

Promoting Equity and Health in the Richmond Region Through Access to Care

August 2018

RMHF

Since 1998, Richmond Memorial Health Foundation (RMHF) has invested in building a healthier Richmond region. Our mission is explicit regarding our commitment to fostering an equitable and healthy Richmond Region. We work to address the social, economic and structural conditions that contribute to poor health outcomes, with a commitment to health equity and a recognition of the role that race and ethnicity play in contributing to and sustaining health disparities and inequities. We invest primarily in Richmond City and the counties of Chesterfield, Goochland, Hanover, Henrico and Powhatan, and will consider regional and statewide investments that align with and advance our mission.

Purpose and Focus

In 2010, the Affordable Care Act (ACA) made it possible for states to expand Medicaid in order to increase access to health care and decrease the number of the uninsured. On May 30, 2018, Virginia joined [32 states and the District of Columbia in expanding Medicaid](#). Medicaid expansion will go into effect in Virginia on January 1, 2019.

As a result of this expansion, adult Virginians, ages 19-64, in households earning up to 138%^a of the Federal Poverty Level (FPL), will be eligible for coverage under the Medicaid program. For more information on eligibility requirements for Medicaid expansion, please visit [Cover Virginia](#).

Estimates by the [Commonwealth Institute](#) and the [Virginia Poverty Law Center](#) show that approximately 46,000¹ uninsured, nonelderly adults living below 138% of the FPL in Chesterfield, Goochland, Hanover, Henrico, Powhatan and Richmond City would meet Medicaid eligibility requirements. Statewide, estimates project that between 300,000 and 400,000 adults could be eligible for Medicaid expansion coverage.

It is important to note that Virginia plans on implementing a dual-track Medicaid expansion, with both a State Plan Amendment (traditional Medicaid expansion) and an [1115 Demonstration Waiver](#). The 1115 waiver must be submitted to the [Centers for Medicaid and Medicare Services \(CMS\)](#) for approval by the fall of 2018 and will seek to allow Virginia to implement a series of conditions related to [work and training requirements](#), [healthy behavior incentives](#), [cost-sharing](#) and others. Given a recent [federal court decision regarding Kentucky's Medicaid 1115 waiver](#) concerning work requirements, it will be important to remain nimble in the implementation of Medicaid expansion as the rules are being defined and redefined.

^a For an individual, 138% of FPL is \$16,753 annual income and for a family of 3, it is \$28,676 annual income.

Medicaid expansion provides a unique opportunity to promote equity and health in the Richmond region. Our region is marked by vast disparities in health by race and ethnicity. In Virginia, for example:

- Uninsured rates for the nonelderly vary widely by race and ethnicity: Black 17%, Hispanic 24%, White 8% and Other 9%²
- The United States' maternal mortality rate, the highest in the developed world, is punctuated with significant racial and ethnic disparities. African American women in Virginia die at a rate of 36.6 per 100,000 live births, compared to 11 per 100,000 live births for white women. In a review of pregnancy-associated deaths in Virginia from 2004-2013, a majority of deaths (55%) occurred 43 days or later after the pregnancy ended³. Currently, pregnant women in Virginia can receive Medicaid coverage for up to 60 days postpartum, so extending coverage beyond this early post-partum period could provide needed services to women and potentially decrease disparities
- Self-reported poor or fair health by race and ethnicity: Black 21%, Hispanic 24%, Asian/Pacific Islander 6%, American Indian/Alaska Native 22% and White 14%⁴
- Infant mortality rate (per 1,000 live births) in Virginia varies widely by race and ethnicity: Black 11.7, Hispanic 5.8, Asian/Pacific Islander 5.0 and White 4.8⁵.

