Certified Nurse Midwifery (CNM) Technical Assistance Guide

Song-Brown Program

Department of Health Care Access and Information (HCAI)

August 2025

About Song-Brown

- Song-Brown provides funding to education programs including:
    - Family Nurse Practitioner (FNP) and Physician Assistant (PA) training programs
    - Registered Nurse education programs
    - Primary Care residency programs (Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics)
    - Licensed Midwifery (LM) and Certified Nursing Midwifery (CNM) training programs
- Song-Brown statutory priorities:
    - Graduating individuals who practice in medically underserved areas
    - Enrolling members of underrepresented groups in medicine to the program
    - Locating the program's main training site in a medically underserved area
    - Operating a main training site at which most of the patients are Medi-Cal recipients

Application Release Dates

Registration: **Open now**
Application release: **August 12, 2025**
Early submission review deadline: **September 9, 2025**
Application deadline: **September 24, 2025**

Applications open and close at **3:00 p.m.**

Before you Apply

- If your program requires approval to contract from a coordinating authority, please inform the authority of the terms and conditions contained in the Grant Agreement

- Applicants must agree to the terms and conditions before receiving funds

- HCAI will not make changes to the terms and conditions specified in the Grant Agreement

- Funds shall not supplant existing federal, state, or local funds to provide primary care services

Changes in 2025

- URM students and URM graduates will no longer be scored. You must still provide the information for data collection purposes

Information to Gather

- Grant Agreement and Payee Data record (STD 204) signatories
- Organization name and/or Doing Business As (DBA) name as listed in the W-9 IRS forms for your program
- Name(s) and full address(es) of the five-training site(s) with the most cumulative hours used in the last academic year (AY)
  - Do not include specialty or elective rotation sites, out-of-state training sites, and/or those where primary care is not provided
  - Include the number of cumulative hours per training site
- Facility type for each training site
- Payer mix information for each training site

Information to Gather, Continued

- Race/ethnicity and gender data for all current students
- Current practice site information for all graduates entered
- National Provider Identification number for all graduates entered
- Any applicable attachments:
  - For CNM Programs – Accreditation Commission for Midwifery Education (ACME) letter
  - For Expanding CNM programs – Approval letter indicating number of approved expansion slots
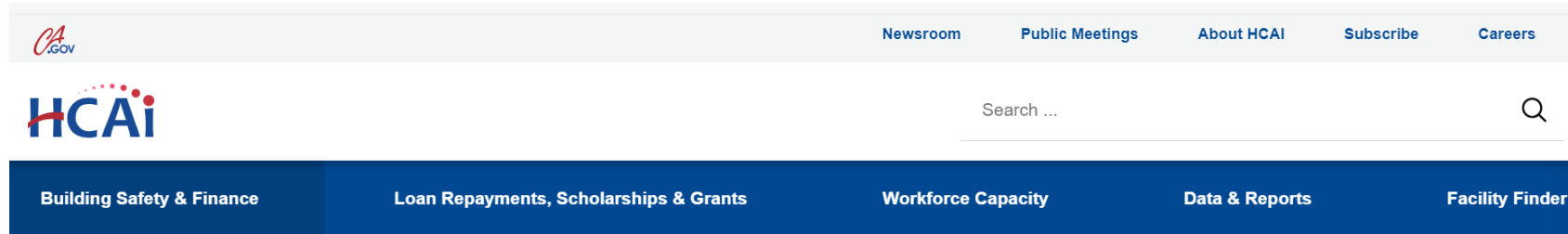
Helpful Resources

