

11:00 am to 1:00 pm | February 2, 2022

Uninsured Care Expansion Grant Application Training

Note: These materials have been updated to reflect current application submission deadline of 5:00 pm Friday April 22, 2022.



Training Segments

- 1) Overview of HCA's Uninsured Care Expansion Grant & eligibility
- 2) Completing a grant application
- 3) What to expect after submitting an application
- 4) Q&A

- Background and critical information
- Eligible provider and organization types
- Eligible grant fund usage and details
- Eligibility insights
- Uninsured Care Expansion Grant timeline

Segment 1:

Overview of HCA's Uninsured Care Expansion Grant & Eligibility

Background and critical information

Substitute Senate Bill 5092, Sec. 211(60)

- HCA received \$35 million in federal resources to distribute as Uninsured Care Expansion Grants for provision of health care services for uninsured and underinsured individuals under 200 percent of the federal poverty level, regardless of immigration status
- Application deadline was extended from Mar 31 to Fri Apr 22
- Award notifications will occur by May 31
- Funds will be allocated as a lump sum by June 30, 2022, and must be used by June 30, 2024

Eligible provider and organization types

- 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)

Eligible Types of Services

Applicants must provide some or all of listed outpatient care and services:

- The testing, assessment, or treatment of active or long-term effects of COVID-19
- 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 or care delivered via telehealth
- Referrals to and payments for services provided off-site or to reimburse other providers or facilities for the cost of care
- Provide outreach and education to inform patients and prospective patients that this grant-funded care is available free of charge

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

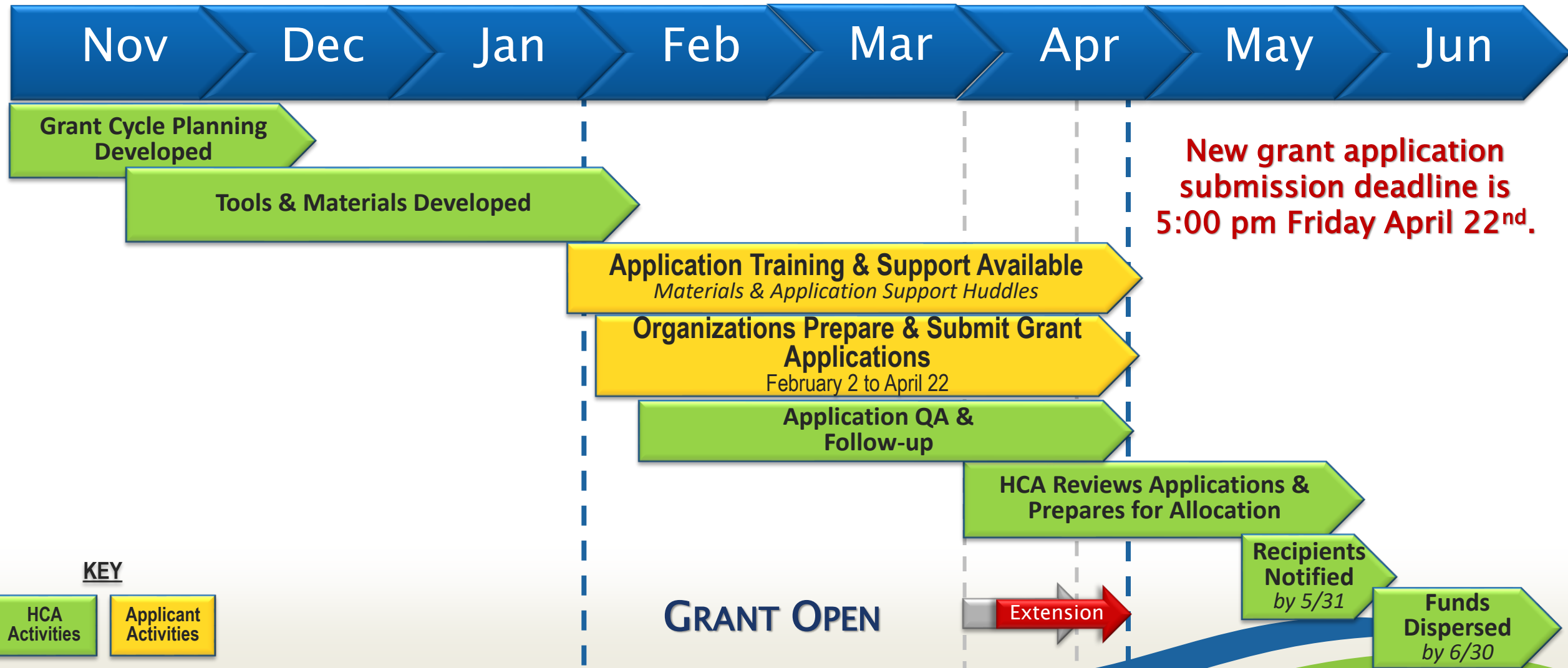
Applicant serves some or all of these client populations:

