Health Related Social Needs (HRSN) Community Capacity Building Funding Application

Community Capacity Building Application

Instructions

In order to **receive funding, Organizations must complete and sign this application** form in its entirety. For this form to be considered complete, all components must be filled out, a budget request must be attached and the application must be signed by the authorized representative from the entity applying for funding.

To apply, complete and email this form to TCH_OpsAdministration@TrilliumCHP.com

Applicant Organization Information

The purpose of this section is to collect general information about the **Applicant Organization. Please complete** the information requested in the table below.

Applicant Organization Name	
Point of Contact Name	
Point of Contact Title	
Point of Contact Telephone Number	
Point of Contact Email Address	
Mailing Address	

Eligibility Criteria

Organizations must meet minimum eligibility criteria to receive Community Capacity Building Funding.

Please attest to the following:

☐ The organization is capable of providing or supporting the provision of one or more HRSN services to Medicaid beneficiaries within the state of Oregon

☐ The organization intends to contract with one or more CCOs or with the Fee-for-Service Third Party Contractor (FFS TPC) to serve as an HRSN provider for at least one HRSN service

☐ The organization demonstrates a history of responsible financial administration via recent annual financial reports, an externally conducted audit, experience receiving other federal funding or other similar documentation

The following **organization types** are eligible to apply for and receive Community Capacity Building Funding. **Please select the box that most closely aligns with your organization type (select more than one, as needed):**

- ☐ Community-based organizations, including:
  - ☐ Social-services agencies
  - ☐ Housing agencies and providers
  - ☐ Food and nutrition service providers
  - ☐ Climate service providers
  - ☐ Outreach and engagement providers
- ☐ Provider organizations that include those that provide or coordinate HRSN services, including:
  - ☐ Case management providers
  - ☐ Traditional health workers
  - ☐ Organizations focused on children, women and families
- ☐ City, county and local government agencies

HRSN Community Capacity Building Funding Applicant Organization Questions

Who will be served

The purpose of this section is to collect information about the population served by your organization and to learn more about its culturally responsive and specific strategies to engage individuals.

1. **Counties served.** Please indicate with an X in what counties your organization will provide HRSN services.

☐ Baker	☐ Lake
☐ Benton	☐ Lane
☐ Clackamas	☐ Lincoln
☐ Clatsop	☐ Linn
☐ Columbia	☐ Malheur
☐ Coos	☐ Marion
☐ Crook	☐ Morrow
☐ Curry	☐ Multnomah
☐ Deschutes	☐ Polk
☐ Douglas	☐ Sherman
☐ Gilliam	☐ Tillamook
☐ Grant	☐ Umatilla
☐ Harney	☐ Union
☐ Hood River	☐ **Wallowa**
☐ Jackson	☐ **Wasco**
☐ Jefferson	☐ **Washington**
☐ Josephine	☐ **Wheeler**
☐ Klamath	☐ Yamhill

2. **For each county marked above, your organization must provide specific details** about: 1) the current working relationship and knowledge of that county 2) current or planned partnerships to support the work proposed and 3) the work being proposed in that county, including how their specific population(s) of focus in each county will benefit from the proposed work.

   If your organization does not have existing relationships in the county, you must describe how you intend to build those relationships. (300 words max)

3. **Populations to be served.** Please select the populations to be served by your organization. Select only the specific populations you will serve **from** *each* **list below:**

   <u>HRSN Services Covered Populations: (See STCs for Population Description)</u>

   ☐ **Young Adults with Special Health Care Needs (YSCHN)**
   ☐ Adults and youth discharged from an Institution for Mental Disease
   ☐ Adults and youth released from incarceration
   ☐ Youth involved with child welfare
   ☐ Individuals transitioning to Dual Status
   ☐ Individuals who are homeless or at risk of homelessness
   ☐ Individuals with a high-risk clinical need in a region experiencing extreme weather