- CNM Grant Guide
- Song-Brown Glossary

Electronic Application (eApp) Registration

System Requirements

- For the best experience, we recommend using Google Chrome or Microsoft Edge

- Internet Explorer is not supported

Creating an Account
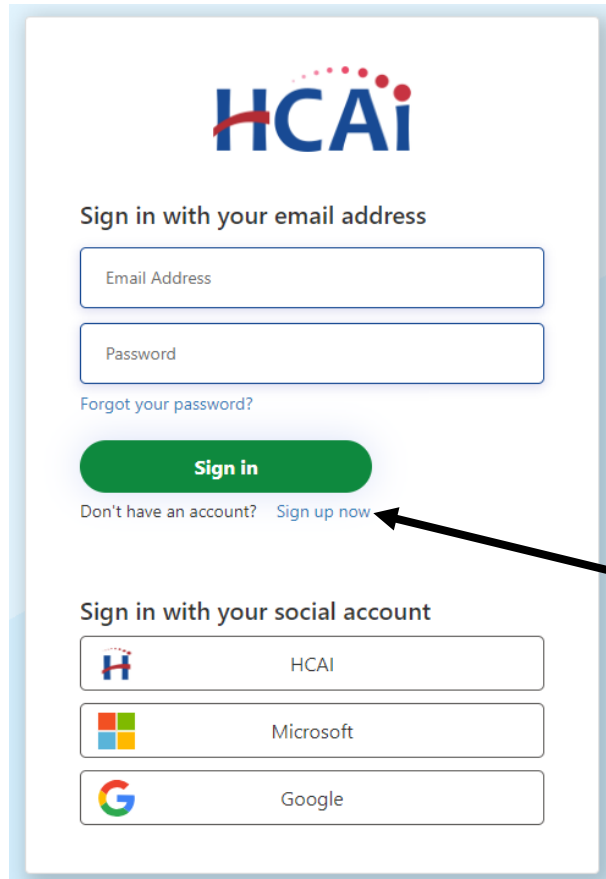
If you are a new applicant, register now – don't wait

Creating an Account, Continued

Our funding portal has a 2-step authentication process for new applicants, when setting up their account

Funding portal link:
[Apply to HCAI Funding](#)

Make sure to select the "Sign up now" link and enter the information as requested to receive a verification code via email

