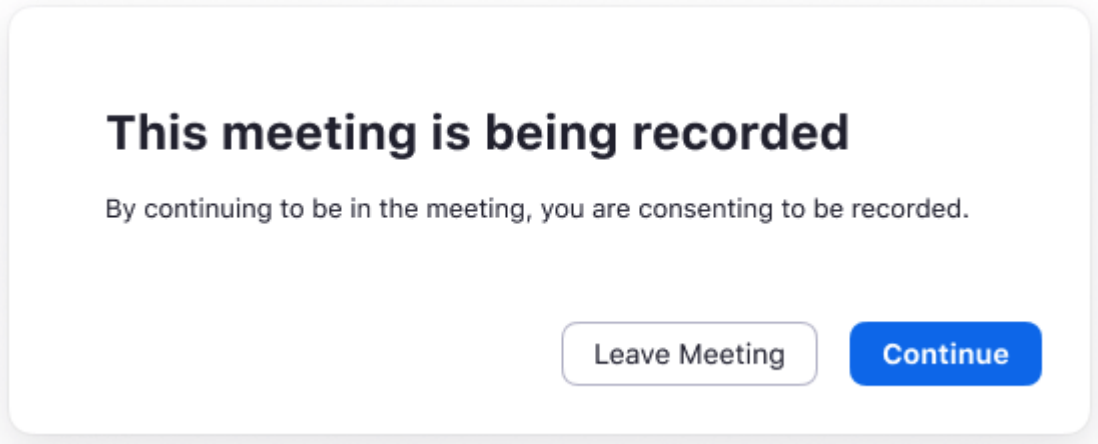
Behavioral Health Integration Grant

February 27, 2023

Washington State Health Care Authority

Recording webinar



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Agenda

- Overview
- Grant requirements and application
- Evaluation
- Resources
- Questions

Overview

Background

- $2 million total for one-time grants for primary care clinics to establish behavioral health integration (BHI) for children and adolescents (SSB 5693 section 211(110))
- Up to $200,000 per clinic will be awarded
- For primary care clinics who:
  - Have identified the need to integrate behavioral health into their clinic model
  - Are at the beginning of their BHI integration work

Important dates

- **February 10**: Webpage and application available
- **February 27**: Pre-application webinar
- **March 22**: Technical assistance and questions deadline
- **March 23**: Applications close
- **April**: Awardees announced
- **April-May**: Grant funding allocated

Minimum qualifications

- Licensed to do business in Washington
  - Or provide a commitment to become licensed in Washington within 30 calendar days of being selected as an apparent successful applicant
- Primary care setting serving children and youth ages 18 and younger
- Must accept Apple Health (Medicaid) coverage without a managed care plan (fee-for-service) when Apple Health pays your provider directly

Money disbursement

- Recipients may use grants under this subsection for:
  - Training to create operational workflows that promote team-based care and evidence-based practices
  - System development to implement universal screening of patients using standardized assessment tools
  - Development of a registry to track patient outcomes
  - Behavioral health professional recruitment and retainment

Money disbursement (continued)

- Recipients may use grants under this subsection for:
  - Psychiatric supervision recruitment and retainment for consultation services for BHI
  - Partnership development with community mental health centers for referral of patients with higher level needs
  - Information technology infrastructure, including electronic health record adjustments and registry creation
  - Physical space modifications to accommodate additional staff

Grant application

Eligibility requirements

- At least 35 percent of clinic's total patients enrolled in Apple Health
  - Priority funding given to clinics with the highest proportion of patients enrolled in Apple Health
- Must have a primary care advocate or proponent of BHI
- Support for BHI at the highest level of clinic leadership
- Arrangement for psychiatric consultation and supervision

