

Frequently asked questions about the Uninsured Care Expansion Grant

This document provides information about the Uninsured Care Expansion Grant, including questions we have received from providers, community advocates, and support organizations around Washington.

Press Ctrl while clicking on one of the quick links to navigate to the listed section or press CTRL to search for specific key words. If you are unable to find an answer to your question or have a suggestion on how to make this FAQ more useful, contact HCA at HCAUninsuredGrant@hca.wa.gov or call 360-725-1244.

New questions and updated information will be listed in the Revision log.

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Frequently Asked Questions

General grant information

1) How much grant funding is available?

The Washington State Health Care Authority has \$35 million available to implement and administer the program and allocate funds to eligible organizations expanding services to uninsured and underinsured clients below 200 percent of federal poverty level, regardless of immigration status.

2) What can the grant funds be used for?

Funds awarded under this grant must be used for the direct care of uninsured and underinsured individuals under 200 percent of the federal poverty level, including on-site care as well as referrals to and payment for services provided off-site. A full list of eligible services is listed in [this section of the budget proviso language describing the grant](#).

3) When does the grant start and for what time period can funds be used?

The Uninsured Care Expansion Grant funds can be used to cover the period of performance from July 1, 2021, to June 30, 2024, for eligible spending (including public health category). For more information, please read [this section of the budget proviso language describing the grant](#).

4) Will funding eligibility begin on date of award?

Funding eligibility covers the period July 1, 2021, to June 30, 2024, for eligible spending. Section 211(60) did not limit the service month and can be used to cover the costs within this fiscal period. HCA's grant process is meant to align with the intended use of these grant funds by prioritizing the expansion of health care services for communities with financial difficulty. In addition to the prospective use of funds to provide new services or to serve new clients, HCA recognizes that retrospective use of funds would enable some recipients to free up current resources for the same purpose. To improve equity across care providers, HCA will allow grant funds to be requested for both approaches to any applicant that demonstrates evidence of meeting all eligibility requirements and usage expectations outlined in [this section of the budget proviso language describing the grant](#).



5) How many grant proposals/applications can my organization submit to HCA for funding consideration?

Each organization can submit only one application for proposed services provided with grant funding, regardless of how many different sites/locations provide the eligible services. In their grant application, organizations will indicate the counties for all service locations where these grant funds will be used to serve clients.

6) Who must authorize my organization's grant application?

The application must be approved by an authorized delegate of the organization, which is typically the organization's director/senior executive. The applicant will attest to the awareness and approval of the grant submission by the organization's authorized representative.

7) Who can I contact if I need application help, or have questions?

E-mail HCAUninsuredGrant@hca.wa.gov or call 360-725-1244 to ask for answers, if you need assistance completing your organization's grant application, or to submit any requested supporting documentation required with the grant application. Please use the subject line: Uninsured Care Expansion Grant – (name of organization).

8) Is there an appeal or dispute process?

Yes, 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.

9) Will grantees be required to use "usual and customary" rates for services covered by grant funds?

Yes, grantees are expected to use normal rates for services covered by grant funds.

Outreach and feedback

10) What are HCA's plans to reach out to and potentially take feedback from and collaborate with the Washington Association for Community Health (WACH) on behalf of federally qualified health centers (FQHCs)?

HCA will continue to provide scheduled and unscheduled opportunities to gather external partner feedback and consultation with Washington's community health boards and organizations that advocate access to health care for uninsured state residents. This has been and will continue to be done through access to the HCA email address HCAUninsuredGrant@hca.wa.gov, meetings with external partners, feedback through individual contacts with HCA leaders, and through Q&A sessions with potential grant applicants.


11) How is HCA using feedback received from external partners other stakeholders?

HCA values all feedback provided by the community, partners, and stakeholders. We used it to help design the grant application and application process. We especially appreciate the feedback received about community priorities and values. We used this information to shape our approach to distribution of funds, ensuring smaller community-based organizations have equitable representation, considering implications of documentation and reporting requirements for providers caring for vulnerable populations, proposals including retrospective vs. prospective grant fund utilization, ensuring grants prioritize underserved regions and communities, and the availability of a PDF version of the application.