Setting up your Profile
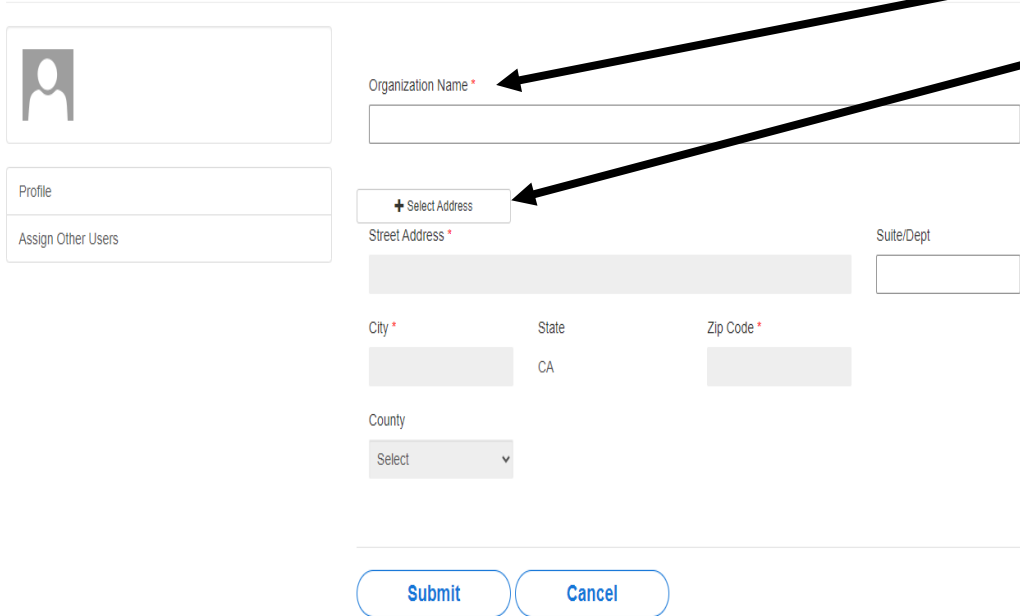
1. Check the "**Organization**" box to gain access to Song-Brown CNM application (do not check the "Healthcare Professional" box)
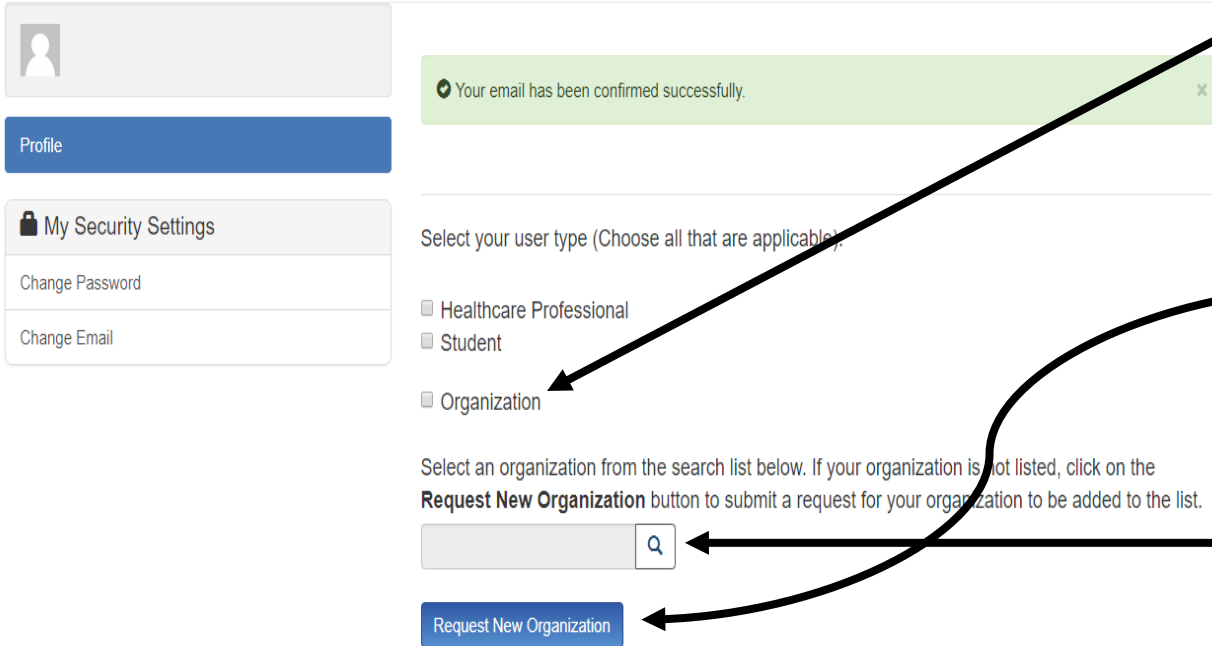
2. Click the magnifying glass to search for a pre-existing organization

3. Click "Request New Organization" to submit a new organization for approval

4. Once you have selected or submitted an organization, it will populate the search field

Note: Most organizations are in the system. Use the search function before submitting a new organization name for approval

Adding a New Organization

New Organization

Organization Name *

Profile

Assign Other Users

+ Select Address

Street Address *

Suite/Dept

City *   State   Zip Code *

CA

County

Select

Submit   Cancel

1. Enter the "Organization Name"

2. Click the "+Select Address" button

3. A new window will open and allow you to enter and search for an address

4. Click the confirmed address and it will auto-populate the address fields on this page

*Note: Song-Brown staff will review all new organization request within 5 business days. **Please ensure that the organization name is accurate.** During this time, you may still begin an application*

Completing your Profile

1. Enter all required fields. When finished click the "Submit" button

2. If there are no errors on the page, you will receive a message stating your profile has been updated successfully

Note: *Incomplete information may delay your registration*

Account Roles

Account Validation Complete: Current eApp Account Role   Inbox x

\# SVC-Dynamics <no-reply@hcai.ca.gov>   10:05 AM (17 minutes ago)

to me

Dear Avenger New,

Thank you for validating your Department of Health Care Access and Information (HCAI) Funding e-App account.