Medicaid provides an opportunity to eliminate these disparities for low-income populations through improved access to quality care. Studies on the impact of Medicaid expansion in other states show that when Medicaid is expanded, populations experience:

1. A decrease in the percentage of persons who are uninsured⁶
2. An increase in the percentage of persons with health insurance coverage⁷
3. A narrowing of racial and ethnic disparities in health care coverage⁸
4. A decrease in racial and ethnic disparities in access to care⁹
5. A positive effect on measures of access to care, health care services utilization, and affordability of care¹⁰
6. Improvements in self-reported health status¹¹
7. Reductions in uncompensated care costs¹²
8. Lower probability of hospital closure (especially for rural hospitals)¹³
9. An increase in cancer diagnoses rates¹⁴
10. An increase in opioid treatment usage¹⁵
11. Infant mortality rate reductions, particularly in the African American population¹⁶
12. Self-reports of Medicaid expansion coverage improving ability to gain employment¹⁷
13. A decrease in debt sent to third party collection¹⁸
14. Reductions in self-reported psychological distress among low-income parents.¹⁹

Access to health care is integral to health equity, and because of the various health, social and economic effects, expanding coverage and access to care can contribute to overall equity at the population level.

Given the years of experience of states that have expanded Medicaid, Virginia has access to extensive outcomes and research to draw upon to assure that implementation of Medicaid expansion is successful and access to care is maximized.

One lesson learned by other states is that, while the decision to expand Medicaid occurs at the state level, outreach and enrollment at the local level are essential to successful implementation. Further, providers will need time and resources to prepare for changes brought on by Medicaid expansion in the populations they serve. These challenges include: (1) educating and enrolling eligible individuals, (2) ensuring provider network adequacy, (3) assisting patients with navigation of the health care system, (4) preparing for the possibility of patients churning in and out of Medicaid, (5) addressing the needs of individuals who remain uninsured, and (6) modifying billing practices and other organizational changes.

RMHF is committed to supporting the regional infrastructure of health safety net providers and their community partners in their ability to fully take advantage of Medicaid expansion's potential to increase coverage, access to and utilization of quality health services. RMHF understands access to care to include physical, oral and behavioral health.

Funding Opportunity and Approaches

RMHF invites applications that propose approaches to the Medicaid expansion landscape in Virginia in order to maximize access to care and promote equity in our region. Applications should describe how funded efforts will assist health safety net organizations in maximizing their ability to better serve the needs of the community within the Medicaid expansion landscape. Applicants can do this in any one or combination of the following **approaches**:

1. Engaging in education, outreach, referrals, application assistance/enrollment and navigation of the health care system to assist community members in accessing health care coverage and care
2. Assessing and responding to the needs of populations who will remain uninsured
3. Assessing and responding to needs of populations for services not covered by Medicaid
4. Assessing, planning and implementing changes to the health safety net to respond to the changes brought about by Medicaid expansion
5. Addressing root causes of health disparities in the Medicaid-eligible population

RMHF will fund this initiative up to \$500,000 per year in 2019 and 2020 to support health safety net providers (and partnering organizations where appropriate) in their efforts to successfully and equitably provide and enhance access to care under the new Medicaid expansion context. Funding awards will be made for two years in the form of **general operating support and/or project-specific line items**, as appropriate to the proposal.

Please note that while RMHF is not providing a maximum funding request level, the total amount for the entire RFP process is \$500,000 per year. Funding requests should be submitted with the understanding that multiple requests will likely be funded under this initiative.

RMHF invites applicants to be creative, apply lessons learned from other states' efforts, and address underlying causes of health disparities.

Funded Activities

RMHF believes that access to health care is most successful when entities take a holistic, person- and [community-centered approach](#). For this reason, we encourage – but do not require – applicants to consider taking a collaborative “ecosystem”²⁰ approach^b. RMHF recognizes that health safety net providers are already effective collaborators with other safety net providers, community-based organizations and others in the region. Further, we understand and appreciate that organizations, in their various roles and approaches, often work in concert to achieve common goals for the community(ies) they serve.

Applicants can seek funding for efforts they will undertake alone or to support existing, new or enhanced partnerships with organizations and groups that can assist in the successful implementation of Medicaid expansion and increasing access to care.