HCA will continue to use stakeholder input received through formal feedback sessions, individual stakeholder input received via HCAUninsuredGrant@hca.wa.gov or received through other means. We continue to gather feedback from partners and stakeholders and have implemented a feedback system to ensure questions and suggestions are considered in the grant distribution processes, approaches, and tools.

12) How is HCA expanding awareness of this grant opportunity?

HCA has longstanding partnerships with organizations serving uninsured or underinsured clients below 200 percent of poverty level, including those who are resettling immigrants within Washington. In addition to sharing information with external partners to share via their networks, HCA also is sharing information with federally



qualified health centers, rural health clinics, free clinics, public hospital districts, behavioral health providers or facilities, behavioral health administrative service organizations, and community-based organizations that may be eligible to apply for grant funding.

13) What outreach to different provider types and languages are included to ensure diversity in types of services?

The Uninsured Care Expansion Grant communications are widely circulated through its Gov.Delivery communication network to all eligible provider types, announcing the grant on the HCA website, and distribution through many network advocates across Washington. HCA is encouraging applicants to outline how they propose to improve diversity in types of services and improve equity. This can include providing outreach and translating proposed services into the correct languages for client populations, as deemed appropriate for success of implementing their proposal, if funds are awarded. Notification of the grant opportunity will be provided in English; however, potential applicants can request language support to complete their grant proposal submission by emailing HCA at HCAUninsuredGrant@hca.wa.gov, or calling 360-725-1244.

Key dates

14) When will HCA receive grant applications?

HCA's grant cycle opened on February 2, 2022, and the deadline to submit grant applications has been extended two weeks, through 5 p.m. Pacific time on April 22, 2022. HCA encourages all those who plan to apply to review Uninsured Care Expansion Grant application [training materials](#) and participate in weekly application support huddles listed on the [HCA grant web page](#).

15) When will the grant awards be announced to recipients?

HCA will evaluate all eligible grant proposals and plans to announce awards by June 3, 2022.

16) When will funds be dispersed to grant recipients?

HCA intends to distribute grant funds by June 30, 2022.

17) By what date do grant funds need to be spent?

All funds distributed under the Uninsured Care Expansion Grant must be used as outlined in the applicant's proposal, fully expended by June 30, 2024.

18) When are grant awardee reports due?

Organizations must report to HCA on the use of grant funds, and include data on utilization of services, by 5 p.m. on February 28, 2023. Organizations that have not used all funds by the end of 2022 shall provide an additional report due no later than February 28, 2024.

Process

19) How will the process be structured to ensure funds are spent on uninsured and under-insured individuals regardless of immigration status?

The Uninsured Care Expansion Grant program eligibility is set forth in the grant application materials. Grantees are bound to comply with the requirements of the grant as a condition to receive the award.

HCA will thoroughly evaluate all applications to ensure awards are going to eligible applicants. HCA will evaluate applications regarding care delivery priorities outlined in the grant application. HCA will rate proposals based on the description of how each organization will spend grant funds to provide care on uninsured and under-insured individuals at 200 percent of federal poverty level, regardless of immigration status.

Each grant awardee will be accountable to provide information they used grant funds to provide care to uninsured and underinsured individuals at 200 percent of federal poverty level, regardless of immigration status. Each step of the grant process supports the distribution of grant funds to meet the criteria and intended purpose described in [this section of the budget proviso language describing the grant](#).



20) What is the Uninsured Care Expansion Grant distribution process?

High-level steps include the following (some occur concurrently):

1. Define grant eligibility and application criteria
2. Develop allocation approach
3. Implement grant communications and outreach
4. Develop reporting and metrics approach
5. Configure application toolset (web and PDF)
6. Train potential applicants and assess readiness for launch
7. Open grant cycle application process and provide support
8. Select and notify grant recipients
9. Disperse grant funds
10. Monitor compliance with reporting requirements
11. Provide federal aggregate grant distribution final report

Eligibility

21) What are the eligibility criteria?

Grant eligibility is outlined in the Uninsured Care Expansion Grant [eligibility criteria](#).

22) Does an agency need to have the infrastructure to bill Medicaid to qualify?

Organizations that meet grant eligibility criteria do not need to have a ProviderOne number as a condition to apply for funds. Eligible grant applicants without ProviderOne numbers are encouraged to [begin registration for a new Statewide Vendor \(SWV\) number](#) for award distribution.

