workers remain in the workforce. These supports and services include training in occupational health best practices for participating health care providers, active involvement of a Return-to-Work Coordinator throughout the medical recovery period to facilitate continued employment, enhanced stakeholder engagement and communication, and retraining and rehabilitation services.

To accomplish this, successful applicants will provide services through an integrated network of partners that includes close collaboration between state and/or local workforce development entities, health care systems and/or health care provider networks, and other partners as appropriate.

The RETAIN Demonstration Projects will be funded in two (2) phases. This FOA covers Phase 1. The initial period of performance (Phase 1) is eighteen (18) months and includes planning and start-up activities, including the launch of a small pilot demonstration. The small pilot demonstration must begin within nine (9) months of the award or immediately after the Office of Management and Budget (OMB) provides Paperwork Reduction Act approval for the project's information collection, whichever occurs later. We expect to provide approximately \$2,500,000 each to up to eight (8) state workforce agencies in the form of cooperative agreements for Phase 1. The state workforce agencies must partner with the State Health Departments, or equivalent entities generally responsible for managing, regulating, or influencing the provision of health services; health care systems practicing coordinated care and population health management; and the State Workforce Development Board. Expenditures for planning activities are limited to \$1,000,000, leaving a minimum of \$1,500,000 for pilot implementation.

The RETAIN Program Technical Assistance (TA) Provider will assist awardees with planning, start-up, and pilot requirements during Phase 1. The RETAIN Program TA Provider will also conduct an assessment of the Phase 1 awardees' ability to implement the project.

Awardees must participate in the RETAIN independent evaluation. In Phase 1, the external independent evaluator will design the evaluation and conduct an evaluability assessment of the projects. During Phase 2, the independent evaluator will conduct an evaluation of the demonstration projects. More information about the RETAIN TA Provider and the independent evaluation follows in Section III.F.

At the conclusion of the initial period of performance, up to four (4) Phase 1 awardees will be awarded supplemental funding of up to \$19,750,000 each to implement the demonstration projects during Phase 2 through a separate competition. Awardees will continue receiving support from the RETAIN Program TA Provider. If funds are available in future years, DOL may award additional Phase 2 cooperative agreements to Phase 1 awardees not initially selected for Phase 2. More information on the two-phased funding process is in Section II.A and II.B.

DOL will host a prospective applicant webinar for this competition. The date, time, and other logistical information will be posted on ODEP's website at <https://www.dol.gov/odep>.

I. FUNDING OPPORTUNITY DESCRIPTION

A. PROGRAM PURPOSE

This Announcement solicits applications for Phase 1-RETAIN Planning and Pilot cooperative agreements for the RETAIN Demonstration Projects. The purpose of the RETAIN initiative is to implement and evaluate promising SAW/RTW early intervention strategies to support injured or ill workers in remaining at or returning to work. The awardees will accomplish this by providing coordinated health and employment services for up to six (6) months¹ that support labor force attachment.

Successful applicants will provide services through an integrated network of partners that includes close collaboration between state and/or local workforce development entities, health care systems and/or health care provider networks, and other partners (e.g., employers or insurers) as appropriate. If additional services are required after six (6) months, participants will be referred to non-RETAIN-funded services.

The RETAIN Phase 1 cooperative agreements provide funding to conduct planning, infrastructure development, and pilot activities necessary to prepare for possible competitive selection to participate in Phase 2 of the initiative, which will include program implementation of the demonstration project and participation in the related independent evaluation. Additional information on the two-phased funding process is provided in Sections II.A and II.B.

The primary goals of the RETAIN Demonstration Projects are:

1. To increase employment retention and labor force participation of individuals who acquire, and/or are at risk of developing, work disabilities;² and
2. To reduce long-term work disability among project participants, including the need for federal disability benefits (i.e., Social Security Disability Insurance [SSDI] and Supplemental Security Income [SSI]).

The ultimate purpose of the demonstration is to validate and bring to scale evidence-based strategies to accomplish these goals.

¹Studies show that the likelihood of a return to full employment drops significantly after six months of absence, and the odds of a worker ever returning to work drop 50 percent by just the 12th week after injury or illness onset. In the experience of one insurance provider, targeting injuries or illnesses early – from day one to six months out – can dramatically impact medical costs and the length of time off work. We anticipate many worker participants will not require the full six (6) months of allowed services. Source: Zurich Insurance and Disability Management Employer's Coalition. 2015. "Early Intervention & RTW Best Practices." Available online at http://www.dmec.org/wordpress/wp-content/uploads/2015/08/Zurich-Whitepaper_Early-Intervention-RTW-Best-Practices.pdf.

² For the purposes of this FOA, the term "work disability" is defined as an illness, injury, or medical condition that has the potential to inhibit or prevent continued employment or labor force participation, and "federal disability benefits" refers specifically to the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs. See <https://www.ssa.gov/disability/> for more information on SSDI and SSI.

B. BACKGROUND AND INTERVENTION DESIGN

The RETAIN Demonstration Projects will test the effects of the provision of comprehensive, coordinated health and employment-related services and supports to injured or ill workers who have acquired, or are at risk of developing, a work disability. Information about the need for early intervention among this population is included in [Appendix A](#).

This FOA solicits innovative proposals to create systems changes by developing and implementing partnerships and strategies that better identify individuals as they acquire a potential work disability and then assist them in maintaining a connection to the labor force, preferably through their current or most recent employer. Applicants should think broadly about recent trends in their state and consider new ways to prevent the development of long-term work disability through early, coordinated health and employment-related services.

In general, applicants will:

- Identify a population of workers in their state who experience injuries or medical conditions that put them at risk of developing a work disability; and
- Develop a coordinated, comprehensive strategy to connect these workers to participating health care providers and the project's RTW coordinators to ultimately return them to work with employers.

This demonstration should enhance existing standard practices or establish new practices (currently identified as best practices through research) that improve the coordination of health and comprehensive employment services to promote RTW. The RTW Coordinator is critical to the success of RETAIN projects.

Build on States' Existing Strengths

Applicants have the flexibility to develop projects that respond to their state's specific demographic and socio-economic situations while satisfying the requirements described in this Announcement. Projects should build upon existing programs or systems, such as state-based temporary disability insurance (TDI) programs, collaborative health care organizations, paid family leave programs, disability management insurance providers, or workers' compensation (WC) programs in a manner that improves upon, but does not directly duplicate, existing processes or services.

Required Early Intervention Strategies

SAW/RTW programs succeed by returning injured workers to productive work as soon as medically possible during their recovery process and by providing interim part-time or light duty work and accommodations, as necessary. The RETAIN Demonstration Projects are modeled after promising programs currently operating in Washington State, including the Centers of

Occupational Health and Education (COHE),³ the Early Return to Work (ERTW),⁴ and the Stay at Work programs.⁵ These programs are described in greater detail in Appendix B. While these programs operate within the state's WC system and are available only to individuals experiencing work-related injuries or illnesses, the RETAIN Demonstration Projects provide opportunities to improve SAW/RTW outcomes for individuals with both occupational and non-occupational injuries and illnesses. Intervention strategies central to the projects include:

- RTW Coordinators coordinating health and employment service delivery (including the development and implementation of a plan to support the employee in returning to or staying at work);
- Training participating health care providers in occupational health best practices such as those provided in COHE⁶ and alternatives to opioids for pain management;
- Incentivizing participating health care providers to utilize the best practices;
- Early communication to all stakeholders to return the worker to the workplace as soon as possible;
- Work-place based interventions (including accommodations such as lighter and/or modified duties, and adjustments to work schedules, tasks, and the physical worksite, if necessary);
- Retraining/rehabilitation for workers who can no longer perform their prior job or other available suitable alternate work; and
- Tracking and monitoring the medical and employment progress of participating workers.

Although these interventions are required for each applicant, the specifics of their design and administration will be at the discretion of each applicant. We encourage innovative proposals that are rooted in evidence-based practice and used in a variety of private and public sector industries.

Many injured or ill workers could remain in their jobs or the workforce if they received timely, effective supports, which include these strategies. While some workers require more extensive vocational counseling services, rehabilitation, retraining, and follow-up services, many workers can RTW relatively quickly with supports and accommodations or modification of job duties provided primarily through the employer and the RTW Coordinator.

Systems Leadership: Collaboration among Workforce Development System, Health Care System, and Other Systems such as Vocational Rehabilitation to Keep People Working

Strong leadership from the workforce development system, including an effective partnership with the health care system, is critical to implementing these strategies and achieving both desired employment and health outcomes. Health care systems will play a key role in ensuring

³ <http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/OHS/default.asp>

⁴ <http://www.lni.wa.gov/ClaimsIns/Insurance/Injury/LightDuty/Ertw/Default.asp>

⁵ <http://lni.wa.gov/Main/StayAtWork/>

⁶ Health care providers affiliated with COHE receive training in four specific occupational health best practices: (1) Submitting a complete Report of Accident (ROA) in two business days or less; (2) Developing an activity plan, which communicates the worker's ability to participate in work activities, activity restrictions, and the provider's treatment plans; (3) Communicating directly with COHE staff and employers when injured workers are off or expected to be off work; and (4) Assessing the injured worker's barriers to RTW and developing a plan to overcome them.

the target population is medically able to RTW. Framing and embracing employment as a positive health outcome will facilitate effective partnerships between the workforce development and health care systems.

Under the Workforce Innovation and Opportunity Act's (WIOA) Vocational Rehabilitation (VR) State Plan provisions, State VR agencies have the option to provide these types of services and give priority to individuals who are otherwise eligible for VR program services and who are at imminent risk of losing their jobs unless they receive additional necessary post-employment services. In most instances, however, when VR resources are limited, states operate under an established order of selection giving people with the most significant disabilities a priority for VR services. In such instances and when states choose not to prioritize individuals at risk of losing their jobs, these services can be provided to adults by the workforce development system through Title I of WIOA.

By providing RTW expertise and employment-related services to both individuals and employers and by coordinating closely with health care entities to address workers' health-related needs, the workforce development system can minimize the human- and business-related costs associated with work disability. Given the cost work disability represents for individuals, as well as their employers and insurers, it is important that the workforce development system exert a strong leadership role in addressing this critical need.

C. PROGRAM AUTHORITY

This program is authorized by Section 169, subsection (b)(5) of WIOA, the Consolidated Appropriations Act of 2018, and Section 1110 of the Social Security Act, 42 U.S.C. 1310(a)(1).

D. DEFINITIONS

- *Accessible*: for the purposes of this FOA, the term “accessible” requires work products to be usable by assistive technologies and meet the criteria outlined in Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220) August 7, 1998, the Web Content Accessibility Guidelines 2.0 (WCAG 2.0) Level AA, or as specified in subsequent updates to the preceding criteria.
- *Federal Disability Benefits*: for the purposes of this FOA, “federal disability benefits” refers specifically to the SSDI and SSI programs. Disability benefits received from the Veterans Administration or other federal programs are not included.
- *Health Care System*: The Compendium of U.S. Health Systems, 2016, defines a health system as an organization that includes at least one hospital and at least one group of physicians that provides comprehensive care (including primary and specialty care) who are connected with each other and with the hospital through common ownership or joint management.
- *Labor Force*: sometimes referred to as the work force, the U.S. Bureau of Labor Statistics (BLS) defines this term as all individuals classified as employed or unemployed (persons 16 years or older who had no employment during the prior week, but were available for and made specific efforts to find work during the previous four weeks)

- *Labor Force Participation Rate*: BLS defines the Labor Force Participation Rate as the number of people in the labor force as a percentage of the civilian non-institutional population 16 years old and over. In other words, it is the percentage of the population that is either working or actively seeking work.⁷
- *Continuous Quality Improvement*: a quality management process that encourages all team members to ask, “How are we doing?” and “Can we do it better?” on an ongoing basis. Typically applied in health care settings, for the purposes of RETAIN, the CQI team includes all relevant stakeholders.⁸ See [Appendix C](#) for additional information.
- *Stay at Work/Return to Work (SAW/RTW)*: SAW/RTW strategies and programs allow employees to resume working, with or without work restrictions, when medically appropriate and help employers maintain valued employees while minimizing long-term health-related absences and optimizing productivity.
- *Systems Change*: changes in organizational culture, policies, and procedures within individual organizations or across organizations that enhance or streamline access and reduce or eliminate barriers to needed services by a target population.
- *Theory of Change*: the conceptual thinking behind how a particular intervention or action will lead to specific results.
- *Work Disability*: for the purposes of this FOA, the term “work disability” is defined as an illness, injury, or medical condition that has the potential to inhibit or prevent continued employment or labor force participation.
- *Workforce Development System*: a system that makes available the WIOA core programs, the other one-stop partner programs, and any other programs providing employment and training services as identified by a State or Local Workforce Development Board
- *Work Time-Loss*: the period of time a worker is absent due to an injury or illness. For the purposes of RETAIN, the injury or illness may be work-related or non-work-related.

II. AWARD INFORMATION

A. AWARD AMOUNT AND PERIOD OF PERFORMANCE

The RETAIN Demonstration Projects are structured in two competitive phases:

- Phase 1, RETAIN Planning and Pilot – 18-month period of performance
- Phase 2, RETAIN Demonstration/Implementation – 42-month period of performance

The initial period of performance (Phase 1) is 18 months. Approximately \$20,000,000 is available to fund up to eight (8) RETAIN cooperative agreements to state workforce agencies. The start date for Phase 1 will be no later than September 30, 2018. Applicants may not apply for more than the ceiling of \$2,500,000 and should budget to expend no more than \$1,000,000 for planning activities (with the remaining funds to be used for pilot activities). Applications with budgets exceeding the ceiling will be deemed non-responsive and will not be considered. See [Section V](#) for information on the selection criteria.

⁷ https://www.bls.gov/cps/cps_htgm.htm#definitions

⁸ https://www.healthit.gov/sites/default/files/tools/nlc_continuousqualityimprovementprimer.pdf

At the conclusion of Phase 1, a subset of up to four (4) Phase 1 states may be competitively awarded supplemental funds to fully implement the demonstration projects during Phase 2. Application requirements for Phase 2 awards, including expectations and selection criteria, will be clearly identified in the RETAIN Phase 2 Funding Opportunity Announcement (FOA), which DOL plans to publish between approximately month 12 – 13 of the Phase 1 period of performance. DOL anticipates awarding up to \$79,000,000 in Phase 2 funding to up to four (4) states, with an estimated ceiling amount of \$19,750,000 per award. DOL anticipates that the period of performance for RETAIN Phase 2 awards will begin immediately following the conclusion of Phase 1.

All Phase 1 awards made under this Announcement are subject to the availability of federal funds. In the event that additional funds become available, we reserve the right to use such funds to select additional awardees for Phase 1 from the applications submitted in response to this Announcement. Phase 2 funding is subject to the discretion of DOL and contingent upon the availability of funds, satisfactory progress of the grantee's project, and adequate stewardship of federal funds. The Department is not obligating any funds or creating any right to Phase 2 funding in this FOA.

B. AWARD TYPE

Funding for both phases of the project will be provided in the form of cooperative agreements, requiring close cooperation and coordination between DOL and the awardees. DOL will have substantial involvement in the administration of the cooperative agreement, and input and approval must be obtained prior to conducting most activities. DOL's involvement in cooperative agreement administration during Phase 1 will consist of:

- Monthly conference calls with awardees throughout the period of performance;
- Prior approval of any RETAIN-related sub-contracts arising after cooperative agreements are awarded;
- Prior approval of all key personnel appointments and changes;
- Participation in site visits to project areas;
- Providing advice and consultation to project development and management;
- Providing awardees with technical and programmatic support, including training in DOL grant administration monitoring systems, and standard procedures regarding DOL management of cooperative agreements;
- Reviewing, at reasonable times, all cooperative agreement documents pertaining to the project, including required metrics, status and technical progress reports, and quarterly financial reports. DOL will provide the format for the technical progress reports;
- Oversight and approval of all work products, including but not limited to fact sheets, training materials, press releases, and publicity-related materials regarding the project;
- Oversight and approval of all content for print and online resources developed through project activities including clearing topics for material production and final document production (e.g., outreach flyers, training materials, information about the project on the applicant's website, etc.); and
- Helping refine project evaluation design in collaboration with awardees, SSA, and the independent evaluator. (The evaluator will choose the evaluation designs based on the

project's overall research questions and on what each awardee identifies as their program design, target population, available data, and expected sample size.)

