

Behavioral Health Integration (BHI) Grant application

Attachment 1

Application cover page

Primary care clinic name

Primary care clinic NPI

Primary care clinic physical address (*Specific clinic the grant is being requested for*)

Application checklist

Check boxes to indicate your application includes the following:

Application cover page (Attachment 1)

Applicant intake form (Attachment 2)

Minimum qualifications (Attachment 3)

BHI Grant application/narrative questions/grant proposal (Attachment 4)

Certifications and assurances (Attachment 5)

COVID-19 vaccine certification (Attachment 6)

**HCA recognizes and honors Tribal data sovereignty principles and requirements for information sharing established by: (i) The National Congress of American Indians and (ii) are reflected in the "Best Practices for AI/AN Data Collection."*

On behalf of the applicant submitting this application, my name below attests to the accuracy of the above and attached statements and by signing below I certify that, on behalf of the applicant agency, I am authorized to submit this application to provide the described services.

Print name

Signature

Title

Date

Attachment 2**Applicant intake form**

Every box must be filled out, if applicable

1. Identifying information

Applicant legal name

DBA or facility name

WA uniform business identifier (UBI) number*

Taxpayer identification number (TIN)

Unique entity ID number (UEI)

Statewide vendor number (SWV)

Are you a woman, minority or veteran owned business or a small business? If yes, please provide certification number:

*If the applicant does not have a UBI number, the applicant must confirm that it will become licensed in Washington within 30 calendar days of being selected as the apparent successful applicant. By signing below, the applicant indicates their agreement to section 1, identifying information, subsection H of this form.

Authorized signature

Name and title

Date

2. Physical primary care clinic address

Number

Street

Apt

Suite

City

State

Zip Code +4

Email address

Phone number

3. Applicant primary contact

Full name

Job title

Email address

Phone number

Authorized to sign contracts? Yes No If "No" is selected, section four (4) is required.

4. Applicant signatory

Full name

Job title

Email address

Phone number

5. Clinic administrator contact

Full name

Job title

Email address

Phone number

Attachment 3 Minimum qualifications

Applicant must attest they meet all requirements by following the instructions below and including with the application packet.

The following are the minimum qualifications for applicants. Applicants must be able to answer yes to all the qualifications listed below to pass and move forward to the application evaluation process.

Check boxes if your organization qualifies.

- 1. Licensed to do business in the state of Washington or provide a commitment that it will become licensed in Washington State within 30 calendar days of being selected as an apparent successful applicant.

Yes

- 2. Must be a primary care setting serving children and youth from birth to 18 years of age.

Yes

- 3. Must accept Apple Health (Medicaid) for both Apple Health coverage without a managed care plan and Apple Health coverage with a managed care plan.

Yes

Signature of applicant's authorized representative

Title

Date

1. Priority questions

a. Percent of pediatric clients (birth through 18 years old) enrolled in Apple Health in the specific clinic applying:

0-20%

21-40%

41-60%

61-80%

81-100%

b. Percent of pediatric population who have a preferred language other than English

0-20%

21-40%

41-60%

61-80%

81-100%

c. Percent of pediatric population who identify racially/ethnically as non-white (i.e., American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, Latino/Hispanic, multiracial) in your clinic:

0-20%

21-40%

41-60%

61-80%

81-100%

d. Location of services for specific clinic in question:

Adams	Grays Harbor	Pierce
Asotin	Island	San Juan
Benton	Jefferson	Skagit
Chelan	King	Skamania
Clallam	Kitsap	Snohomish
Clark	Kittitas	Spokane
Columbia	Klickitat	Stevens
Cowlitz	Lewis	Thurston
Douglas	Lincoln	Wahkiakum
Ferry	Mason	Walla Walla
Franklin	Okanogan	Whatcom
Garfield	Pacific	Whitman
Grant	Pend Oreille	Yakima

Narrative questions

1. Describe your clinic's arrangement for psychiatric consultation and supervision. An existing and current policy or procedure document will suffice.

Narrative questions

2. Describe your team-based approach to care and the types of providers in your clinic.

Grant proposal

How much are you requesting? Provide a summary of the clinic's plan to use funds to serve the intention of the grant.

The grant proposal should address the clinic's current state and plans utilizing the components below to integrate BHI:

- Hire a behavioral health professional
- Create a registry that monitors patient engagement and symptom improvement
- Implement universal screening for behavioral health needs
- Provide care coordination with schools, emergency departments, hospitals, other points of care
- Ensure closed-loop referrals to behavioral health specialists
- Where clinically indicated, engagement in specialty treatment

Grant proposal (continued)

Grant proposal (continued)

I/we make the following certifications and assurances as a required element of the application to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the application are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single application.
3. The attached application is a firm offer for a period of 120 days following receipt, and it may be accepted by HCA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120-day period.
4. In preparing this application, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this application or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that HCA will not reimburse me/us for any costs incurred in the preparation of this application. All applications become the property of HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this application.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the applicant and will not knowingly be disclosed by him/her prior to opening, directly or indirectly, to any other applicant or to any competitor.
7. I/we agree that submission of the attached application constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the applicant to induce any other person or firm to submit or not to submit an application for the purpose of restricting competition.
9. I/we grant HCA the right to contact references and other, who may have pertinent information regarding the ability of the applicant and the lead staff person to perform the services contemplated by this RFA.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 early retirement factors legislation, his/her name(s) is noted on a separately attached page.

We (circle one) **are/are not** submitting proposed contract exceptions. (See section 3.6, contract and general terms and conditions.) If contract exceptions are being submitted, I/we have attached them to this form.

On behalf of the applicant submitting this application, my name below attests to the accuracy of the above statement. If electronic, also include: We are submitting a scanned signature of this form with our application.

Signature of applicant's authorized representative

Title

Date

Behavioral Health Integration Grant
RFA #:

Contractor certification

Proclamation 21-14 - COVID-19 vaccination certification

To reduce the spread of COVID-19, Washington state Governor Jay Inslee, pursuant to emergency powers authorized in RCW 43.06.220, issued proclamation 21-14 – COVID-19 vaccination requirement (dated August 9, 2021), as amended by proclamation 21-14.1 – COVID-19 vaccination requirement (dated August 20, 2021) and as may be amended thereafter. The proclamation requires contractors who have goods, services, or public works contracts with a Washington state agency to ensure that their personnel (including subcontractors) who perform contract activities on-site comply with the COVID-19 vaccination requirements, unless exempted as prescribed by the proclamation.

HCA solicitation

I hereby certify, on behalf of the firm identified below, as follows (check one):

COVID-19 contractor vaccination proclamation compliance. Contractor:

- 1. Has reviewed and understands Contractor’s obligations as set forth in proclamation 21-14 – COVID-19 vaccination requirement (dated August 9, 2021), as amended by proclamation 21-14.1 – COVID-19 vaccination requirement (dated August 20, 2021); and
- 2. Contractor personnel (including subcontractors) who are subject to the vaccination requirement in the above-referenced proclamation will provide agency proof of full vaccination against COVID-19 or appropriate exemption for which a reasonable accommodation has been provided.

OR

Contractor is not able to perform in compliance with the vaccination proclamation. Contractor is not able to perform the contract obligations in compliance with the above-referenced proclamation.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

Firm name (print full legal entity name of firm)

Signed by (signature of authorized representative)

Title of authorized representative signing

Date