23) Will the application specify that organizations cannot bill for any portion of services provided using these grants?

To be eligible for a grant under this program, a federally qualified health center, rural health clinic, free clinic, public hospital district, behavioral health provider or facility, behavioral health administrative service organization, or community-based organization must apply for a grant and agree not to bill individuals for any portion of the services provided using grant funds. Each accepted grant applicant's proposal must attest to following all directives, including not billing individuals for grant-funded services.

24) Will HCA require community-based service organizations to hold a contract with a behavioral health administrative service organization if applicants can document service provision to underinsured or uninsured individuals below 200 percent FPL (Federal Poverty Level)?

Holding a contract with a behavioral health administrative services organization is not a requirement of this grant opportunity.

25) Can grant funds be proposed for prior expansion of COVID-19 services from earlier in the pandemic?

Yes, grant funds can be proposed for reimbursement of prior service expansion. Funds can be used to cover the period of performance from July 1, 2021, to June 30, 2024, for eligible spending. Section 211(60) did not limit the service month; thus, it can be used to cover the costs within this fiscal period. For more information, please read [this section of the budget proviso language describing the grant](#). HCA's design of the grant process is meant to align with the intended use of these grant funds by prioritizing the expansion of health care services for communities who have financial difficulty. In addition to the prospective use of funds to provide new services or to serve new clients, HCA recognizes that retrospective use of funds would enable some recipients to free up current resources for the same purpose. To improve equity across care providers, HCA will allow grant funds to be requested for both approaches to any applicant that demonstrates evidence of meeting all eligibility requirements and utilization expectations outlined in the grant application material.



26) Are community-based organizations eligible to apply for this grant?

Community-based organizations are encouraged to confirm they meet the eligibility requirements outlined in [this section of the budget proviso language describing the grant](#). HCA does not require that community-based organizations hold a contract with a behavioral health administrative service organization to be eligible if the applicants can document service provision to underinsured or uninsured individuals below 200 percent of the federal poverty level.

27) Are Tribal organizations eligible to apply for this grant?

Tribal organizations are an integral part of our behavioral and physical health network, and may confirm they meet the eligibility requirements outlined in the [eligibility criteria section](#) of the grant application details documentation. Any Tribal organization that meets eligibility requirements is encouraged to apply for funding to expand or sustain eligible services outlined in [this section of the budget proviso language describing the grant](#).

28) Are ambulance service providers eligible for grant funds?

All service providers should confirm they met the eligibility requirements outlined in the [eligibility criteria section](#) of grant application details documentation. Providers and organizations that meet eligibility requirements are encouraged to apply for funding to expand or sustain eligible services outlined in [this section of the budget proviso language describing the grant](#).

29) Do PCAP sites qualify for this grant?

Parent Child Assistance Programs (PCAP) are an integral part of our behavioral and physical health network, and may confirm they met the eligibility requirements outlined in the [eligibility criteria section](#) of the grant application details documentation. Any PCAP site that meets eligibility requirements is encouraged to apply for funding to expand or sustain eligible services outlined in [this section of the budget proviso language describing the grant](#).

30) Does having non-profit status as a 501(c)3 organization qualify us as a “free clinic” for this grant?

No. For the purposes of this grant, HCA is following the definition of free clinic as outlined in Section 60(g) of the [budget proviso language describing the grant](#): “Private, nonprofit, community, or faith-based organizations that provide medical, dental, and mental health services at little or no cost to uninsured and underinsured people through the use of volunteer health professionals, community volunteers, and partnerships with other health providers.” Applicants who are unsure of their status are encouraged to consult with their senior executives and/or legal advisors to confirm their organization’s status as a free clinic.

31) Does my organization need to be non-profit to qualify for this grant?

No, eligibility requirements for this grant do not require organizations or providers to have non-profit status, per the [budget proviso language describing the grant](#).

32) If my organization is a private non-profit agency that cannot accept Medicaid, are they eligible for this grant?

Possibly. If the organization is an eligible provider or organization type and provides eligible types of services as outlined in the [eligibility criteria section](#) of the grant application details, the organization is eligible to apply for grant funding. Applicants who are unsure of their eligibility status are encouraged to consult with their senior executives and/or legal advisors.

33) Are only Washington sites of care eligible if part of our organization is located outside Washington?

