Washington State Health Care Authority

Uninsured Care Expansion Grant application details

This document describes eligibility criteria, application instructions, and the evaluation process. **The application deadline is 5 p.m. Pacific time on April 22, 2022.** Late submissions will not be accepted.

Quick links

Eligibility criteria

Providers and community-based organizations applying for grants must meet the following eligibility criteria:

Provider/organization type

- Federally qualified health center (FQHC)
- Rural health clinic (RHC)
- Free clinic
- Public hospital district
- Behavioral health provider or facility
- Mental health inpatient
- Mental health outpatient
- Substance use disorder (SUD) residential
- Substance use disorder (SUD) outpatient
- Substance use disorder (SUD) withdrawal management
- Both mental health and SUD services
- Behavioral health Administrative Service Organization (ASO)
- Community-based organization (CBO)

HCA does not require that CBOs hold a contract with an ASO to be eligible if the applicant can document service provision to underinsured or uninsured individuals below 200 percent of the federal poverty level.

Tribal providers are eligible to apply for these grant funds.

For licensed provider organizations, that licensure is required to be in place at the time any services covered under this grant are provided (both retrospective or prospective services)

Types of services

Applicant provides some or all of the following outpatient care and services:

- The testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus 2 (COVID-19), including facility and provider fees (to treat either active COVID-19 or long-term effects of COVID)
- Primary and preventive care

- Behavioral health services
- Oral health care
- Assessment, treatment, and management of acute or chronic conditions, including but not limited to the cost of laboratory, prescription medications, specialty care, therapies, radiology, and other diagnostics
- Outreach and education needed to inform patients and prospective patients that care is available free of charge

Service delivery

Applicant provides services in some or all of these ways:

- On-site care
- Care delivered via telehealth
- Referrals to and payments for services provided off-site (recipients may use funds distributed in this subsection to reimburse other providers or facilities for the cost of care)

Regardless of service delivery mode, recipients must attest they will not bill clients for any services paid for with these grant funds.

Organization location

Applicant serves Washington State clients under the following circumstances:

- All service sites that receive this grant funding must be located within Washington State. However, the organization itself may have offices or some service sites in other states.
- Services are provided at Tribal provider sites within Washington State.

Clients served

Applicant serves some or all of these client populations:

- Uninsured individuals under 200 percent of the federal poverty level, regardless of immigration status
- Underinsured individuals under 200 percent of the federal poverty level, regardless of immigration status

Attestations

Applicant attests to ALL of the statements included at the end of the grant application. A reference copy of the application can be found on the grant webpage.

General instructions

HCA developed this grant application process with the goals of fairness and equity, while ensuring only eligible organizations are awarded grant funds and minimizing administrative burden for the applicant.

HCA strongly recommends applicants read though all materials before beginning the grant application. **The grant application website times out after two hours. Edits cannot be made once submitted.**

To prevent re-work, applicants are encouraged to print off the PDF version of the grant application from this site to organize their responses before entering data into the online grant application tool. For questions requiring a

narrative response, we recommend the applicant prepare text responses and then cut/paste into the online tool. HCA is looking for about two pages of content for those responses.

Please note the following information to ensure your organization submits a complete and timely application:

- An attestation statement is required at the end of this application that the organization's authorized representative (usually the director/senior executive) is aware of and approves the content of this submission. The organization's primary point of contact may be a different person.
- Each organization may submit only one application for proposed services provided with grant funding, regardless of how many sites/locations will provide the services.
- There is no limit to the total number of organizations that can submit applications for these funds, as long as each organization meets eligibility criteria.
- All applications should be submitted online unless the submitter does not have internet access or there are language barriers. In the limited circumstances where a paper application or translation is necessary, the applicant (or their designee who is approved by the organization's director/senior executive) should send an email **no later than March 10, 2022,** requesting accommodation to HCA at **HCAUninsuredGrant@hca.wa.gov** or call 360-725-1244. Include the organization name, primary grant application contact person's name, phone and e-mail, and the reason for the accommodation. HCA will mail and/or translate the application as appropriate.
- Upon submission of the online grant application, an HCA representative will confirm required fields are completed and required supplemental documentation has been received. If the application is incomplete, the organization will receive an email and have an opportunity to complete the application. To be considered eligible for funding consideration, each organization must submit all grant application sections, any requested edits/corrections, and all additional required documentation by **April 22, 2022, at 5 p.m. Pacific time.**

