Medicaid Renewal Client Support Program Mini-Grant Offering

BE READY. STAY COVERED.

Summary:

Medicaid Renewals in Rhode Island started again on April 1, 2023, and will continue until April 1, 2024. The renewal process follows a staged approach, spanning 12 months, to ensure a smooth transition and maintain quality, affordable health coverage for Rhode Islanders.

Looking ahead to the second phase, which includes continued outreach to our priority populations and high-density Medicaid zip codes as well as preparing for households with children beginning renewals in December 2023, the Executive Office of Health and Human Services (EOHHS) plans to implement a second round of mini-grants. This program aims to engage partners in reaching a wide range of Rhode Islanders, with a particular focus on those facing barriers to awareness or challenges in completing the renewal process adequately.

EOHHS has identified four areas for potential grantees to assist Medicaid enrollees with the renewal process. Applicants should leverage their strengths and ensure the proposed funding supplements, not supplants, their core work. **The maximum grant amount is $4,950, and all work must be finished by November 30th 2023.**

- *Technology:* Grantees may propose a scope of work that incorporates immediate and long-term technology use throughout and after the Medicaid renewal process. Examples of fund usage include acquiring iPads or similar devices to aid enrollees in renewing coverage and conducting public-facing coaching on using the web-based HealthyRhode customer portal or its corresponding app on mobile devices.

- *Training:* The grant may be used to support applicant organizations in enhancing their health care and social services expertise, as well as improving their understanding of Medicaid application/renewal processes and selecting appropriate, affordable health plans from the state's marketplace. Grantees can receive paid staff time for completing a self-paced Certified SHIP Counselor training or attending an eight-hour Certified Application Counselor (CAC) training or a similar program. To learn more about becoming a Certified SHIP Counselor email: christine.anderson@oha.ri.gov.

- *Outreach:* The grant may fund culturally appropriate dissemination of information about the Medicaid renewal process through trusted messengers in the community where people live and work. The grant's objective is to move information beyond offices and into various community settings, such as homes, businesses, neighborhoods, festivals, and events. This may involve staff time for canvassing, direct assistance at events and high-traffic areas, providing transportation to document drop-off locations, and scanning/uploading of documents. Funds may also be used to cover costs associated with distributing information about Medicaid renewals at local events, such as back-to-school celebrations, backpack-stuffing events, or other relevant community touchpoints.

- *Language and Cultural Competency Development:* This grant aims to improve understanding of Medicaid and health coverage for individuals from diverse ethnic backgrounds and language speakers. Grantees will focus on developing language that simplifies the complex health coverage system, aiding enrollees in gaining a long-term understanding of accessing coverage. Applicants should identify community needs related to

language and cultural competency and propose strategies to address them. For instance, they could create a vocabulary list with explanations for health coverage acronyms or offer mini-courses to enhance translation and interpretation skills. Grantees must be willing to share materials developed during the outreach process for future use by EOHHS.

To Apply: Identify the area of support aligning with your organization's capabilities and potential. You can request funds from multiple categories, but the total amount **must not exceed $4950**. Submit the required documents to Kilah Walters-Clinton at kilah.waltersclinton@ohhs.ri.gov and cc: Maureen Wu at Maureen.wu@dhs.ri.gov no later than **5 p.m. on September 30, 2023.**

1. A completed EOHHS Medicaid Renewal Mini-Grant Application (pages 4 – 10) and Budget Template (see hyperlink). Incomplete project proposals will not be considered.

Requirements:
- Grantees must report the number of Medicaid clients reached by population group monthly based on their approved application.
- A final report, project deliverables (if applicable), and expenditure records must be submitted to EOHHS by **5 pm November 30th.** The project implementation should commence between **August 8th – November 30th.** Reimbursement for grant-related expenses will be provided after the completion of the final report.
- Grantees must be available for monthly virtual support meetings to provide feedback, identify gaps, and learn from others.
- Training for the role of Certified Application Counselor (or similar training) will be provided by EOHHS and HealthSource RI at no cost to the grantee. The training subcategory should only itemize staff time charges.
- All applicants must register with the Ocean State Procures system to receive a standard purchase order and approved funds. Osp Vendor Registration | Rhode Island Division of Purchases (ri.gov).
- **All applicants must register with the Ocean State Procures system in order to receive a standard purchase order and any approved funds. Osp Vendor Registration | Rhode Island Division of Purchases (ri.gov).**

Restrictions:
Mini-grant funding **may not** be used for operational expenses ordinarily undertaken by the applicant organization. Applications must clearly demonstrate how funding will be used to supplement the organization's ordinary activity in the domains of health, wellness, and community engagement.