Grant funds can be used by an eligible provider to deliver types of services as outlined in the [eligibility criteria section](#) of grant application details documentation. This includes that the provider serves Washington State clients and that all service sites that receive this grant funding must be located within Washington State. Services can be provided at Tribal provider sites within Washington State. The provider organization may have offices or some service sites in other states, however, grant funds may not be used for clients outside Washington State.



34) Does every patient need to be under 200 percent of the federal poverty level, or can that be part of the patient population?

Not every patient on a provider's panel needs to be under 200 percent of the poverty level. However, these grant funds can only be used to provide services for patients who are under 200 percent of federal poverty level.

Grant Application

35) Is there a minimum or maximum limit to the amount requested?

There is no predetermined minimum or maximum cap for grant funding requests.

36) What documentation should I prepare to submit with my application?

To be considered a complete application, materials listed in [the required documentation section](#) must be sent to HCAUninsuredGrant@hca.wa.gov as part of the grant application before 5 p.m. on April 22, 2022.

37) If an organization has received prior COVID relief or other funds, will that organization be disqualified or be excluded from eligibility for this grant?

Organizations receiving prior COVID relief or other funds are eligible to apply for this grant but cannot (and must attest they will not) use this grant funding for services for which other funds are available, such as federal funds from the Families First Coronavirus Response Act and the American Rescue Plan Act. Organizations that have received COVID-19 relief funding must submit supplemental documentation before their application is considered complete. That documentation is listed in [the required documentation section](#), which must be sent to HCAUninsuredGrant@hca.wa.gov before 5 p.m. on April 22, 2022.

38) Will the application require applicants commit to posting notice of types of services available in multiple languages and that eligible patients are protected from being billed for these services, and specify who to contact if billed?

Yes, [the budget proviso language describing the grant](#) states eligible applicants must apply for a grant and agree to not bill individuals for any portion of the services provided that involve the use of amounts appropriated in this section. An attestation has been included in the application asking each recipient to agree to post a notice in multiple languages about the types of services their organization will provide under this grant. For additional information, see the list of attestations in the [PDF version of the Uninsured Care Expansion Grant application](#).

39) Will the application specify that organizations funded for outreach include notice in multiple languages that eligible patients are protected from being billed for these services?


Yes, each accepted grant applicant's proposal must also include completed attestation to following all grant directives, including not billing individuals for any portion of the services provided through grant funding. Organizations are responsible for designing how they will follow the expectations outlined in grant requirements, including how they will provide client outreach in multiple languages. For more information, please read the list of attestations in the [PDF version of the Uninsured Care Expansion Grant application](#).

40) Will the application include attestation that other funds are not available for these services and disclosure of any funds the applicant is aware of and potentially eligible for?

Yes, the grant application includes attestation that other funds are not available for proposed services and reporting of other funds received. For more information and a complete list of attestations associated with this grant, please see the [PDF version of the Uninsured Care Expansion Grant application](#).

41) Will both the application and applicant support materials specify that only free clinics may use grants provided under this subsection to cover general operating costs, including staffing, supplies, and equipment purchases?

Yes, as outlined in [this section of the budget proviso language](#), only free clinics (as defined in the bill) may use grants provided under this subsection to cover general operating costs, including staffing, supplies, and equipment



purchases. The grant application and supporting materials reinforce this eligibility requirement. Organizations are responsible for designing how they will follow the expectations outlined in grant requirements.

42) Will there be a public opportunity to review the grantee selection rubric before finalization and the availability of the rubric as a part of the application?

The grant evaluation criteria will be used to assess each organization's grant application regarding the general considerations outlined in the [Overview of Evaluation Criteria](#) section.

43) What are all the requirements that I am attesting to as part of my organization's grant application?

For a full listing of attestation requirements, please see the [PDF version of the Uninsured Care Expansion Grant application](#).

44) Can I partially complete my application and finish the grant submission later?

No, applicants are limited to two hours to complete and submit their grant proposal due to system constraints. HCA cannot extend this time period. Be aware, the application portal will time out after two hours, after which the partial application will not be available, and submitters will be forced to restart their application submission. We do not want this to happen to you! Grant applicants are strongly encouraged to use [PDF version of the Uninsured Care Expansion Grant application](#) to prepare a complete draft proposal before beginning data entry into the online application tool. HCA has outlined technical constraints in [training materials](#).