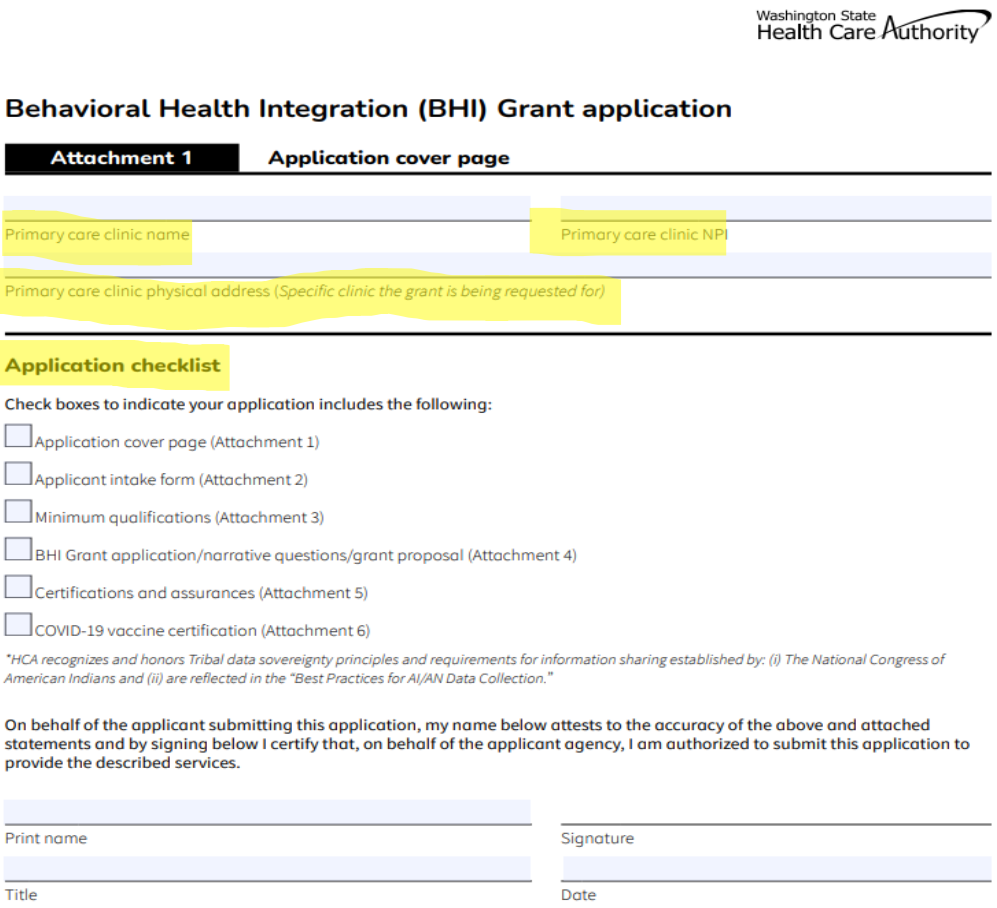
Eligibility requirements (continued)

- Team-based approach to care, including:
  - Primary care provider
  - Behavioral health professional
  - Psychiatric consultant
  - Patient and patient's family

Grant requirements

- Clinics must also have a plan to:
  - Hire behavioral health professional to be located in the clinic
  - Create a registry that monitors patient engagement and symptom improvement
  - Implement universal screening for behavioral health needs
  - Provide care coordination with schools, emergency departments, hospitals, and other points of care
  - Ensure closed-loop referrals to specialty behavioral health care when indicated, as well as engagement in specialty treatment as clinically indicated

Application



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Behavioral Health Integration (BHI) Grant application

Attachment 1 **Application cover page**

Primary care clinic name

Primary care clinic NPI

Primary care clinic physical address *(Specific clinic the grant is being requested for)*

Application checklist

Check boxes to indicate your application includes the following:

- ☐ Application cover page (Attachment 1)
- ☐ Applicant intake form (Attachment 2)
- ☐ Minimum qualifications (Attachment 3)
- ☐ BHI Grant application/narrative questions/grant proposal (Attachment 4)
- ☐ Certifications and assurances (Attachment 5)
- ☐ COVID-19 vaccine certification (Attachment 6)

**HCA recognizes and honors Tribal data sovereignty principles and requirements for information sharing established by: (i) The National Congress of American Indians and (ii) are reflected in the "Best Practices for AI/AN Data Collection."*

On behalf of the applicant submitting this application, my name below attests to the accuracy of the above and attached statements and by signing below I certify that, on behalf of the applicant agency, I am authorized to submit this application to provide the described services.

