

Uninsured Care Expansion Grant 2023 Report

Submitted

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Background

During the 2021-2022 Legislative Session, Senate Bill 5092 (Section 211(60)), WA Operating Budget, directed the Health Care Authority (HCA) to distribute \$35,000,000 from the coronavirus state fiscal recovery account in the form of grants for the provision of health care services for uninsured individuals, regardless of immigration status.

Grants provided 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 for:

- The testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19), including facility and provider fees
- Primary and preventative 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

The following types of organizations were eligible to apply for this grant opportunity:

- Federally qualified health centers
- Rural health clinics
- Free clinics;
- Public hospital districts
- Behavioral health provider or facility
- Behavioral health administrative service organizations
- Community-based organizations

Applicants attested that if awarded, they would not bill eligible individuals for any portion of the services provided that involved the use of amounts appropriated in this section and that they could not use these funds if other funds were already available to them.

The Application Process

The proviso authorized HCA to retain no more than three percent for administrative costs. To that end, we hired a project manager to do a majority of the heavy lifting including drafting most of the informational documents posted on our [Uninsured Care Expansion Grant webpage](#). Our project manager also facilitated the weekly Q&A Zoom meetings we held for potential applicants, prepared and presented project status updates to leadership on a weekly basis, and worked with several offices to consult and formulate answers to outstanding inquiries. We also had several internal staff add to their existing workloads to assist the project manager in accomplishing the tasks outlined in the proviso by the deadlines.

Organizations could apply for this grant opportunity between February 2 – April 22, 2022. We held an application training and question and answer session on February 2, 2022 via Zoom to kick off the application period. We had 177 attendees for the kick-off session.

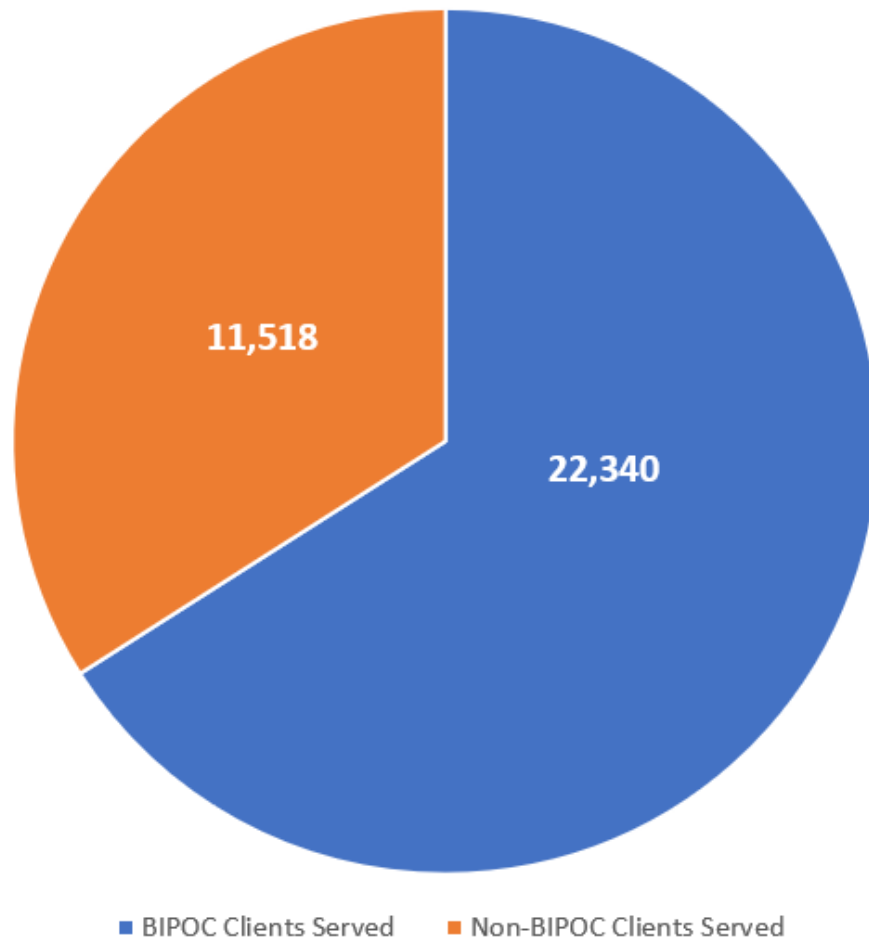
The application process was automated through our online ServiceNow portal. We also had a dedicated email inbox and telephone number where applicants could easily contact HCA and receive responses within 24 hours.