III. ELIGIBILITY INFORMATION

A. ELIGIBLE APPLICANTS

The following organizations are eligible to apply and will be referred to throughout the FOA as the “lead applicant” or “applicant”:

- State Departments of Labor, State Workforce Development Agencies, or an equivalent entity with responsibility for labor, employment, and/or workforce development; and
- Entities described in section 166(c) of WIOA relating to Indian and Native American programs. These entities include Indian tribes, tribal organizations, Alaska Native entities, Indian-controlled organizations serving Indians, or Native Hawaiian organizations. These applicants are not required to partner with Local Workforce Development Boards (LWDBs).

The eligibility requirements above are incorporated in the Application Screening Criteria specified in Section III.C.1.

Consortia of states may not apply in the current cycle of RETAIN (inclusive of phases 1 and 2). State Health Departments, or equivalent entities for managing, regulating, or influencing the provision of health services are not eligible to apply as the lead entity, but are a required partner on each project. See Section III.F.2 for information on other required and recommended state and local partnerships.

1. Responsibilities of the Lead Applicant

The lead applicant will serve as the awardee and have overall fiscal and administrative responsibility for the cooperative agreement, including performance of any sub-awardees. Fiscal responsibility may not be delegated. Administrative responsibilities, such as project management, coordination, or delivery of health or employment-related intervention services, may only be delegated with approval from DOL. As part of their responsibility for the cooperative agreement, lead applicants will be:

1. the primary point of contact with DOL to receive and respond to all inquiries or communications under this FOA and any sub-recipients;
2. the entity with authority to draw down funds;
3. the entity responsible for submitting to DOL all work products under the cooperative agreement, including all related technical and financial reports, regardless of which partnership member performed the work;
4. the entity that may request or agree to a revision or amendment of the cooperative agreement;
5. the entity with overall responsibility for carrying out programmatic functions, including collecting required project data, of the cooperative agreement, as well as the stewardship of all expenditures under the cooperative agreement;

6. the entity responsible for coordinating and fully cooperating with the independent evaluator and RETAIN TA Provider; and
7. the entity responsible for working with DOL to close-out the cooperative agreement.

States are encouraged to submit a Notice of Intent to Apply, as described in [Section IV.B.](#)

B. COST SHARING OR MATCHING

This FOA does not require matching, cost sharing, or other financial contributions from the applicant or any of the collaborative partners in the proposal nor will proposals be directly evaluated on the amount of leveraged resources. However, leveraging resources is critical to implementing successful early intervention and return to work strategies. Applicants are encouraged to leverage resources in the context of their strategic partnerships because it increases stakeholder investment in the project outcomes at all levels, broadens the impact of the project itself, and increases the likelihood of success and sustainability.

See [Section IV.B.](#)

C. OTHER INFORMATION

1. Application Screening Criteria

Use the checklist below as a guide when preparing your application package to ensure that the application meets all of the screening criteria. This checklist is only an aid for applicants and should not be included in the application package. We urge you to use this checklist to ensure that your application contains all required items. If your application does not meet all of the screening criteria, it will not move forward through the merit review process.

Application Requirement	Instructions	Complete?
The deadline submission requirements are met	Section IV.C	
Eligibility	Section III.A	
If submitted through Grants.gov, the components of the application are saved in any of the specified formats and are not corrupt. <i>(We will attempt to open the document, but will not take any additional measures in the event of problems with opening.)</i>	Section IV.C.	
Application federal funds request does not exceed the ceiling amount of \$2,500,000.	Section II.A	
SAM Registration	Section IV.B.1	
SF-424, Application for Federal Assistance, including a DUNS Number	Section IV.B.1	

SF-424A, Budget Information Form	Section IV.B.2	
Budget Narrative	Section IV.B.2	
Project Narrative	Section IV.B.3	
Project Logic Model	Section IV.B.4	
Resumes of Proposed Key Personnel	Section IV.B.4	
Organization Chart	Section IV.B.4	
Letter of Support and Commitment from the Governor's Office	Section IV.B.4	
Letters of Commitment or Signed MOUs with RETAIN Leadership Team Members and Local Workforce Development Boards	Section IV.B.4	
Letters of Commitment from Target Worker Population Recruitment Partners	Section IV.B.3	

2. *Number of Applications Applicants May Submit*

We will consider only one (1) application from each state. If we receive multiple applications from the same state, we will only consider the most recently received application that met the deadline. If the most recent application is disqualified for any reason, we will not replace it with an earlier application.

D. ELIGIBLE TARGET WORKER PARTICIPANT POPULATIONS

The RETAIN intervention is intended to promote the continued labor force participation of individuals who have sustained illness or injury while employed and who otherwise may be at risk of developing work disabilities. Thus, the proposed target population:

- Must be employed, or at minimum in the labor force, at the onset of the injury, illness, or condition (work-related or non-work-related) for which they are participating in RETAIN; and
- May not include individuals who have applications for federal disability benefits pending or who are already receiving such benefits at the onset of the injury or illness.

See [Section I.D](#) for [definitions](#) of labor force participation and federal disability benefits.

DOL and SSA are particularly interested in projects including workers at risk of musculoskeletal (MSK) injuries or with a focus on industries where the incidence of MSK injuries is high. We are interested in serving workers with MSK injuries and disorders, such as low back pain (LBP), sprains, or strains resulting from overexertion because, according the Bureau of Labor Statistics 2015 data, those injuries accounted for 31 percent of total work-related injuries requiring days

away from work.⁹ MSK injuries were the primary diagnosis for 32 percent of all SSDI disabled worker beneficiaries in 2016 and for 36 percent of all disabled workers awarded SSDI between 2014 and 2016.¹⁰

Individuals with existing disabilities or chronic conditions are also eligible to receive RETAIN services. They may be eligible to participate based on a new injury or illness unrelated to their pre-existing condition(s) or based on a new incident related to their pre-existing condition(s) (e.g., a multiple sclerosis flare-up) or worsening of a pre-existing condition (e.g., reduced functional capacity due to LBP).

The applicant may choose the target population based on any type of injury or illness or combinations of injuries and illnesses (or other characteristics) so long as there are sufficient numbers of worker participants available within that population to meet the requirements of the independent evaluation, and they meet the above described eligibility criteria. We anticipate a rolling period of enrollment into the RETAIN research sample during Phase 2.¹¹ We anticipate RETAIN services will be low cost to allow for a high volume of service delivery.

See Section IV.B.3.a for application requirements about the target population.

E. VETERANS PRIORITY FOR PARTICIPANTS

38 U.S.C. 4215 requires grantees to provide priority of service to veterans and spouses of certain veterans for the receipt of employment, training, and placement services in any job training program directly funded, in whole or in part, by DOL. The regulations implementing this priority of service are at 20 CFR Part 1010. In circumstances where an award recipient must choose between two qualified candidates for a service, one of whom is a veteran or eligible spouse, the veterans' priority of service provisions require that the award recipient give the veteran or eligible spouse priority of service by first providing him or her that service. To obtain priority of service, a veteran or spouse must meet the program's eligibility requirements. Awardees must comply with DOL guidance on veterans' priority. ETA's Training and Employment Guidance Letter (TEGL) No. 10-09 (issued November 10, 2009) provides guidance on implementing priority of service for veterans and eligible spouses in all qualified job training programs funded in whole or in part by DOL. TEGL No. 10-09 is available at https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=2816.

F. OTHER AWARD SPECIFICATIONS

1. Allowable Use of Funds during Phase 1, RETAIN Planning & Pilot Cooperative Agreement

Grant funds can be used to supplement services that are not currently available inside the workforce system such as coordination of health care and employment services,

⁹ <https://www.bls.gov/news.release/osh2.nr0.htm>

¹⁰ Social Security Administration. 2017. "Annual Statistical Report on the Social Security Disability Insurance Program, 2016." Accessed online at <https://www.ssa.gov/policy/docs/statcomps/di_asr/index.html>.

¹¹ Participants enrolled as part of the pilot will not be included in the research sample or evaluation of RETAIN.

communication and outreach, and training to employers and health care providers on SAW/RTW best practices.

Allowable expenses under the RETAIN Planning and Pilot cooperative agreement include reasonable and necessary expenses to plan for and establish infrastructure necessary for effective program implementation of the RETAIN demonstration projects and for support of the related independent evaluation. See [Section IV.B.3.a](#) for a list of required activities during Phase 1. These activities and any supporting activities are considered allowable.

Incentives are a key component of the COHE model¹² and are allowable in RETAIN projects. RETAIN funds may not be used for the following forms of incentives: raffle, lottery, entertainment, food, and/or beverages. Applicants may spend no more than 10 percent of their total budget in any given year on providing incentives. If it becomes apparent post-award that additional funding for incentives will be necessary to implement the model successfully, the awardee must seek and gain approval from the ETA grants office and ODEP as part of the cooperative agreement. While RETAIN funds may be used to incentivize health care providers to utilize occupational health best practices through a fee-for-service payment model (e.g., a provider could receive an enhanced payment for submitting certain paperwork within a specified timeframe), RETAIN funds may not be used to pay for existing, billable direct health care services.

Additionally, as stated in [Section III.F.4](#), RETAIN funds may be used to pay for project staff to work with and support the evaluation conducted by the independent evaluation contractor, to connect or establish systems to collect program data elements, and to conduct routine, internal program management activities, such as those within the required continuous quality improvement (CQI) plan. Use of RETAIN funds for other evaluative purposes is prohibited.

2. State and Local Partnerships

State

The lead applicant must partner and establish a consortium with a number of state level partners (referred to below as the “RETAIN Leadership Team”), which collectively will provide project leadership to meet program objectives and drive better integration of resources at the local level (see [Section IV.B.3](#)). In addition to the lead applicant, there are three required partners on the RETAIN Leadership Team:

1. The State Health Departments or equivalent entities generally responsible for managing, regulating, or influencing the provision of health services;

¹² Findings from the final evaluation of the pilot indicate that encouraging adoption of occupational health best practices through financial incentives promotes improved disability prevention. See here for more information: <http://www.lni.wa.gov/ClaimsIns/Files/Providers/ohs/3CombinedReportApril222007Final.pdf>.

2. Health care systems practicing coordinated care and population health management;¹³ and
3. The State Workforce Development Board.¹⁴

We anticipate the State Workforce Development Board will serve as a key partner to engage employers and shape policies regarding how services such as those provided through RETAIN are carried out by local Workforce Development Boards during and after the RETAIN Planning and Demonstration Cooperative Agreements.

Beyond these required partners, applicants have flexibility to choose the types of entities represented on the RETAIN Leadership Team that are relevant to their proposed target population and scope of the project. In general, we anticipate this team will include representatives of:

- State-level agencies involved in:
 - WIOA core programs,
 - Health, mental health, insurance, and substance abuse,
 - Paid family leave programs, temporary disability insurance programs,¹⁵ where applicable, and/or workers' compensation;
- State Governor's Office;
- Business-membership or business intermediary organizations;
- Health care systems or provider networks (in addition to the required partner);
- State VR agencies;
- Non-profit organizations or foundations with a history of involvement in coordinated care and/or SAW/RTW-related efforts; and
- State- and privately-funded universities, to the extent that such entities exhibit strong influence on pre-service training and professional credentialing.

Local

The lead applicant must also partner with one or more Local Workforce Development Boards (LWDB), which will implement cooperative agreement activities at the local level. For states with only one LWDB, the commitment of its sole LWDB fulfills this requirement.

Applicants are required to show the commitment of one or more LWDBs through a signed memorandum of understanding (MOU).

¹³ The Compendium of U.S. Health Systems, 2016, defines a health system as an organization that includes at least one hospital and at least one group of physicians that provides comprehensive care (including primary and specialty care) who are connected with each other and with the hospital through common ownership or joint management.

¹⁴ Workforce Development Boards direct federal, state, and local funding to workforce development programs. They also oversee the American Job Centers, where job seekers can get employment information, find out about career development training opportunities and connect to various programs in their area.

¹⁵ California, Hawaii, New Jersey, New York, and Rhode Island currently have mandated short-term/temporary disability insurance requirements. Source: <https://www.shrm.org/resourcesandtools/tools-and-samples/hr-qa/pages/stateswithstd.aspx>.

In addition, relevant partnerships must be established at the local level to support the implementation plan activities. Such additional local entities may include, but are not limited to:

- Health care organizations (including Federally Qualified Health Centers);
- Local health and mental health agencies and providers;
- American Job Centers (sometimes known as One-Stop Career Centers);
- Disability agencies and service providers;
- Disability management insurance providers;
- One or more community college(s), technical institution(s), four-year colleges/universities, or other education partners that can provide education and training activities should retraining become necessary; and
- One or more business or industry partners (such as business membership associations or Chambers of Commerce) that will participate in: defining the program strategies and goals; and be actively involved in participating in funded project activities.

3. Program Technical Assistance

DOL will contract with a technical assistance provider (the “RETAIN Program TA Provider” or “Program TA Provider”) to support planning and pilot activities in Phase 1 and implementation activities in Phase 2 of the RETAIN Demonstration Project cooperative agreements. While supporting awardees in such activities, the Program TA Provider will coordinate with the independent evaluator (see below for expectations of the independent evaluation) to ensure the Program TA and support provided does not interfere with implementing the approved evaluation design. Awardees are expected to utilize the Program TA Provider to address their project’s particular needs, such as barriers they may encounter in establishing necessary partnerships. Some of the technical assistance provided will be state-specific, while other technical assistance will be offered to all awardees in a group setting such as in a webinar.

In Phase 1, the RETAIN Program TA Provider will provide general assistance to awardees as they fully develop implementation plans for both the pilot and Phase 2. Assistance may include, but is not limited to: providing access to subject matter experts (SMEs) with knowledge or experience in the required activities; research on the current evidence base on coordinated health care and/or SAW/RTW interventions (including early interventions), and federal disability programs; and providing guidance on partnership development, effective public-private collaboration and coordination, and crafting effective MOUs. In addition, the RETAIN Program TA Provider will conduct an assessment of the Phase 1 awardee’s ability to implement the project programmatically, which will be included and scored as part of the awardees’ applications for Phase 2 funding.

In addition, the RETAIN Program TA Provider will assist DOL in coordinating meetings and communications with awardees, as requested. The RETAIN Program TA Provider will coordinate meetings, which may include programmatic calls with each awardee and its partners; calls with project directors; and calls that include all awardees and their partners. DOL and awardees will collaborate in developing the schedule for such calls. Beginning in

Phase 2-Implementation, the RETAIN Program TA Provider will also plan and implement the logistics and agenda for an annual, in-person awardee meeting.

4. *Evaluation Information*

SSA will fund an evaluation contractor (referred to here as the “independent evaluator” or “evaluator”) to conduct an independent evaluation of the RETAIN demonstration projects. All RETAIN awardees are required to participate in this evaluation. The goal of the evaluation is to develop rigorous evidence about the approaches that work for serving target populations and the impacts of the demonstration projects. Applicants should read SSA’s contract solicitation for the evaluation (available at <https://www.fbo.gov/spg/SSA/DCFAM/OAG/28321318R00000024/listing.html>) to learn further details about the expected scope of the evaluation.

a. *Scope of the Independent Evaluation and Role of the Evaluation Contractor*

The evaluation will include process, participation, impact, and cost-benefit analyses.

Conducting an impact analysis may involve random assignment of eligible participants into a treatment group (which would receive program services or enhanced program services) and a control group(s) (which would receive no program services or un-enhanced program services). Random assignment is a sample selection technique in which individuals are assigned to a treatment or to a control group by lottery. The two groups are compared to detect the difference in post-service outcomes (if any) made by the services or enhanced services also referred to as the “intervention.” This type of experimental design provides the most rigorous and widely accepted evidence of effectiveness of intervention(s). More information on experimental design and random assignment can be found at:

- www.socialresearchmethods.net/kb/desexper.php
- www.socialresearchmethods.net/kb/random.htm

The awardees must provide program data in a timely manner (according to the schedule determined by the evaluator), which the independent evaluator will use along with administrative data from SSA and potentially one or more survey(s) of participants to conduct the evaluation. Based on the evaluation design, awardees may be required to collect individual level baseline data from the comparison group to facilitate the independent evaluation.

b. *Data Collection Activities*

Awardees will collect and store individual-level data on recruitment, enrollment, participant characteristics, employment and benefits information, program participation, service provision, and participant outcomes to report to DOL as part of their performance metrics. We anticipate that each participant’s name, gender, date of birth, Social Security Number, address, and phone number will be collected as part of the intervention enrollment process. Other specific required programmatic data elements will be

determined by DOL in collaboration with the awardees. We anticipate that these data will also be used for the independent evaluation, with the evaluator receiving extracts (copies) of all programmatic data that awardees collect. See [Section VI.C.2](#) and [Appendix D](#) for information on required programmatic data elements.