Print name

Signature

Title

Date

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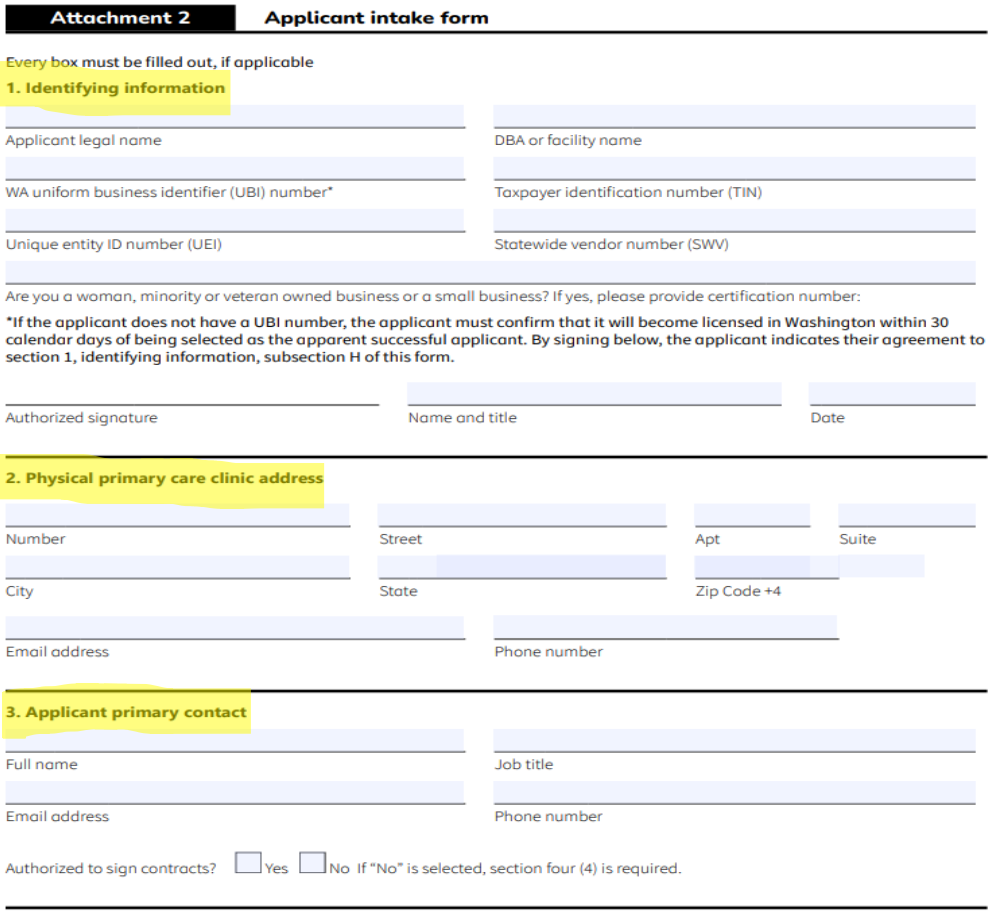
Application



Attachment 2 **Applicant intake form**

Every box must be filled out, if applicable

1. Identifying information

Applicant legal name

DBA or facility name

WA uniform business identifier (UBI) number*

Taxpayer identification number (TIN)

Unique entity ID number (UEI)

Statewide vendor number (SWV)

Are you a woman, minority or veteran owned business or a small business? If yes, please provide certification number:

*If the applicant does not have a UBI number, the applicant must confirm that it will become licensed in Washington within 30 calendar days of being selected as the apparent successful applicant. By signing below, the applicant indicates their agreement to section 1, identifying information, subsection H of this form.

Authorized signature

Name and title

Date

2. Physical primary care clinic address

Number

Street

Apt

Suite

City

State

Zip Code +4

Email address

Phone number

3. Applicant primary contact

Full name

Job title

Email address

Phone number

Authorized to sign contracts? ☐ Yes ☐ No If "No" is selected, section four (4) is required.

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Application

4. Applicant signatory

Full name | Job title

Email address | Phone number

5. Clinic administrator contact

Full name | Job title

Email address | Phone number

Attachment 3 **Minimum qualifications**

Applicant must attest they meet all requirements by following the instructions below and including with the application packet.

The following are the minimum qualifications for applicants. Applicants must be able to answer yes to all the qualifications listed below to pass and move forward to the application evaluation process.

Check boxes if your organization qualifies.