Applicants must agree to obtain a ProviderOne number or a Statewide Vendor Number by June 30, 2022, if the organization does not already have one and is awarded funds under this grant. Failure to obtain one of these numbers by this date will result in the organization not being eligible for funds. HCA strongly encourages all applicants without either of these billing numbers to proactively begin the application process.

Required documentation to submit a complete application

Organizations that have previously received COVID-19 relief funds (including those with funds remaining) are still eligible to apply for this grant. However, these funds may only be used to provide services where other funding sources, such as Families First Coronavirus Response Act (FFCRA) and the American Rescue Plan Act (ARPA), have not already been used.

Organizations that have received COVID-19 relief funding must submit supplemental documentation before their application will be complete. **Information regarding the following is due before the April 22, 2022, deadline:**

- Total amount of COVID-19 relief funding received to date
- Source(s) of the COVID relief funds and amount received from each source
- Amount of COVID-19 relief funding that has been used to date
- Amount of COVID-19 relief funding that has not been used to date

- Total number of COVID-19 clients served who were uninsured and underinsured individuals under 200 percent of the federal poverty level, regardless of immigration status
- Types of COVID-19 services provided

If requesting retrospective reimbursement for COVID-19 related services, applicants should clearly indicate which services not already reimbursed they are seeking to cover.

In addition, organizations may request funds for retrospective reimbursement for prior non-COVID related uncompensated services. If so, **information regarding the following is due before the April 22, 2022 deadline**:

- Number of non-COVID clients served who were uninsured and underinsured individuals under 200 percent of the federal poverty level, regardless of immigration status
- Types of non-COVID services provided

Submit this supplemental documentation to HCA at **HCAUninsuredGrant@hca.wa.gov** with the subject line: **Uninsured Care Expansion Grant Application – (name of organization)**

Overview of evaluation criteria

HCA will use the following evaluation criteria to assess each organization's grant application:

- Applicant's eligibility to receive grant funds
- Completeness of the organization's application prior to the submission deadline
- Alignment between Uninsured Care Expansion Grant intent and the organization's proposed usage of requested funds for eligible services within the grant timeline
- Potential impact of organization's proposal expands or sustains the provision of health care services for uninsured and underinsured individuals under 200 percent of federal poverty level, regardless of immigration status
- Clarity and feasibility of the organization's application ensures clients are not billed for services provided with grant funds, and that funds are not used for services where other funds are available (Substitute Senate Bill 5092(60), Sec. 211(60))
- Evidence that the organization's grant proposal considers community values and priorities in the organization's outreach approach to clients and prospective clients

If an organization disagrees with HCA regarding their grant award or to the grant cycle process, it may invoke the dispute resolution provisions of this grant.

Grant reporting overview

In accordance with Senate Bill 5092 Section 211(60), HCA will prepare and post on its website an annual report detailing the amount of funds disbursed and aggregate information submitted by grant recipients. It is anticipated that this report will be available by June 30 for each year in which grant funds are utilized. In order to meet this

timeline, grant awardees will be expected to submit their annual reports by February 28 each year for grant funds utilized during the previous year. For example, the report on funds utilized during 2022 will be due February 28, 2023.

HCA seeks to minimize the reporting burden for recipients, while also obtaining data for outcome metrics and gaining an understanding of how grant funds were utilized. Supplemental documentation will not be required at the time of report submission, although organizations should retain records related to eligible services paid for with these grant funds per stipulations in the award notification document from HCA.

The grantee reporting template that HCA intends to use is provided for reference purposes. However, HCA reserves the right to make modest changes, if a need is identified. Any changes will be announced and information on the grant web site will be kept updated.