45) Can applicants correct errors or omissions once they have submitted the application?

Yes, applicants can work with HCA to correct errors or omissions prior to the deadline. Upon receipt of a submitted grant application, HCA will evaluate to confirm the completeness of the submission, including [required documentation to submit a complete application](#). HCA will request any missing information from the applicant, and the applicant must respond with any missing documentation or information through email at HCAUninsuredGrant@hca.wa.gov to complete their grant application by the grant application deadline of 5 p.m. Pacific time on April 22, 2022.

46) Will a non-web paper version of the grant application be available for providers without internet access or computers?

As a supplement to the online grant application tool, HCA will develop a [PDF version of the Uninsured Care Expansion Grant application](#), which will be made available at the same time the online grant application tool is available. Organizations requiring additional accommodation can email their request to HCAUninsuredGrant@hca.wa.gov or call 360-725-1244.

47) Do I have to list all other COVID grants and funds received as part of this application?

Yes, applicants must identify any and all federal, state, or local government financial assistance and the amount received from each source to help address the COVID-19 related pandemic losses their organization has incurred since January 31, 2020. This includes the amount of relief funding used to date, and the amount not yet used. For more information, please see [required documentation](#).

48) How do we answer application item #24: Estimated percentage of your organization's clients who lack proper immigration documentation if we don't ask for or track this sensitive information?

HCA realizes the sensitive nature of asking for sensitive client information and requests that providers provide a reasonable estimate of clients who may lack proper immigration documentation.

49) Should organizations include forgiven PPP (Paycheck Protection Program) loan amounts in question #40 total COVID funds received?

Yes, please include a total of all COVID funds received since July 1, 2021, which is the current budget period start date. Please enter forgiven PPP loans as a separate entry from loans that must be repaid.



50) Will applicants receive a confirmation or notification when the application is submitted?

Yes, after the “Submit” button is clicked, applicants will instantly see a window stating “You have completed this survey” in a blue bar above HCA’s logo. You will also receive an email after the HCA QA reviewer looks over your application to confirm all fields are completed. It will also indicate the status of any supplemental documentation that is required.

51) If our clinic is in an urban area, but we service rural clients, how do I answer question #15 to best describe our location?

Please respond with the choice that provides with the best description where grant funds will be used, as outlined in the [Key Definitions](#) section of application details reference document.

52) For question #40, do organizations need to list non-government (private) financial assistance received to help address COVID-19 related pandemic losses since January 31, 2020?

Yes, organizations should list all financial assistance received since January 31, 2020. This can include federal, state, or local government assistance, or private funds.

Fund Usage

53) What can grant funds be spent on?

Uninsured Expansion Grant funds should be spent on the direct care of uninsured and underinsured individuals under 200 percent of the federal poverty level, including on-site care as well as referrals to and payment for services provided off-site. Grant funds can be used to provide some or all of listed outpatient care and services, including 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. For additional clarification, review the [eligibility criteria section](#) to review the types and modes of services where grant funds can be used by an eligible provider.

54) Can we use grant funds to cover advertising costs to inform the community about these services for the uninsured and underinsured?

Yes, organizations are encouraged to provide outreach and education needed to inform patients and prospective patients that care is available free of charge, as outlined in [this section of the budget proviso language describing the grant](#).

55) What behavioral health services qualify for this grant?

Providers of behavioral health services are eligible to apply for use of grant funds for eligible services as outlined in the [eligibility criteria section](#) of grant application details documentation.


56) Can we use grant funds to cover copays, deductibles, and coinsurance?

Yes, as long as the underlying service was for the direct care of a qualified individual, was for the services specified in the [budget proviso](#), and was not billed to the individual. Grant funds may be used to pay an individual’s portion so long as the individual does not pay and is not required to pay any portion of the services provided.

57) Can grant funds be used to cover the portion of care not covered by Medicare, HRSA, or other funding for that visit?

Yes, as long as the underlying service was for the direct care of a qualified individual, was for the services specified in the [budget proviso](#), and was not billed to the individual. Grant funds may be used to pay an individual’s portion so long as the individual does not pay and is not required to pay any portion of the services provided.

58) Do grant funds have to be used only for new clients? Is this what “care expansion means”?