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

Eligibility insights

- 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.
- 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)
- There is no limit to the total number of organizations that can submit applications for funds, as long as each organization meets eligibility criteria

Uninsured Care Expansion Grant Timeline



- Application limitations
- Recommendations before you begin
- Completing a grant application
- Additional required documentation
- Getting application support

Segment 2:

Completing a Grant Application

Application Limitations

- 1) The online grant application tool **times out after two hours** of opening the application page:
 - Entered data will no longer save or submit
 - Application data must be re-entered from the beginning
- 2) Online edits cannot be made to the application once submitted
- 3) Only one application per organization can be accepted, regardless of the number of service addresses
- 4) All fields are considered required
- 5) For numeric fields, insert only numbers. Do not add commas, hyphens or other formatting

Recommendations before you begin

- 1) HCA strongly recommends that potential applicants review all materials before beginning the application:
 - ☑ Review all application instructions
 - ☑ Refer to the PDF version of the grant application to identify all needed reference information
 - ☑ Fully prepare your organization's responses before entering data into online application
- 2) Follow your organization's process:
 - ☑ Identify your organization's primary grant contact
 - ☑ Confirm your organization's authorized representative agrees to all attestations before submitting online application

Accommodations

- All application requests 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/approved designee can send an email to HCAUninsuredGrant@hca.wa.gov or call 360-725-1244 requesting accommodation no later than March 10
 - 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.

Key Definitions

- Applicants are encouraged to review key definitions listed in the [Uninsured Care Expansion Grant application details](#) document prior to completing their grant application
- Links to definitions are also embedded in the grant application

Getting started – the online application

Take survey | HCA Service Autom X

Uninsured Care Expansion Grant



Background and Critical Information

This application is in response to [Substitute Senate Bill 5092, Section 211\(60\)](#) which directs the Health Care Authority (HCA) to allocate \$35 million in funds from the coronavirus state fiscal recovery account to distribute grants for the provision of health care services for uninsured and underinsured individuals under 200 percent of the federal poverty level, regardless of immigration status. Funds will be allocated as a lump sum to each awardee by June 30, 2022 and must be fully utilized by June 30, 2024.

Please Note:

- To be eligible for these grant funds, applicants must provide direct health care services and/or referrals to and payments for services off-site for uninsured and underinsured individuals under 200 percent of the federal poverty level, regardless of immigration status or provide outreach and education to inform patients and prospective patients that care is available free of charge. HCA strongly recommends that potential applicants review the [eligibility criteria](#) before starting this application process.
- A response is needed for each question/attestation for the application to be considered complete.
- 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. However, the organization's primary point of contact may be a different person.
- Each organization may submit only one application for all the services covered at all their service locations.
- The system will time out after two hours. Therefore, HCA strongly recommends that applicants review the [instructions](#) and download the [PDF version of the application](#) to organize their responses before entering data into the online grant application tool.
- For questions that require a narrative response (e.g. those around retrospective reimbursement, Community Based Organization outreach activities or the process to prevent clients from being billed), it is also recommended that the applicant prepare text responses offline to then simply cut/paste into the online tool. HCA is looking for a maximum of 2 pages of content for those responses.
- For numeric fields, insert only numbers. Do not add commas, hyphens or other formatting.

Organization Information

* 01. Organization name

* 02. Organization Main Office Address

Primary Grant Contact

☐ Please provide information for your organization's primary grant application contact who may be contacted if there are questions about this submission.