   Priority Populations:
   ☐ American Indian/Alaska Native/Indigenous communities:
   ☐ Asian communities:
   ☐ Black/African American/African communities:
   ☐ Latino/a/x communities:
   ☐ Pacific Islander communities:
   ☐ Eastern European communities:
   ☐ People with disabilities:
   ☐ LGBTQIA2S+ communities:
   ☐ Immigrant and refugee communities:
   ☐ Rural communities:
   ☐ Faith communities:
   ☐ Houseless communities:
   ☐ People with behavioral health conditions:
   ☐ Other communities not listed above (please describe):

4. **Language access provided by your organization. Please indicate your organization's capacity to speak and write in languages other than English. Also indicate whether the language capacity comes from a native or non-native speaker.**

Language 1: _____

☐ Spoken fluently by native speaker(s)

☐ Spoken fluently by nonnative speaker(s) or access to an interpretation service

☐ Written by native speaker(s)

☐ Written by nonnative speaker(s) or access to translation service

Language 2: _____

☐ Spoken fluently by native speaker(s)

☐ Spoken fluently by nonnative speaker(s) or access to an interpretation service

☐ Written by native speaker(s)

☐ Written by nonnative speakers or access to translation service

Language 3: _____

☐ Spoken fluently by native speaker(s)

☐ Spoken fluently by nonnative speaker(s) or access to an interpretation service

☐ Written by native speaker(s)

☐ Written by nonnative speakers or access to translation service

Language 4: _____

☐ Spoken fluently by native speaker(s)

☐ Spoken fluently by nonnative speaker(s) or access to an interpretation service

☐ Written by native speaker(s)

☐ Written by nonnative speakers or access to translation service

(Optional) Other language access offered by your organization not already listed above:

HRSN Community Capacity Building Funding Request and Justification
Organizational Background Information

5. **Describe how your organization will use Community Capacity Building Funding to build capacity to provide HRSN services to populations of focus. Ensure the response includes a description of how the Organization will promote health equity through the delivery of HRSN service.** *(250 words max)*

6. **Describe how your organization provides culturally and linguistically responsive and trauma informed services to the populations served.** *(250 words max)*

[text box]

7. **Please check below which** <u>**HRSN services initiative (Climate Support, Housing, Nutrition Supports, Outreach and Education)**</u> **your organization has experience with.** For each answer marked, 1) describe below your experience providing these services and 2) describe how your organization intends to provide this service as an HRSN service provider. **Check all that apply.**

☐ A. Climate Services:
Describe your organization's experience providing climate services. Please also explain how you intend to provide climate services as an HRSN provider. (200 words max)

[text box]

☐ B. Housing Supports:
Describe your organization's experience providing housing support services. Please also explain how you intend to provide housing support services as an HRSN provider. (200 words)

[text box]

☐ C. Nutrition supports:
Describe your organization's experience providing housing support services. Please also explain how you intend to **provide housing support services as an HRSN provider. (200 words)**

[text box]

☐ D. Outreach and Education:
   Describe your organization's experience providing outreach and education services. Please also explain how you intend to provide outreach and education services as an HRSN provider. (200 words)

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Allowable Funding Uses[3]

The purpose of this section is to collect information about:
- the purpose of your funding request;
- funding need and justification; and
- how funding will be utilized.

Eligible entities may request Community Capacity Building Funding to support the development and implementation of HRSN services across four categories:
   1) Technology
   2) Development of Business or Operational Practices
   3) Workforce Development and
   4) Outreach, Education and Partner Convening

8. **Check the box for each category in which you are seeking funding.** You must also provide a short description of 1) why funding is needed and 2) how it will be used to build capacity to participate in the HRSN program 3) your organizations experience in this category. **Check all that apply.**

☐ **A) Technology:**
   ☐ Procuring IT infrastructure/data platforms to support HRSN. For example:
         Authorization of HRSN services
         Referral to HRSN services
         HRSN service delivery
         HRSN service billing
         HRSN program oversight, monitoring and reporting
   ☐ Modifying existing systems to support HRSN
   ☐ Development of an HRSN eligibility/services screening tool
   ☐ Integration of data platforms/systems/tools
   ☐ Onboarding to new, modified, or existing systems (e.g. community information exchange)
   ☐ Training for use of new, modified, or existing systems

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[3] Please note that the Infrastructure Protocol which outlines the allowable funding uses is pending CMS approval. Once approved, the final CMS approved Infrastructure Protocol will be updated and available on the OHA Waiver webpage.