We held weekly Zoom updates and question-and-answer sessions on Thursdays at 1:00 p.m. Over the course of the grant application process, we received 186 inquiries regarding the parameters of the grant as well as application questions via the weekly Zoom meetings, email, and telephone. In concert with our legal office, we addressed all inquiries within a short period of time and updated our online question-and-answer document accordingly based on the inquiries received.

Statistics

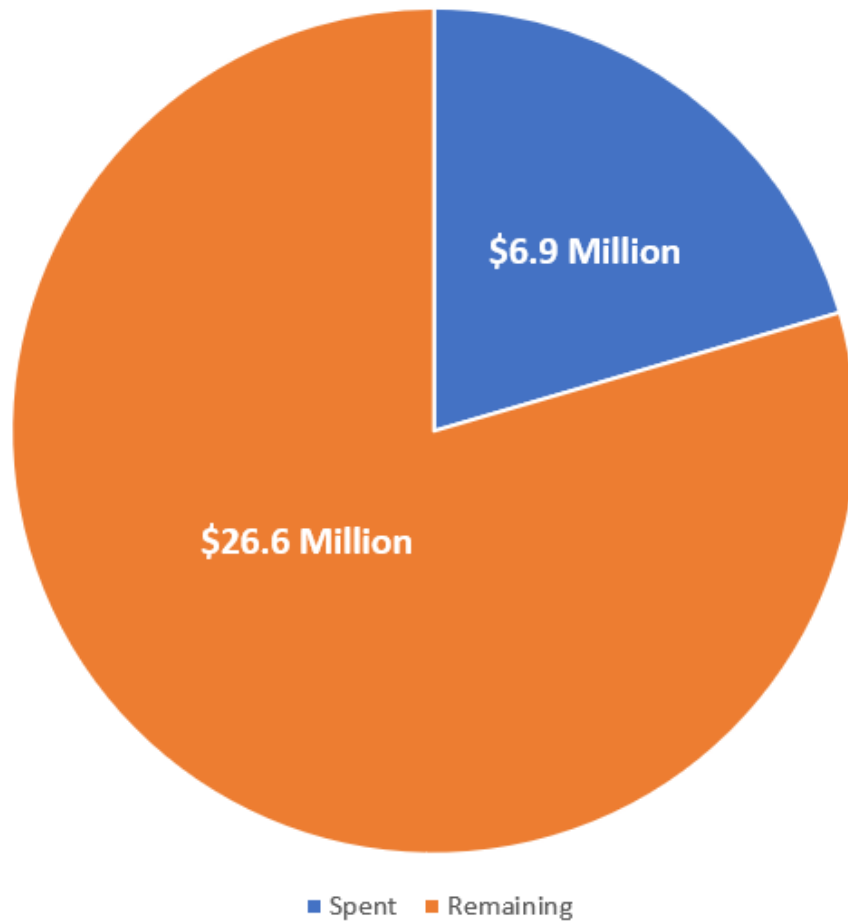
Clients Served

From the time that funds were distributed to awardees (late summer – fall, 2022) through December 31, 2022, 33,858 clients have been served with this grant funding. Of that, 22,340, or 66%, of clients served were BIPOC (Black, Indigenous, and people of color).



Funding Used 4th Quarter 2022

By the end of December 2022, \$6.9 million, or 26%, of the funding had been utilized by awardees, with \$26.6 million remaining to spend through June 30, 2024. This amount is not alarming given that many awardees received the funding in the last quarter of 2022.