At this time, your account is flagged as a Grant Preparer. If you are a Program Director, please email songbrown@hcai.ca.gov to request your account permissions to be upgraded. Only Program Directors may create and submit applications.

Thank you,

Department of Health Care Access and Information

Healthcare Workforce Development Division

This is an automatically generated email. Please do not reply.

1. All newly created accounts are assigned the "Grant Preparer" role

2. If you are the CNM Program Director, email SongBrown@hcai.ca.gov to request the "Program Director" role

3. Only accounts with the "Program Director" role may initiate and submit applications

4. Once Song-Brown staff approves your request you will receive a follow-up email confirming the approval

Note: Only Program Directors can submit a completed application

Assigning Other Users

1. Program Directors have an additional tab on their "Profile" page called "Assign Other Users"

2. Navigating to this page from your "Profile" page allows you to add users who can view and edit applications only

3. Click the "Add User" button to give registered Grant Preparers access to your application

Note: Only Program Directors can submit a completed application

Apply Here

1. Navigate to the "Apply Here" page on the main menu

2. Select the "Song-Brown Certified Nurse Midwifery 2025" link and click the apply button when you are ready to begin

Note: Only program directors will have the ability to start an application

Helpful Tips

Useful Information

Navigating the application

Use the "Previous" and "Save & Next" buttons found at the bottom left of each page

Saving your application

Each time you click "Save & Next" in the application your progress is saved. Navigate to the "Applications-In Progress/Submitted" page to resume your application

Apply Here	Grant Applications	A...

Grant Applications

- Certified Wellness Coach Employer Support Grant Program (CWES) Application
- Health Careers Exploration Program (HCEP) Application
- Health Professions Pathways Program (HPPP) Application
- Justice and System-Involved Youth (JSIY) Application
- Peer Personnel Training and Placement Program Application
- Psychiatry Education Capacity Expansion Grant Program (PECE) Application
- Small Rural Hospital Improvement Program (SHIP) Application
- Song-Brown Licensed Midwifery(SB-LM) Application
- Song-Brown Certified Nurse Midwifery (SB-CNM) Application
- Song-Brown Family Nurse Practitioner/Physician Assistants (SB-FNPPA) Application
- Song-Brown Primary Care Residency (SB-PCR) Application
- Song-Brown Postgraduate Fellowship (SB-Post) Application
- Song-Brown Registered Nurse (SB-RN) Application
- Social Work Education Capacity Expansion Grant Program (SWECE) Application
- Song-Brown Previous Applications

Useful Information, Continued

Asterisks

The red asterisks indicate which fields require a response before proceeding to the next page

Training Program Title *

Tooltips

Throughout the application you may see a blue circle with a question mark at the end of a question, title, or sentence. Click on these icons for additional information

The last name of the primary contact at the contract organization.

Contract Administrator Last Name * ❓

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CNM
Application Walk-through

Program Information

Program Information

Organization - If your organization is blank, e-mail Songbrown@hcai.ca.gov to ensure your organization is approved.

Program Director   Program Director Email

Is your program expanding in 2025/26 Academic Year?*

○ No ● Yes

☑ The training program will permanently increase the number of incoming first-year students in the next academic year.

☑ The training program shall continue to meet all approval requirements set forth by the Board of Registered Nursing while expanding enrollment.

Select a training program from the **Training Program Title** search list below. If you applied previously and your training program is not listed, e-mail Songbrown@hcai.ca.gov to ensure your training program is approved.