Applicants can select one, many or all of the funded ***approaches*** listed earlier in this RFP. As part of the selected approaches, applicants should identify what ***activities*** they will undertake. Funding will be considered for health safety net-led efforts incorporating one or more of the following activities*:

1. Collaboration with community-based organizations
2. Communication, messaging and education
3. Community and member engagement
4. Data, research and analysis
5. Health care navigation
6. Learning and evaluation
7. Organizational capacity-building and transformation
8. Education, outreach and application assistance/enrollment
9. Partnering with other health safety net providers
10. Policy and advocacy

**Activities may be led by the health safety net organization or partnering organizations. For example, a health safety net provider may partner with an organization to lead the advocacy components of this application, with a community-based organization to perform community engagement or education activities or another health safety net provider to provide services they don't provide or aren't covered by Medicaid.*

Additionally, applications may include:

1. Planning periods of up to 6 months

^b An ecosystem approach applies collaboration, coordination and communication among organizations and entities and requires an understanding of the social and physical realities of the community it serves. For more information on this approach, see Endnote # 20.

2. Allocation of funds for learning and evaluation efforts (not to exceed 15% of total funding)
3. Resources for technical assistance and capacity-building

Medicaid expansion presents an opportunity to expand clinical capacity, coordinate referrals to community-based services, collaborate to provide services not covered under Medicaid and develop opportunities to address social determinants and root causes of health that undergird the dramatic racial and ethnic disparities in our region. RMHF encourages applicants to review the [community-centered health home model](#) for approaches to increasing access to care, promoting preventive approaches and developing a holistic and multi-sector approach to access to care.

Education, Outreach and Enrollment

Research from states that have expanded Medicaid prior to Virginia emphasizes the importance of robust and coordinated education, outreach and enrollment efforts. In particular, research suggests that one-on-one, in-person assistance with outreach, enrollment and navigation of the health care system are essential. Targeted education, outreach and enrollment efforts for populations that have historically been less likely to have health insurance coverage has also been found to be effective in enrolling communities of color, immigrants, LGBTQ, young adults and veterans. Informal conversations by RMHF with local health safety net providers reiterate the importance of and interest in education, outreach and enrollment for successful Medicaid expansion implementation.

For these reasons, RMHF funding can be used to support efforts and staff dedicated to education, outreach and enrollment/application assistance.

Virginia currently has a number of ways to provide support for individuals who need health coverage through education, outreach and enrollment/application assistance, such as:

- [Project Connect](#) outreach workers
- [Enroll Virginia](#) navigators
- Certified Application Counselors (CAC's)

More information on Virginia resources for enrollment can be found [here](#).

For applicants seeking RMHF funding for outreach and enrollment staff, funding will also be allocated for comprehensive training through the Virginia Health Care Foundation's Project Connect training program. Participation in this training program provides:

- Guidance for successful hiring and early implementation of outreach efforts, including: traits of a successful Outreach Worker, identifying appropriate supervisors, common Outreach Worker supervisory needs, selecting appropriate referral partners and crafting outreach strategies.
- *SignUpNow* training for new Outreach Workers and Supervisors, customized for Outreach Workers (5+ hours)

- Training on *ClientTrack*, web-based software (*customized for Outreach Workers and Supervisors to track status of interactions with each applicant*) and how to produce productivity reports (*10 hours*)
- Orientation and preparation for outreach (*includes effective outreach strategies, keys to developing successful outreach plans, establishing attainable goals, peer learning*).
- Quarterly meetings for Outreach Workers and Supervisors with key policy officials from DMAS (*Department of Medical Assistance Services*) and Virginia Department of Social Services (*VDSS*) to learn of new developments in system and policy, and participate in peer learning with other Virginia Outreach Workers and Supervisors.
- Regular communication about systems, policies, FAQs, via moderated listserv, quarterly *SignUpNow* newsletter and regular updates to the *SignUpNow* Tool Kit and on-line modules.
- 15 hours of technical assistance including: responding to questions about Medicaid rules, regulations and applications; troubleshooting with DSS, local partners, the Cover Virginia Call Center; and coaching and suggesting refinements to outreach and enrollment strategies.

