

Uninsured Care Expansion Grant Awardee Report

Report 2 of 2 (due by July 31, 2024)

(to request this report template in Word format, please email HCAUninsuredGrant@hca.wa.gov)

Background and Critical Information

Your organization received a grant award in response to a successful request for funding through [Substitute Senate Bill 5092, Section 211\(60\)](#) which directed 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 were allocated as a lump sum to each awardee in the fall of 2022 and **must be fully utilized by June 30, 2024**. Any unused funds will be returned to HCA **by July 31, 2024**.

Please send unused funds to:

Health Care Authority
ATTN: Medicaid Accounting
PO Box 42691
Olympia, WA 98504-2691

As written in section (e) of the proviso, grant recipients must submit reports to HCA on the use of grant funds, including data about the utilization of services. The first report was due February 28, 2023. The last report is due by July 31, 2024.

In accordance with proviso requirements in section (e), HCA shall prepare and post on its website an annual report detailing the amount of funds disbursed, and aggregating information submitted by grant recipients. HCA intends to post the annual reports by August 15, 2023, and November 30, 2024.

Requirements:

- A response is needed for each question/attestation in this report to be considered complete.
- An attestation statement is required at the end of this report that the organization's authorized signing representative (usually the Director/Senior Executive) is aware of and approves the content of this required annual report.
- Each organization should submit only one report for all the services provided at all their service locations using these grant funds.
- HCA will accept best estimates for certain questions where gathering data is challenging (e.g., percent of clients who lack proper immigration documentation).
- HCA does not require supplemental documentation to be submitted with this report; however, recipients should retain records related to eligible services paid for with these grant funds.
- The deadline to submit this report is **July 31, 2024, 5:00 pm Pacific Time**. Completed reports should be sent to HCAUninsuredGrant@hca.wa.gov.

Uninsured Care Expansion Grant Annual Report (Due 7/31/24)

Grant Awardee

1. Organization Name	
2. Organization Main Office Address	

Organization's primary contact related to this grant

(Please list who submitted this report and may be contacted if there are questions.)

3. Name	
4. Title	
5. Email	
6. Phone	

Organization's billing numbers

7. Enterprise level ProviderOne number (leave blank if you do not have one)	
8. Statewide Vendor (SWV) number (leave blank if you do not have one)	
9. Organization Employer Identification Number (EIN) or Taxpayer Identification Number (TIN)	

Use of Uninsured Care Expansion Grant Funds for Clients Served (1/1/23 – 6/30/24)

10. Total count of the organization's clients who were served utilizing funds from this grant who met <u>one or more</u> of the following criteria: did not have health insurance (uninsured), were underinsured, or earned less than 200% of the current federal poverty level regardless of immigration status. <i>Please review the definitions that HCA is using.</i>	
11. Total count of the organization's clients served with these funds who are Black, Indigenous, or People of Color (BIPOC) who were served utilizing funds from this grant. <i>(If you do not track this data, please provide your best estimate)</i>	
12. Total count of visits/service dates that were grant-funded. <i>(to clarify, the same client could be seen multiple times – we are asking for the total number of visits per client)</i>	
13. Total amount of Uninsured Care Expansion Grant funding awarded to the organization by HCA.	\$
14. Amount of Uninsured Care Expansion Grant funding that has been utilized from January 1, 2023 through June 30, 2024.	\$
15. Amount of Uninsured Care Expansion Grant funding that has not been utilized as of June 30, 2024 and will be returned to the HCA by July 31, 2024 .	\$

Utilization of Services Provided by Uninsured Care Expansion Grant Funds – Services Provided.

Retrospective Services (Services provided July 1, 2021 through application date).

(only complete if you applied for Retrospective Services funding. If you're unsure if your organization applied for retrospective services funding, please contact HCAUninsuredGrant@hca.wa.gov for confirmation.)

16. Indicate what **retrospective services** your organization utilized the Uninsured Care Expansion Grant funding for to cover prior uncompensated expenses for clients who did not have health insurance (uninsured), were underinsured, or earned less than 200% of the current federal poverty level regardless of immigration status. 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.* For each type of service, indicate the approximate number of appointments/visits/referrals that occurred.