No, grant funds can be used to provide services to both new and existing clients for new or existing services. The term “care expansion” refers to grant-funded visits or services that providers may not have been able to provide without this grant funding.

59) Can grant funds be used to cover care delivery expenses for services to patients we don’t know need financial assistance until after we bill them?

Grant funds can be used to cover expenses for patients who are discovered to meet the definitions for uninsured, underinsured, under 200 percent of the federal poverty level. Funds from this grant may cover a period dating from July 1, 2021, which means past eligible services may be covered. In these cases, the client bill must be retracted, and grant funds may be used so long as the individual does not pay and is not required to pay for any portion of the services provided.

60) Can grant funds be used to cover care delivery expenses for services to patients who were billed but did not pay?

Grant funds can be used to cover expenses for patients who are discovered to meet the definitions for uninsured, underinsured, under 200 percent of the federal poverty level. Funds from this grant may cover a period dating from July 1, 2021, which means past eligible services may be covered. In these cases, the client bill must be retracted, and the client must be notified. The grant recipient must consider whether the client has already paid any portion of the bill, as grant funds may only be used if individual does not pay and is not required to pay for any portion of the services provided

61) Can grant funds be used for hiring bonuses for staff that would serve uninsured and underinsured populations?

No, grant funds cannot be used for hiring bonuses. Organizations that meet the definition of “free clinics” in the [definitions section](#) of the application details document may use grant funds to cover general operating costs, including staffing, supplies, and equipment purchases. All other eligible provider types can use grant funds only for services in the eligibility criteria section of the same document.

62) Can grant funds be used to fund an existing program for which we continually seek different modes of funding?

Yes, as long as these grant funds are used for eligible services, and in accordance with the [this section of the budget proviso language describing the grant](#). However, funds may only be used to provide services where other funding sources are not available.

63) Can grant funds be used to fund 50% of a program where previous COVID funding covered the other 50%?

If other funds are unavailable, these grant funds may be used for care as outlined in [this section of the budget proviso language describing the grant](#). There is not a prohibition on using these funds to fill a gap where other funds are not available, so long as the individual is not billed for any portion of the services for which the grant funds are used.

64) If an organization is asking for retrospective funding, does the request have to be related to COVID expenses?

No, grant funds can be used by an eligible provider to reimburse expenses for eligible services delivered since July 1, 2021, as outlined in the [eligibility criteria section](#) of grant application details documentation.

Awards and allocation

65) Do you have an estimate of how many awards you will make, and do you have a focus on regions, or counties?

The number of grant awards made will depend upon the number of eligible organization applications submitted by the deadline. HCA grant allocation principles include focus on equitable distribution of awards including considerations such as geographic spread of grant funds around Washington.



66) How will prior funding, the cost of services, the number of beneficiaries, and geographic location be considered?

Each applicant can disclose other funding, outline the cost of their services, the number of beneficiaries and geographic location in their grant proposal. HCA will evaluate each proposal across priority allocation principles to increase equity regarding criteria outlined in the [overview of evaluation criteria](#).

67) Will certain types of organizations receive a larger percentage of grant funding versus other types?

No, there is no plan to award larger percentages of grant funding based on type of organization. Proposals from eligible providers that expand care to uninsured and underinsured clients below 200 percent of federal poverty level, regardless of immigration status will be considered for funding. HCA strives to achieve the grant intent to maximize equitable distribution of funds in service of intended client populations and community priorities.

68) Will funds be earmarked for services such as behavioral health, outreach, or specialty?

No, there are no planned earmarks for specific types of services.

69) Will there be prioritization of grantees serving geographic areas where there are shortages of services for uninsured and underinsured individuals, and qualified applicants?

Through dialogue with our external partners and stakeholders, community values and priorities have been identified and built into a standard proposal assessment approach. Broadening geographic utilization of grant funds to increase equitable dispersion around Washington is one of those priorities and will be included in the agency's criteria for award allocation. Merits of each grant applicant's proposal will be evaluated using a consistent approach to maximize equitable distribution of funds in service of intended client populations and community priorities.

70) How will funds be distributed?