Cost for the training program is \$12,500 per person per year and is expected to last throughout the duration of the grant. *Applicants should build this cost into the application budget if they are seeking funding for outreach and enrollment staff.*

Populations Not Eligible Under Medicaid Expansion

Experience in other states shows that even with Medicaid expansion, some populations remain uninsured and continue to experience barriers to access to care. Therefore, RMHF also encourages applications that focus on populations not eligible for coverage under Medicaid expansion (undocumented immigrants, immigrants in the US less than 5 years^c, those not income eligible and others).

Additionally, individuals eligible for Medicaid expansion may need services not covered under the Medicaid program (for example, dental care). The [Virginia Health Care Foundation](#) estimates that approximately 11,300 uninsured individuals in the Richmond region will remain ineligible for coverage. Applications focused on populations not eligible for Medicaid expansion or on providing services not covered through Medicaid, should address how they plan on providing information, referrals or a warm hand-off to individuals who may be eligible for Medicaid coverage.

^c Welfare Reform of 1996 implemented a 5-year waiting period for otherwise authorized and qualified immigrants. This means that authorized immigrants who are otherwise eligible for Medicaid would have to wait 5 years before being able to receive public benefits. Virginia has restrictive Medicaid rules that apply even after the 5-year bar. For example, “qualified Immigrants” must establish they have 40 quarters of work, or a connection to the military to gain access to Medicaid after the 5-year bar. Because Virginia took the CHIPRA option, authorized immigrant children up to age 19 and pregnant women are eligible to receive Medicaid (if otherwise eligible) prior to the 5-year waiting period.

Racial and Ethnic Equity

RMHF is committed to promoting approaches that are responsive to the needs of and respectful of all community members, and recognize and address the historical and current day inequities present in our region.

Pursuing racial and ethnic equity requires systems to change within and among organizations. Systems changes—as a way to address the root causes of health inequities--necessitate ongoing and committed efforts by organizations and new ways of understanding and doing our work. For this reason, RMHF requires all grantees selected to receive funds as part of this RFP to attend a racial equity training session to be offered by RMHF in early 2019. Other equity-focused learning opportunities will be offered to grantees over the 2-year funding period.

All proposed activities should be *culturally and linguistically* appropriate to the populations being served.

A modified [racial equity impact assessment](#) (to be developed by RMHF) should be completed as part of the planning period. If no planning period is proposed, a racial equity impact assessment will need to be completed as part of the first six-month funding period.

Peer Learning

RMHF will periodically convene recipients of this funding opportunity to support and promote collaboration and coordination across organizations and funded projects. RMHF will survey grantees once award decisions have been announced to assess frequency and duration of peer learning opportunities.

Eligible Organizations

The primary applicant organization must be a registered 501(c)(3) or government entity to receive funding from RMHF. Please review [RMHF's grant guidelines](#) prior to applying for this funding opportunity. This funding opportunity allows for a collaborative approach that includes community-based organizations and, as such, the application may include a broad spectrum of organizations (including grassroots and community-based organizations) in addition to the primary applicant.

Organizations must be located and provide services in RMHF's funding area: Richmond City and the counties of Chesterfield, Goochland, Hanover, Henrico, and Powhatan.

Proposal Components

Applicants should submit an **online application** if interested in this funding opportunity. As part of your application, you will be asked to provide the information outlined below as your proposal narrative. You can access the online application through RMHF's website, on the [Access to Health Care Grants](#) page. ***(Please note the online application link will go live on September 5, 2018)***

Proposed Effort—Summary	Please provide a summary of the proposed work to be carried out with this funding. The description should include detailed activities in year 1 and general descriptions of activities in year 2.
Collaboration	If the proposed effort includes more than one health safety net provider, or a health safety net provider and other organizations, please list the organizations or groups along with a brief description of the organization/group, a contact person and contact information for each organization or group.
Population of Focus	Please describe the population being targeted by this proposed effort. Provide as much detail in your description of the population as possible, including demographics regarding race and ethnicity, geographic parameters, age, gender and any other description that is relevant to the focus.
Approaches and Activities	Identify and describe proposed approaches and strategies. Refer to the sections Funding Opportunity and Approaches and Funded Activities in this RFP when responding to this section. Please identify who (organization or group) will carry out each activity.
Capacity Needs	Please share any current or anticipated capacity needs of the applicant organization(s) as they relate to the ability to effectively and equitably implement Medicaid expansion. For example, list any training, hiring, organizational needs and interests the applicant believes are necessary to carry out the proposed work.
Timeline	Provide a timeline of activities, including planning period, along with information about who will participate in the activities. Projects will be funded for up to 24 months.
Learning and Evaluation	RMHF is committed to ongoing learning and sharing lessons learned. Applicants can allocate up to 15% of the requested funding amount toward learning and evaluation.

