



STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**

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**RFA NO. 3591**  
**Amendment #2**

**PROJECT TITLE:** Transformation Enhancement Grant

**SUBJECT:** HCA's Response to Applicants Questions

**DATE ISSUED:** April 2, 2019

The purpose of Amendment #2 is to provide HCA's responses to Applicants questions.

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## HCA's Response to Applicants Questions

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### Question 1:

**Question 1.a.** On Page 5 at the bottom, # 1.2 # 2, it states that Applicants will need to form a partnership demonstrated by agreeing to and signing the work plan between the two organizations prior to contract award....

**Answer 1.a.** Yes, all Applicants are required to form a partnership with another organization in the community. It is recommended that community organizations partner with behavioral health agencies and vice versa. This partnership is meant to share expertise and create a common framework to continue the work undertaken under this grant further.

**Question 1.b.** Could you expand on what this partnership entails? Do all Applicants need to have a partnership and with whom? E.g. behavioral health agencies with a medical provider or another social service agency?

**Answer 1.b.** The degree to which you partner is up to you and your partners. The partnership can be in kind or monetary but must be reflected in the work plan. The examples listed in the question would all work as they outline a partnership with a behavioral health agency, and a non-behavioral health agency.

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**Question 2:** There is a reference in the grant materials stating that suggested scan tools can be found on the HCA website. Can you please point me to where they can be found?

**Answer 2:** Amendment 1 was released on March 28, 2019 including the list of scan tools. These are also located on HCA's website at <https://www.hca.wa.gov/about-hca/trauma-informed-approach-tia>. The scan tool links are located under the resource page.

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**Question 3:** I'm seeking clarification under 1.3. as it is unclear to me if you have to meet both criteria or just one. We are a licensed business in the state of Washington but not a licensed service provider.

**Answer 3:** An organization must be licensed to do business in the State of Washington to be eligible to apply. Being a licensed "service provider" is not listed as a requirement under the minimum qualifications.

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**Question 4:** Can funding be directed towards staff for whom individuals with behavioral health challenges are only a subset of the population receiving care? For example, emergency department staff do not exclusively see individuals with behavioral health challenges, but these staff would still benefit from being trained in TIA.

**Answer 4:** Funding can be used for agencies that work with behavioral health challenges as only part of their overall services. The funds are available to organizations that serve individuals with behavioral health challenges either directly with services to address their challenges or support them while in services.

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**Question 5:**

**Question 5.a.** If an applicant is a community organization and not a behavioral health provider, what are the requirements regarding partnerships?

**Answer 5.a.** It is recommended community organization Applicants partner with a behavioral health agency as defined in this grant. If there is not a behavioral health agency in the Applicant's area they can partner with, HCA encourages them to partner with other community organizations that serve people on the behavioral health continuum as defined in this grant. It is recommended the partnership be individual to the needs of the community and the strengths of both organizations working toward increasing TIA in area through partnership.

**Question 5.b.** The objectives and scope of work state that, "Applicants will need to form a partnership(s) demonstrated by agreeing to and signing the work plan between the two organizations prior to contract award. Partners need to be based in the HCA RFA Page 6 of 37 same community and work with individuals receiving services along the behavioral health continuum." Is this requirement just for behavioral health agencies, or also for community agency Applicants? If this is also a requirement for community agencies, what types of partnerships do you envision, partnerships with other community agencies or with a behavioral health agency?

**Answer 5.b.** The goal of the partnership requirement is to connect community organizations and behavioral health agencies, as defined in this grant, in a working partnership to improve the status of trauma informed approach in their shared community. HCA recommends when possible partnering between community agencies and behavioral health agencies as defined in this grant. The partnership expectation is set up as a two way exchange, so if a behavioral health agency applies, they partner

with a community organization and visa-versa. HCA understands the limitations that can arise from geography and populations being served and put more of an emphasis on working in the same community as the ideal, but will leave up to the Applicants to identify their partners and state the reasons for it.

**Question 5.c.** Furthermore, are you able to provide examples of acceptable scan tools to be used for evaluate performance of a work plan?

**Answer 5.c.** HCA has provided examples of acceptable scan tools in Amendment 1 for Applicants to use. These are recommendations only, not requirements, and it is encouraged for Applicants to find a tool that will work for best for them. HCA requires that Applicant's use a scan tool that can accurately demonstrate what their current state of TIA is, what their strengths and weaknesses are, and be able to build a work plan from that information. The scan tool will be used again at the end of the grant to demonstrate change.