1. Licensed to do business in the state of Washington or provide a commitment that it will become licensed in Washington State within 30 calendar days of being selected as an apparent successful applicant.
   ☐ **Yes**

2. Must be a primary care setting serving children and youth from birth to 18 years of age.
   ☐ **Yes**

3. Must accept Apple Health (Medicaid) for both Apple Health coverage without a managed care plan and Apple Health coverage with a managed care plan.
   ☐ **Yes**

Signature of applicant's authorized representative

Title | Date

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Application

Attachment 4 **Behavioral Health Integration Grant application**

1. Priority questions

a. Percent of pediatric clients (birth through 18 years old) enrolled in Apple Health in the specific clinic applying:

- ☐ 0-20%
- ☐ 21-40%
- ☐ 41-60%
- ☐ 61-80%
- ☐ 81-100%

b. Percent of pediatric population who have a preferred language other than English

- ☐ 0-20%
- ☐ 21-40%
- ☐ 41-60%
- ☐ 61-80%
- ☐ 81-100%

c. Percent of pediatric population who identify racially/ethnically as non-white (i.e., American Indian/Alaska Native, Asian, Black/ African American, Native Hawaiian/Pacific Islander, Latino/Hispanic, multiracial) in your clinic:

- ☐ 0-20%
- ☐ 21-40%
- ☐ 41-60%
- ☐ 61-80%
- ☐ 81-100%

Application

d. Location of services for specific clinic in question:

- ☐ Adams
- ☐ Asotin
- ☐ Benton
- ☐ Chelan
- ☐ Clallam
- ☐ Clark
- ☐ Columbia
- ☐ Cowlitz
- ☐ Douglas
- ☐ Ferry
- ☐ Franklin
- ☐ Garfield
- ☐ Grant
- ☐ Grays Harbor
- ☐ Island
- ☐ Jefferson
- ☐ King
- ☐ Kitsap
- ☐ Kittitas
- ☐ Klickitat
- ☐ Lewis
- ☐ Lincoln
- ☐ Mason
- ☐ Okanogan
- ☐ Pacific
- ☐ Pend Oreille
- ☐ Pierce
- ☐ San Juan
- ☐ Skagit
- ☐ Skamania
- ☐ Snohomish
- ☐ Spokane
- ☐ Stevens
- ☐ Thurston
- ☐ Wahkiakum
- ☐ Walla Walla
- ☐ Whatcom
- ☐ Whitman
- ☐ Yakima

Application

Narrative questions

1. Describe your clinic's arrangement for psychiatric consultation and supervision. An existing and current policy or procedure document will suffice.

Narrative questions

2. Describe your team-based approach to care and the types of providers in your clinic.

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Application

Grant proposal

How much are you requesting? Provide a summary of the clinic's plan to use funds to serve the intention of the grant.

The grant proposal should address the clinic's current state and plans utilizing the components below to integrate BHI:

- Hire a behavioral health professional
- Create a registry that monitors patient engagement and symptom improvement
- Implement universal screening for behavioral health needs
- Provide care coordination with schools, emergency departments, hospitals, other points of care
- Ensure closed-loop referrals to behavioral health specialists
- Where clinically indicated, engagement in specialty treatment

Application

Attachment 6 **Certifications and assurances**

I/we make the following certifications and assurances as a required element of the application to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the application are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single application.
3. The attached application is a firm offer for a period of 120 days following receipt, and it may be accepted by HCA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120-day period.

We (circle one) **are/are not** submitting proposed contract exceptions. (See section 3.6, contract and general terms and conditions.) If contract exceptions are being submitted, I/we have attached them to this form.

On behalf of the applicant submitting this application, my name below attests to the accuracy of the above statement.
If electronic, also include: **We are submitting a scanned signature of this form with our application.**

Signature of applicant's authorized representative

Title

Date

Health Care Authority

Application

Attachment 7 **COVID-19 vaccine certification**

Contractor certification

Proclamation 21-14 - COVID-19 vaccination certification

To reduce the spread of COVID-19, Washington state Governor Jay Inslee, pursuant to emergency powers authorized in RCW 43.06.220, issued proclamation 21-14 – COVID-19 vaccination requirement (dated August 9, 2021), as amended by proclamation 21-14.1 – COVID-19 vaccination requirement (dated August 20, 2021) and as may be amended thereafter. The proclamation requires contractors who have goods, services, or public works contracts with a Washington state agency to ensure that their personnel (including subcontractors) who perform contract activities on-site comply with the COVID-19 vaccination requirements, unless exempted as prescribed by the proclamation.