	<p>Please describe Learning and Evaluation activities and personnel if funding is allocated to this function.</p> <p>How do you define success in terms of the proposed activities and efforts? How will you know if you've been successful in the proposed activities? What do you hope to learn? How will you apply what you learn to your work? How will you share what you learn with others in the community?</p>
<p>Budget Narrative</p>	<p>Provide a narrative description of the total funding being sought along with categories of funding being requested and who will receive the funding. A detailed budget is not necessary for the initial application. If selected for a site visit, you will be asked to prepare and submit a detailed budget.</p>

Letters of Commitment

If the application includes organizations beyond the primary applicant, RMHF asks that a list of organizations and entities that will be part of the funded efforts be submitted (under **Collaboration** section). Applicants should be prepared to provide letters of commitment from collaborating organizations and groups if they are selected for funding and as part of the grant agreement process. Collaborating entities can be organizations, coalitions, community groups, community members, faith-based groups or other entities committed to fostering an equitable and healthy Richmond Region who will play a role in the successful implementation of Medicaid expansion.

Letters of support should state specific roles and responsibilities of the organization/entity, affirm that the signatory has reviewed and contributed to the proposal, and state a commitment to active participation, collaboration, and learning.

Non-Discrimination Statement

RMHF is committed to equal access and opportunity for all persons. Organizations applying for funding are asked to submit a statement affirming that they do not discriminate on the basis of race, ethnicity, color, religious affiliation, national origin, immigration status, age, sex, marital status, sexual orientation, gender identity, disability, medical condition, or veteran status either in their employment, or their service policies and practices.

Conflict of Interest

RMHF asks that all applicants disclose any relationships with RMHF (staff or trustees) that may be, or appear to be, a conflict of interest. While such relationships do not necessarily preclude

an organization from being awarded funding, we ask for full transparency of any relationship that may represent or appear to represent a conflict of interest.

Application and Selection Process Timeline

RFP Release	August 15, 2018
RFP Information <u>Webinar</u>	August 20, 2018 3.00-4.30pm
RFP Information Session	August 28, 10am to 12pm, RMHF Community Room
Applications Due	October 8, 2018
Site Visits	Early November
Awards Announced	December 18, 2018
Funding Starts	January 1, 2019

Criteria for Selection

The strongest proposals will (be):

1. **Complete and on time.** Only proposals that are submitted on time and answer all questions in the application will be considered for review. Please note that there will be opportunities to go over the RFP and to ask questions (webinar and two community information sessions.) Feel free to contact RMHF staff with questions or if you need assistance with the online application process.
2. **Committed to equity.** RMHF is committed to fostering an equitable and healthy Richmond Region. The Foundation looks for applicants who are aligned in their commitment to equity, and who demonstrate such commitment through their proposed work. This includes ensuring that proposed activities and information are culturally and linguistically relevant and appropriate and that proposed efforts address existing health disparities.
3. **Apply lessons learned.** Because Virginia is expanding Medicaid after 32 other states and the District of Columbia, we have the benefit of years of [research and lessons learned](#) in terms of effective outreach, enrollment and implementation of Medicaid expansion. Applicants should build upon lessons learned from other states who have expanded Medicaid.
4. **Demonstrate how efforts will lead to persons in the Richmond region receiving needed quality health care services.** Medicaid expansion will be effective if persons have access to and receive needed services to improve their health and wellbeing.
5. **Sustainability.** Sustainability can be achieved in various ways: through the ability to continue to provide proposed efforts (if need continues); including policy and practice changes (at state, local or organizational levels) that sustain proposed efforts and goals; addressing underlying causes of health disparities; and strengthening the region’s safety net network; and others.