Overall, HCA will request information from grantees related to the following:

- Total count of clients served by grant funds for eligible services meeting one or more of these criteria (uninsured, underinsured, earn < 200% of the federal poverty level), without proper immigration documentation
- Total count of clients served by grant funds who are BIPOC
- Total count of eligible services provided per service category

Additional information needed from Community Based Organizations will include:

- Types of outreach, education or referral activities funded by grant
- Brief description of outreach, education or referral activities funded by grant

HCA will also be reporting on overall characteristics of award recipients and how grant funds were utilized, including the following:

- Percent of total funding distributed to recipients by June 30, 2022
- Total amount of funding awarded
- Distribution by recipient organization characteristics
    - By organization type
    - By organization size
    - By location/community type (urban vs rural)
    - By geography
    - By types of services provided

Finally, outreach will be most effective if Community Based Organizations (CBO) publicly share specific providers and services that are available at no cost and other relevant information. HCA will compile the following information for each provider that has received an award to provide services prospectively and provide it to CBO across the state by August 1, 2022. It will also be posted on the Uninsured Care Expansion Grant web site. HCA will gather this information from awardee applications, but may request additional clarifications as needed.

- Provider's name, contact phone and e-mail

- List of eligible service types (per their grant application) under which they will provide services at no cost
- Explanation that clients have protection from billing for grant funded services
- Directions for clients to call the provider if they are billed for these grant funded services
- Languages supported by each provider

Providers should email HCA at HCAUninsuredGrant@hca.wa.gov with the subject line: **Uninsured Care Expansion Grant Report – (name of organization)** or call 360-725-1244 if they have any questions or concerns regarding the reporting requirements.

Specifically, any questions or concerns about the compiled services list for the CBO should be submitted to HCA by **July 1, 2022**.

Key definitions

HCA used the following definitions for key components of the grant application:

- *Federal poverty level (FPL)*: as defined by the U.S. Department of Health & Human Services
- *Uninsured*: The person does not have any coverage for care and services by a third party like Medicare, Medicaid, workers' compensation, or an insurance company.
- *Underinsured*: For the Commonwealth Fund 2020 analysis, they used a measure of underinsurance that accounts for an insured adult's reported out-of-pocket costs over the course of a year, not including insurance premiums, as well as their plan deductible. These actual expenditures and the potential risk of expenditures, as represented by the deductible, are then compared with household income. Specifically, we consider people who are insured all year to be underinsured if:
    - their out-of-pocket costs, excluding premiums, over the prior 12 months are equal to 10 percent or more of household income; or
    - their out-of-pocket costs, excluding premiums, over the prior 12 months are equal to 5 percent or more of household income for individuals living under 200 percent of the federal poverty level ($25,520 for an individual or $52,400 for a family of four in 2020); or
    - their deductible constitutes 5 percent or more of household income.
- *Citizenship and immigration status*
    - *Undocumented person* means someone who is not lawfully present in the United States per WAC 182-503-0535
    - *Nonqualified person* means someone who is lawfully present in the U.S. but who is not a qualified person, a U.S. citizen, a U.S. national, or a qualifying American Indian born abroad per WAC 182-503-0535
- *Federally qualified health center (FQHC):* Community-based health care providers that receive funds from the HHS Health Resources & Services Administration Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on

a sliding fee scale based on ability to pay and operating under a governing board that includes patients. FQHC may be community health centers, migrant health centers, health care for the homeless, and health centers for residents of public housing. The defining legislation for Federally Qualified Health Centers (under the Consolidated Health Center Program) is Section 1905(l)(2)(B) of the Social Security Act.

- *Rural health clinic (RHC):* A clinic located in a rural, underserved area with a shortage of primary care providers, personal health services, or both. About 4,500 RHCs nationwide provide primary care and preventive health services.
- *Free clinic*: Private, nonprofit, community, or faith-based organizations that provide medical, dental, and mental health services at little or no cost to uninsured and underinsured people through the use of volunteer health professionals, community volunteers, and partnerships with other health providers.
- *Public hospital district*: Community-created, governmental entities authorized by state law to deliver health services, including but not limited to acute hospital care, to district residents and others in the districts' service areas. Owned and governed by local citizens, hospital districts tailor their services to meet the unique needs of their individual communities.
- *Behavioral health provider or facility:* Licensed or certified behavioral health agencies that must, at a minimum, establish: (a) Qualifications for staff providing services directly to persons with mental disorders, substance use disorders, or both; (b) the intended result of each service; and (c) the rights and responsibilities of persons receiving behavioral health services.