HCA solicitation

I hereby certify, on behalf of the firm identified below, as follows (check one):

☐ COVID-19 contractor vaccination proclamation compliance. Contractor:

1. Has reviewed and understands Contractor's obligations as set forth in proclamation 21-14 – COVID-19 vaccination requirement (dated August 9, 2021), as amended by proclamation 21-14.1 – COVID-19 vaccination requirement (dated August 20, 2021); and
2. Contractor personnel (including subcontractors) who are subject to the vaccination requirement in the above-referenced proclamation will provide agency proof of full vaccination against COVID-19 or appropriate exemption for which a reasonable accommodation has been provided.

OR

☐ Contractor is not able to perform in compliance with the vaccination proclamation. Contractor is not able to perform the contract obligations in compliance with the above-referenced proclamation.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

Firm name (print full legal entity name of firm)

Signed by (signature of authorized representative)

Title of authorized representative signing

Date

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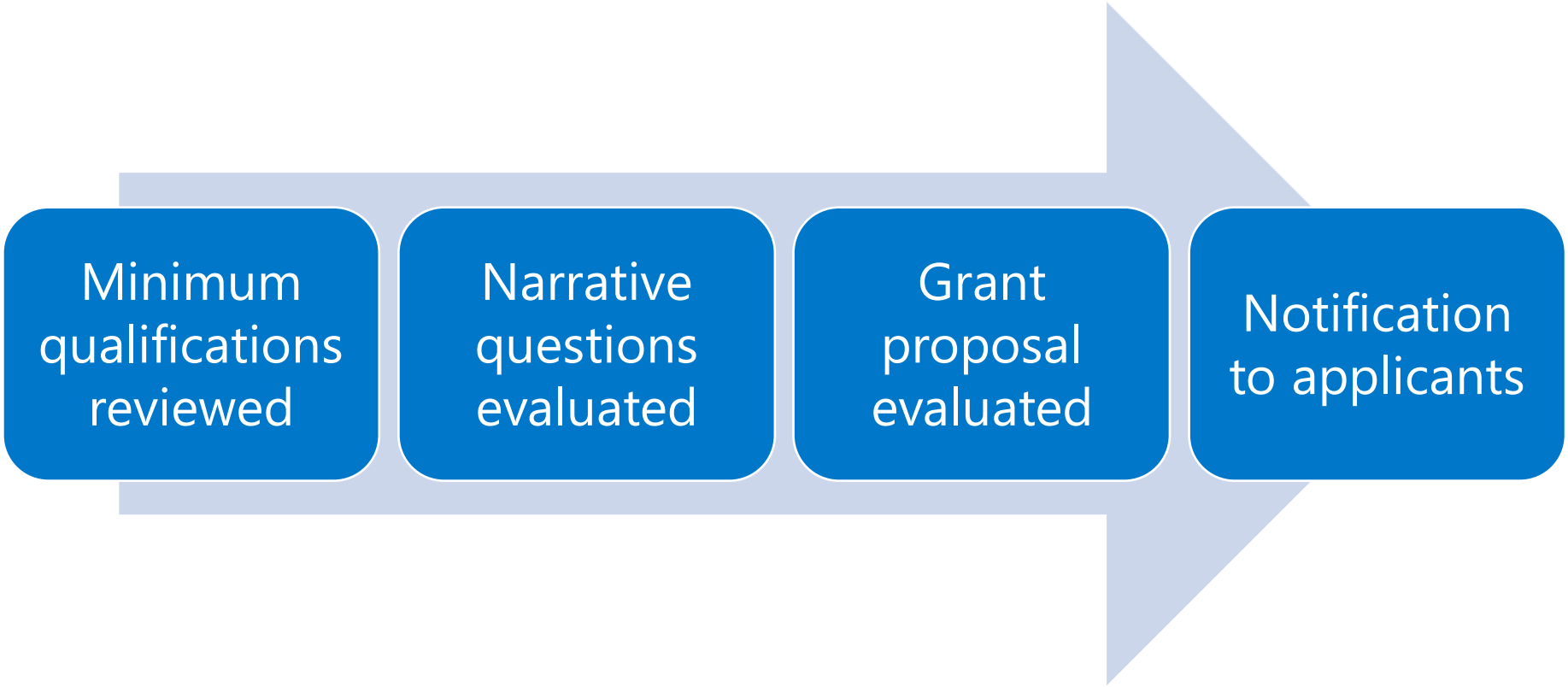
Evaluation