* 03. Name:

* 04. Title:

* 05. Email:

* 06. Phone:

Authorized Representative

[-] Please provide information for the authorized representative who approves this grant application on behalf of your organization. This is typically the organization's Director/Senior Executive

* 07. Name:

* 08. Title:

* 09. Email:

* 10. Phone:

* 11. What is your Dun & Bradstreet data universal numbering system (DUNS) number?

Range: 0 - 999999999

[-] What are your billing numbers?

* 12. Enterprise level ProviderOne number (if you have one)

Note: ProviderOne numbers for individual locations are not acceptable. If you do not have a ProviderOne number, please enter 0.

* 13. State Wide Vendor (SWV) number (if you have one)

If you do not have a SWV number please enter 0

*

14. Organization Employer Identification Number (EIN) or Taxpayer Identification Number (TIN)

Range: 0 - 999999999

Billing Numbers

Location Type

Please provide the following information about your organization.

* 15. Which best describes your location(s)?

Please review definitions of these location types

-- choose --



-- choose --

Urban

Rural

Multiple locations, both urban and rural

Please review definitions of these organization types

* 16. What best describes your organization type? Check all that apply.

Please review definitions of these organization types

- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Free clinic
- Public hospital district
- Behavioral health provider or facility – mental health inpatient
- Behavioral health provider or facility – mental health outpatient
- Behavioral health provider or facility – Substance Use Disorder (SUD) residential
- Behavioral health provider or facility - Substance Use Disorder (SUD) outpatient
- Behavioral health provider or facility - Substance Use Disorder (SUD) withdrawal management
- Behavioral health provider or facility - both mental health and SUD services
- Behavioral health administrative service organization (ASO)
- Community Based Organization

Organization
type

Organization Information

* 17. Total organization revenue for 2019

Range: 0 - 999999999

* 18. Total organization revenue for 2020

Range: 0 - 999999999

* 19. Total number of current clients (current client panel for all services)

Range: 0 - 999999999

* 20. Total number of licensed providers, with a breakdown by type (e.g. ARNP = 3, MHP=6, LMT=10, DDS=4)

Client Information

* 21. Approximate percentage of your organization's clients who do not have health insurance (uninsured).

Please review the [definition](#) for uninsured that HCA is using.

% Range: 0 - 100

* 22. Approximate percentage of your organization's clients who are underinsured.

Please review the [definition](#) for underinsured that HCA is using.

% Range: 0 - 100

* 23. Approximate percentage of your organization's clients that earn less than 200% of the current federal poverty level.

Please review the [definition](#) for federal poverty level that HCA is using

Range: 0 - 100

* 24. Estimated percentage of your organization's clients who lack proper immigration documentation

Range: 0 - 100

* 25. Percent of clients who are Black, Indigenous, People of Color (BIPOC)

% Range: 0 - 100

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 15, 2022.** Late submissions will not be accepted.

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:

Resource:
application details

Definitions

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](#)

Client Age Distribution

Please provide a demographic description of clients your organization served utilizing the categories specified below.

Age distribution – percentage of clients within each of these age groups served by your organization during 2020

* 26. Age <19

% Range: 0 - 100

* 27. Age 19-25

% Range: 0 - 100

* 28. Age 26-34

% Range: 0 - 100

* 29. Age 35-44

% Range: 0 - 100

* 30. Age 45-54

% Range: 0 - 100

Gender Distribution

Gender distribution – percentage of clients within each of these gender groups served by your organization during 2020

* 33. Male

% Range: 0 - 100

* 34. Female

% Range: 0 - 100

* 35. Non-binary

% Range: 0 - 100

Ethnicity Distribution

Ethnicity distribution – percentage of clients within each of these ethnicity groups served by your organization during 2020

* 36. Hispanic

% Range: 0 - 100

* 37. Non-Hispanic

% Range: 0 - 100

* 38. None/unknown/not reported

% Range: 0 - 100

Service Types

* 39. What service types does your organization provide? Check all that apply.

Note: This can include direct services, care delivered via telehealth, as well as referrals to and payment for services provided off-site related to the following.

- Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
- Primary and preventive care
- Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these 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.