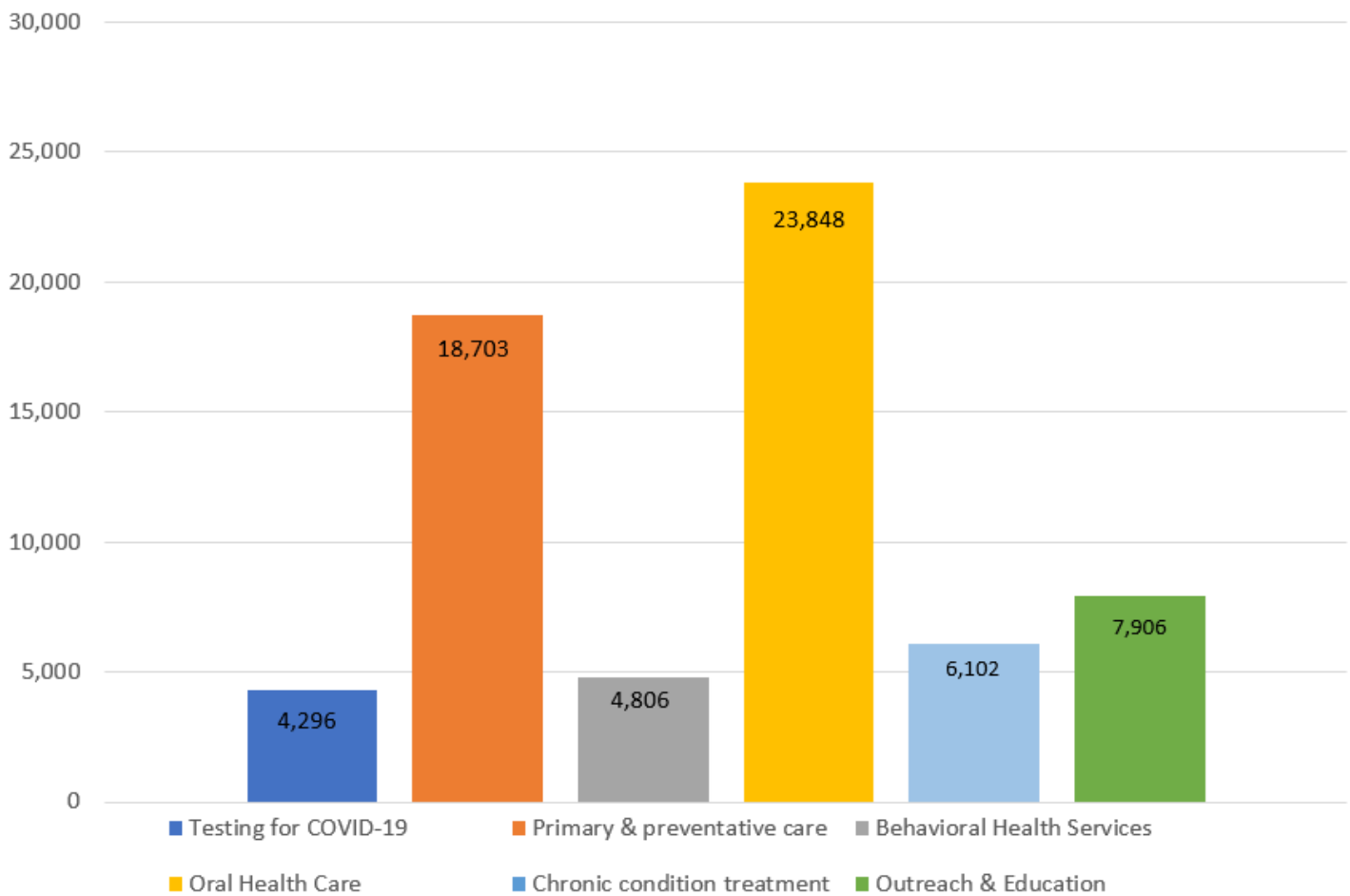
Services Provided

Awardees were authorized to use the grant funding for the following purposes:

- The testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19), including facility and provider fees
- Primary and preventative 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

The majority of the services provided were used for oral health care (23,848 procedures), and primary and preventative care (18,703 procedures).