Funds will be distributed as a lump sum through an electronic payment through HCA's ProviderOne payment system or through a warrant check and sent to each awardee by June 30, 2022. For ProviderOne (P1) enrolled providers, this payment will appear on your remittance advice with a specific adjustment reason code. Organizations who do not have a ProviderOne number will receive a check. Eligible grant applicants without ProviderOne numbers are encouraged to begin registration for a new Statewide Vendor (SWV) number for award distribution.

71) How will applicants be notified of their grant status?

Each contact listed on their grant application will receive emailed notification of the status of their grant application by June 3, 2022.

72) Will awards be determined by who applies first (first come, first served)?

No, the order applications are received does not impact grant awards or allocation. All complete applications from eligible providers received before the application deadline of 5:00 p.m. on April 22, 2022, will be considered in the evaluation process for potential funding.

73) What accountability and transparency mechanisms will be utilized to ensure funds will be distributed to qualifying communities statewide?

HCA developed this grant application process with the goals of fairness and equity, while ensuring only eligible organizations are awarded grant funds. HCA will distribute funds to eligible grant applicants across Washington State, in accordance with [this section of the budget proviso language describing the grant](#). HCA shall prepare and post on its website an annual report detailing the amount of funds disbursed and aggregating information submitted by recipients.



74) What priority considerations will be used to evaluate applications and select who receives grant awards?

HCA's [Uninsured Care Expansion Grant evaluation criteria](#) outlines general considerations that will be used to assess each organization's grant application, such as applicant eligibility, proposal impact, alignment of fund usage. Applications will be evaluated to confirm the proposed use of grant funds 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, and meets all grant requirements.

75) How will HCA determine the funding amount each provider will receive?

Reviewers will use the [Uninsured Care Expansion Grant evaluation criteria](#) and tools to assess each organization's grant application. HCA hopes to award some portion of each eligible applicant's requested funding, scaled to reflect the combined amount requested across all eligible proposals that expand or sustain provision of health care services for uninsured and uninsured clients under 200 percent of federal poverty level regardless of immigration status.

76) How will funds be distributed?

Funds will be distributed as a lump sum through an electronic payment through HCA's ProviderOne payment system or through a warrant check and sent to each awardee by June 30, 2022. For ProviderOne (P1) enrolled providers, this payment will appear on your remittance advice with a specific adjustment reason code. Organizations who do not have a ProviderOne number will receive a check and must have a Statewide Vendor (SWV) Number to be eligible to receive grant funds by the June 30 distribution date. Organizations who need to establish funds receipt using a new SWV are encouraged to begin the process of [registration for a new Statewide Vendor \(SWV\) number](#) no later than April 30th for award distribution.

77) If our organization does not fully spend the grant award by June 30, 2024, do we need to give it back to HCA?

Yes, any unspent grant funds must be returned to HCA no later than July 31, 2024.

Reporting and metrics

78) What are expectations for reporting and for required grantee meetings with HCA?

Although reporting processes and metrics have not yet been finalized, currently proposed provider and community-based organization potential reporting requirements can be found on the [Uninsured Care Expansion Grant web page](#). There is no requirement for grantee meetings with HCA.

79) Will grantees be required to track or report immigration data? Is attestation adequate?


The grant application requests an estimated percentage of clients who lack proper immigration documentation. Applicants are asked to attest to the accuracy of submitted information to the best of their knowledge.

80) What documentation is required for reporting of vulnerable populations served through this grant award?

Although reporting processes and metrics have not yet been finalized, currently proposed provider and Community Based Organization potential reporting requirements can be found on the [Uninsured Care Expansion Grant web page](#).

81) Accountability and transparency are key; what metrics is HCA considering using? Will stakeholders have a chance to provide feedback?

Although reporting processes and metrics have not yet been finalized, currently proposed provider and community-based organization potential reporting requirements can be found on the [Uninsured Care Expansion Grant web page](#). HCA continues to provide scheduled and unscheduled opportunities to gather external partner feedback and consultation with Washington's community health boards and organizations that advocate access to health care for uninsured state residents. This occurs through the HCA email address HCAUninsuredGrant@hca.wa.gov, through coordinated meetings with external partners. In addition, feedback is



gathered through individual contacts with HCA leaders, and through a variety of meetings with potential grant applicants. HCA has received valuable consultation from multiple partners and is committed to continuing these two-way communication channels and feedback loops.

82) Are you looking at long-term or short-term outcomes?