The receipt of standardized data from all awardees is important to ensure a high quality, rigorous evaluation. The independent evaluator will provide guidance and TA to assist awardees in developing their data collection processes and ensuring data quality. This may include guidance on data elements, and data collection plans and aligning systems, among other topics.

In order to facilitate the independent evaluation of the RETAIN projects, awardees must enter into separate data-sharing agreements with SSA in order to submit to SSA and its evaluator, in a timely manner, extracts (copies) of:

- The programmatic data that awardees collect to satisfy their award requirements; and
- Employment and service-provision data (as determined by the evaluator) from existing state programs – such as vocational rehabilitation, unemployment insurance, and/or workers’ compensation – on all worker participants in both the treatment and comparison groups.

The evaluator will provide TA and assistance to develop these data-sharing agreements during Phase 1. Awardees must demonstrate that they have or will have the legal authority to share these data with SSA, and must provide any limitations as to how the data may be used, protected, disclosed, or shared.

In order for the evaluator to conduct an accurate and comprehensive cost-benefit analysis, awardees are also required to provide access to records on all parts of project activities, including data related to program costs, and to provide access to project team personnel, as specified by the evaluator.

c. Awardee Requirements with Respect to the Independent Evaluation

The awardee must fully participate in all evaluation activities (e.g., evaluation-related TA, site visits, and conference calls) and must designate an evaluation liaison to collaborate with the evaluator. DOL anticipates this liaison will be heavily involved in programmatic data collection activities and recommends a minimum of 0.5 full time equivalent be allocated to performing programmatic data collection and evaluation liaison activities. Awardees are also expected to analyze process data as part of continuous quality improvement (CQI) in order to improve implementation without changing the underlying model. However, RETAIN awardees may not use grant funding to conduct a separate impact evaluation of their project and must coordinate their CQI analyses with the independent evaluator. See [Section IV.B.3](#) and [Appendix C](#) for expectations and more information on CQI. The RETAIN awardees also may not undertake an independent impact evaluation of RETAIN using external funds without concurrence from the RETAIN evaluator to ensure any such activities do not interfere with the overall project

evaluation. In addition, if the awardee plans to conduct any surveys (of participants or others, such as employers), they must be coordinated with the evaluator.

With DOL and SSA's approval, the independent evaluator, in collaboration with the awardees, will develop each awardee's evaluation design and assist in developing procedures during Phase 1 and implement the approved evaluation design in Phase 2.

During Phase 1, each awardee will work with the evaluator to refine the proposed implementation plan and enhance its evaluability. The independent evaluator will provide awardees with evaluation-related TA on recruitment (including guidance on required sample sizes), enrollment and intake procedures, data collection (including systems development and alignment), and other technical aspects of participation in the evaluation, such as consistency of data collection, rationale and methods for random assignment (if applicable), and methods to avoid sample contamination.

The evaluator will also conduct an Evaluability Assessment of each project and submit it to SSA and DOL by the end of month 14, highlighting the strengths and weaknesses of each project's ability to implement a rigorous evaluation design. The assessment will be based on the awardee's performance in Phase 1 to date (including the planning and pilot stages), as well as the awardee's plans for Phase 2. SSA and DOL will consider the Evaluability Assessments as a key part of determining which Phase 1 awardees would be best suited to continue to the implementation (and evaluation) stage of the demonstration. (See [Section V.C](#) for more detail on the Evaluability Assessments and Phase 2 selection process.)

The evaluator (and possibly each awardee) will be required to obtain approval from an Institutional Review Board (IRB) prior to full implementation. If the awardee seeks its own IRB, the IRB approval process must be coordinated between each awardee and the evaluator during Phase 1 of the demonstration – that is, both institutions must be aware of the activities and timeline for approval of the other institution. The evaluator's IRB must assess the evaluation design, intake procedure, survey plans, and all other evaluation-related activities across all projects in this demonstration—this institution will serve as an umbrella IRB. If awardees also seek IRB approval, it will primarily focus on state-level ethics, accessibility, and consent from participants, and awardee's IRB must coordinate with the evaluator's IRB.

IV. APPLICATION AND SUBMISSION INFORMATION

A. HOW TO OBTAIN AN APPLICATION PACKAGE

This FOA, found at www.Grants.gov contains all of the information and links to forms needed to apply for grant funding.

B. CONTENT AND FORM OF APPLICATION SUBMISSION

States are encouraged to notify DOL of their intent to submit an application for RETAIN by emailing SAW-RTW@dol.gov. The subject line should read, "Intent to Apply," and the email

should identify the primary applicant and planned interagency collaborations. These non-binding notifications provide information that helps DOL in determining expertise and personnel necessary to review applications and issue awards. You will receive an automated response acknowledging receipt. No further communication will occur from this email account until after awards are made.

Proposals submitted in response to this FOA must consist of four separate and distinct parts:

1. SF-424 “Application for Federal Assistance;”
2. SF-424A “Budget Information Form” and budget narrative;
3. A project narrative; and
4. Attachments to the project narrative.

You must ensure that the funding amount requested is consistent across all parts and sub-parts of the application.

1. *SF-424, “Application for Federal Assistance”*

- You must complete the SF-424, “Application for Federal Assistance” (available at https://apply07.grants.gov/apply/forms/sample/SF424_2_1-V2.1.pdf).
- In the address field, fill out the nine-digit (plus hyphen) zip code. Nine-digit zip codes can be looked up on the USPS website at <https://tools.usps.com/go/ZipLookupAction!input.action>.
- The SF-424 must clearly identify the applicant and must be signed by an individual with authority to enter into a grant agreement. Upon confirmation of an award, the individual signing the SF-424 on behalf of the applicant is considered the Authorized Representative of the applicant. As stated in block 21 of the SF-424 form, the signature of the Authorized Representative on the SF-424 certifies that the organization is in compliance with the Assurances and Certifications form SF-424B (available at <https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf>). You do not need to submit the SF-424B with the application.

- Requirement for DUNS Number

All applicants for federal grant and funding opportunities must have a DUNS number, and must supply their DUNS Number on the SF-424. The DUNS Number is a nine-digit identification number that uniquely identifies business entities. If you do not have a DUNS Number, you can get one for free through the D&B website: <https://fedgov.dnb.com/webform/displayHomePage.do>.

Grant recipients authorized to make sub-awards must meet these requirements related to DUNS Numbers

- Grant recipients must notify potential sub-awardees that no entity may receive a sub-award from you unless the entity has provided its DUNS number to you.

- Grant recipients may not make a sub-award to an entity unless the entity has provided its DUNS number to you.

(See, Appendix A to 2 CFR section 25.)

- Requirement for Registration with SAM

Applicants must register with the System for Award Management (SAM) before submitting an application. Find instructions for registering with SAM can at <https://www.sam.gov>.

A recipient must maintain an active SAM registration with current information at all times during which it has an active federal award or an application under consideration. To remain registered in the SAM database after the initial registration, the applicant is required to review and update the registration at least every 12 months from the date of initial registration or subsequently update its information in the SAM database to ensure it is current, accurate, and complete. For purposes of this paragraph, the applicant is the entity that meets the eligibility criteria and has the legal authority to apply and to receive the award. If an applicant has not fully complied with these requirements by the time the Grant Officer is ready to make a federal award, the Grant Officer may determine that the applicant is not qualified to receive a federal award and use that determination as a basis for making a federal award to another applicant.

2. *SF-424A, “Budget Information Form” and Budget Narrative*

You must complete the SF-424A Budget Information Form (available at: <https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf>). In preparing the Budget Information Form, you must provide a concise narrative explanation to support the budget request, explained in detail below.

Budget Narrative: The budget narrative must provide a description of costs associated with each line item on the SF-424A. It must describe how the proposed budget aligns to the project work plan and identify how each milestone will be adequately funded within the proposed budget. Overhead and administrative costs should be reasonable and clearly identified, such that they can be compared to the level of funding allocated to project service coordination and delivery, including related SAW/RTW activities. It is expected that a majority of project funding will be devoted to project service coordination and delivery.

Use the following guidance for preparing the budget narrative:

- *Personnel:* List all staff positions by title (both current and proposed). Give the annual salary of each position, the percentage of each position’s time devoted to the project, the amount of each position’s salary funded by the grant, and the total personnel cost for the period of performance.
- *Fringe Benefits:* Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, FICA, retirement, etc.

- *Travel*: Specify the purpose, mileage, per diem, estimated number of in-state and out-of-state trips, and other costs for each type of travel.
- *Equipment*: Identify each item of equipment you expect to purchase which has an estimated acquisition cost of \$5,000 or more per unit (or if your capitalization level is less than \$5,000, use your capitalization level) and a useful lifetime of more than one year (see 2 CFR 200.33 for the definition of Equipment). List the quantity and unit cost per item. Items with a unit cost of less than \$5,000 are supplies, not “equipment”. In general, we do not permit the purchase of equipment during the last funded year of the grant.
- *Supplies*: Identify categories of supplies (e.g. office supplies) in the detailed budget and list the quantity and unit cost per item. Supplies include all tangible personal property other than “equipment” (see 2 CFR 200.94 for the definition of Supplies).
- *Contractual*: Under the Contractual line item, delineate contracts and sub-awards separately. Contracts are defined according to 2 CFR 200.22 as a legal instrument by which a non-federal entity purchases property or services needed to carry out the project or program under a federal award. A sub-award, defined by 2 CFR 200.92, means an award provided by a pass-through entity to a sub-recipient for the sub-recipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program.
 - For each proposed contract and sub-award, specify the purpose and estimated cost.
- *Construction*: Construction costs are not allowed and this line must be left as zero. Minor alterations to adjust an existing space for grant activities (such as a classroom alteration) may be allowable. We do not consider this as construction and you must show the costs on other appropriate lines such as Contractual.
- *Other*: Provide clear and specific detail, including costs, for each item so that we are able to determine whether the costs are necessary, reasonable and allocable. List any item, such as stipends or incentives, not covered elsewhere here.
- *Indirect Costs*: If you include indirect costs in the budget, then include one of the following:
 - If you have a Negotiated Indirect Cost Rate Agreement (NICRA), provide an explanation of how the indirect costs are calculated. This explanation should include which portion of each line item, along with the associated costs, are included in your cost allocation base. Also, provide a current version of the NICRA.

or

- If you intend to claim indirect costs using the 10 percent de minimis rate, please confirm that your organization meets the requirements as described in 2 CFR 200.414(f). Clearly state that your organization has never received a Negotiated Indirect Cost Rate Agreement (NICRA), and your organization is not one described in Appendix VII of 2 CFR 200, paragraph (D)(1)(b).

Applicants choosing to claim indirect costs using the de minimis rate must use Modified Total Direct Costs (see 2 CFR 200.68 below for definition) as their cost allocation base. Provide an explanation of which portion of each line item, along with the associated costs, are included in your cost allocation base. Note that there are various items not included in the calculation of Modified Total Direct Costs. See below the definitions to assist you in your calculation.

- **2 CFR 200.68 Modified Total Direct Cost (MTDC)** means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each sub-award (regardless of the period of performance of the sub-awards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each sub-award in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

You will note that participant support costs are not included in modified total direct cost. Participant support costs are defined below.

- **2 CFR 200.75 Participant Support Cost** means direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences, or training projects.

See Section IV.B.4 and Section IV.E.1 for more information. Additionally, the following link contains information regarding the negotiation of Indirect Cost Rates at DOL: <https://www.dol.gov/oasam/boc/dcd/index.htm>.

Note that the SF-424, SF-424A, and budget narrative must include the entire federal grant amount requested for Phase 1 (18 months).

Do not show leveraged resources on the SF-424 and SF-424A. You should describe leveraged resources in the budget narrative.

Applicants should list the same requested Federal grant amount on the SF-424, SF-424A, and budget narrative. If minor inconsistencies are found between the budget amounts specified on the SF-424, SF-424A, and the budget narrative, DOL will consider the SF-424 the official funding amount requested. However, if the amount specified on the SF-424 would render the application nonresponsive, the Grant Officer will use his or her discretion to determine whether the intended funding request (and match if applicable) is within the responsive range.

3. *Project Narrative*

The Project Narrative must demonstrate the applicant's capability to plan and implement the proposed project in accordance with the provisions of this Announcement. It should provide

a comprehensive framework and description of all aspects of the proposed project. It must be succinct, self-explanatory, and well organized so that reviewers can understand the proposed project. Guidelines for the content of the Project Narrative are provided below.

The Project Narrative is limited to no more than 40 double-spaced single-sided 8.5 x 11 inch pages with Times New Roman 12 point text font and standard 1-inch margins. Applicants must number the Project Narrative beginning with page number 1.

Any materials beyond the specified page limit will not be read or considered in the application review process.

The following instructions provide all of the information needed to complete the Project Narrative. Carefully read and consider each section, and include all required information in your Project Narrative. The agency will evaluate the Project Narrative using the evaluation criteria identified in Section V.B.

Applicants must use the following section headers for the Project Narrative:

- a. Strategic Approach and Project Design
 - i. Model Goals and Targeting
 - ii. Comprehensive Description of the Model, Supporting Evidence Base, and Detailed Work Plans
 - Theory of Change
 - SAW/RTW Strategies to be Used or Adapted by the Project
 - Phase 1 Work Plan (Planning and Pilot)
 - Preliminary Phase 2 Implementation Plan
- b. Organizational Capacity and Quality of Key Personnel
- c. Management/Operational Plan
 - i. Risk Management and Opportunities
 - ii. Continuous Quality Improvement
 - iii. Participation in the Evaluation

a. Strategic Approach and Project Design

• *Model Goals and Targeting*

In this section, applicants must identify the target population(s) their efforts will focus upon and provide data and information to support the need for their proposed efforts, including characteristics, estimated size of total population, and expected sample size. Information should be provided to explain how focusing on the target population aligns to the goals of RETAIN. Applicants should include available detail on the evidence base for the target population (such as evidence of its long-term disability rate or SSDI/SSI transition rate, if available) in an attachment. Projects should be tailored to the specific context(s) in which implementation is planned, including demographic and socioeconomic issues of relevance. In articulating the problem or issue, applicants should demonstrate the extent of the problem in both qualitative and quantitative terms.

In addition, the application must define the total number of workers from the target population to include both groups of participants who will as well as those who will not receive RETAIN services (treatment and comparison groups), the number of participating health care providers, the services to be delivered, the proposed partners, and the geographic area of the proposed model, if applicable. A detailed discussion should be included that explains the rationale for why these elements are important in the context of explaining the overall expected impact of the model on improving outcomes and the potential suitability for expansion to other settings, areas, and/or populations.

Applicants should also describe any past and current efforts to address the issue. They must also describe how the activities to be conducted in the proposed project differ from those currently occurring, and how the new activities will lead to improved outcomes, including but not limited to those of interest to RETAIN:

1. Increased employment retention and labor force participation of individuals who acquire, and/or are at risk of developing, work disability; and
 2. Reduced long-term work disability among project participants, including the need for federal disability benefits (i.e., SSDI and SSI).
- *Comprehensive Description of the Model, Supporting Evidence Base and Detailed Work Plans*

The application must describe the design of the proposed model including the type, duration, and scope of the services to be provided in the service delivery model and the outreach, recruitment, and enrollment strategies that will be employed for identifying and targeting the applicable population and engaging providers, employers, and other external stakeholders. The description must identify the theory of change for the model and its evidence base. The applicant should also identify the activities that will be conducted in the planning, pilot, and implementation phases.

This section must include the following subsections:

- Theory of Change
- SAW/RTW Strategies to be Used or Adapted by the Project
- Phase 1 Work Plan (Planning and Pilot)
- Preliminary Phase 2 Implementation Plan
- *Theory of Change*

This subsection must describe how the proposed project design will contribute to addressing the problem outlined in the previous section of the project narrative (theory of change) and should be illustrated in the required logic model attachment (see below).