Description	Number of appointments/visits	Date range services provided
Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)		
Primary and preventative 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 for 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		

Prospective Services (Services provided from January 1, 2023 through June 30, 2024).

17. Indicate what expanded service(s) (**prospective services**) your organization provided using Uninsured Care Expansion Grant funding for clients who did not have health insurance (uninsured), were underinsured, or earned less than 200% of the current federal poverty level regardless of immigration status. Complete 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.* For each type of service, indicate the approximate number of appointments/visits/referrals that occurred.

Description	Number of appointments/visits	Date range services provided
Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)		1/1/23 – 6/30/24
Primary and preventative care		1/1/23 – 6/30/24

Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management, or a combination of these services)		1/1/23 – 6/30/24
Oral health care		1/1/23 – 6/30/24
Assessment, treatment, and management for acute or chronic conditions, including but not limited to the cost of laboratory, prescription medications, specialty care, therapies, radiology, and other diagnostics		1/1/23 – 6/30/24
Outreach and education needed to inform patients and prospective patients that care is available free of charge		1/1/23 – 6/30/24

18. Select all counties where your organization utilized these grant funds to provide eligible services. Check all that apply.

- | | | |
|-----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Grays Harbor | <input type="checkbox"/> Pierce |
| <input type="checkbox"/> Asotin | <input type="checkbox"/> Island | <input type="checkbox"/> San Juan |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Skagit |
| <input type="checkbox"/> Chelan | <input type="checkbox"/> King | <input type="checkbox"/> Skamania |
| <input type="checkbox"/> Clallam | <input type="checkbox"/> Kitsap | <input type="checkbox"/> Snohomish |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Kittitas | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Klickitat | <input type="checkbox"/> Stevens |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Lewis | <input type="checkbox"/> Thurston |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Wahkiakum |
| <input type="checkbox"/> Ferry | <input type="checkbox"/> Mason | <input type="checkbox"/> Walla Walla |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Okanogan | <input type="checkbox"/> Whatcom |
| <input type="checkbox"/> Garfield | <input type="checkbox"/> Pacific | <input type="checkbox"/> Whitman |
| <input type="checkbox"/> Grant | <input type="checkbox"/> Port Oreille | <input type="checkbox"/> Yakima |

Community-Based Organizations (CBOs)

19. Are you a Community-Based Organization (CBO) that provided outreach and education to inform patients and prospective patients that care is available free of charge? Yes No

If yes, please answer the table below and question 20.

Description	Number of events/ occurrences
Hosted live events	
Participated in community events	
Webinars	
In-person presentations/meetings	

Communications (newsletters, emails, social media)	
Website updates/announcements	
Materials created: flyers, brochures, videos, or other educational items	
One-to-one counseling	
Other	

20. Briefly describe (in a few sentences or less) the outreach and education activities listed above, specifically any in the “Other” category.

Attestations

By checking the box for each item below, you are attesting to the following:

- Confirmation that your organization did not bill any individuals for any portion of care and services covered by this grant.
- Confirmation that your organization did not use any funds received through this grant for services for which other funds are available, such as the Families First Coronavirus Response Act and the American Rescue Plan Act.
- Confirmation that your organization did not use any money received through this grant for general operating costs (e.g. staffing, supplies, equipment purchases) unless your organization is a “free clinic,” as that term is defined in [Laws of 2021, Chapter 334, Section 211\(60\)\(g\)](#).
- Confirmation that all information in this report is true, accurate, and complete to the best of your knowledge and you are authorized to make such attestation on behalf of your organization.
- Confirmation that your organization will retain records related to eligible services paid for with these grant funds per stipulations in the award notification document from HCA.
- Confirmation that unused grant funds will be returned to HCA by July 31, 2024.
- Confirmation that your organization's authorized signing representative (usually the Director/Senior Executive) is aware of and approves the content of this report submission.

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

Printed Name

Title

Signature

Date

Please submit your completed report to: HCAUninsuredGrant@hca.wa.gov by July 31, 2024, 5:00 pm PST.