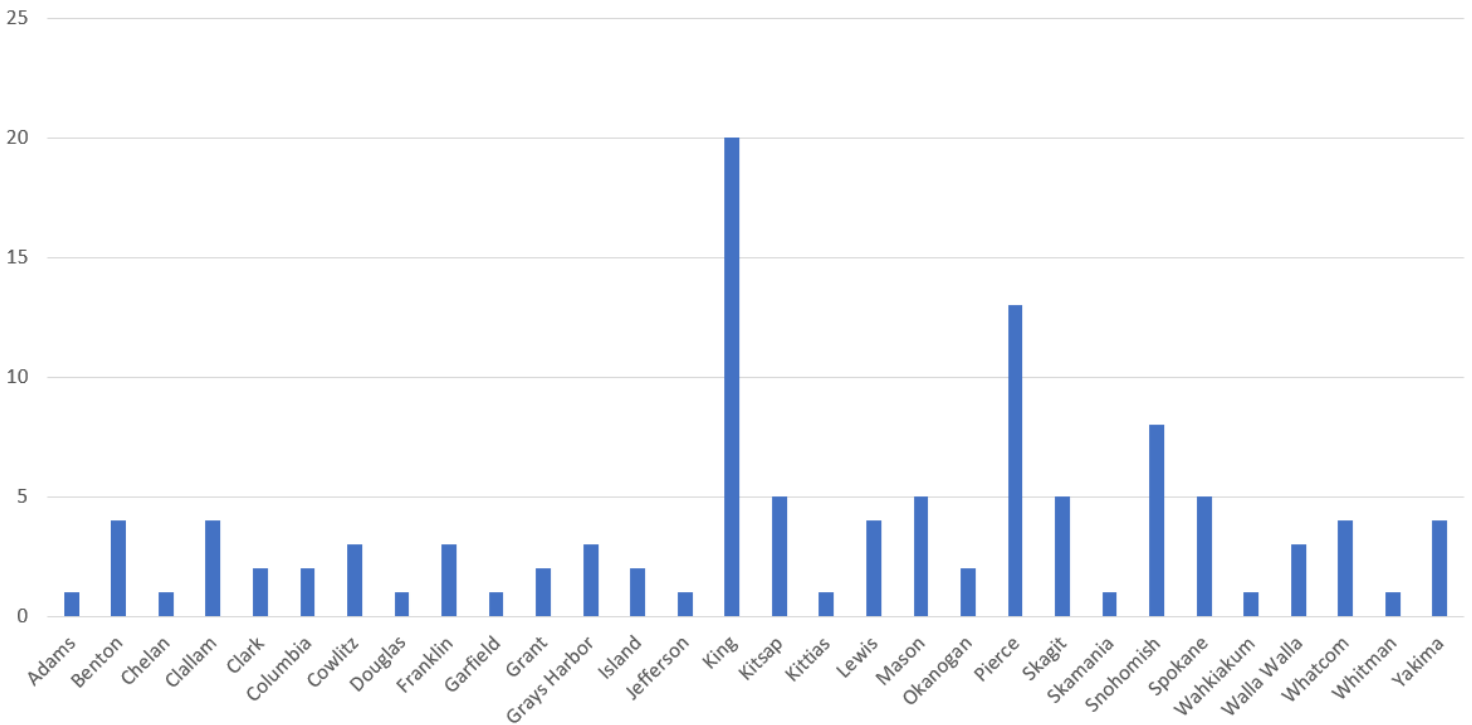
Services Provided 4th Quarter 2022



Services Provided by County

Of the 39 counties in Washington State, services were provided in 30 of the counties during the 4th quarter of 2022. We have a handful of awardees who had not implemented services by December 31, 2022 due to lack of time to implement their services depending on when they had executed their awardee contracts. To that end, we believe at least a few more counties will be added to the next and final report in 2024.

As you can see from the bar chart below, the county with the most awardees providing services was King County, followed by Pierce, Snohomish, Spokane, Skagit, Mason, and Kitsap.



Success Stories

We wanted to relay a fantastic example of the difference this funding is making for our patients from our Vice President of Clinical Systems:

I wanted to share a story a Patient just relayed to us. A Patient had come to us a couple of weeks ago for a medication abortion and had a positive pregnancy test but after looking at the ultrasound the provider could not locate the ‘pregnancy’ also known as a ‘pregnancy of unknown location’ or PUL. We started to follow this patient via beta quant (blood draws to show pregnancy hormone level) to determine if this was a case of early pregnancy loss or a possible ectopic pregnancy which can be life-threatening to patients. The patient called our nurse triage line last week complaining of abdominal pain and our staff recommended the patient go immediately to the ER to rule out an ectopic pregnancy. The patient was very hesitant to go and stated they had no insurance and could not afford a trip to the ER. The patient was at a loss for what to do. Our staff let the patient know we had a grant that would cover an external referral to the emergency room, to just go get seen and we would take care of the rest. The patient went to the ER and it turned out she DID have an ectopic pregnancy that needed immediate treatment. Having this HCA grant helped get this patient to the ER for evaluation much sooner and because of that, she was able to get the care that she needed in a timely manner before it became a life-threatening emergency! Thank you.