- *SAW/RTW Strategies to be Used or Adapted by the Project*

This subsection must describe specific SAW/RTW strategies, both employment- and health-related, to be used or adapted by the project. As noted in Section I.B, intervention strategies central to the projects must include, at a minimum:

- RTW Coordinators coordinating health and employment service delivery (including the development and implementation of a plan to support the employee in returning to or staying at work);
- Training participating health care providers in occupational health best practices such as those provided in COHE¹⁶ and alternatives to opioids for pain management;
- Incentivizing participating health care providers to utilize the best practices;
- Early communication to all stakeholders to return the worker to the workplace as soon as possible;
- Work-place based interventions (including accommodations such as lighter and/or modified duties, and adjustments to work schedules, tasks, and the physical worksite, if necessary);
- Retraining/rehabilitation for workers who can no longer perform their prior job or other available suitable alternate work; and
- Tracking and monitoring the medical and employment progress of participating workers.

The subsection should include a discussion of the evidence base for including each strategy with respect to the project and the target population and how the strategies will address the problem(s) or issue(s) noted in the Strategic Approach and Project Design section of the Project Narrative. Applicants should clearly articulate how their proposed interventions differ from those services that the participants would otherwise receive, rather than simply describing their approaches.

■ *Phase 1 Work Plan*

The Phase 1 work plan must include a description of the planning, start-up, and pilot activities that will be conducted, along with a timeline and proposed milestones, outcomes, and metrics. Based on what is proposed for full implementation in Phase 2 (see below), in this subsection applicants must also describe their plans to implement a smaller pilot during Phase 1. Activities in Phase 1 must include but are not limited to:

Developing partnerships:

- Establishing or finalizing necessary partnerships, MOUs, and sub-award agreements, including data sharing agreements and contracts for service delivery;

¹⁶ Health care providers affiliated with COHE receive training in four specific occupational health best practices: (1) Submitting a complete Report of Accident (ROA) in two business days or less; (2) Developing an activity plan, which communicates the worker's ability to participate in work activities, activity restrictions, and the provider's treatment plans; (3) Communicating directly with COHE staff and employers when injured workers are off or expected to be off work; and (4) Assessing the injured worker's barriers to RTW and developing a plan to overcome them.

- Meeting and engaging in strategic planning with partners identified in the application and other interested stakeholders to ensure service coordination and readiness for pilot and program implementation;
- Developing a strategy to collaborate with employers and/or insurers and service providers to ensure their ongoing participation in the demonstration;

Developing RETAIN service components and planning logistics:

- Any necessary travel to conduct planning and pilot implementation-related activities across the state or local workforce development area(s);
- Finalizing a plan for communication, outreach, recruitment, and enrollment of the target worker population;
- Establishing a process for referral services for worker participants requiring more than six (6) months of services;
- Running a small-scale pilot of the project, which must begin by the later of month nine (9), or when DOL receives Paperwork Reduction Act (PRA) approval for the program information collection;

Personnel and training:

- Developing training program and materials using evidence-based RTW strategies and best practices to be used in the proposed model (identified in the previous section) by RTW Coordinators and other necessary personnel;
- Hiring and training of RTW Coordinators using aforementioned training program;
- Hiring and training of other necessary personnel, including the program data collection lead/evaluation coordinator;
- Developing a health care provider recruitment, training, and incentive strategy;
- Recruiting and training an initial cohort of health care providers to participate in the pilot;
- Developing any necessary training for employers on SAW/RTW strategies and if appropriate, an incentive strategy;

Preparing for performance management, Continuous Quality Improvement (CQI), and the evaluation:

- Aligning the project with a health care partner's population health care coordination model, such as Patient-Centered Medical Home (PCMH);
- Enhancing existing IT systems or related infrastructure to facilitate necessary data collection, data sharing (both across project partners and with DOL and SSA), and program management;
- Working with the evaluator to refine the implementation plan and related evaluation design, and to finalize plans for collection of required programmatic data (to be specified by DOL; see [Section VI.C.2](#));
- Coordinating with the evaluator in IRB review and approval of the implementation plan;

- Collaborating with DOL and the independent evaluator to develop or enhance data collection and reporting capacity to provide information to satisfy DOL's programmatic quarterly reporting requirements, and to assess CQI.
- Developing a strategy for data collection from employers and/or insurers and service providers;
- Finalizing data collection and management plans, including methods to submit the programmatic data required by DOL and to support the program's own operational use for monitoring and triaging participant cases;
- Developing and executing any necessary data-sharing agreements with SSA;
- Developing a plan to reliably leverage or modify existing health and employment-related information management systems to collect data to support coordination of RTW activities, to monitor project implementation for continuous quality improvement, and to align this data collection process with the DOL's programmatic data collection requirements;
- Refining the aforementioned plans and strategies based on initial pilot results and through use of a CQI model; and

Planning for Phase 2:

- Preparing and submitting the project's finalized design and implementation plan, and other required materials specified in the Phase 2 FOA.

The plan must also describe in detail how the awardee will conduct the pilot and how the activities conducted during the pilot phase will drive better integration of services and resources at the local level and position the project to implement the demonstration effectively, if selected to receive Phase 2 funding.

■ *Preliminary Phase 2 Implementation Plan*

The preliminary Phase 2 implementation plan, which is to be included as part of the Phase 1 application, must describe activities to be carried out by various program staff and partners in implementing the demonstration project, along with a timeline and proposed milestones, outputs, and outcomes (including policy outcomes).

The plan must also include metrics for monitoring process and program outcomes of those receiving RETAIN services. A list of required and optional metrics is included in Appendix D. In addition, all surveys must be coordinated with the evaluator.

The preliminary implementation plan for the Phase 2 demonstration project must include the following at minimum:

- Proposed milestones, interim outputs, and outcome goals;
- Proposed metrics for measuring process and program outcomes (see Appendix D);
- A detailed project timeline;

- Initial plans for recruiting and training health care providers;
- Initial plans for partnering with other key stakeholders (e.g., employers, insurers, etc.);
- A proposed data collection plan based on the preliminary list of required programmatic data elements identified in Section VI.C.2, which identifies the data collection process and data sources that will be utilized, how the required programmatic data elements will be provided, and how the data will be used for operational purposes;
- A description of how any existing workforce system and health care provider partner data systems will be utilized, aligned, and shared for purposes of quarterly performance reporting to DOL, and self-monitoring for CQI;
- A justification of any proposed incentives, both financial and non-financial incentives (e.g. for health care providers, worker participants, employers), which includes a description of why the incentives are necessary to further grant-related activities and identifies the incentive value(s) and how they will be distributed and tracked;¹⁷

With respect to the target population, the preliminary implementation plan must describe the following:

- A viable strategy for identifying, recruiting, and enrolling a sufficient number of worker participants to allow for a valid evaluation of impacts, including:
 - How the proposed target population will be identified and recruited (e.g. through a health care organization, an employer, an insurer, or other existing entity), including a projected timeframe for recruitment;
 - Preliminary plans for securing commitment of each recruitment source to partner in good faith for the duration of the project, or at least until minimum sample size requirements are met;
 - How many individuals are estimated to qualify; and
 - How many individuals the applicant expects to serve through RETAIN;
- A strategy for minimizing failure of participants to follow up (e.g., encouraging ongoing participation in medical and employment services, following through on the RTW plan developed with the RTW Coordinator, etc.)

Assumptions used to determine and describe the target worker population and expected sample size should be included as part of the project narrative, as well as support for why each of these assumptions is reasonable.

¹⁷ COHE utilizes a sliding scale to incentivize health care providers to utilize specific occupational health best practices. The most recent fee schedule is available as an example: <http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/OHS/SettingUp/Files/COHEFeeScheduleJuly2017Final.pdf>. The recommendations in this Graham Center report may also be useful to bear in mind when designing incentive strategies: https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/StarfieldSummit%20Annotated%20Bibliography_Payment-FIN.pdf.

The plan must clearly address the problem(s) or issue(s) noted in the Strategic Approach and Proposed Design section of the Project Narrative and should align to the description in the Phase 1 work plan of how activities will drive better integration of resources at the local level. It must also show how the requested funds and other resources will support the proposed activities and how the proposed activities will lead to the proposed interim outputs and ultimate outcomes.

b. Organizational Capacity and Qualifications of Key Personnel

Applicants must describe their capacity to effectively manage and carry out the programmatic, fiscal, administrative, and independent evaluation-related activities of the proposed projects. The application must describe the guiding principles of the organization and its past experience and track record of performance. It must also demonstrate an understanding of the needs of the community or population that the applicant seeks to target. The application must include a description of the governance, organizational, and structural functions that will be in place to implement, monitor, and operate the model. The tasks to be conducted by each administrative component must also be described.

Applicants must provide evidence of the following:

- The establishment of the RETAIN Leadership Team described in Section III.F.2 and the applicant's strategic plan for utilizing this team throughout both phases of the project. The application must provide documentation that entities on the RETAIN Leadership Team will have sustained, substantial commitment and active involvement. Such documentation can be provided through signed MOUs, letters of commitment, or other similar documents.
- Documentation of the required health care partner's relevant experience in evidence-based strategies and systems of care coordination and population health management.
- The establishment of relevant partnerships at the local level to provide reasonable assurance that the proposed implementation plan activities can be executed, including recruiting adequate numbers of participants to support a valid evaluation, as documented through signed MOUs, letters of commitment, sub-contracts, or other appropriate partnership vehicles.
- The professional qualifications required of the project manager, RTW Coordinators, program data collection lead/evaluation coordinator, and other key personnel, along with how these qualifications will be sufficient to ensure proper management of all project activities, including timely reporting and the ability to manage strategic partnerships.¹⁸

¹⁸ Although we expect the determination as to who is identified as key staff to vary based on an applicant's proposed project design, RTW Coordinators, whose hiring may occur at various times during Phase 1, will be key staff in all projects. During Phase 2 – Implementation, the RTW coordinators will be expected to monitor all cases and provide services as needed, primarily coordination, stakeholder communication and RTW encouragement (especially for employers). The RTW coordinators will also facilitate access to employment services. RTW coordinators may be located in a place of the applicant's choosing, but must have access to necessary health and employment data to effectively accomplish their role.

- A minimum of one key personnel in a leadership position must have a strong health care background (e.g., a Medical Doctor, a board certified occupational health physician, an expert in health programs and policy, etc.)
- The Governor's commitment to successfully carrying out the project, as documented through a signed letter indicating his/her support and the commitment of his/her participating agencies.
- The ability to collect required programmatic data (see Section VI.C.2 for preliminary data elements), and legal ability to share programmatic data with DOL and SSA.

This section should include information about and describe the readiness of the applicant and all partners to participate in both Phase 1-Planning and Pilot and Phase 2-Implementation, and any resources that will be needed for full readiness to implement the RETAIN Demonstration Projects in Phase 2, if selected. This should include past, relevant experience running large, complex demonstration projects or other complex innovation projects. All resources, personnel, and established and planned partnerships should be identified.

c. Management/Operational Plan

Applicants must submit a detailed Management/Operational Plan that:

- Describes the activities and budgets for the 18-month period of performance;
- Includes a detailed timeline for implementation with major milestones; and
- Articulates an effective strategy for
 - Self- monitoring, risk management, and CQI; and
 - Providing the required programmatic data elements.

The Management/Operational Plan must show how the applicant plans to ramp up to operational start and begin implementation of the pilot no later than within nine (9) months of receiving Phase 1 funding (assuming DOL receives Paperwork Reduction Act approval by that time for the information collection associated with the project). The plan should also include roles and responsibilities of key partners and major milestones and dates for successfully executing the Management/Operational Plan.

The applicant must provide an organizational chart (see required attachment below) demonstrating how the primary applicant will successfully manage this cooperative agreement and how the primary applicant will manage and facilitate the relationships between that entity and all other partnering or participating organizations to lead to the successful provision of services to worker participants under the model.

In addition, the application must show that the applicant has, or will have within nine (9) months, the resources in place to report on its progress in planning and implementing the pilot.¹⁹

Applicants also must include a list of key personnel. For each person on this list, applicants should describe their relevant background, their roles, and overall responsibilities. Resumés must be included as attachments to the Project Narrative (see below).

Applicants must explain in detail their project management approach and demonstrate their experience implementing a project of the proposed scope. This section must contain the following subsections:

- i. Risk Management and Opportunities
- ii. Continuous Quality Improvement
- iii. Participation in the Evaluation

i. *Risk Management and Opportunities*

This subsection must identify potential risks to planning and implementing the proposed project, such as difficulty recruiting a sufficient number of worker participants. Each identified risk must be accompanied by a proposed plan for addressing or overcoming the risk.

This subsection must also identify any opportunities to accelerate the project's planning or implementation and plans for taking advantage of such opportunities. Opportunities to accelerate the project could include leveraging existing partnerships.

ii. *Continuous Quality Improvement*

DOL believes that awardees that actively self-monitor will have the greatest opportunities for improvement in health care and employment and training service quality, medical expenditures, and reductions in overall long-term disability costs. As indicated in Section III.F.4.c, awardees will be expected to analyze process data as part of CQI in order to improve processes without changing the underlying model. This subsection must describe the applicant's approach to CQI and how it will be coordinated with the evaluator. It must identify a specific CQI model and detail how the model will be utilized. The CQI plan should support the theory of change identified in the Strategic Approach and Project Design section of the Project Narrative and should clearly align with the required Project Logic Model attachment. See Appendix C for more information on CQI.

¹⁹ As noted, the pilot will begin by month nine (9) or when the Office of Management and Budget provides Paperwork Reduction Act approval for the project's information collection, whichever comes later. Awardees should be prepared to begin their pilot at month nine (9) on the assumption that necessary approvals will be in place.

iii. *Participation in the Evaluation*

Applicants must indicate their commitment and plans to accept TA from the independent evaluator to refine their data collection and implementation plans and to support the independent evaluation. Applicants must also demonstrate that they have (or will have, by start of the pilot) the legal authority to timely share the required programmatic data with DOL and SSA, including plans to meet any requirements for individual consent. Applicants must identify any data-sharing agreements that they expect to need in order to share data and must identify any limitations to how the data may be used, protected, disclosed, or shared.

4. *Attachments to the Project Narrative*

In addition to the Project Narrative, you must submit attachments. All attachments must be clearly labeled as Attachments. We will only exclude those attachments listed below from the page limit.

You must not include additional materials such as general letters of support. You must submit your application in one package because documents received separately will be tracked separately and will not be attached to the application for review.

Save all files with descriptive file names of 50 characters or less and only use standard characters in file names: A-Z, a-z, 0-9, and underscore (_). File names may not include special characters (e.g. &, -, *, %, /, #), periods (.), blank spaces or accent marks, and must be unique (i.e., no other attachment may have the same file name). You may use an underscore (example: my_Attached_File.pdf) to separate a file name.

Required Attachments

- a. Project Logic Model²⁰
- b. Staffing
 - i. Resumés of Proposed Key Personnel
 - ii. Organization Chart
- c. Signed Memoranda of Understanding and/or Letters of Commitment as specified in the FOA
 - i. Letter of Support and Commitment from the Governor's Office
 - ii. Documentation of commitment from proposed RETAIN Leadership Team members
 - iii. Documentation of commitment from Local Workforce Development Board(s)
 - iv. Documentation of partnerships for recruiting the proposed target population

Requested Attachments

We request the following attachments, but their omission will not cause us to screen out the application. Furthermore, if the omission of the attachment will impact scoring, the description of the attachment will note such an impact.

²⁰ See these links for additional information on logic models: <https://www.cals.uidaho.edu/edcomm/pdf/CIS/CIS1097.pdf> and <https://www.cdc.gov/std/Program/pupestd/Components%20of%20a%20Logic%20Model.pdf>.

a. Abstract

Applicants are strongly encouraged, though not required, to submit an up to three-page abstract summarizing the proposed project, including but not limited to the scope of the project and proposed outcomes. Abstracts from Phase 1 recipients will be adapted for posting on DOL's website and for use in press announcements. The abstract should include the following information:

- Lead applicant's name and contact information
- Project name/title
- Description of proposed geographic areas to be served
- Description of the proposed target worker population, including number of participants to be served in both the treatment and comparison groups
- Funding level requested for the initial period of performance (18 months)
- Overview of the proposed project including the proposed agency partners and the role that each will play in the planning and demonstration activities

The proposed project overview should succinctly describe the activities to be carried out in the Phase 1 planning and pilot period and the applicant's plan for achieving their proposed outcomes, which should support the RETAIN Demonstration Project outcome goals stated in Section I.A. When submitting in grants.gov, this document should be uploaded as an attachment to the application package and specifically labeled "Abstract."