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**Question 6:** Must the proposal be designed to serve only Medicaid eligible and/or enrolled youth?

**Answer 6:** No, this funding is available to organizations that serve or support people on the behavioral health continuum as defined in this grant.

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**Question 7:** May one agency be associated with more than one application. For example, may a behavioral health provider be the primary applicant on one application, and also serve as a partner on another application submitted for a different community (both of which the BHO serves) which is submitted by a community based organization?

**Answer 7:** Yes, HCA will allow this on a case by case basis. HCA recognizes some organizations are large and serve multiple communities. HCA will require that the different organizations that will contract with HCA be in separate communities and the work is substantially separate from each other.

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**Question 8:** Is it acceptable to request less than the \$50,000 cap on the proposal budget?

**Answer 8:** Yes, the maximum total for the grant is \$50,000 but an Applicant can request less. HCA encourages organizations to only ask for what they need and can spend appropriately in the timeline of the project.

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**Question 9:** Can you please define "Scan Tool" as it relates to 4.6 section 2? We want to make sure we are correctly understanding this section.

**Answer 9:** A scan tool can be any form of self-assessment tool that can be used to identify an organization's current state of TIA and can identify strengths and needs in a matter that can be used to create a work plan to address the needs.

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**Question 10:**

**Question 10.a.** I'm writing on behalf of a Tribal government department that works with clients to address complex, unresolved trauma. **The intent of this RFA seems like it would be a great fit for us to help enhance ongoing efforts to provide trauma-informed care**

**to clients.** We have an ongoing partnership with a Dialectical Behavioral Therapy training/provider/continuing education/research/consultation organization. For this RFA, we want to enhance that partnership by working with this partner, who would be **providing training and ongoing implementation support to Tribal staff** that would further staff's individual capacity and our organizational capacity to provide trauma-informed care to clients. This would be the core of our work plan: does this seem like a project that HCA sees as a good fit for these funds?

A follow-up question is: Would the organization providing training and ongoing consultation to staff be an appropriate partner for this RFA (partners need to be: "based in the same community and work with individuals receiving services along the behavioral health continuum")?

**Answer 10.a.** HCA recommends working with existing partners. The work plan will need to specify the work that will be continued with the grant and any new work that will be undertaken. The work plan will need to differentiate the work proposed for this grant as distinctly trauma informed versus development of trauma treatment. HCA will assess each application based on the process in the RFA.

HCA will be offering training and train the trainer later this year that is separate from the grant.

**Question 10.b.** Another question about partnership: I noticed throughout the body of the RFA there is a lot of emphasis on the development of a partnership. ("Applicants will need to form a partnership(s) demonstrated by agreeing to and signing the work plan between the two organizations prior to contract award. Partners need to be based in the same community and work with individuals receiving services along the behavioral health continuum.") In the section where the questions for the narrative are detailed, there is a question about "if you have not yet selected a partner, what are you looking for in a partner?" so I see it would be acceptable to submit an application without a signed work plan and without a partnership developed, but the rest of the evaluation criteria suggests that doing so would be a less favorable (potentially less competitive) response from an applicant. Do you have any feedback on that?

**Answer 10.b.** To accommodate the amount of time it can take to set up a partnership HCA will only require the proof of partnership before contracting can be complete. HCA will assess each application on a case by case basis based on the criteria set out in the RFA.

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**Question 11:** As I read through the RFA in 1.3 Minimum Qualifications, it says we have to be licensed. We are a tribal Behavioral Health agency that self-attested. So are we eliminated from applying?

**Answer 11:** No, you are not eliminated from applying if your agency is self-attested. The "federal health care programs" to accept attestation of Indian health care providers in lieu of licensing/certification. A federal health care program is defined as:

(1) Any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government (other than the health insurance program under chapter 89 of title 5); or

- *Note that this exception refers to “qualified health plans” available for purchase in the exchange.*

(2) Any State health care program, as defined in section 1320a–7(h) of this title.

- *Note that this means any state program funded under the Social Security Act title V (Maternal and Infant Health block grants), title XIX (Medicaid), title XX (social services block grants), or title XXI (SCHIP).*

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**Question 12:** An interdepartmental team at King County is considering submitting an application for the Transformation Enhancement Grant to promote behavioral health trauma informed approaches. Must the proposal be designed to serve only Medicaid eligible and/or enrolled youth?

**Answer 12:** No, but it must be designed to meet the needs of people with on the behavioral health continuum as defined in this grant as the primary focus. The design of the program can impact any who seek or deliver services.