.....

We are so thankful for this grant, and we look forward to using it to help even more patients through 2024!

.....

There are no words to describe the flood of emotions I felt when reading the award letter and what this means for our communities. Please accept this letter as an extension of our gratitude and the communities we serve. We appreciate you being part of our stewardship efforts in continuing to support, promote, and improve quality of life by providing excellent care. Thank you for making a difference in the lives of our uninsured and underinsured clients under 200 percent of the federal poverty level, regardless of their immigration status.

.....

We are so grateful for your partnership in this important work, especially in the midst of this pandemic. We have continued to see our patient numbers steadily rise over the past two years and expect to stay busy. Thanks to our incredible volunteers and grant funding, we haven’t needed to close our doors at all, and we continue to grow our work to care for as many patients as possible. On behalf of our patients, thank you for your generosity in this urgent service to the community. Together we can serve our neighbors, providing respectful, professional, and holistic healthcare to those who need it most.

Appendix 1

The Uninsured Care Expansion Grant application is also posted on the [grant webpage](#).

The Health Care Authority (HCA) developed this grant application process with the goals of fairness and equity, while ensuring only eligible organizations are awarded grant funds and minimizing administrative burden for the applicant.

HCA strongly recommends applicants read through all materials on the grant web page before beginning the online grant application. The grant application website times out after two hours. Edits cannot be made once submitted.

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 in 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.

The Grant Application Deadline is April 22, 2022 at 5:00 pm Pacific Time. 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 that date. Late submissions will not be accepted.

Additional information including a Frequently Asked Question (FAQ) document, PDF version of this application, eligibility criteria, key definitions, required documentation to be sent with this application, overview of evaluation criteria and potential reporting requirements, can be found on the [Uninsured Care Expansion Grant web page](#).

When to contact HCA

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.

When contacting HCA:

- [Email the Uninsured Care Expansion Grant program](mailto:HCAUninsuredGrant@hca.wa.gov) (HCAUninsuredGrant@hca.wa.gov) with the subject line Uninsured Care Expansion Grant Application – (name of organization), or
- Call HCA at 360-725-1244

1. Organization Name: _____

2. Organization Main Office Address: _____

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

3. Name: _____

4. Title: _____

5. Email: _____

6. Phone: _____

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.

7. Name: _____

8. Title: _____

9. 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. Statewide 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).

Please provide the following information about your organization.

- 15. Which best describes your location(s)? *Please review [definitions](#) of these location types.*
 Urban Rural Multiple locations, both urban and rural

- 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
 - Mental health outpatient
 - Substance Use Disorder (SUD) residential
 - Substance Use Disorder (SUD) outpatient
 - Substance Use Disorder (SUD) withdrawal management
 - Both mental health & SUD services
 - Behavioral health Administrative Service Organization (ASO)
 - Community Based Organization (CBO)

- 17. Total organization revenue for 2019 _____
- 18. Total organization revenue for 2020 _____
- 19. Total number of current clients (current client panel for all services) _____
- 20. Total number of licensed providers, with a breakdown by type (e.g. ARNP = 3, MHP = 6, LMT = 10, DDS = 4, etc.)

- 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.* _____

- 22. Approximate percentage of your organization's clients who are underinsured. *Please review the [definition](#) for underinsured that HCA is using.* _____
- 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.* _____
- 24. Estimated percentage of your organization's clients who lack proper immigration documentation. _____
- 25. Percent of clients who are Black, Indigenous, People of Color (BIPOC). _____

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 _____
- 27. Age 19-25 _____
- 28. Age 26-34 _____
- 29. Age 35-44 _____
- 30. Age 45-54 _____
- 31. Age 55-64 _____
- 32. Age >65 _____

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

- 33. Male _____
- 34. Female _____
- 35. Non-binary _____

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

- 36. Hispanic _____
- 37. Non-Hispanic _____
- 38. None/unknown/not reported _____

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 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 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

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.

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 by April 22, 2022, 5:00pm Pacific Time to HCAUninsuredGrant@hca.wa.gov to be considered for funding under this grant opportunity.