Evaluation process



Narrative questions

- 20 maximum points available with 2 questions at 10 points each
- Reviewed by evaluation team(s) which will determine if eligibility requirements were met
- Evaluation team(s) may meet to discuss the applications
- Evaluations will only be based upon information provided in the applicant's application

QUALITATIVE ASSESSMENT	DESCRIPTION
5 = Excellent	The Applicant provides substantive descriptions and relevant details in addressing the narrative question. A sound understanding of the topic is demonstrated and includes pertinent examples. All criteria are fully addressed without identified weaknesses.
4 = Very Good	The Applicant provides substantive descriptions and relevant details in addressing the narrative question, but the response is not fully comprehensive. Any identified weaknesses will likely have minor impact on the successful implementation of proposed project.
3 = Acceptable	The Applicant provides a basic response to the narrative question but does not include sufficient detail or supporting documentation. There are some gaps and/or lack of clarity in describing how the Application will be implemented. Identified weaknesses will likely have some impact on the successful implementation of proposed project.
2 = Marginal	The Applicant provides minimal details and insufficient descriptions that do not completely answer the narrative question. Limited information is presented, or the Applicant merely repeats back information included in the RFA. The Applicant may answer part of the narrative question but miss a key point or there are major gaps in the information presented. Application has some strengths but includes identified weaknesses that will likely impact the successful implementation of proposed project.
1 = Unacceptable	The Applicant does not explicitly address the narrative question. The Applicant organization states the question but does not elaborate on the response. As a result, the answer is completely deficient in addressing the narrative question.
0= Nonresponsive	The Applicant skips or otherwise ignores the question or includes irrelevant information that does not answer the question. As a result, the answer is nonresponsive.

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Grant proposal

- 10 maximum points available
- Reviewed by evaluation team(s) which will determine the eligibility requirements were met
- Evaluation team(s) may meet to discuss the applications
- Evaluations will only be based upon information provided in the applicant's application

QUALITATIVE ASSESSMENT	DESCRIPTION
5 = Excellent	The Applicant provides substantive descriptions and relevant details in addressing what the grant is used for. A sound understanding of there current state and future plans to meet basic BHI Planning Requirements. All criteria are fully addressed without identified weaknesses.
4 = Very Good	The Applicant provides substantive descriptions and relevant details in addressing what the grant is used for. Has somewhat of a plan in place to address BHI Planning Requirements. All criteria are fully addressed without identified weaknesses.
3 = Acceptable	The Applicant provides a basic response to the grant proposal but does not include sufficient detail or supporting documentation to how the funds will be used. There are some gaps and/or lack of clarity in describing current and future state of BHI plans.
2 = Marginal	The Applicant provides minimal details and insufficient descriptions that do not completely identify grant use. Limited information is presented, or the Applicant merely repeats back information included in the RFA. The Applicant may answer part of the proposal question but misses a key point or there are major gaps in the information presented. Application has some strengths but includes identified weaknesses that will likely impact the successful implementation of Behavioral Health Integration.
1 = Unacceptable	The Applicant does not explicitly address the proposal question. The Applicant states the question but does not elaborate on the response. As a result, the answer is completely deficient in addressing the grant proposal.
0= Nonresponsive	The Applicant skips or otherwise ignores the question or includes irrelevant information that does not answer the question. As a result, the answer is nonresponsive.

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Resources

BHI webpage

- Pathway

- URL
  - hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/behavioral-health-integration-bhi-grant

Resources

- Overview
  - hca.wa.gov/assets/billers-and-providers/behavioral-health-integration-grant-overview.pdf
- Application
  - hca.wa.gov/assets/billers-and-providers/82-0420-behavioral-health-integration-grant-application.pdf
- FAQ
  - Behavioral Health Integration Grant FAQ (wa.gov)

Questions?

Email: hcabhigrant@hca.wa.gov

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