Scoring Criteria:
Applications will be evaluated as pass/fail based on completion, budget (under $4950), and adherence to restrictions. Awards will depend on fund availability and passing grade. If funding requests exceed the allotment, priority will be given based on the application submission date, with organizations in high-density communities receiving preference.

Instructions: Please complete Sections I-V of the mini-grant application.

EOHHS is seeking applications to help community partners address the Medicaid renewal process in Rhode Island. **Proposed projects must clearly align with the objectives. We encourage you to be creative in your approach.**

EOHHS will prioritize initiatives meeting the following criteria:

- Acknowledge and address institutional racism, socioeconomic disadvantages, and health disparities.
- Target high-density populations at risk of missing the Medicaid renewal process, including those who have not experienced a renewal before, those needing extra assistance, individuals who may have moved, and vulnerable populations like the unhoused or language assistance.
- Expand existing organizational work and expertise to support the Medicaid renewal process.
- Demonstrate cultural competence as a trusted messenger to aid in the renewal process.
- Address locations with high Medicaid enrollees and priority populations.
- Provide a clear plan for assisting with the renewal process, reach targeted populations, and explain the process of renewal support.

Have you previously received a Medicaid Renewal Mini-Grant? In order to qualify for the current round of funding, please provide us with data from your last grant period (April 4th - June 30th by filling out the Medicaid Mini-Grant Data Report Form: https://forms.office.com/g/59xjGe7yiG

SECTION I: AGENCY AND AGENCY CAPACITY

Name of Agency:_ _____

Partner Agency (or Agencies) if Applicable: _____

Project Title: _____

Is Your Organization Currently Funded by RI EOHHS/DHS/Medicaid/HSRI?
        ___ Yes   ____ No
If yes, please list the position/program/project(s) _____

What funding area is your organization applying for? (Select all that apply)
(Organizations can apply for funds in multiple areas with a **TOTAL of NO MORE THAN $4,950**)**:**

- ☐ **Technology**
- ☐ **Training**
- ☐ **Outreach**
- ☐ **Language & Cultural Competency Development**

Please list the top ten (10) ZIPCODES you will serve with these funds?

_____   _____   _____   _____   _____

_____   _____   _____   _____   _____

What priority populations will you serve with these funds? (Select all that apply)

- ☐ High-Density Communities or Health Equity Zones (HEZ)
- ☐ Individuals Who Are Unhoused, or Unsheltered
- ☐ Homebound
- ☐ BIPOC Community
- ☐ Individuals with Disabilities
- ☐ Individuals with Behavioral Health Conditions
- ☐ Substance-Involved Individuals
- ☐ Formerly Incarcerated Individuals
- ☐ Older Adults and/or those who are Dually Enrolled in Medicare and Medicaid
- ☐ Households with Children

Describe your organization's health and wellness experience, particularly related to the proposed target funding area. If your agency lacks experience with populations affected by the Medicaid renewal process, explain how you recognized the need to assist and how this grant will address that need. Use bullet points as needed.

300 words maximum

SECTON II: SCOPE OF WORK

Provide a detailed summary of the project you are proposing to implement. Please be as specific as possible about your scope of work.

Important details to include:
- Why you chose the targeted funding area(s) and how it will help you reach the target population and the reason why you selected this population, including any supporting data or evidence (i.e., what is the problem you are trying to address).
- A description of *how* your project connects to one or more of the objectives listed OR fills an identified need or gap.

500 words maximum

SECTION III: PERSONNEL AND WORK PLAN
Please include details about staff members that will be involved with the mini-grant funded project(s) and *briefly* describe their relevant experience and role. Add or delete rows as necessary.

Name of Staff	Title	Experience and Role in this Project
1.		
2.		

Please provide a **detailed work plan and timeline**, listing *all* steps of the mini-grant project implementation with the approximate start and end dates.