HCA will receive reports on outcomes achieved through June 30, 2024, which is the end of the grant timeline.

83) Will stakeholders be able to see metrics before they are announced?

Yes, although reporting processes and metrics have not yet been finalized, currently proposed provider and community-based organization potential reporting requirements can be found in the [Grant Reporting Overview](#) section of the application details documentation. In addition, stakeholders were invited to provide feedback on proposed metrics during an extended application support huddle on March 10, 2022.

84) When are grant outcomes reports due to HCA?

Organizations receiving grant funds must report to HCA regarding the usage of grant funds and including data about utilization of services as planned, due by 5 p.m. on February 28, 2023. Organizations that do not fully use funds by the end of 2022 will provide an additional follow up report due no later than February 28, 2024.

85) Will grantees be required to announce when they are out of funds, and when they are resuming billing patients, if applicable?

Yes, grant awardees are required to provide notification when they are out of funds and resume billing patients. Grant awardees will receive additional information at the time funds are dispersed.

86) Will providers who bill any of their patients under 200 percent of FPL be requested to provide the documentation of how grant funds were spent include enumeration of actual services provided and referrals with date, provider, service type, costs, and basic demographics?

As outlined in [this section of the budget proviso language describing the grant](#), to be eligible for a grant under this program, an eligible organization must apply for a grant and agree to not bill individuals for any portion of the services provided using grant funds. Each accepted grant applicant's proposal must attest to following all proviso directives, including not billing individuals for any portion of the services provided through grant funding. The application includes the opportunity for organizations to describe how they will prevent billing for services covered under this grant. Providers will also be required to report how grant funds were used.

87) Will stakeholders have the opportunity to review the outcome metrics before finalization and the inclusion of the outcome metrics as a part of the application?

Yes, although reporting processes and metrics have not yet been finalized, currently proposed provider and community-based organization potential reporting requirements can be found in the [Grant Reporting Overview](#) section of the application details documentation. In addition, stakeholders were invited to provide feedback on proposed metrics during an extended application support huddle on March 10, 2022.

88) What are the identification requirements for undocumented immigrants and those under 200 percent of federal poverty level?

Each organization must determine their own policies and procedures for identification of vulnerable populations. For purposes of the Uninsured Care Expansion Grant, HCA will accept reasonable estimates regarding patient populations. The organization's authorized representative (usually the Director/Senior Executive) must attest that all information in the application is true, accurate and complete.

89) Will full details of reporting requirements be provided when recipients are notified of their grant awards?

Yes, all organizations selected to receive grant funding will have clear instructions about reporting requirements, including a copy of the proposed reporting template. Grant recipients will also have the opportunity to participate in training for annual reporting expectations.



Revision Log

FAQ numbering will be modified as new questions are added to this document to ensure current reference numbers for each item below.

- **02/11/2022 revision to item #85**– *announcement required when resuming patient billing*
- **02/24/2022 revision to items #14, 36, 37, 45, and 72** – *grant application deadline extended to April 15, 2022*
- **03/02/2022 added item #8; revised items #14 and 55** – *added dispute resolution process under General grant information; updated hyperlink in #14 to open application training materials and grant web page; updated hyperlink in #55 to open application details document.*
- **03/08/2022 added 32 new items #13, 27 - 34, 48 - 51, 53 - 64, 72 - 77, 88 - 89** - *multiple new entries at the end of sections for Outreach and feedback (1), Eligibility (8), Grant application (3), Fund usage (12), Awards and allocation (6), Reporting and metrics (2).*
- **03/20/2022 revised items #78, 83, 86, & 87** – *clarified in #78 no meetings are needed with HCA, revised #83 and #87 to report metrics feedback opportunity on 03/10 support huddle, and added link to reporting documentation in #86.*
- **04/07/2022 revision to items #9, 14, 36, 37, 45, and 72, 51, 52, 53, 30** – *clarified expectation in #9 for usual and customary rates; grant application deadline extended to April 22, 2022 in #14, 36, 37, 45, and 72; clarified urban vs rural in #51; clarified listing all financial assistance received since 01/31/2020 in #52, clarified proviso target client population in #53, clarified definition of “free clinic”.*
- **05/13/2022 revision to items #15 and 71** – *revised grant recipient notification date from May 31, 2022 to June 3, 2022.*