40. Total COVID funds received _____

41. Source # 1 name _____

42. Source #1 amount _____

43. Source #2 name _____

44. Source #2 amount _____

45. Source #3 name _____

46. Source #3 amount _____

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

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 for 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.

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

Intended use of these funds.

50. Permissible uses of grant funding. Check all that apply to identify your intended use(s). *Note: any funds received through this grant must only be utilized for services listed below.*

- Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus 2 (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

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.

- Retrospective only
- Prospectively only
- Both retrospective and prospective

52. For **retrospective reimbursement** for prior 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.

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.

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

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

If yes, there are three additional questions to answer:

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)? _____

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

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.

Yes

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

Agreement to post a notice in multiple languages that individuals are protected from being billed for these services, including information on who to contact if they do receive a bill. Yes

Agreement to 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. Yes

Agreement to 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). Yes

Agreement to submit all reports, to be determined by HCA, on the use of grant funds, including data about utilization of services. Yes

Agreement to submit any additional supporting documentation to HCA if and when requested. Yes

Agreement to utilize all funds received through this grant by June 30, 2024. Yes

Agreement to return any unused grant funds to HCA by July 31, 2024. Yes

Agreement that if your organization uses funds in a manner other than authorized by this grant and by Laws of 2021, Chapter 334, Section 211(60), then HCA may reduce, suspend, or withhold grant payments, and/or require all or any part of the grant to be repaid to HCA. The organization must repay any amount required to be repaid under this condition within 30 calendar days of receiving HCA's demand for repayment. If the organization disagrees with HCA's action under this provision, then it may invoke the dispute resolution provisions of this grant. Yes

Agreement that the dispute resolution provision of this grant is the organization's sole remedy to challenge any HCA action related to this grant. Yes

Agreement to obtain a ProviderOne number or a Statewide Vendor Number by June 30, 2022, if the organization does not already have one and is awarded funds under this grant. Failure to obtain either of these numbers by this date will result in the organization not being eligible for funds. Yes

Agreement that this is the compete and only application submitted by this organization for this grant, at the entity or corporate level (not each site or local/regional area). Yes

Agreement that the organization's authorized representative (usually the Director/Senior Executive) is aware of and approves the content of this submission. Yes

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

Acknowledgement that all information in this application is true, accurate and complete to the best of your knowledge and you are authorized to make such attestation on behalf of the grant applicant. Yes

Acknowledgement that any deliberate omission, misrepresentation, or falsification of information in this application or records relating to it may be punishable by criminal, civil, or administrative penalties. Yes

Acknowledgement that, on behalf of the organization, I attest to all the terms and conditions of this application, including those incorporated by reference and agree on behalf of the grant applicant to be bound to the same. Yes

Acknowledgment that (a) HCA will use information in this application to form the decision to disburse funds; (b) the application is a "public record" as defined by RCW 42.56.010(3); and (c) HCA may disclose records in accordance with Chapter 42.56 RCW (the Public Records Act) or other applicable law. Yes

Acknowledgement that you have read and understand the assistance listing number formerly known as Catalogue of Federal Domestic Assistance (CFDA) number 21.027 (incorporated by reference into the terms and conditions of this application) and agree to bound by the same. Yes

Acknowledgement that you will maintain all appropriate records and cost documentation, including, as applicable, documentation described in 45 CFR 75.302 and 45 CFR 75.361 through 45 CFR 75.365 and other information required by future instructions from HCA to substantiate information in this application.

Further, you will promptly submit copies of such records and cost documentation upon request of federal and state officials or their designees and will fully cooperate in all audits or reviews conducted by federal and state officials or their designees to ensure compliance with the terms and conditions of the application.

Yes

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

Appendix 2

Frequently Asked Questions that are also posted on our [grant webpage](#).

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.

Quick Links

[General grant information](#)

[Outreach and feedback](#)

[Key dates](#)

[Process](#)

[Eligibility](#)

[Grant Application](#)

[Fund Usage](#)

[Awards and allocation](#)

[Reporting and metrics](#)

[Revision log](#)

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 met 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.*

Appendix 3

Grant awardees with award amount and intended use of funds that is published on our [grant webpage](#).