- b. The evidence base for the target population (such as evidence of its long-term disability rate or SSDI/SSI transition rate, if available) as documented through reports, papers, or other available data.
- c. Indirect Cost Rate Agreement: If you are requesting indirect costs based on a Negotiated Indirect Cost Rate Agreement approved by your Federal Cognizant Agency, then attach the most recently approved Agreement. (For more information, see Section IV.B.2. and Section IV.E.1.) This attachment does not impact scoring of the application.

C. SUBMISSION DATE, TIMES, PROCESS, AND ADDRESSES

We must receive applications under this Announcement by **July 23, 2018**. We must receive your application either electronically on <https://www.grants.gov> or in hard copy by mail or in hard copy by hand delivery (*including overnight delivery*) **no later than 4:00:00 p.m. Eastern Time on the closing date.**

Applicants are encouraged to submit their application before the closing date to ensure that the risk of late receipt of the application is minimized. We will not review applications received after 4:00:00 p.m. Eastern Time on the closing date.

Applicants submitting applications in hard copy by mail or overnight delivery must submit a "copy-ready" version free of bindings, staples or protruding tabs to ease in the reproduction of the application by DOL. Applicants submitting applications in hard copy must also include in

the hard copy submission an identical electronic copy of the application on compact disc (CD) or flash drive. If we identify discrepancies between the hard copy submission and CD/flash drive copy, we will consider the application on the CD/flash drive as the official submission for evaluation purposes. Failure to provide identical applications in hardcopy and CD/flash drive format may have an impact on the overall evaluation.

If an application is physically submitted by both hard copy and through <https://www.grants.gov>, a letter must accompany the hard-copy application stating which application to review. If no letter accompanies the hard copy, we will review the copy submitted through <https://www.grants.gov>

We will grant no exceptions to the mailing and delivery requirements set forth in this notice. Further, we will not accept documents submitted separately from the application, before or after the deadline, as part of the application.

Address mailed applications to the

U.S. Department of Labor
Employment and Training Administration
Office of Grants Management
Attention: Jimmie Curtis, Grant Officer
Reference FOA-ETA-18-05
200 Constitution Avenue, NW, Room N4716
Washington, DC 20210

Please note that mail decontamination procedures may delay mail delivery in the Washington DC area. We will receive hand-delivered applications at the above address at the **3rd Street Visitor Entrance**. All overnight delivery submissions will be considered to be hand-delivered and must be received at the designated place by the specified closing date and time.

Applicants submitting applications through Grants.gov must ensure successful submission at <https://www.grants.gov> **no later than 4:00:00 p.m. Eastern Time on the closing date.** Grants.gov will subsequently validate the application.

We describe the submission and validation process in more detail below. The process can be complicated and time-consuming therefore you are strongly advised to initiate the process as soon as possible and to plan for time to resolve technical problems. Note that validation does not mean that your application has been accepted as complete or has been accepted for review. Rather, grants.gov only verifies the submission of certain parts of an application.

a. How to Register to Apply through Grants.gov

Read through the registration process carefully before registering. These steps may take as much as **four weeks** to complete, and this time should be factored into plans for timely electronic submission in order to avoid unexpected delays that could result in the rejection of an application.

Applicants must follow the online instructions for registration at <https://www.grants.gov/web/grants/applicants/organization-registration.html>. We recommend that you prepare the information requested before beginning the registration process. Reviewing and assembling required information before beginning the registration process will alleviate last minute searches for required information and save time.

An application submitted through Grants.gov constitutes a submission as an electronically signed application. The registration and account creation with Grants.gov, with E-Biz POC approval, establishes an Agency Organizational Representative (AOR). When an application is submitted through Grants.gov, the name of the AOR that submitted the application is inserted into the signature line of the application, serving as the electronic signature. The EBiz POC must authorize the individual who is able to make legally binding commitments on behalf of your organization as the AOR; this step is often missed and it is crucial for valid submissions.

b. How to Submit an Application to DOL via Grants.gov

Grants.gov applicants can apply online using Workspace. Workspace is a shared, online environment where members of a grant team may simultaneously access and edit different webforms within an application. For a complete workspace overview, refer to: <https://www.grants.gov/web/grants/applicants/workspace-overview.html>

For access to complete instructions on how to apply for opportunities, refer to: <https://www.grants.gov/web/grants/applicants/apply-for-grants.html>

When a registered applicant submits an application with Grants.gov, an electronic time stamp is generated within the system when the application is successfully received by Grants.gov. Grants.gov will send the applicant AOR an email acknowledgement of receipt and a tracking number (GRANTXXXXXXXX) with the successful transmission of the application, serving as proof of their timely submission. The applicant will receive two email messages to provide the status of the application's progress through the system.

- The first email will contain a tracking number and will confirm receipt of the application by Grants.gov.
- The second email will indicate the application has either been successfully validated or has been rejected due to errors.

Grants.gov will **reject applications if the applicant's registration in SAM is expired. Only applications that have been successfully submitted by the deadline and later successfully validated will be considered.** It is your sole responsibility to ensure a timely submission. While it is not required that an application be successfully validated before the deadline for submission, it is prudent to reserve time before the deadline in case it is necessary to resubmit an application that has not been successfully validated. Therefore, enough time should be allotted for submission (24-48 hours) and, if applicable, additional time to address errors and receive validation upon resubmission (an additional two business days for each ensuing submission). It is important to note that if enough time is not allotted and a rejection notice is received after the due date and time, DOL will not consider the application.

To ensure consideration, the components of the application must be saved as .doc, .docx, .xls, .xlsx, .rtf or .pdf files. If submitted in any other format, the applicant bears the risk that compatibility or other issues will prevent DOL from considering the application. We will attempt to open the document, but will not take any additional measures in the event of problems with opening.

We strongly advise applicants to use the various tools and documents, including FAQs, which are available on the “Applicant Resources” page at <https://www.grants.gov/web/grants/applicants/applicant-faqs.html>

We encourage new prospective applicants to view the online tutorial, “Grant Applications 101: A Plain English Guide to ETA Competitive Grants,” available through WorkforceGPS at: <https://strategies.workforcegps.org/resources/2014/08/11/16/32/applying-for-eta-competitive-grants-a-web-based-toolkit-for-prospective-applicants-438?p=1>

To receive updated information about critical issues, new tips for users and other time sensitive updates as information is available, you may subscribe to “Grants.gov Updates” at <https://www.grants.gov/web/grants/manage-subscriptions.html>

If you encounter a problem with Grants.gov and do not find an answer in any of the other resources,

- **call** 1-800-518-4726 or 606-545-5035 to speak to a Customer Support Representative or
- **email** support@grants.gov

The Grants.gov Contact Center is open 24 hours a day, seven days a week. However, it is closed on Federal holidays. If you are experiencing difficulties with your submission, it is best to call the Grants.gov Support Center and get a ticket number.

Late Applications

For applications submitted on Grants.gov, we will consider only applications successfully submitted no later than 4:00:00 p.m. Eastern Time on the closing date and then successfully validated. You take a significant risk by waiting to the last day to submit through Grants.gov.

We will not consider any hard copy application received after the exact date and time specified for receipt at the office designated in this notice, unless we receive it before awards are made, it was properly addressed, and it was: (a) sent by U.S. Postal Service mail, postmarked not later than the fifth calendar day before the date specified for receipt of applications (e.g., an application required to be received by the 20th of the month must be postmarked by the 15th of that month); or (b) sent by professional overnight delivery service to the addressee not later than one working day before the date specified for receipt of applications. “Postmarked” means a printed, stamped or otherwise placed impression (exclusive of a postage meter machine impression) that is readily identifiable, without further action, as having been supplied or affixed on the date of mailing by an employee of the U.S. Postal Service. Therefore, you should request the postal clerk to place a legible hand cancellation “bull’s eye” postmark on both the receipt

and the package. Failure to adhere to these instructions will be a basis for a determination that the application was not filed timely and will not be considered. Evidence of timely submission by a professional overnight delivery service must be demonstrated by equally reliable evidence created by the delivery service provider indicating the time and place of receipt.

D. INTERGOVERNMENTAL REVIEW

This funding opportunity is not subject to Executive Order 12372, “Intergovernmental Review of Federal Programs.”

E. FUNDING RESTRICTIONS

All proposed project costs must be necessary and reasonable and in accordance with federal guidelines. Determinations of allowable costs will be made in accordance with the Cost Principles, now found in the Office of Management and Budget’s Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), codified at 2 CFR Part 200 and at 2 CFR Part 2900 (Uniform Guidance-DOL specific). Disallowed costs are those charges to a grant that the grantor agency or its representative determines not to be allowed in accordance with the Cost Principles or other conditions contained in the grant. Applicants, whether successful or not, will not be entitled to reimbursement of pre-award costs.

1. Indirect Costs

As specified in the Uniform Guidance Cost Principles, indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. An indirect cost rate is required when an organization operates under more than one grant or other activity, whether federally-assisted or not. You have two options to claim reimbursement of indirect costs.

Option 1: You may use a NICRA or Cost Allocation Plan (CAP) supplied by the Federal Cognizant Agency. If you do not have a NICRA/CAP or have a pending NICRA/CAP, and in either case choose to include estimated indirect costs in your budget, at the time of award the Grant Officer will release funds in the amount of 10% of salaries and wages to support indirect costs. Within 90 days of award, you are required to submit an acceptable indirect cost proposal or CAP to your Federal Cognizant Agency to obtain a provisional indirect cost rate. (See Section IV.B.4. for more information on NICRA submission requirements.)

Option 2: Any organization that has never received a negotiated indirect cost rate, with the exceptions noted at 2 CFR 200.414(f) in the Cost Principles, may elect to charge a de minimis rate of 10% of modified total direct costs (see 2 CFR 200.68 for definition) which may be used indefinitely. If you choose this option, this methodology must be used consistently for all federal awards until such time as you choose to negotiate for an indirect cost rate, which you may apply to do at any time. (See 2 CFR 200.414(f) for more information on use of the de minimis rate.)

2. Salary and Bonus Limitations

None of the funds appropriated under the heading “Employment and Training” in the appropriation statute(s) may be used by a recipient or sub-recipient of such funds to pay the salary and bonuses of an individual, either as direct costs or indirect costs, at a rate in excess of Executive Level II. This limitation does not apply to contractors providing goods and services as defined in the Audit Requirements of the OMB Uniform Guidance (see 2 CFR 200 Subpart F). Where States are recipients of such funds, States may establish a lower limit for salaries and bonuses of those receiving salaries and bonuses from sub-recipients of such funds, taking into account factors including the relative cost-of-living in the State, the compensation levels for comparable State or local government employees, and the size of the organizations that administer federal programs involved including Employment and Training Administration programs. See Public Law 113-235, Division G, Title I, section 105, and Training and Employment Guidance Letter number 05-06 for further clarification: https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=2262.

3. *Intellectual Property Rights*

Pursuant to 2 CFR 2900.13, to ensure that the federal investment of DOL funds has as broad an impact as possible and to encourage innovation in the development of new learning materials, the grantee will be required to license to the public all work created with the support of the grant under a Creative Commons Attribution 4.0 (CC BY) license. Work that must be licensed under the CC BY includes both new content created with the grant funds and modifications made to pre-existing, grantee-owned content using grant funds.

This license allows subsequent users to copy, distribute, transmit and adapt the copyrighted Work and requires such users to attribute the Work in the manner specified by the grantee. Notice of the license shall be affixed to the Work. For general information on CC BY, please visit <https://creativecommons.org/licenses/by/4.0>.

Instructions for marking your work with CC BY can be found at https://wiki.creativecommons.org/Marking_your_work_with_a_CC_license.

Questions about CC BY as it applies to this specific funding opportunity should be submitted to the ETA Grants Management Specialist specified in Section VII.

Only work that is developed by the recipient in whole or in part with grants funds is required to be licensed under the CC BY license. Pre-existing copyrighted materials licensed to, or purchased by the grantee from third parties, including modifications of such materials, remain subject to the intellectual property rights the grantee receives under the terms of the particular license or purchase. In addition, works created by the grantee without grant funds do not fall under the CC BY license requirement.

The purpose of the CC BY licensing requirement is to ensure that materials developed with funds provided by these grants result in work that can be freely reused and improved by others. When purchasing or licensing consumable or reusable materials, the grantee is expected to respect all applicable federal laws and regulations, including those pertaining to the copyright and accessibility provisions of the federal Rehabilitation Act.

Separate from the CC BY license to the public, the federal Government reserves a paid-up, nonexclusive and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use for federal purposes: i) the copyright in all products developed under the grant, including a sub-award or contract under the grant or sub-award; and ii) any rights of copyright to which the recipient, sub-recipient or a contractor purchases ownership under an award (including, but not limited to, curricula, training models, technical assistance products, and any related materials). Such uses include, but are not limited to, the right to modify and distribute such products worldwide by any means, electronically or otherwise. The grantee may not use federal funds to pay any royalty or license fee for use of a copyrighted work, or the cost of acquiring by purchase a copyright in a work, where the Department has a license or rights of free use in such work. If revenues are generated through selling products developed with grant funds, including intellectual property, DOL treats such revenues as program income. Such program income is added to the grant and must be expended for allowable grant activities.

If applicable, the following needs to be on all products developed in whole or in part with grant funds:

“This workforce product was funded by a grant awarded by the U.S. Department of Labor’s Office of Disability and Employment Policy. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it.”

4. Travel

Any travel undertaken in performance of this cooperative agreement shall be subject to and in strict accordance with federal travel regulations.

F. OTHER SUBMISSION REQUIREMENTS

Withdrawal of Applications: Applications may be withdrawn by written notice to the Grant Officer at any time before an award is made.

V. APPLICATION REVIEW INFORMATION

A. SCORING CRITERIA FOR PROJECT NARRATIVES

This section fully describes the selection criteria for applications received in response to this funding opportunity. In preparing applications, applicants are strongly encouraged to review the programmatic requirements. Applications will be scored on a scale of 0-100 according to the point distribution specified in the table below.

Criterion	Points
1. Strength of Strategic Approach and Proposed Project Design	35
2. Organizational Capacity and Management/Operational Plan	30
3. Budget and Budget Narrative	15
4. Monitoring and Reporting	20
TOTAL	100

The following criteria will be used to assess applications received in response to this announcement:

1. *Strength of Strategic Approach and Project Design (35 points)*

The proposed model is well-designed to meet the goals of the RETAIN initiative, including improved employment outcomes and reduced federal disability program participation for the targeted population(s). The design is based on relevant evidence and appears to have a high likelihood of success, and the funding level requested is commensurate with the level of evidence. The model design is innovative in concept and the operational design is feasible and appears likely to result in significant improvement upon existing coordination and service delivery.

The target population identified is appropriate and based on a strong evidence base. The applicant's plan to identify, engage, recruit, and enroll sufficiently large numbers of workers from the target population to allow for a valid evaluation of the project's impact is well-thought out and appears strong. The proposal indicates the overall expected magnitude and breadth of impact of the project on improving outcomes and reducing costs for the population it targets. The goals set for improvement are aggressive, but credible given the description of the model.

The applicant's strategies for recruiting and training health care providers and for partnering with other key stakeholders (e.g. employers, insurers, etc.) appear strong and likely to be successful.

The proposed model effectively targets the intended population and includes plans to effectively integrate the model with relevant community providers of health care and employment-related services, and to coordinate effectively with other relevant groups. The proposal also demonstrates how the applicant will effectively leverage or modify existing health and employment-related data collection systems to support coordination and data-sharing across health and employment and training service providers participating in the project, to track its specific CQI goals, and to provide the data required for reporting and CQI.