Training Program Title *❓

[   ] ✖ 🔍

☐ Training Program Not Listed

1. Your program information will pre-populate with information you entered in your "Profile" page

2. Select a "Training Program Title" from a list of training programs by clicking on the magnifying glass

3. If your training program is not listed, check the box "Training Program not listed"

Note: *Most training programs, unless they are new, are in the system. Use the search function before submitting a new training program name for approval*

Program Information, Continued

1. If your CNM program is expanding this year, you must select "Yes"

2. You must check both boxes verifying that the expansion is permanent and there is documentation that the Board of Registered Nursing has approved the expansion of student enrollment

Contract Administration

Contract Administration

Contract Organization Name * Doing Business As (DBA)

Please select the type of entity *
- ⦿ Governmental Entity
- ○ Non-governmental Entity

Prefix   Contract Admin First Name *   Contract Admin Last Name *
[Select ▾]

Contract Admin Title

Phone 1 *   Phone 2
                      [Provide a telephone number]

Contract Admin Email *

Grant Agreement Signatory

Grant Agreement Signatory First Name *   Grant Agreement Signatory Last Name *   Grant Agreement Signatory Phone

Email *

1. "Contract Organization Name" and "Doing Business As (DBA)" must match what you report to the Internal Revenue Service (IRS)

2. Identify the contracting organization as a Governmental or Non-governmental Entity

3. The Contract Admin is the main administrator for the grant

4. "Grant Agreement Signatory" must be an individual with authority to enter into a grant agreement

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Contract Administration: STD 204 Signatory

Is the Payee Data Record (STD 204) Signatory the same as the Grant Agreement Signatory? ❓

◉ No ○ Yes

Payee Data Record (STD 204) Signatory ❓

First Name *	Last Name *	Phone Number *
		Provide a telephone number

Email *

The legal address for your organization must match the address on file with the IRS.

Is the legal address for your organization a PO box? *
◉ No ○ Yes

Click on the **Select Address** button to populate the Address Fields.

➕ Select Address

Street Address*	Suite/Apt/Dept

City *	State *	Zip Code *

County

Should payments be sent to a different address than what is on file with the IRS?
◉ No ○ Yes

1. If your STD 204 signatory is different from your Grant Agreement signatory, select "No"

2. "(STD 204) Signatory" name must be an authorized signatory

3. A PO Box option is available for the 204 category

Note: Verify this information with your finance or contracts office to ensure this information is correct. Providing incorrect information will delay your grant agreement should you be awarded

Program Description

Program Description

Provide an executive summary description of your training program. Include the year your program started and demonstrate how your program meets the priorities of the Song Brown statute. In your summary please include a brief description of how Song-Brown grant funds will benefit the direct education and training of the program's students. Please reference the FNP and PA Grant guide on the Song-Brown website for more information. Maximum of 2500 characters.*

[Maximum limit of 2500 characters.]

1. Provide requested program description information

2. You have a maximum limit of 2,500 characters

3. After completing this page, save and proceed by clicking "Save & Next"

Note: If you exceed the character limit, you will receive a pop-up message. If you copy and paste text from another document, text will cut off at 2,500 characters. Double-check the information you enter and make sure everything is captured

Program Data

Program Data

Select the data you will be reporting: *

○ Student and Graduate data

● Student data only

○ New program: no Resident/Student or Graduate data

"Student Only" should be chosen if you have no 22/23 and 23/24 graduates. Please select "Graduate and Student data" if you have any 22/23 and 23/24 graduates.

Based on the program you selected , what year was your first student admitted?*

[YYYY]

1. If you have any 23/24 and/or 22/23 graduates, select "Student and Graduate data"

2. "Student data only" should only be selected if you have no 23/24 and 22/23 graduates

Training Sites: Adding and Reviewing Sites

Training Sites

Add up to five Primary Care training sites with the highest cumulative number of student training hours in the past academic year (AY 24/25). Only include training sites located in the state of California. Do not include specialty or elective rotation sites.

To add a new training site, click the **Add a Site** button and enter the requested information.

To edit information or delete a training site, click on the **arrow** button next to a the training site name and select **Edit** or **Delete**.

Note to all programs: Only one physical address is allowed per site for the purpose of this application, regardless of differing suite/room/department numbers used. For example, if you have 123 Blue Street, Purple Dept. Ste 160 and 123 Blue Street, Green Dept. Ste 178, you may only list one of those on the application.