Remember that **work funded by this mini-grant must be completed by November 30th**, but consideration is given to work that is scalable and/or capacity-building and responsive to meeting the needs of Medicaid enrollees across the span of the 12-month return-to-normal operations period. Agencies can expect award notifications and contracts to be in place between September 14th – September 30th with the understanding that processing delays may occur.

Add or delete rows as necessary.

Activities	Start Date	End Date

SMART Goals Guide

SMART Stands for Specific, Measurable, Achievable, Realistic, and Time-Bound.

Please see example of a SMART goal on the following page, SECTION IV: PROJECTED OUTCOMES AND EVALUATION.

Specific
- Objective clearly states, so anyone reading it can understand, what will be done and who will do it.

Measurable
- Objective includes how the action will be measured. Measuring your objectives helps you determine if you are making progress. It keeps you on track and on schedule.

Achievable
- Objective is realistic given the realities faced in the community. Setting reasonable objectives helps set the project up for success

Realistic
- A relevant objective makes sense, that is, it fits the purpose of the grant, it fits the culture and structure of the community, and it addresses the vision of the project.

Time-Bound

- Every objective has a specific timeline for completion.

Tips for Writing SMART Objectives

Specific	- Define what you expect - Determine who will do it - Detail accountability - Use action verbs, expressing physical or mental action, as much as possible - Provide enough detail - this depends on the objective but should be enough to be clear
Measurable	Identify how you will know objective was accomplished – This can mean quantity or quality-(for instance, "80% of participants agree or strongly agree on the feedback form")
Achievable	- Make sure you have the time, manpower, resources, and authority to accomplish the objective - Consider if there may be factors beyond your control
Realistic	- The objective helps you meet the purpose of the grant - The objective is aligned with the Community Readiness Assessment scores
Time-Bound	- Specify when the objective should be completed - Include time-lined benchmarks for long-range goals and all objectives

(SMART Objective source: samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf)

SECTION IV: PROJECTED OUTCOMES AND EVALUATION

What are the short-term outcomes of the mini-grant project? For example, what products will be developed, how many people do you expect to reach? How will you measure progress and success? Please use SMART objectives. Add or delete rows as necessary. (More details about SMART objectives on the previous page).

Please note: The SMART example below is included as a guide for the development of your own SMART goals for your proposed project outcomes and evaluation planning.

Project Outcome(s)	How will you measure outcome success?
SMART Example 1: *By November 30, 2023, we will hold three in person events neighborhood events offering an opportunity to educate participate about the Medicaid renewal process and offering a sign-up table.*	*Example:* *Logs and sign-in sheets will be kept at each event. An anonymous total of the number of signs up at the event will be tallied for reporting by November 30, 2023.*
1.	1.
2.	2.

3.	3.
4.	4.

SECTION V: BUDGET NARRATIVE

Please list and describe each item in your proposed budget for the mini-grant funding. Please be as specific as possible. The categories below are suggestions; please add or delete rows as necessary. **The maximum budget for each agency involved in this project is $4,950.**

The **required Budget Table Template** can be accessed at https://eohhs.ri.gov/medicaid-renewals.

Please note:
Mini-grant funding **may not** be used for operational expenses ordinarily undertaken by the applicant organization. Applications must clearly demonstrate how funding will be used to supplement the organization's ordinary activity in the domains of health, wellness, and community engagement.

Specific information needed for each section:

- **Personnel:** please list the following information for each person involved in the project: name, title, hourly rate, total number of hours.
- **Supplies:** list for each item: individual cost of the supply and the total number needed for your project.
- **Printing:** list cost per page and total number of pages being printed; other costs such as ink costs, color vs black and white ink, etc.
- **Sub contactors/vendors:** if you are hiring subcontractors or vendors, please list the name of organization/individual(s), role/title hourly rate, and total number of hours.
- **Admin costs:** Percentage of overall budget for other costs such as time spent on development of policy/procedure/forms/programming.
- **Technology:** Will you needed an iPad, or similar mobile digital device to help with the renewal process?

EXAMPLE:

Item	Amount	Justification
Personnel	$2160	Staff time for community canvassing: [Name1_Title1] $18/hr. x 60 hrs. [Name2_Title2] $18/hr. x 60 hrs. **(Allows for 10 person hrs. per month spanning 12 months)**

If you have any questions, please contact Maureen Wu, EOHHS at maureen.wu@dhs.ri.gov.