2. *Organizational Capacity and Management/Operational Plan (30 points)*

The applicant has relevant experience in successfully operating innovative projects of similar size and complexity, including the ability to effectively implement the project at full scale, and to support the independent evaluation. The primary applicant has the necessary facilities and infrastructure to effectively lead and implement the project, and the application describes

a track record or a path to establishing the required processes and infrastructure to achieve proposed milestones. The required health care partner has relevant experience in evidence-based strategies and systems of care coordination and population health management.

The key personnel proposed to lead the project have the skills and experience needed to assure smooth and effective planning and pilot activities, to support the independent evaluation, and to implement the project at full scale.

The proposed Management/Operational Plan is specific and shows a realistic probability of the applicant's ability to effectively meet the objectives and carry out the proposed project to achieve the desired outcomes on time and within budget. Staff and partner responsibilities are clearly defined, and the project partners identified by the applicant have the administrative ability to carry out their part of the project. The time allocated to conduct project activities appears adequate, and the timelines and milestones identified for accomplishing project tasks are detailed and reasonable.

The applicant's plans to collaborate with the evaluator are clear and well-developed, and demonstrate an ability to effectively and consistently support a rigorous evaluation. The project demonstrates a clear legal and logistical ability and willingness to provide all required project data, including through any necessary data sharing agreements.

The applicant demonstrates a clear logistical plan and sufficient operational resources to enroll significant numbers of individuals from the target population into both treatment and comparison groups, and to partner with health care providers, employment service providers, employers, and other relevant partners. The partnerships proposed are strategic and partnership resources are effectively leveraged in order to increase stakeholder investment in the project at all levels, broaden the impact of the project itself, and increase the likelihood of sustainability. These plans show a reasonable likelihood of success

The evidence provided demonstrates the applicant's ability to effectively implement the pilot within nine (9) months after award.

The Management/Operational Plan is well-described and shows evidence of effectively supporting the project.

3. Budget and Budget Narrative (15 points)

The proposed budget and budget narrative are carefully developed, with plans for efficient use of funds. The budget is constructed from a data-driven evidence base that informs its projections. Overhead and administrative costs are reasonable and the majority of funding is projected to be used for health services coordination, employment and training service delivery, and related SAW/RTW activities. Incentives do not constitute more than 10 percent of any annual budget.

4. Monitoring and Reporting (20 points)

The applicant presents a well-designed and credible plan for regular reporting of performance and quantitative data for self-monitoring the progress of the project, including:

- information on staffing and staff development/training;
- quality of services delivered;
- numbers of worker participants;
- frequency and nature of contacts with providers, employees from the target population and employers; and
- other relevant process and quality data that give a full picture of the progress of the applicant in carrying out the project.

The applicant clearly includes a quantifiable means for monitoring the progress of its project using CQI and for supporting the independent evaluation contractor in assessing the project's impact on improving outcomes and reducing costs. The applicant includes a clear plan for obtaining and providing the required programmatic data. Mechanisms have been put in place for ensuring high-quality products and services and for maintaining fidelity to the intervention design.

B. REVIEW AND SELECTION PROCESS FOR PHASE 1, RETAIN PLANNING AND PILOTS

A technical merit review panel will carefully evaluate applications against the selection criteria to determine the merit of applications. These criteria are based on the policy goals, priorities, and emphases set forth in this FOA. Up to 100 points may be awarded to an applicant, depending on the quality of the responses provided. The final scores (which may include the mathematical normalization of review panels) will serve as the primary basis for selection of applications for funding. The panel results are advisory in nature and not binding on the Grant Officer. The Grant Officer reserves the right to make selections based solely on the final scores or to take into consideration other relevant factors when applicable. Such factors may include the geographic distribution of funds, whether the proposal includes meaningful leveraged resources, and/or other relevant factors. For the purposes of this FOA, "meaningful leveraged resources" describes the resources (e.g., funding, systems, staff, programs, etc.) of multiple stakeholders being effectively blended in such a way that the program's impact on participants and program partners is enhanced and the likelihood of sustainability in the absence of federal funding is increased. The Grant Officer may consider any information that comes to his/her attention.

The government may elect to award the grant(s) with or without discussions with the applicant. Should a grant be awarded without discussions, the award will be based on the applicant's signature on the SF-424, including electronic signature via E-Authentication on <https://www.grants.gov>, which constitutes a binding offer by the applicant.

1. Risk Review Process

Prior to making an award, DOL will review information available through its own records and any OMB-designated repository of government-wide eligibility qualification or financial integrity information, such as Federal Awardee Performance and Integrity Information System (FAPIIS), Dun and Bradstreet, and "Do Not Pay." Additionally, DOL will comply with the requirements of 2 CFR Part 180 codified by DOL at 29 CFR Part 98 [Government-wide

Debarment and Suspension (Non-procurement)]. This risk evaluation may incorporate results of the evaluation of the applicant's eligibility (application screening) or the quality of its application (merit review). If DOL determines that an award will be made, special conditions that correspond to the degree of risk assessed may be applied to the award. Criteria to be evaluated include:

1. Financial stability;
2. Quality of management systems and ability to meet the management standards prescribed in the Uniform Grant Guidance;
3. History of performance. The applicant's record in managing awards, cooperative agreements, or procurement awards, if it is a prior recipient of such federal awards, including timeliness of compliance with applicable reporting requirements and, if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
4. Reports and findings from audits performed under Subpart F – Audit Requirements of the Uniform Grant Guidance or the reports and findings of any other available audits and monitoring reports containing findings, issues of non-compliance or questioned costs;
5. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on recipients.

Depending on the severity of the findings and whether the findings were resolved, the Grant Officer may at his/her discretion, elect to not fund the applicant for a grant award regardless of the applicant's score in the competition.

C. REVIEW AND SELECTION PROCESS FOR PHASE 2, RETAIN DEMONSTRATION PROJECT IMPLEMENTATION

The Grant Officer will notify Phase 1 awardees by email when the RETAIN Phase 2 Funding Opportunity Announcement is published. Specific information required in the Phase 2 application will be detailed in the Announcement. In brief, awardees will be required to submit a revised implementation plan and timeline for Phase 2-RETAIN Demonstration Project Implementation, along with the proposed budget. The revised implementation plan should reflect the development and refinement of the initial implementation plan proposal that occurred during Phase 1.

Phase 2 funding may, at DOL's discretion, be provided to up to four (4) states that DOL and SSA determine are best prepared to effectively implement the demonstration projects with the requirements described in the forthcoming Phase 2 Funding Opportunity Announcement and effectively support a rigorous independent evaluation. Performance in the Phase 1 pilot will be considered as a strong indicator of the projects' likelihood of success. The Programmatic Readiness and Evaluability Assessments prepared by the RETAIN Program TA Provider and independent evaluator, respectively, will be included and scored as part of the awardees' Phase 2 competitive submissions. A technical merit review panel consisting of federal project staff will evaluate and rank the Phase 2 applications based on criteria that will be included in the Phase 2 Funding Opportunity Announcement.

VI. Award Administration Information

A. AWARD NOTICES

All award notifications will be posted on the ODEP website (<http://www.dol.gov/odep>). Applicants selected for award will be contacted directly before the grant's execution. Non-selected applicants will be notified by mail or email and may request a written debriefing on the significant weaknesses of their proposal.

Selection of an organization as a grantee does not constitute approval of the grant application as submitted. Before the actual grant is awarded, DOL may enter into negotiations about such items as program components, staffing and funding levels, and administrative systems in place to support grant implementation. If the negotiations do not result in a mutually acceptable submission, the Grant Officer reserves the right to terminate the negotiations and decline to fund the application. DOL reserves the right to not fund any application related to this FOA.

B. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

1. Administrative Program Requirements

All grantees will be subject to all applicable federal laws, regulations—including the OMB Uniform Guidance, and the terms and conditions of the award. The grant(s) awarded under this FOA will be subject to the following administrative standards and provisions:

- a. Non-Profit Organizations, Educational Institutions, For-profit entities and State, Local and Indian Tribal Governments – 2 CFR Part 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards) and 2 CFR 2900 (DOL's Supplement to 2 CFR Part 200)
- b. *Appeal* – All recipients must comply with the applicable provisions of the Workforce Innovation and Opportunity Act (WIOA), Public Law No. 113-328, 128 Stat. 1425 (codified as amended at 29 U.S.C. 3101 et seq.) and the applicable provisions of the regulations at 20 CFR 675 et seq. Note that 20 CFR part 683 (Administrative Provisions) allows unsuccessful applicants to file administrative appeals.
- c. All entities must comply with 29 CFR Part 93 (New Restrictions on Lobbying), 29 CFR Part 94 (Governmentwide Requirements for Drug-Free Workplace (Financial Assistance)), 29 CFR Part 98 (Governmentwide Debarment and Suspension, and drug-free workplace requirements), and, where applicable, 2 CFR Part 200 (Audit Requirements).
- d. 29 CFR Part 2, subpart D—Equal Treatment in Department of Labor Programs for Religious Organizations; Protection of Religious Liberty of Department of Labor Social Service Providers and Beneficiaries.
- e. 29 CFR Part 31—Nondiscrimination in Federally Assisted Programs of the Department of Labor—Effectuation of Title VI of the Civil Rights Act of 1964.
- f. 29 CFR Part 32—Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance.
- g. 29 CFR Part 35—Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance from the Department of Labor.
- h. 29 CFR Part 36—Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance.

- i. 29 CFR Part 38 – Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act.
- j. 29 CFR Parts 29 and 30—Labor Standards for the Registration of Apprenticeship Programs, and Equal Employment Opportunity in Apprenticeship and Training, as applicable.

2. *General Terms and Conditions of Award*

See the following link: https://www.dol.gov/odep/topics/SAW-RTW/RETAIN-Phase-1-terms-conditions_FINAL.docx.

3. *Other Legal Requirements*

a. Religious Activities

The Department notes that the Religious Freedom Restoration Act (RFRA), 42 U.S.C. Section 2000bb, applies to all federal law and its implementation. If an applicant organization is a faith-based organization that makes hiring decisions on the basis of religious belief, it may be entitled to receive federal financial assistance under this grant solicitation and maintain that hiring practice. If a faith-based organization is awarded a grant, the organization will be provided with more information.

b. Lobbying or Fundraising the U.S. Government with Federal Funds

In accordance with Section 18 of the Lobbying Disclosure Act of 1995 (Public Law 104-65) (2 U.S.C. 1611), non-profit entities incorporated under Internal Revenue Service Code Section 501(c) (4) that engage in lobbying activities are not eligible to receive federal funds and grants. No activity, including awareness-raising and advocacy activities, may include fundraising for, or lobbying of, U.S. Federal, State or Local Governments (see 2 CFR 200.450 for more information).

c. Transparency Act Requirements

You must ensure that you have the necessary processes and systems in place to comply with the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. Law 109-282, as amended by section 6202 of Pub. Law 110-252) (Transparency Act), as follows:

- Except for those excepted from the Transparency Act under sub-paragraphs 1, 2, and 3 below, you must ensure that you have the necessary processes and systems in place to comply with the sub-award and executive total compensation reporting requirements of the Transparency Act, should they receive funding.
- Upon award, you will receive detailed information on the reporting requirements of the Transparency Act, as described in 2 CFR Part 170, Appendix A, which can be found at the following website: <https://edocket.access.gpo.gov/2010/pdf/2010-22705.pdf>.

The following types of awards are not subject to the Federal Funding Accountability and Transparency Act:

- Federal awards to individuals who apply for or receive federal awards as natural persons (i.e., unrelated to any business or non-profit organization he or she may own or operate in his or her name);
- Federal awards to entities that had a gross income, from all sources, of less than \$300,000 in the entities' previous tax year; and
- Federal awards, if the required reporting would disclose classified information.

d. Safeguarding Data Including Personally Identifiable Information (PII)

Applicants submitting applications in response to this FOA must recognize that confidentiality of PII and other sensitive data is of paramount importance to the Department of Labor and must be observed except where disclosure is allowed by the prior written approval of the Grant Officer or by court order. By submitting an application, you are assuring that all data exchanges conducted through or during the course of performance of this grant will be conducted in a manner consistent with applicable federal law and TEGL NO. 39-11 (issued June 28, 2012). All such activity conducted by DOL and/or recipient/s will be performed in a manner consistent with applicable state and federal laws.

By submitting a grant application, you agree to take all necessary steps to protect such confidentiality by complying with the following provisions that are applicable in governing their handling of confidential information:

1. You must ensure that PII and sensitive data developed, obtained, or otherwise associated with DOL funded grants is securely transmitted.
2. To ensure that such PII is not transmitted to unauthorized users, all PII and other sensitive data transmitted via e-mail or stored on CDs, DVDs, thumb drives, etc., must be encrypted using a Federal Information Processing Standards (FIPS) 140-2 compliant and National Institute of Standards and Technology (NIST) validated cryptographic module. You must not e-mail unencrypted sensitive PII to any entity, including DOL or contractors.
3. You must take the steps necessary to ensure the privacy of all PII obtained from participants and/or other individuals and to protect such information from unauthorized disclosure. You must maintain such PII in accordance with the ETA standards for information security described in TEGL NO. 39-11 and any updates to such standards we provide to you. Grantees who wish to obtain more information on data security should contact their Federal Project Officer.
4. You must ensure that any PII used during the performance of your grant has been obtained in conformity with applicable federal and state laws governing the confidentiality of information.
5. You further acknowledge that all PII data obtained through your DOL award must be stored in an area that is physically safe from access by unauthorized persons at all times and the data will be processed using recipient issued equipment, managed information technology (IT) services, and designated locations approved by DOL.

Accessing, processing, and storing of DOL grant PII data on personally owned equipment, at off-site locations e.g., employee's home, and non-recipient managed IT services, e.g., Yahoo mail, is strictly prohibited unless approved by DOL.

6. Your employees and other personnel who will have access to sensitive/confidential/proprietary/private data must be advised of the confidential nature of the information, the safeguards required to protect the information, and that there are civil and criminal sanctions for noncompliance with such safeguards that are contained in federal and state laws.
7. You must have policies and procedures in place under which your employees and other personnel, before being granted access to PII, acknowledge their understanding of the confidential nature of the data and the safeguards with which they must comply in their handling of such data as well as the fact that they may be liable to civil and criminal sanctions for improper disclosure.
8. You must not extract information from data supplied by DOL for any purpose not stated in the award agreement.
9. Access to any PII created by the DOL grant must be restricted to only those employees of the grant recipient who need it in their official capacity to perform duties in connection with the scope of work in the grant agreement.
10. All PII data must be processed in a manner that will protect the confidentiality of the records/documents and is designed to prevent unauthorized persons from retrieving such records by computer, remote terminal or any other means. Data may be downloaded to, or maintained on, mobile or portable devices only if the data are encrypted using NIST validated software products based on FIPS 140-2 encryption. In addition, wage data may only be accessed from secure locations.
11. PII data obtained by the recipient through a request from DOL must not be disclosed to anyone but the individual requestor except as permitted by the Grant Officer or by court order.
12. You must permit DOL to make onsite inspections during regular business hours for the purpose of conducting audits and/or conducting other investigations to assure that you are complying with the confidentiality requirements described above. In accordance with this responsibility, you must make records applicable to this Agreement available to authorized persons for the purpose of inspection, review, and/or audit.
13. You must retain data received from DOL only for the period of time required to use it for assessment and other purposes, or to satisfy applicable federal records retention requirements, if any. Thereafter, you agree that all data will be destroyed, including the degaussing of magnetic tape files and deletion of electronic data.

e. Record Retention

You must follow federal guidelines on record retention, which require you to maintain all records pertaining to grant activities for a period of at least three years from the date of submission of the final expenditure report. See 2 CFR 200.333-.337 for more specific information, including information about the start of the record retention period for awards that are renewed quarterly or annually, and when the records must be retained for more than three years.

f. Use of Contracts and Sub-awards

You must abide by the following definitions of contract, contractor, sub-award, and sub-recipient:

Contract: Contract means a legal instrument by which a non-federal entity (defined as a state, local government, Indian tribe, institution of higher education (IHE), nonprofit organization, for-profit entity, foreign public entity, or a foreign organization that carries out a federal award as a recipient or sub-recipient) purchases property or services needed to carry out the project or program under a federal award. The term as used in this FOA does not include a legal instrument, even if the non-federal entity considers it a contract, when the substance of the transaction meets the definition of a federal award or sub-award (see definition of Sub-award below).

Contractor: Contractor means an entity that receives a contract as defined above in Contract.