Total Number of Training Sites

Add a Site

Training Site Name	NPI	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County

1. The five primary care training sites with the most cumulative student training hours will be entered in this section

2. To add a training site(s), click the "Add a Site" button

3. A pop-up window will display

4. To review, edit, or delete graduates, select the dropdown list for that line using the arrow

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Training Sites: Adding and Reviewing Sites, Continued

1. For each training site you must identify the Facility Type. Verify the facility types using the links under more information

2. Enter the total cumulative hours that all students spent in the corresponding training site from the previous academic year

3. Click on the link to find the NPI number of the training site

4. Enter the payer mix information of the training site from between May 2024-April 2025

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Program Expenditures and Funding

1. Complete all required fields

2. "Total Funds Requested" is auto calculated based on the "# of Slots Requested" and the maximum amount per slot

3. Enter your total expenditures for each category from the 24/25 academic year

4. The "Total" training program expenditures must be equal to or greater than the "Total Funds Requested"

Aggregate Student Data

Aggregate Student Data

Enter the following data for the 25/26 academic year:

Total enrollment capacity for all cohorts.* ❓

[   ]

Total number of students that applied *

[   ]

Total number of students enrolled *❓

[   ]

Enrolled 1st Year *

[0   ]

Enrolled 2nd Year

[0   ]

Enrolled 3rd Year

[0   ]

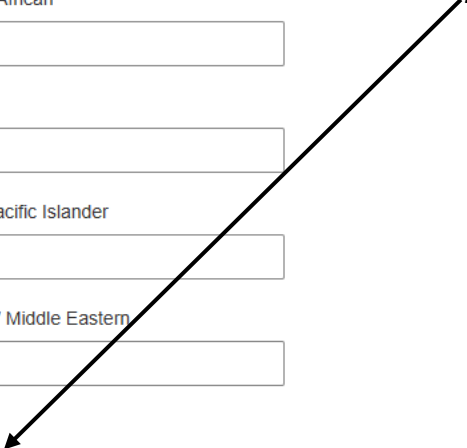**Total**

[0   ]

1. Provide the total number of enrollment capacity for all cohorts based on your accreditation body or college

2. Total number of students enrolled for 1st-3rd year students

3. Total number of students cannot be more than the total enrollment capacity

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Aggregate Student Data: Race and Ethnicity

Provide the race/ethnicity of all students enrolled in aggregate.

American Indian/Native American/Alaska Native

| 0 |

Asian-Asian Indian

| 0 |

Asian Cambodian

| 0 |

Asian Chinese

| 0 |

Asian Filipino

| 0 |

Asian Indonesian

| 0 |

Asian Japanese

| 0 |

Asian-Korean

| 0 |

Asian-Laotian/Hmong

| 0 |

Asian-Malaysian

| 0 |

Asian-Other

| 0 |

Asian-Pakistani

| 0 |

Asian-Thai

| 0 |

Asian-Vietnamese

| 0 |

Black, African American, or African

| 0 |

Hispanic or Latino

| 0 |

Native Hawaiian or Other Pacific Islander

| 0 |

White/Caucasian/European/ Middle Eastern

| 0 |

Total

| 0 |

1. Provide the number students for each race and ethnicity

2. The total must match the total number of enrolled students

Graduate Data: Adding and Reviewing Graduates

Graduate Data

Enter your total number of graduates for the following academic years:

AY 2022/23 *

AY 2023/24 *

Total

To add a new graduate, click on the Add a Graduate button and enter the required information. National Provider Identifier (NPI) numbers are required for graduates. To find a graduate's NPI number, check the NPI Registry.

To edit information, click on the **Options** button next to an individual's name and select **Edit** or **Delete**.