Organization Name	Award Amount	Intended use of funds
All That I Am, PLLC	\$200,000	<ul style="list-style-type: none"> Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) Outreach and education needed to inform patients and prospective patients that care is available free of charge.
ANSWERS Counseling, Consultation, and Case Management Services	\$2,343,370	<ul style="list-style-type: none"> 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 Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) Outreach and education needed to inform patients and prospective patients that care is available free of charge Primary and preventive care
Asian American Chemical Dependency Treatment Services (ACTS)	\$1,310,000	<ul style="list-style-type: none"> Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) Outreach and education needed to inform patients and prospective patients that care is available free of charge
Best Dental Help	\$239,252	<ul style="list-style-type: none"> Oral health care
CarePoint Free Clinic/SVA Church	\$500,000	<ul style="list-style-type: none"> 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 Oral health care Outreach and education needed to inform patients and prospective patients that care is available free of charge Primary and preventive care
Caring Hands Worldwide	\$37,000	<ul style="list-style-type: none"> Oral health care Outreach and education needed to inform patients and prospective patients that care is available free of charge
Children's International Health Relief	\$500,000	<ul style="list-style-type: none"> Oral health care

Organization Name	Award Amount	Intended use of funds
Christ Community Free Clinic	\$92,500	<ul style="list-style-type: none"> • Oral health care • Primary and preventive care
Citrine Health/BCCHP Prime Contractor Network	\$3,000,000	<ul style="list-style-type: none"> • Outreach and education needed to inform patients and prospective patients that care is available free of charge • Primary and preventive care
Clallam Co. Juvenile & Family Services True Star Behavioral Health	\$27,500	<ul style="list-style-type: none"> • Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) • Outreach and education needed to inform patients and prospective patients that care is available free of charge
Community Health Assoc. of Spokane (dba CHAS Health)	\$2,087,772	<ul style="list-style-type: none"> • 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 • 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 • Primary and preventive care • Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Community Health Care	\$360,000	<ul style="list-style-type: none"> • 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 • 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 • Outreach and education needed to inform patients and prospective patients that care is available free of charge • Primary and preventive care • Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)

Organization Name	Award Amount	Intended use of funds
Community Health Partners	\$300,000	<ul style="list-style-type: none"> • 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 • Oral health care • Outreach and education needed to inform patients and prospective patients that care is available free of charge • Primary and preventive care • Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Compassionate Addiction Treatment	\$475,000	<ul style="list-style-type: none"> • 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 • 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 • Outreach and education needed to inform patients and prospective patients that care is available free of charge • Primary and preventive care • Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Consejo Counseling & Referral	\$2,000,000	<ul style="list-style-type: none"> • 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 • Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) • Outreach and education needed to inform patients and prospective patients that care is available free of charge • Primary and preventive care
Cornerstone Medical Services	\$100,000	<ul style="list-style-type: none"> • 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 • Oral health care • Outreach and education needed to inform patients and prospective patients that care is available free of charge • Primary and preventive care • Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)

Organization Name	Award Amount	Intended use of funds
Downtown Emergency Service Center	\$485,640	<ul style="list-style-type: none"> 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 Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services)
Dungeness Valley Health & Wellness Clinic	\$347,764	<ul style="list-style-type: none"> 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 Oral health care Outreach and education needed to inform patients and prospective patients that care is available free of charge Primary and preventive care
F.H. Counseling & Associates	\$650,000	<ul style="list-style-type: none"> Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) Outreach and education needed to inform patients and prospective patients that care is available free of charge Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Free Clinic of SW Washington	\$300,000	<ul style="list-style-type: none"> 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 Oral health care Primary and preventive care
Grace Clinic	\$200,000	<ul style="list-style-type: none"> Oral health care Outreach and education needed to inform patients and prospective patients that care is available free of charge
International Organization for Human Right Protection & Global Peace (HRP&GP)	\$35,000	<ul style="list-style-type: none"> 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 Outreach and education needed to inform patients and prospective patients that care is available free of charge Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)

Organization Name	Award Amount	Intended use of funds
Iraqi Arab Health Board	\$75,000	<ul style="list-style-type: none"> 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 Outreach and education needed to inform patients and prospective patients that care is available free of charge Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Jumpstart Enterprises DBA Trinity Neighborhood Health Clinic	\$10,000	<ul style="list-style-type: none"> 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 Primary and preventive care Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Lahai Health	\$450,000	<ul style="list-style-type: none"> 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 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 Outreach and education needed to inform patients and prospective patients that care is available free of charge Primary and preventive care
Lindquist Dental Clinic for Children	\$875,000	<ul style="list-style-type: none"> Oral health care Outreach and education needed to inform patients and prospective patients that care is available free of charge
Living Well Kent Collaborative	\$350,000	<ul style="list-style-type: none"> Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) Outreach and education needed to inform patients and prospective patients that care is available free of charge Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Lydia Place	\$15,000	<ul style="list-style-type: none"> Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) Outreach and education needed to inform patients and prospective patients that care is available free of charge