Sub-award: Sub-award means an award provided by a pass-through entity (defined as a non-Federal entity that provides a sub-award to a sub-recipient to carry out part of a federal program) to a sub-recipient for the sub-recipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program. A sub-award may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.

Sub-recipient: Sub-recipient means a non-federal entity that receives a sub-award from a pass-through entity to carry out part of a federal program; but does not include an individual that is a beneficiary of such program. A sub-recipient may also be a recipient of other federal awards directly from a federal awarding agency.

You must follow the provisions at 2 CFR 200.330-.332 regarding sub-recipient monitoring and management. Also see 2 CFR 200.308(c)(6) regarding prior approval requirements for sub-awards. When awarding sub-awards, you are required to comply with provisions on governmentwide suspension and debarment found at 2 CFR Part 180 and codified by DOL at 29 CFR Part 98.

g. Closeout of Grant Award

Any entity that receives an award under this Announcement must close its grant with ETA at the end of the final year of the grant.

4. *Other Administrative Standards and Provisions*

Except as specifically provided in this FOA, our acceptance of an application and an award of federal funds to sponsor any programs(s) does not provide a waiver of any grant requirements and/or procedures. For example, the OMB Uniform Guidance requires that an entity's procurement procedures ensure that all procurement transactions are conducted, as

much as practical, to provide full and open competition. If an application identifies a specific entity to provide goods or services, the award does not provide the justification or basis to sole source the procurement, i.e., avoid competition.

C. REPORTING

Awardees must agree to meet DOL reporting requirements. Specifically, you must submit the reports and documents listed below to DOL electronically:

1. Quarterly Financial Reports

A Standard Form 425; Federal Financial Form (FFR) is required until such time as all funds have been expended or the cooperative agreement period of performance has expired. Quarterly reports are due 30 days after the end of each calendar year quarter. In addition, awardees must include any sub-award amounts so we can calculate final indirect costs, if applicable. Awardees must use DOL's Online Electronic Reporting System, and information and instructions will be provided to grantees.

2. Quarterly Performance Reports

Awardees must submit a quarterly progress report within 30 days after the end of each calendar year quarter. The report must include quarterly information on grant activities, performance goals, and milestones. Information collected from self-monitoring, including required programmatic data elements, must be included in these reports and must include information on the use of cooperative agreement funding and an assessment of model implementation, lessons learned, quality improvements, services provided, and cost estimates. Specific, required programmatic data elements will be determined by DOL. We anticipate requiring the collection of the following general elements:

- Awardee and site identifiers;
- Participant identifiers;
- Employment and earnings information;
 - Employment status at baseline, 6 months, 12 months, and 18 months after enrollment
 - Full time or part time employment
 - Availability of health care benefits
 - Occupation
 - Industry sector
 - Gross earnings
- Work time-loss information;
- Injury/illness information;
- Demographics;
- Contact information for participants;
- Services received by the individual participants of the project;
- Any follow-up communication made with the participant;

- Potential outcomes, resolutions, or scheduled follow-ups pertaining to the reason of contact;
- Reasons for participant withdrawal from the study or documentation of completion of the intervention;
- Data on other relevant state-specific services provided (e.g., VR, state-based RTW programs), or on referrals made to those services;
- Information on training provided to health care providers; and
- Any additional data, as determined in conjunction with DOL.

The last quarterly progress report will serve as the awardee's Final Performance Report. This report must provide both quarterly and cumulative information on the grant activities. It must summarize project activities, employment outcomes and other work products, and related results of the project, and must thoroughly document the training or labor market information approaches that you used. Submission requirements will be provided to grantees upon award. We will also provide you with guidance about the data and other information that is required to be collected and reported on either a regular basis or special request basis.

VII. AGENCY CONTACTS

For further information about this FOA, please contact Jeannette Flowers, Grants Management Specialist, at (202) 693-3322. Applicants should e-mail all technical questions to *Flowers.Jeannette@dol.gov* and must specifically reference FOA-ODEP-18-01 and along with question(s), include a contact name, fax, and phone number.

VIII. OMB INFORMATION COLLECTION

OMB Information Collection No 1225-0086, Expires May 31, 2019.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 20 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments about the burden estimated or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, to the attention of the Departmental Clearance Officer, 200 Constitution Avenue NW, Room N1301, Washington, DC 20210. Comments may also be emailed to *DOL_PRA_PUBLIC@dol.gov*.

PLEASE DO NOT RETURN YOUR GRANT APPLICATION TO THIS ADDRESS. ONLY SEND COMMENTS ABOUT THE BURDEN CAUSED BY THE COLLECTION OF INFORMATION TO THIS ADDRESS. SEND YOUR GRANT APPLICATION TO THE SPONSORING AGENCY AS SPECIFIED EARLIER IN THIS ANNOUNCEMENT.

This information is being collected for the purpose of awarding a grant. DOL will use the information collected through this "Funding Opportunity Announcement" to ensure that grants

are awarded to the applicants best suited to perform the functions of the grant. This information is required to be considered for this grant.

Signed May 24, 2018 in Washington, D.C. by:

Jimmie Curtis

Grant Officer, U.S. Department of Labor

IX. APPENDICES

A. THE NEED FOR EARLY INTERVENTION

Each year, millions of American workers leave the workforce after experiencing an injury or illness.²¹ The Occupational Safety and Health Administration (OSHA) estimates that 4 million nonfatal work-related injuries and illnesses occur annually, and the National Safety Council (NSC) estimates that there were over 14 million nonfatal, off-the-job injuries and illnesses in 2014 alone.²² According to NSC, over three times as many injuries requiring medical attention occur off-the-job compared to those that occur on-the-job. Indeed, some experts estimate that non-occupational injuries and illnesses are roughly eight times as common as occupational ones.²³ Hundreds of thousands of these workers go on to receive state or federal disability benefits.²⁴ The impacts on individuals, employers, and all levels of government can be significant and long-lasting.

- Individual Impact

Regardless of whether work is the cause, the inability to obtain or maintain employment as the result of injury or illness can have a life-changing impact on health, family finances, and quality of life.²⁵

Individuals unable to RTW due to an injury or illness experience:

- more severe or new health conditions,
- poorer psychosocial adjustment (i.e., increased anxiety, depression, social isolation),
- increased poverty,
- a reduced quality of life and self-reported health, and
- increased health service utilization and substance abuse.²⁶

In contrast, employees participating in SAW/RTW programs can:

²¹ Bardos, Maura, Hannah Burak, and Yonatan Ben-Shalom. "Assessing the Costs and Benefits of Return-to-Work Programs." Final report submitted to the U.S. Department of Labor, Office of Disability Employment Policy. Washington, DC: Mathematica Policy Research, March 2015.

²² U.S. Department of Labor, Occupational Safety and Health Administration, 2012, "Injury and Illness Prevention Programs White Paper." Available online at < <https://www.osha.gov/dsg/InjuryIllnessPreventionProgramsWhitePaper.html>>. and National Safety Council. 2016, "Injury Facts, 2016 Edition." Itasca, IL: Author.

²³ Neuhauser, F. 2016. "The Myth of Workplace Injuries: or Why We Should Eliminate Workers' Compensation for 90% of Workers and Employers." *IAIABC Perspectives*. Accessed online at <https://www.iaiabc.org/iaiabc/Perspectives.asp>.

²⁴ Social Security Administration, "Annual Statistical Report on the Social Security Disability Insurance Program, 2016." SSA Publication No. 13-11826. Washington, DC: Social Security Administration, October 2017.

²⁵ Shaw, W. S., Main, C. J., Pransky, G., Nicholas, M. K., Anema, J. R., & Linton, S. J. 2016. "Employer Policies and Practices to Manage and Prevent Disability: Foreword to the Special Issue." *Journal of Occupational Rehabilitation*. 26(4), 394-398.

²⁶ Rueda, S., Chambers, L., Wilson, M., Mustard, C., Rourke, S. B., Bayoumi, A., & Lavis, J. 2012. "Association of Returning to Work with Better Health in Working-Aged Adults: A Systematic Review." *American Journal of Public Health*. 102(3), 541-556; and Kohli, A., Chao, E., Spielman, D., Sugano, D., Srivastava, A., Dayama, A., & Stone, M. E. 2016. "Factors Associated with Return to Work Postinjury: Can the Modified Rankin Scale Be Used to Predict Return to Work?" *The American Surgeon*. 82(2), 95-101.

- protect their jobs and income,
- avoid long-term unemployment,
- recover more quickly,
- stay physically conditioned and mentally alert, and
- maintain the daily structure and social connections provided by work.²⁷
- Business Impact

According to OSHA, businesses spend \$170 billion a year on costs associated with occupational injuries and illnesses, and lost productivity related to these injuries and illnesses costs an estimated \$60 billion per year.²⁸ The National Safety Council estimates that in 2014, non-occupational injuries resulted in about 270 million days of lost production time.²⁹ Cancelliere et. al. report that annual productivity losses from missed workdays due to low back pain (LBP) are estimated at \$28 billion in the United States alone.³⁰

Implementing effective SAW/RTW strategies can be particularly helpful to employers, as replacing an employee can be a significant business investment. On average it can cost up to one third of a new hire's annual salary to replace an employee, and takes a new employee more than 13 months to become efficient at their job.³¹ SAW/RTW strategies and programs can help businesses reduce claim and medical costs, return valued experienced employees to work, retain more workers on the job, and improve productivity.

▪ State and Federal Government Impact

In addition to the toll that an injury or illness can take on an individual, their family, and their employer, conditions severe enough to limit an individual from working negatively impact our economy. The National Safety Council estimates that injuries (both work-related and not) cost the United States economy \$479 billion in 2014.³² Cancelliere et. al. identified LBP as the leading cause of disability worldwide, affecting nearly 600 million people.³³ Disability from

²⁷ Shaw, W.S., Main, C.J., Pransky, G., Nicholas, M.K., Anema, J.R., Linton, S.J., and the Hopkinton Conference Working Group on Workplace Disability Prevention. 2016. "Employer Policies and Practices to Manage and Prevent Disability: Foreword to the Special Issue." *Journal of Occupational Rehabilitation*. 26(4): 394-398. Available online at:

<https://link.springer.com/article/10.1007%2Fs10926-016-9658-x>. and Washington State Department of Labor and Industries. 2014. "Employer's Return to Work Guide." Available online at: <http://www.lni.wa.gov/FormPub/Detail.asp?DocID=1493>.

²⁸ <https://www.osha.gov/Publications/safety-health-addvalue.html>.

²⁹ National Safety Council. 2016, "Injury Facts, 2016 Edition." Itasca, IL: Author.

³⁰ Cancelliere, C., Donovan, J., Stochkendahl, M. J., Biscardi, M., Ammendolia, C., Myburgh, C., & Cassidy, J. D. 2016. "Factors Affecting Return to Work after Injury or Illness: Best Evidence Synthesis of Systematic Reviews." *Chiropractic & Manual Therapies*. 24(1), 32; and Carroll C, Rick J, Pilgrim H, Cameron J, Hillage J. 2010. "Workplace Involvement Improves Return to Work Rates among Employees with Back Pain on Long Term Sick Leave: A Systematic Review of the Effectiveness and Cost Effectiveness of Interventions." *Disability Rehabilitation*. 32(8):607–21.

³¹ Boushey, H., & Glynn, S. J. 2012. "There are Significant Business Costs to Replacing Employees." *Center for American Progress*, 16.

³² National Safety Council. 2016, "Injury Facts, 2016 Edition." Itasca, IL: Author.

³³ Cancelliere, C., Donovan, J., Stochkendahl, M. J., Biscardi, M., Ammendolia, C., Myburgh, C., & Cassidy, J. D. 2016. "Factors Affecting Return to Work after Injury or Illness: Best Evidence Synthesis of Systematic Reviews." *Chiropractic & Manual Therapies*. 24(1), 32; and Carroll C, Rick J, Pilgrim H, Cameron J, Hillage J. 2010. "Workplace Involvement Improves

chronic conditions including cardiovascular disease, cancer survivorship, and mental health disorders is also increasing.³⁴

The reduction in the tax base and decreased individual spending resulting from these labor force departures leads to lower overall economic activity. In 2011, states lost an estimated \$6.5 billion in tax revenue due to unemployment or underemployment of people with disabilities.³⁵ Longer-term work disability may also increase future reliance on disability programs, including state-level WC programs and the federal Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs. In 2008, states spent \$71 billion to support unemployed, working-age people with disabilities. Federal expenditures for working-age people with disabilities totaled \$357 billion in fiscal year 2008.³⁶

Many injured or ill workers could remain in their jobs or the workforce if they received timely, coordinated, effective supports. Studies have shown that the likelihood of a return to full employment drops significantly after six months of absence, and the odds of a worker ever returning to work drop 50 percent by just the 12th week after injury or illness onset.³⁷

Pain Management and Opioids

Proper pain management is also an important consideration in supporting injured and ill workers in returning to and staying at work. Although medical guidelines generally recommend that opioids be used only for acute pain on a short term basis, these drugs are frequently overprescribed for ill and injured workers.³⁸ Studies in WC settings indicate that chronic opioid use can have an adverse impact on activity levels and self-efficacy, may cause addiction, and can ultimately lead to increased disability.³⁹ In addition to the adverse effect this can have on the individual, studies also observed an association between chronic opioid use and increased costs

Return to Work Rates among Employees with Back Pain on Long Term Sick Leave: A Systematic Review of the Effectiveness and Cost Effectiveness of Interventions.” *Disability Rehabilitation*. 32(8):607–21.

³⁴ Dick FD, Graveling RA, Munro W, & Walker-Bone K. 2011. “Guideline Development Workplace Management of Upper Limb Disorders: A Systematic Review.” *Occupational Medicine* (Oxford). 61(1):19–25; Clay FJ, Newstead SV, & McClure RJ. 2010. “A Systematic Review of Early Prognostic Factors for Return to Work Following Acute Orthopaedic Trauma.” *Injury*. 41(8):787–803; Franche RL, Cullen K, Clarke J, Irvin E, Sinclair S, & Frank J. 2005. Institute for Work and Health. “Workplace-Based Return-to-Work Interventions: A Systematic Review of the Quantitative Literature.” *Journal of Occupational Rehabilitation*. 15(4):607–31; and Hansson T, & Jensen I. 2004. “Swedish Council on Technology Assessment in Health Care (SBU). Chapter 6. Sickness absence due to back and neck disorders.” *Scandinavian Journal of Public Health Supplement*. 63:109–51.

³⁵ Yin, M., Shaewitz, D., and Megra, M. 2014. “An Uneven Playing Field: The Lack of Equal Pay for People with Disabilities.” Available online at: http://www.air.org/sites/default/files/Lack%20of%20Equal%20Pay%20for%20People%20with%20Disabilities_Dec%2014.pdf.

³⁶ Livermore, G., Stapleton, D., and O’Toole, M. 2011. “Health Care Costs are a Key Driver of Growth in Federal and State Assistance to Working-Age People with Disabilities.” *Health Affairs*, 30, no.9: 1664-1672.

Note: the authors are currently updating is information with data from 2014 and anticipate completing the update in spring 2018.

³⁷ Zurich Insurance and Disability Management Employer’s Coalition. 2015. “Early Intervention & RTW Best Practices.” Available online at http://www.dmec.org/wordpress/wp-content/uploads/2015/08/Zurich-Whitepaper_Early-Intervention-RTW-Best-Practices.pdf.

³⁸ Paduda, J. 2012. “Wasted Dollars, Wasted Lives—How Opioid Overprescribing and Physician Dispensing are Harming Claimants and Employers.” National Council on Compensation Insurance’s 2012 Issues Report. pp. 24-26.