Total Number of Graduates

Add a Graduate

Graduating Class of Academic Year	First Name ↑	Last Name	
2023/24			▾

1. Enter graduate data for each academic year requested

2. Graduate data needs to match the number of graduates entered

3. To add graduate data, click the "Add a Graduate" button

4. A pop-up will display

5. To review, edit, or delete graduates, select the dropdown list for that line using the arrow

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Graduate Data: Graduate Information

1. If you know the graduate's NPI number, select "Yes" and enter the graduate's 10-digit NPI number

2. Select their practice specialty

3. You must add practice site information for all graduates that are practicing in California

4. If you know your graduate's practice site in California, please provide the practice site information

5. If you are not sure of their practice site or they are practicing outside of California select "No"
   i. Select "Out of State" if they are practicing outside of California
   ii. Select "Other " for any other reason

Required Documents

Required Documents

Approval Letter

Based on the program type identified on the first page of this application, attach your most recent approval or accreditation letter.

[Approval Letter Upload]   0 files uploaded, 1 file required.*

Filename must start with Appr_ to be accepted, Example: Appr_MyDocument

Correspondence

Upload all correspondence related to approval or accreditation.

[Correspondence Upload]   0 files uploaded, 0 files required.

Filename must start with Corr_ to be accepted, Example: Corr_MyDocument

1. The red button on this page indicates required documents

2. Click on the "Approval Letter Upload" to upload your required document

3. The document must begin with "Appr_ " for it to be accepted

4. Once the document is successfully uploaded, the box will turn green signifying that you may continue

Note: *You may delete an uploaded document by clicking the down-arrow next to the desired entry*

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Assurances

Assurances

I certify that the information contained herein is true and the most current information available at time of application submission

☑ I Certify

You are about to submit your application. You may not edit or delete your application from the system after submission.

Previous   Submit

1. Read the statement

2. Agree to the statement by checking the "I Certify" box

3. Click the "Submit" button

Note: Once you submit your applications you cannot make further edits

Note: Only Program Directors may submit an application. Grant preparers will not see the "Submit" button

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Submission Complete

Viewing and Printing your Application

- Once you submit your application you can view and print your application by selecting the "Options" dropdown on the "Grant Applications" page

CNM
Scoring Explanation

Application Evaluation Criteria

	Criteria	Points	eApp Page
1	Percent of graduates in Areas of Unmet Need.	25	Graduate Data
2	Percent of main training sites in Areas of Unmet Need. (Up to 5 training sites with the most cumulative hours)	25	Training Sites
3	Average payer mix of main training sites. (Up to 5 training sites with the most cumulative hours)	25	Training Sites
	Grand Total	75	

- The points reflect the maximum number of points you can receive in each criteria and the grand total

- The eApp column indicates where the information for each criteria will be entered in the eApp

Application Evaluation Criteria: Percentage Examples

- Program β Example:
  - Criteria 1: Percent of graduates in Areas of Unmet Need
    - Total number of graduates: 50
    - Graduates practicing in Areas of Unmet Need: 20
    - Percent of graduates practicing in Areas of Unmet Need: 40%
    - Total points awarded for Criteria 1: <mark>0.4 x 25 = 10 points</mark>
  - Criteria 2: Percent of main training sites in Areas of Unmet Need
    - Training sites provided by Program β: 4
    - Training sites in Areas of Unmet Need: 3
    - Percent of training sites in Areas of Unmet Need: 75%
    - Total points awarded for Criteria 3: <mark>0.75 x 25 = 18.75 points</mark>

Application Evaluation Criteria: Payer Mix Example

- Criteria 3: Average Payer Mix of main training sites
  - Program β has 3 main training sites
  - Their payer mix breakdown is as follows:

	Site 1	Site 2	Site 3
Medicare/Medical (Dual Eligibility)	30%	20%	40%
Medical (Traditional & Managed Care)	15%	15%	22%
Uninsured	15%	20%	15%
Totals	**60%**	**55%**	**77%**

- Average = (.60 + .55 + .77) / 3 = .64
- Total points awarded for Criteria 3 = .64 x 25 = 16 points
- **Total points scored for Program β is 10 + 18.75 + 16 = 44.75 points out of 75 points**

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Sign up for our Newsletter!

✉@ **https://hcai.ca.gov/mailing-list/**

Contact Us!

☎ **Phone** (916) 326-3700

✉ **Email** SongBrown@hcai.ca.gov

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