Organization Name	Award Amount	Intended use of funds
Neighborhood Clinic	\$100,00	<ul style="list-style-type: none"> 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 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 Outreach and education needed to inform patients and prospective patients that care is available free of charge Primary and preventive care Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
New Directions Counseling, LLC	\$715,000	<ul style="list-style-type: none"> Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) Outreach and education needed to inform patients and prospective patients that care is available free of charge
Perinatal Support WA	\$269,589	<ul style="list-style-type: none"> Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services)
Planned Parenthood of Greater WA and North ID	\$230,000	<ul style="list-style-type: none"> 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 Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) Outreach and education needed to inform patients and prospective patients that care is available free of charge Primary and preventive care Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Sea Mar Community Health Centers	\$4,800,000	<ul style="list-style-type: none"> 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 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 Outreach and education needed to inform patients and prospective patients that care is available free of charge Primary and preventive care Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Organization Name	Award Amount	Intended use of funds

Seattle & King Co. Department of Public Health	\$2,504,640	<ul style="list-style-type: none"> • 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 • Oral health care • Primary and preventive care • Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Sisters In Common	\$289,600	<ul style="list-style-type: none"> • 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 • Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) • Outreach and education needed to inform patients and prospective patients that care is available free of charge
SonBridge Center for Better Living	\$300,000	<ul style="list-style-type: none"> • Oral health care • Outreach and education needed to inform patients and prospective patients that care is available free of charge
SOS Health Services of Walla Walla	\$60,000	<ul style="list-style-type: none"> • 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 • Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Stepping Stone Pediatrics	\$500,000	<ul style="list-style-type: none"> • 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 • 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 • Outreach and education needed to inform patients and prospective patients that care is available free of charge • Primary and preventive care • Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Strengthening Foundations Counseling	\$1,580,000	<ul style="list-style-type: none"> • Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) • Outreach and education needed to inform patients and prospective patients that care is available free of charge

Organization Name	Award Amount	Intended use of funds
Swedish Health Services	\$287,000	<ul style="list-style-type: none"> 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 Oral health care Primary and preventive care
The Olympia Free Clinic	\$200,000	<ul style="list-style-type: none"> 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 Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) Outreach and education needed to inform patients and prospective patients that care is available free of charge Primary and preventive care
Three Rivers Hospital	\$800,000	<ul style="list-style-type: none"> 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 Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) Outreach and education needed to inform patients and prospective patients that care is available free of charge Primary and preventive care Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Triumph Treatment Services	\$1,000,874	<ul style="list-style-type: none"> Behavioral health services (mental health inpatient or outpatient, substance use disorder inpatient or outpatient, SUD withdrawal management or a combination of these services) Outreach and education needed to inform patients and prospective patients that care is available free of charge
Union Gospel Mission of Yakima	\$135,000	<ul style="list-style-type: none"> 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 Primary and preventive care

Organization Name	Award Amount	Intended use of funds
United Territories of Pacific Islanders Alliance – WA	\$395,000	<ul style="list-style-type: none"> • 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 • 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 • Outreach and education needed to inform patients and prospective patients that care is available free of charge • Primary and preventive care • Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
University of WA School of Medicine Service Learning Program	\$292,448	<ul style="list-style-type: none"> • 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 • Oral health care • Outreach and education needed to inform patients and prospective patients that care is available free of charge • Primary and preventive care • Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)
Upper Valley MEND	\$394,629	<ul style="list-style-type: none"> • 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 • Oral health care • Outreach and education needed to inform patients and prospective patients that care is available free of charge • Primary and preventive care
Yakima Neighborhood Health Services	\$1,683,860	<ul style="list-style-type: none"> • 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 • 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 • Outreach and education needed to inform patients and prospective patients that care is available free of charge • Primary and preventive care • Testing, assessment, or treatment of the severe acute respiratory syndrome coronavirus (COVID-19)