If seeking funding for Technology, please describe the following: 1) why funding is needed 2) how it will be used to build capacity to **participate in the HRSN program and 3) your organizations experience in this category. (250 words max)**

☐ **B) Development of Business or Operational Practices:**

   ☐ Development of policies/procedures related to:

      i. HRSN referral and service delivery workflows

     ii. Billing/invoicing

    iii. Data sharing/reporting

    iv. Program oversight/monitoring

     v. Evaluation

    vi. Privacy and confidentiality

   ☐ Training/technical assistance on HRSN program roles/responsibilities

   ☐ Administrative items necessary to perform HRSN duties or expand HRSN service delivery capacity **(e.g., purchasing of a commercial refrigerator to expand capacity to provide additional medically** tailored meals to qualifying members)

   ☐ Planning needs for the implementation of the HRSN program

   ☐ Procurement of administrative supports to assist with the implementation of the HRSN program

If seeking funding for Development of Operational or Business Practices, please describe the following: 1) why funding is needed and 2) how it will be used to build capacity to participate in the HRSN program 3) Organizations experience in this category. (250 words max)

☐ **C) Workforce Development:**

   ☐ Cost of hiring and training new staff

   ☐ Salary and fringe for staff that will have a direct role in overseeing, designing, implementing, and/or executing HRSN responsibilities, time limited to a period of 18 months. Organizations may not access this funding for the same individual more than once

   ☐ Necessary certifications, training, technical assistance, and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care)

   ☐ Privacy/confidentiality training/technical assistance related to HRSN service delivery

   ☐ Production costs for training materials and/or experts as it pertains to the HRSN program

If seeking funding for Workforce Development, please describe the following: 1) why funding is needed and 2) how it will be used to build capacity to participate in the HRSN program 3) Organizations experience in this category. (250 words max)

☐ **D) Outreach, Education, and Partner Convening:**
    ☐ Production of materials necessary for marketing, outreach, training, and/or education
    ☐ Translation of materials
    ☐ Planning for and facilitation of community-based outreach events to support awareness of HRSN services
    ☐ Planning for and facilitation of learning collaboratives or partner convenings
    ☐ Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents)
    ☐ Administrative or overhead costs associated with outreach, education, or convening.

If seeking funding for Outreach, Education and Partner Convening, please describe the following: 1) why funding is needed and 2) how it will be used to build capacity to participate in the HRSN program 3) Organizations experience in this category. (250 words max)

9. **Has your organization applied to or been awarded funds from other CCOs for the Community Capacity Building Funding?** If yes, please provide detail as to which CCOs and for what activities (200 words max).
    ☐ Yes   ☐ No

Attestations and Certification

As an authorized representative of the Organization, the Organization attests as follows and agrees to the following conditions:

1. The funding received through the HRSN Community Capacity Building Funding initiative will not duplicate or supplant reimbursement received through other federal, state and local funds.
2. Funding received for the HRSN Community Capacity Building Funding initiative will only be spent on allowable uses as stated above.
3. The Organization will submit progress reports on HRSN Community Capacity Building Funding in a manner and on a timeframe specified by the CCO.
4. The Organization understands that the CCO may suspend, terminate or recoup HRSN Community Capacity Building Funding in instances of underperformance and/or fraud, waste and abuse.
5. The Organization will alert the CCO if circumstances prevent it from carrying out activities described in the program application. In such cases, the Organization may be required to return unused funds contingent upon the circumstances.
6. As the authorized representative of the Organization, I attest that all information provided in this application is true and accurate to the best of my knowledge.

Signature _____

Name and Title_____

Date _____