Grant Information Sessions

Register [here](#) for the RFP information webinar. RMHF will offer one community informational sessions to go over the RFP and answer questions. A Spanish-English interpreter will be

available if this is requested during registration for the community information session. To sign-up to attend a community session, please email Austin Higgs at AHiggs@rmhfoundation.org

Submit an Application

To submit an application, please visit our website 's [Access to Health Care Grants](#) page and follow the link to our online application. (***Please note the online application link will go live on September 5, 2018***) RMHF will not accept or review applications submitted outside of the online application process and timeline. If you have questions or require assistance with our online application process, please contact our Grants Manager, Lisa Bender, at lbender@rmhfoundation.org

Contact Information

Please submit questions regarding this grant opportunity in writing to:

Gabriela Alcalde

Managing Director for Equity and Health

galcalde@rmhfoundation.org

For questions about the online submission process, please contact:

Lisa Bender

Grants Manager

lbender@rmhfoundation.org

¹The Commonwealth Institute and the Virginia Poverty Law Center, How Medicaid Works: A Chartbook for Understanding Virginia's Medicaid Insurance and the Opportunity to Improve it, available at http://www.thecommonwealthinstitute.org/wp-content/uploads/2013/01/chartbook_2013_v6_rev.pdf

² Kaiser Family Foundation, "Uninsured Rated for the Nonelderly by Race/Ethnicity," available at <https://www.kff.org/uninsured/state-indicator/rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

³ Kavanaugh and Rouse, Ten Year Trends in Pregnancy-Associated Deaths in Virginia, Virginia Pregnancy-Associated Mortality Surveillance System, January 2016, available online at http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/PAMSS-Ten-Year-Trends-Report-2004-2013_final.pdf

⁴ County Health Rankings and Roadmaps, 2018 Virginia State Report, available at

<http://www.countyhealthrankings.org/explore-health-rankings/reports/state-reports/2018/virginia>

⁵ Peristats, March of Dimes, available online at

<https://www.marchofdimes.org/peristats/ViewSubtopic.aspx?reg=51&top=6&stop=92&lev=1&slev=4&obj=1>

⁶ Kaiser Family Foundation, "The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review," March 2018, <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-march-2018/>

⁷ Ibid

⁸ Kaiser Family Foundation, "Health Coverage by Race and Ethnicity: Changes Under the ACA," January 2018, <https://www.kff.org/disparities-policy/issue-brief/health-coverage-by-race-and-ethnicity-changes-under-the-aca/>

⁹ Chen, et al, "Racial and Ethnic Disparities in Health Care Access and Utilization Under the Affordable Care Act," <https://app.dimensions.ai/details/publication/pub.1001411896>

¹⁰ Kaiser Family Foundation, "The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review," March 2018, <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-march-2018/>

¹¹ Ibid

¹² Ibid

¹³ Ibid

¹⁴ Ibid

¹⁵ Ibid

¹⁶ Ibid

¹⁷ Ibid

¹⁸ Hu et al, “The Effect of the Patient Protection and Affordable Care Act Medicaid Expansions on Financial Wellbeing,” February 2018, The National Bureau of Economic Research, <http://nber.org/papers/w22170>

¹⁹ McMorrow, et al, “Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Psychological Distress for Low-Income Parents,” Health Affairs, May 2017, <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1650>

²⁰ In nature, an ecosystem is understood to mean a complex network or interconnected system. The term ecosystem recognizes the interrelationships among entities and with the physical environment. Similarly, when organizations talk about creating systems changes—such as that required when working towards equity-- it presumes complexity and interconnectedness. An ecosystem approach in organizations means taking into account the broader context in which the organization exists. An ecosystem approach means that organizations take a relational approach to their work, recognizing the role they play in relation to other organizations, other sectors and to the community as a whole. An ecosystem approach, as in nature, also takes into account the physical and social environment. In this RFP, taking an ecosystem approach means to work with an understanding of and in concert with other related organizations, groups or sectors to achieve the desired outcome of increasing access to care for the communities of the Richmond region.