

## Health Engagement Hub Request for Interest: 5/21/24 Listening Session Questions and Answers

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### Does an organization need a preexisting contractual relationship with HCA to qualify for funding?

No, organizations do not need a preexisting contractual relationship with HCA to qualify for funding. If awarded, they will need to [register as a vendor with Washington State DES using the WEBS Portal](#).

### What is the amount of funding available per hub, per year, and over what timeframe?

The legislature has allocated \$3 million each year to support three (3) new Health Engagement Hubs, which would also cover any ancillary costs associated with training, implementation support, and ongoing evaluation of program effectiveness. We encourage all organizations to consider the actual costs of start-up and operating the program when putting together their budget, rather than simply aiming to meet the ~\$1M per site target, as we recognize every organization's needs are different, and acknowledge there may be components of the program already in place within the existing infrastructure.

We anticipate Health Engagement Hubs will receive ongoing funding from the legislature.

### Is there flexibility around staffing of medical personnel?

We understand that some organizations have service models that include nontraditional personnel providing healthcare services. While there is flexibility in the amount of FTE dedicated to medical personnel on the budget, all medical personnel outlined as required by the Survey for Interest should be included in the response, either as existing staff that can support the HEH model, or newly budgeted staff.

### Will you share the legislative information relating to these hubs with us please?

- [Legislation related to Health Engagement Hubs](#) (RCW 71.24.112).
- Proviso language, with supplemental funding related to expansion of HEH can be found in [Section 215, Proviso 135, p. 414 of the Supplemental Operating Budget](#).

### Will you consider funding outside this framework?

**We have set up a free clinic and are using volunteer workers. After about six months of operating two afternoons a month out of a van colocated with a weekly supply distribution event, we see directions we would like to expand what we are doing. It is not feasible for us to apply for funding within the framework laid out.**

Organizations may submit interest forms that include as many partnerships as necessary and/or useful. Interest forms need to demonstrate their capacity to provide the required services, or an actionable plan to provide the required services within a reasonable start up period, and utilize available funds to scale and meet the needs of their participants.

## Have neurominorities with lived experience been consulted when it comes to the accessibility level of these hubs?

The Health Engagement Hub model was partially based on intensive interviews with participants at syringe services programs – so, while there may be overlap with neurominorities, it was not explicitly called out. Health Engagement Hubs will be evaluated from the outset and there will be qualitative components to the evaluations that ensure the voices of consumers continue to be involved in service improvement.

## Are these hubs only for people who use drugs, or also for those who have behavioral health or chronic illness health challenges since there 's a lot of overlap?

While the legislation specifically states that Health Engagement Hubs “serve as an all-in-one location where people 18 years of age or older who use drugs can access a range of medical, harm reduction, treatment, and social services”, drug use is not a prerequisite for accessing services at a Health Engagement Hub per se, as the goal is to be as low-barrier as possible. All Health Engagement Hubs will be expected to deliver services in a culturally appropriate and evidence-based manner to meet the needs of a broad range of communities and support people with diverse and intersecting identities.

## What are the reporting requirements?

The model for reporting has been developed based on what is feasible to collect in anonymous settings, because identification is not required to access services at a Health Engagement Hub, as part of the “no wrong door” approach. This is a pilot program and we are aiming to look at outcomes, which requires collecting personally identifying information (Name, DOB), while also ensuring the utmost level of trust and rapport between provider and participant. If selected as a Health Engagement Hub, reporting requirements will be provided to and negotiated with the prospective site.

## Is abstinence or no drug usage required?

Abstinence is not a requirement to access services within Health Engagement Hubs.

## Does it have to be methadone or can it be suboxone?

The legislation specifies that the Health Engagement Hubs must “provide referrals **or** access to methadone **and** other medications for opioid use disorder.” Only Opioid Treatment Programs (OTPs) can dispense methadone – therefore, most organizations submitting interest forms would be providing referrals for methadone, and then providing low-barrier access to other medications for opioid use disorder on-site.

## Can harm reduction supplies be purchased with these funds?

Yes, harm reduction and risk reduction supplies are an allowable expense and can be included in the budget.

## Can these funds be used for construction/updating space to fit the need of these services?

No, these funds cannot be used for capital expenditures, which excludes construction, renovation, remodeling, etc.

## Can we get access to the proposals that were funded last time?

A request to review successful proposals would need to go through our Public Records Request process. [Learn how to submit a request.](#)

## Can my organization partner with other organizations on listed needs like food and clothing? Or does my organization need to do that directly?

Organizations can partner for as many services as they like. Colocation is encouraged wherever possible.

## Would an emergency department be considered an acceptable partner for the hub model?

The intention of the Health Engagement Hub model is to provide harm reduction services in a community based low-barrier and harm reduction-oriented setting. Because emergency departments are traditional healthcare settings, they would not be an appropriate fit as the primary site for a Health Engagement Hub. However, emergency departments would be excellent partners for certain required services.

## Will there be more "training" on billing?

Yes. Organizations that have not previously billed Medicaid will have access to technical assistance.

All Health Engagement Hubs will need to have the ability to bill Medicaid with an NPI number, which is a unique identification number that is associated with a provider and/or a facility. For more information read: [NPI: What You Need to Know \(cms.gov\)](#).

Behavioral Health Agency (BHA) licensure and certification is required if an agency intends to seek Medicaid reimbursement, provide court-ordered mental health or SUD services, or as otherwise specified by state law. [Find more information on becoming licensed as a BHA.](#)

## How do we calculate the projected revenue?

Every organization will do this differently based on whether they have existing billable services or are operating solely on projections. Do your best by talking to your own fiscal departments and identifying which services included under the service model can be billed to Medicaid or other funding streams. Please [contact HEH](#) if you have questions about your interest form or the budget template.

## When the applications are being scored will the graders read it in its entirety and then give it a score, or will graders read answers to individual questions, score them, and then sum up the scores?

The review panel will consider responses holistically, not necessarily on a question-by-question basis. The questions are designed to probe at each respondent's capacity to stand up a Health Engagement Hub program with all the pieces of the service milieu required in legislation and outlined in the Survey for Interest, so repetition is okay if it's foundational in responding to multiple questions. The review panel plans to review all responses in their entirety prior to discussing responses and making recommendations for contracting.