³⁹ Ibid

and difficult claims handling for employers and insurers.⁴⁰ The Hopkins Accident Research Fund found that the average total cost of WC claims involving just one opioid was more than three times higher than that of claims without opioids.⁴¹

According to a 2016 Princeton Pain Study, just 12 percent of those surveyed indicated a work-related injury as the primary source of pain for which they take pain medication. Research estimates that between 1999 and 2015, opioids accounted for 20 percent of the decline in labor force participation among prime-aged men and for 25 percent among prime-aged women. This underscores the need to address non-occupational injuries and illnesses, in addition to work-related injuries and illnesses.⁴²

Given the potential negative impact that misuse of opioids can have on positive RTW outcomes and related costs, the availability of training for health care providers in alternative approaches to pain management, such as cognitive-behavioral therapy, could also be an important consideration for RETAIN projects.⁴³

⁴⁰ Tao XG, Lavin RA, Yuspeh L, et al. 2012. "Impact of the Combined Use of Opioids and Surgical Procedures on Workers' Compensation Cost among a Cohort of Injured Workers in the State of Louisiana." *Journal of Occupational and Environmental Medicine*. 54: 1513–1519.; Atlas, S. J., Tosteson, T. D., Blood, E. A., Skinner, J. S., Pransky, G. S., & Weinstein, J. N. 2010. "The Impact of Workers' Compensation on Outcomes of Surgical and Nonoperative Therapy for Patients with a Lumbar Disc Herniation SPORT." *Spine*, 35(1), 89.; and Harris IA, Dantanarayana N, Naylor JM. 2012. "Spine Surgery Outcomes in a Workers' Compensation Cohort." *ANZ J Surg*. 82:625–629.

⁴¹ White, J. A., Tao, X., Talreja, M., Tower, J., & Bernacki, E. 2012. "The Effect of Opioid Use on Workers' Compensation Claim Cost in the State of Michigan." *Journal of Occupational and Environmental Medicine*, 54, 948–953.

⁴² Krueger, A. August 2017. "Where Have All the Workers Gone? An Inquiry into the Decline of the U.S. Labor Force Participation Rate." Princeton University and the National Bureau of Economic Research. Available at: https://www.brookings.edu/wp-content/uploads/2017/09/1_krueger.pdf.

⁴³ Schofield, K. January 2016. "Preventing Opioid Overuse in Workers' Compensation." ASSE Professional Development Conference and Exposition. American Society of Safety Engineers.

B. WASHINGTON STATE’S CENTERS OF OCCUPATIONAL HEALTH AND EDUCATION (COHE) AND EARLY RETURN TO WORK (ERTW) AND STAY AT WORK (SAW) PROGRAMS

COHE, which is funded by the Washington State Department of Labor and Industries (L&I), provides early intervention and RTW services for individuals with work-related health conditions. There are six COHEs across the State of Washington, most of them housed in large medical systems. Each of these centers⁴⁴ recruits and trains health care providers in their area – often orthopedists or other health care providers specializing in WC patients. COHE started as a small pilot in two regions and has grown to currently include about 3,500 health care providers who cover about 60 percent of all WC claims in the state. Injured workers effectively choose whether to use COHE services by receiving their care from a COHE-affiliated provider.

Health care providers affiliated with COHE receive training in four specific occupational health best practices to use with WC patients who are at risk of labor force separation due to their illness or injury.⁴⁵ This includes:

1. Submitting a complete Report of Accident (ROA) in two business days or less;
2. Developing an activity plan, which communicates the worker's ability to participate in work activities, activity restrictions, and the provider's treatment plans;
3. Communicating directly with COHE staff and employers when injured workers are off or expected to be off work; and
4. Assessing the injured worker’s barriers to RTW and developing a plan to overcome them.

Health Service Coordinators (HSCs) are integral to the success of the COHE model. HSCs work directly with injured workers, employers, health care providers, and other program participants to coordinate care and RTW activities for the injured workers. They monitor real-time data on all COHE cases and perform triage to identify cases that are likely to be long-term or appear at risk of falling short of RTW goals. For cases needing assistance, they frequently contact injured workers, employers, providers, WC agency staff, and other stakeholders to facilitate the RTW process, and identify barriers to returning to work and resources to resolve them. The RTW activities they coordinate can include functional assessments, referrals to existing training and employment services, and setting appropriate RTW expectations.

In the RETAIN demonstration, the RTW Coordinators fulfill this role with an increased emphasis on employment services. The coordination role is critical, as the program is based on the MacColl Chronic Care Model. This model asserts that a proactive system focused on keeping a person as healthy as possible will achieve greater success in that regard than a reactive system. The chronic care model includes basic elements for improving care in health systems at multiple levels, including patient, practice, organization, and community.⁴⁶ The model also includes a focus on Continuous Quality Improvement (CQI) (see [Appendix C](#)), and research has demonstrated positive impacts where the model was implemented.⁴⁷ For example, a 2009 study

⁴⁴ Awardees are not required to establish a “center” or new entity as part of the demonstration.

⁴⁵ The COHE model does not involve any changes to clinical practices.

⁴⁶ See http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2.

⁴⁷ http://www.improvingchroniccare.org/index.php?p=QI_Evaluations&s=66

suggests that redesigning care using this model leads to improved patient care and better health outcomes.⁴⁸

An evaluation of the COHE pilot, which began in the early 2000s, produced promising results. COHE participants were less likely to be off work and on WC disability benefits one year after the initial WC claim,⁴⁹ and combined medical and disability costs were reduced by \$510 per claim for COHE participants. The magnitude of these reductions was greater for back sprain cases, a common occupational injury. For those patients, the relative risk of being off work and on WC disability at one year was 37 percent lower than non-COHE participants, and disability costs were reduced by \$542 per case.⁵⁰ Preliminary results indicate that at the eight-year mark, 26 percent fewer COHE claimants received SSDI benefits.⁵¹

The Early Return to Work (ERTW) program, which is also provided by L&I, helps injured and ill workers return to work as soon as medically possible, thereby speeding the worker's recovery and reducing the financial impact of a WC claim on the worker, the employer, and the WC system. The ERTW staff members include experts such as vocational services consultants, therapist consultants, and nurse consultants, who have been trained to know how to talk with doctors and help employers implement medically appropriate RTW options. ERTW also provides services targeted to employers. For example, a Risk Management Specialist can explain the financial benefits of RTW and show the employer how a WC claim affects the company's "experience factor"⁵² and premiums. In addition, job modification funds may be available from L&I to help the employer cover the costs of modifying a workstation to allow an injured worker to return to his or her original job, or if that is not possible, to alternative work within the company.

The *Stay at Work program* is a financial incentive program that reimburses employers for some of their costs when providing temporary, light-duty jobs for injured workers while they heal. In addition, to meet the injured worker's unique needs, the SAW program can also pay for training fees or for materials, tools, and clothing.

⁴⁸ Coleman, K., Austin, B.T., Brach, C., and Wagner, E.H. 2009. "Evidence on the Chronic Care Model in the New Millennium." *Health Affairs*. 28(1):75-85.

⁴⁹ The relative risk of being off work and on disability benefits after one year was 21 percent lower for all COHE patients compared to non-COHE patients.

⁵⁰ Wickizer, T.M., Franklin, G., Fulton-Kehoe, D., Gluck, J., Mootz, R., Smith-Weller, T., and Plaeger-Brockway, R. (2011) "Improving Quality, Preventing Disability and Reducing Costs in Workers' Compensation Healthcare: A Population-based Intervention Study." *Medical Care*, Vol. 49, No. 12, pp. 1105-1111.

⁵¹ Franklin, G.M., Wickizer, T.M., Coe, N.B., and Fulton-Kehoe, D. (2015) "Workers' Compensation: Poor Quality Health Care and the Growing Disability Problem in the United States." *American Journal of Industrial Medicine*, 58: 245-251.

⁵² According to the National Council on Compensation Insurance (NCCI) an experience rating represents a refinement in the insurance premium determination process. It does so by comparing the industry average experience with an individual employer's own experience and adjusting the premium accordingly.

C. CONTINUOUS QUALITY IMPROVEMENT

Widely recognized evidence suggests that appropriate work can bring health and wellbeing benefits.⁵³ Based on this evidence, RETAIN projects will consider gainful employment and labor force participation as positive health outcomes. To achieve these outcomes, the RETAIN Demonstrations aim to improve labor force participation among workers who develop or are at risk of developing a work disability through early, coordinated health and employment supports and services. Improving SAW/RTW outcomes aligns in many ways with the “Triple Aim” concept from the health care field. The Triple Aim posits that improving the system requires “simultaneous pursuit of three aims: improving the experience of care, improving the health of populations, and reducing per capita costs.”⁵⁴ In the context of RETAIN, our “aims” are to improve the experience of health care and employment services, improving the health of populations to facilitate continued employment, and being responsible stewards of public dollars, including the reduction of per capita costs to the extent possible.

Such coordinated health and employment support services must include components of continuous quality improvement (CQI) similar to implementing many health-only-focused interventions. DOL requires RETAIN projects to identify an appropriate model of CQI for their project to use as a method for enhancing the collaboration between health care and workforce system partners. With the exception of recruitment and enrollment, RETAIN projects should conduct CQI only pertaining to serving the project’s treatment group participants, and not the comparison group participants. Described below for informational purposes only are two examples of CQI models. However, many other models exist.

The Center for Medicare and Medicaid Innovation (CMMI) defines CQI as the tools and methods of process improvement through which a project can increase its likelihood of success by clearly defining its goal(s) at the outset and reaching consensus among all project partners about what changes are required to achieve the goal(s). In its demonstration projects, CMMI recommends the use of a driver diagram tool to aid with CQI planning and assist partners in achieving the project’s goal(s).⁵⁵ This diagram visually depicts a team’s theory of what “drives,” or contributes to, the achievement of the project goal(s). The visualization of the shared course of action can be a useful tool for communicating to a range of stakeholders where a team is implementing a project,⁵⁶ for example, by defining how specific elements of a project will lead to the desired outcome and illustrating the role of each of the stakeholders in implementing those elements.

⁵³ Waddell, G. and Burton, A.K. 2006. *Is Work Good for Your Health and Wellbeing?* Accessed online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf.

⁵⁴ Berwick, D.M., Nolan, T.W., and Whittington, J. 2008. *The Triple Aim: Care, Health, and Cost*. Health Affairs Vol. 27, No. 3, pp. 759-769. Accessed online at <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.27.3.759>.

⁵⁵ <https://innovation.cms.gov/Files/x/HCIATwoAimsDrvr.pdf>

⁵⁶ <http://www.ihl.org/resources/Pages/Tools/Driver-Diagram.aspx>

Another CQI option intended to accelerate improvement is the *Model for Improvement* developed by Associates in Process Improvement.⁵⁷ The model has two parts, the first of which poses three key questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What change can we make that will result in improvement?

These questions can be addressed in any order. The first is intended to establish specific, measurable goals and identify target populations and all affected systems. The second question is used to establish measures to determine whether a specific change leads to a specific improvement. The third question is intended to assist teams in determining which changes to pursue.⁵⁸

The second part of the Model for Improvement uses the “Plan-Do-Study-Act” cycle to guide tests of changes in real work settings to determine whether a change constitutes an improvement.⁵⁹ If a test, or several cycles of iterative tests, results in a desired improvement, the change can then be implemented on a broader scale.

All RETAIN awardees will use a CQI plan, given the importance of both health care system partners and the workforce system in achieving health and employment outcomes critical to RETAIN’s ultimate success. RETAIN awardees are not required to use either model described above. Rather, applicants must identify and utilize a CQI model that is appropriate for their specific project. The CQI plan must support the theory of change identified in the Project Narrative, as well as the required project logic model attachment. Implementation of the CQI plan will be informed by the metrics gathered by projects as part of their performance reporting (See Appendix D). The health care industry is well-versed in CQI. DOL therefore recommends RETAIN projects draw upon the experience of their required health care partner in the development and implementation of CQI plans.

⁵⁷ http://www.apiweb.org/API_home_page.htm and Langley G.G., Nolan, K.M., Nolan.T.W., Norman, C.L., and Provost, L.P. 2009. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd Edition)*. San Francisco: Jossey-Bass Publishers.

⁵⁸ <http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx>

⁵⁹ Deming, W.E. 2000. *The New Economics for Industry Government, and Education*. Cambridge, MA: The MIT Press.

D. RETAIN PERFORMANCE METRICS

DOL will provide specific definitions and instructions regarding data collection pertaining to these metrics during Phase 1.

REQUIRED METRICS

RETAIN Activity	Measure Type	Measure Description	Frequency
Participant Enrollment	Input	Number and percent of health care providers enrolled in RETAIN (as fraction of proposed target)	Monthly
		Number and percent of worker population enrolled in RETAIN (as fraction of proposed target)	Monthly
		Number and percent of worker population enrolled by characteristics <ul style="list-style-type: none">i. Injury type (MSK, mental health, other relevant broad categories)ii. Occupational or non-occupational injury/illnessiii. Ageiv. Genderv. Industry code of pre-injury/illness employer (NAICS)vi. Occupational classification of pre-injury/illness job	Monthly
		Time lapse (in days) between injury/illness and enrollment	
Training	Input	Number and percent of health care providers (including RTW Coordinator) trained in SAW/RTW best practices (this measure may be segmented by training topic)	Monthly
Communication/Coordination	Output	Number of instances RTW Coordinator communicated with: <ul style="list-style-type: none">i. Employeeii. Employeriii. Health care provider	Quarterly
		Communication between RTW Coordinator, employee, health care provider, and employer established within X number of days of enrollment	Quarterly
Case Management	Output	Number of days a case was active per employee participant	Quarterly
		Number and percent of cases closed within 12 weeks	Quarterly

		Employment services tracking per employee participant: <ul style="list-style-type: none"> i. Time (in days) between referral to employment services and when service begins ii. Type of employment service iii. Frequency iv. Length Per Instance 	Quarterly
Case Management	Process (Efficiency - faster) and CQI	Complete and submit Report of Accident (ROA) within 2 days of injury/illness onset (if WC/Occupational)	Weekly
		Develop RTW plan within X days of injury/illness onset	Quarterly
		Number of work-loss days per employee participant	Quarterly
		Number and percent of employees referred to other services beyond RETAIN after 6 months out of total number of employees enrolled in RETAIN	Quarterly
	Process (Efficiency – cheaper) and CQI	Per person cost for providing RETAIN services (post start-up)	Quarterly
Satisfaction – at or above 80%	Process (Quality – better) and CQI	Employer satisfaction <ul style="list-style-type: none"> i. with facilitated communication ii. with support provided from employer 	Annual
		Health care provider satisfaction with facilitated communication	Annual
		Employee satisfaction <ul style="list-style-type: none"> i. with facilitated communication ii. with support provided from employer 	At case closure or referral to non-RETAIN services
Labor force participation	Outcome Out of total RETAIN	Number and percent of RETAIN employee participants stayed at or returned to employment <ul style="list-style-type: none"> i. Number and percent of employees returned to same job ii. Number and percent returned to different job at the same employer 	Biannual

	employee enrollees	iii. Number and percent returned to new job at a different employer iv. Number and percent returned to full time work v. Number and percent returned to a reduced schedule vi. Number and percent returned to modified work	
Earnings To be collected in coordination with the RETAIN evaluator	Outcome Out of total RETAIN employee enrollees	Earnings in dollars at last job of RETAIN employee participant (at time of injury/illness) Earnings in dollars at new job of RETAIN employee participant (post injury/illness)	Biannual

OPTIONAL METRICS

RETAIN Activity	Measure Type	Measure Description	Frequency
System Setup (All milestones are measured from the date of Phase 1 award)	Structural – May also be considered milestones of the RETAIN Phase I	The integrated health and employment IT system is set up for RETAIN operations within X number of days The integrated health and employment IT system training is provided to RTW Coordinators (health care providers, employee) within X number of days Integrated health and employment record is created within X number of days Integrated health and employment record access is granted to RTW Coordinator and employee within X number of days of the record's creation Protocols for RTW Coordinator to facilitate communication between employer, employee, health care provider is established within X number of days	
Enrollment	Input	Number and percent of worker population enrolled by characteristics By race and ethnicity	
Training	Input	Number and percent of health care providers trained in integrated health/employment system	

		Number and percent of other necessary personnel trained in integrated health/employment system	
		Number and percent of other necessary personnel trained in SAW/RTW best practices (this measure may be segmented by personnel category)	
Satisfaction – at or above 80%	Process (Quality – better)	<ul style="list-style-type: none"> i. Health care provider satisfaction with RTW Coordinator support ii. Employer satisfaction with RTW Coordinator support iii. Employer satisfaction with training on RTW best practices iv. Employee satisfaction with RETAIN services <ul style="list-style-type: none"> a. Enrollment procedures b. RTW plan development and implementation c. RTW Coordinator level of support d. Health care services received e. Alignment of employment-related services to needs identified in RTW plan f. Employment-related services received 	