  "Behavioral health disorder" means either a mental disorder as defined in this section, a substance use disorder as defined in this section, or a co-occurring mental disorder and substance use disorder;

  "Behavioral health service provider" means a public or private agency that provides mental health, substance use disorder, or co-occurring disorder services to persons with behavioral health disorders as defined under this section and receives funding from public sources. This includes, but is not limited to: Hospitals licensed under chapter 70.41 RCW; evaluation and treatment facilities as defined in this section; community mental health service delivery systems or community behavioral health programs as defined in RCW 71.24.025; licensed or certified behavioral health agencies under RCW 71.24.037; facilities conducting competency evaluations and restoration under chapter 10.77 RCW; approved substance use disorder treatment programs as defined in this section; secure withdrawal management and stabilization facilities as defined in this section; and correctional facilities operated by state and local governments;
- *Behavioral health administrative service organization (ASO):* By January 2020, all regions of the state transitioned to an integrated system for physical health, mental health, and substance use disorder SUD services in the Washington Apple Health (Medicaid) program. This is called integrated managed care (IMC). Under the IMC program, most services for Apple Health clients are provided through managed care organizations. However, some services in the community, such as services for individuals experiencing a mental health crisis, must be available to all individuals, regardless of their insurance status or income level. For this reason, HCA will contract with a BH-ASO to provide these services within a region.
- *Community-based organization (CBO):* Not-for-profit resource hubs that provide specific services to the community or to a targeted population within that community. CBOs include but are not limited to aging and disability networks, community health centers (CHCs), childcare providers, home visiting programs, state domestic violence coalitions and local domestic violence shelters and programs, and homeless services providers working to address the health and social needs of populations.
- *Outreach and education*: Informing patients and prospective patients that care is available free of charge

- *Urban:* Per the U.S. Census Bureau, encompasses at least 2,500 people, at least 1,500 of which reside outside institutional group quarter.
- *Rural*: Per the U.S. Census Bureau, all population, housing, and territory not included within an urban area.
- *Operating costs*: Per the state operating budget for this grant, general operating costs, including staffing, supplies, and equipment purchases.
- *Telehealth*: Four basic types of telehealth (some platforms combine two or more types to provide more comprehensive services):
    - Synchronous telehealth: Any video call or live chat software that allows a health care provider to communicate with a client/patient in *real-time*, or *live.* Consultation is conducted across distance using two-way, interactive software housed in desktop computers, laptops, tablets, or other mobile devices such as smartphones.
    - Remote patient monitoring (RPM): Enables providers to record and monitor a patient's health data remotely. It uses technological devices to get vital signs needed to monitor a patient's condition.
    - Store-and-forward telemedicine (*asynchronous telehealth):* Specialized technology that allows a client's or patient's data to be collected, stored in a secure cloud-based platform, and later retrieved by another treating professional or staff, often in a different location. Appropriate releases are signed, experts vetted, and specific protocols developed.
    - Mobile health (mHealth): Smart devices can be now used for many specialized aspects of health care that benefit from continuous data collection about a person's behavior or condition. Smartphones, tablets, smart wearables can monitor a variety of factors such as pulse rate, heart rate, and with some, blood sugar levels or quality of expired air. Apps are now available to encourage healthier lifestyles and behaviors by providing heart-rate variability scores, sleep cycles, movement tracking, weight changes, dietary tracking, and much more.

Contact information

Please contact HCA:

- If you have questions
- If you need help with the application
- To submit required supporting documentation
- If you need an accommodation due to language barriers or lack of internet access

Email **HCAUninsuredGrant@hca.wa.gov** with the subject line: **Uninsured Care Expansion Grant Application – (name of organization)** or call 360-725-1244.