Prior COVID Funds Received

Additional
documentation
required by April 22

Identify any and all federal, state, or local government financial assistance to help address the COVID-19 related pandemic losses your organization has incurred since January 31, 2020. Type NONE for each question if none received.

* 40. Total COVID funds received

*Note: If the organization has received COVID-19 related government financial assistance, supplemental documentation is required. Please review the required supporting documentation to submit a complete application section of the grant web site for more information. This must be received at HCAUninsuredGrant@hca.wa.gov by **April 22, 2022 at 5:00 pm Pacific Time** to be considered for funding under this grant opportunity.*

Range: 0 - 999999999

41. Source #1 name

42. Source #1 amount

Range: 0 - 999999

Funding questions

* 47. Amount of COVID-19 relief funding that has been utilized to date

Range: 0 - 99999999

* 48. Amount of COVID-19 relief funding that has not been utilized to date

Note: Organizations with COVID-19 relief funds remaining are still eligible these grant funds.

However, these funds may only be utilized 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 utilized.

Range: 0 - 99999999

* 49. How much funding are you requesting under this grant?

Range: 0 - 99999999

NOTE: Organizations with COVID-19 relief funds remaining are eligible for Uninsured Care Expansion Grant funds, which may only be utilized 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 utilized

Intended use of these funds.

* 50. Permissible uses of grant funding

Note: Any funds received through this grant must only be utilized for services listed below. Check all that apply to identify your intended use(s):

- Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19), including facility and provider fees
- Primary and preventive care
- Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these 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.

Permissible use of grant funds

Intended use

*

51. Funding can be utilized to reimburse the organization for eligible retrospective costs related to previous losses/uncompensated care and prospectively for patients in active care.

Please indicate your intended use.

-- choose --



-- choose --

Retrospective only

Prospective only

Both Retrospective and Prospective

Retrospective Reimbursement

* 52. For retrospective reimbursement for prior services:

Note: For retrospective reimbursement for eligible services delivered since July 1, 2021, provide a detailed description along with documentation outlining how your organization provided services to uninsured and underinsured clients under 200 percent of federal poverty level regardless of immigration status. Please review the required supporting documentation to submit a complete application section of the grant web site for more information. This must be received at HCAUninsuredGrant@hca.wa.gov by **April 22, 2022 at 5:00 pm Pacific Time** to be considered for funding under this grant opportunity.

Required Documentation

- If requesting retrospective reimbursement for COVID-19 related services, clearly indicate which services not already reimbursed are being requested for reimbursement using grant funds.
- Organizations may request funds for retrospective reimbursement for prior non-COVID related uncompensated services, and must include the following 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
- Send to HCA at HCAUninsuredGrant@hca.wa.gov with the subject line: Uninsured Care Expansion Grant Application – (name of organization)

Prospective Services

* 53. For prospective services:

Briefly describe how you will utilize funds to pay for additional care/services for clients

How many additional clients could you serve with these funds?

If no funds for prospective services requested, state NOT APPLICABLE

County Service Locations

*

54. Indicate counties where your organization has service locations that will utilize these grant funds. Check all that apply.

- Adams
- Asotin
- Benton
- Chelan
- Clallam
- Clark
- Columbia
- Cowlitz
- Douglas

Community Based Organizations

Community Based Organizations

*

55. Are you a Community Based Organization providing outreach and education needed to inform patients and prospective patients that care is available free of charge?

Yes



* 55a. Describe the mission/goal of the organization

* 55b. List the primary outreach and education services provided

* 55c. How long has the organization been serving these communities (i.e. years)

Range: 0 - 99

Preventing client billing

*

56. Describe your internal process to ensure that clients will not be billed for any eligible services funded by this grant.

Attestations

Attestations

By selecting Yes for each item below, you are attesting to the following:

*

Agreement to post a notice in multiple languages about the types of services available under this grant.

-- choose --

-- choose --

Yes, I attest

No, I do not attest

Agreement to not bill any individuals for any portion of care and services covered by this

Submitting your completed application



By entering the name of your signing authority below, your organization is submitting this application.

Please ensure that your information is complete and accurate before hitting the submit button.

Please contact HCA for the following:

- To answer any questions you may have
- 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

Submit an e-mail to HCA at HCAUninsuredGrant@hca.wa.gov with the Subject Line: *Uninsured Care Expansion GrantApplication – (name of organization)* or call 360-725-1244

**You will be unable to make changes once you hit
Submit**

Submit

Cancel

Completed Application

① You have completed this survey

Washington State
Health Care Authority

E-mail HCA at HCAUninsuredGrant@hca.wa.gov for the following. Use the Subject Line: \$35M Grant Application – (name of organization)

- To answer any remaining questions you may have
- If you need help with the application or need an accommodation
- To submit any supporting documentation required with this application

Additional Required Documentation Reminder

Additional documentation must be submitted before the April 22 deadline in the following circumstances:

- 1) Organizations have previously received COVID-19 relief funds
- 2) Organizations are requesting retrospective payment for eligible services provided within the grant timeframe

Applications in these circumstances are considered incomplete until required supplemental documentation is sent to HCA at

HCAUninsuredGrant@hca.wa.gov. Please use the subject line:

Uninsured Care Expansion Grant Application – (name of organization)

Previous COVID-19 relief funds documentation

See the Grant website - additional documentation is required:

- 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

Retrospective reimbursement documentation

- Eligible services must be delivered by appropriately licensed staff with service dates after July 1, 2021
- Provide a detailed description along with documentation outlining how your organization provided services
- Please review the required supporting documentation to submit a complete application
- Required documentation must be received at HCAUninsuredGrant@hca.wa.gov by April 22, 2022 at 5:00 pm Pacific Time to be considered for funding under this grant opportunity.

Getting Application Support

- [Application training materials](#) walk through the entire grant application process; available on the HCA grant web page
- Weekly 30-minute grant application support meetings every Thursday at 1:00 from February 10 through April 22
- Contact info: HCAUninsuredGrant@hca.wa.gov
 - Please use Subject Line: Uninsured Care Expansion Grant Application – (name of organization)
 - Call 360-725-1244

HCA's QA Review

- Confirm application questions & attestations are completed
- Confirm required application 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

- Confirm ability to receive funds
- Overview of evaluation criteria
- Dispute resolution provisions
- General reporting overview

Segment 3:

What to expect after submitting an application

Confirm ability to receive funds

For funds distribution, applicants must have a ProviderOne number or a Statewide Vendor Number by June 30, 2022:

- 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 [registration process](#)

Overview of evaluation criteria

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

- Applicant's eligibility to receive grant funds
- Completeness of the organization's application prior to the 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
- Evidence that the organization's grant proposal considers community values and priorities in the organization's outreach approach to clients and prospective clients

Dispute resolution provisions

- 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
- Available on HCA grant website

General reporting overview

- HCA reporting requirements:
 - annual report, posted on HCA website by June 30 each year
 - Includes amount of funds disbursed
 - Aggregated information submitted by grant recipients
- Grant recipient reporting requirements:
 - Annual report due to HCA by Feb 28 each year
 - Includes data about utilization of services
- Reporting tools and training will be developed and provided to grant recipients

Potential information requests from grantees

- Percent of clients that are uninsured or underinsured
- Percent of clients that are undocumented
- Percent growth in new uninsured or underinsured clients under 200 percent of the federal poverty level that were seen, regardless of immigration status, and for what services
- Percent of funds used for referrals vs direct care
- Percent of funds used for COVID vs chronic care
- For Community Based Organizations: the number of clients referred for care, events held, and communications sent regarding outreach and referral

Potential HCA reporting

- Percent of funding distributed to recipients by June 30, 2022
- Total funding awarded
- Number of Accountable Communities of Health (ACH) with grant recipients
- Distribution of rural recipients vs urban
- Number of organization types who receive grant awards (there are seven types eligible per the grant language)

Add questions to chat
“Raise Hand”

Q&A

Helpful Links

- [Uninsured Care Expansion Grant application](#)
- [HCA Uninsured Care Expansion Grant web page](#)
- [Section of budget proviso language describing the grant](#)
- [PDF version of the application](#)
- [Uninsured Care Expansion Grant application supporting details](#)
- [Frequently Asked Questions](#)
- [Register for Statewide Vendor Number](#)

Adjourn

Thank you for your participation!