



**eoocco**

**EASTERN OREGON  
COORDINATED CARE  
ORGANIZATION**

# **REQUEST FOR APPLICATIONS (RFA)**

For

Community Benefit Initiative Reinvestments (CBIR)

New Ideas Projects

**PROPOSALS DUE:**

**September 8, 2023 by 5pm PT**

for Jan – Dec 2024 funding cycle

Or

**March 15, 2024 by 5pm PT**

for Jul 2024 – Jun 2025 funding cycle

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## Application Information

### Deadline:

1. **September 8, 2023 by 5pm PT** for January 1 – December 31, 2024 projects
2. **March 15, 2024 by 5pm PT** for July 1, 2024 – June 30, 2025 projects

### Background

Thanks to successful efforts in 2022 to improve quality, Eastern Oregon Coordinated Care Organization (EOCCO) met 11 out of 14 CCO incentive measures and met all four challenge pool measures. This resulted in EOCCO earning 100% of their 2022 Quality payments, which can now be reinvested into projects that address priority health needs in Eastern Oregon communities.

EOCCO is pleased to announce the availability of funds to support proposals that test novel and innovative ideas to improve the health and health care of EOCCO members. For example, proposed projects might test:

- New models to improve access or reduce barriers to care for EOCCO members.
- New programs to engage members in their care.
- New ideas to integrate or improve clinical services to members.
- Novel workforce initiatives.
- Novel models to reduce cost while maintaining the quality of care.

Applications for New Ideas funding are accepted every six months. The next two cycle deadlines and their corresponding project years are below under Timeline. When completing your application, please provide details for the project year you are applying to.

### Project Areas

#### New Ideas Projects

Projects should be ones that benefit all EOCCO members or could be applied in other EOCCO service area regions should they prove to be successful. Areas of focus include but are not limited to:

- **Incentive Measures:** New approaches to improving Incentive Measures that EOCCO has had difficulty addressing.
- **Collaborations:** Projects to create new collaborations across organizations, such as public health and primary care collaborations to improve challenging Incentive Measures.
- **Telehealth and Broadband Capacity:** Projects to expand access to care through telemedicine, new care modalities or other approaches.
- **Behavioral Health Integration:** Projects focused on new integration of behavioral health clinicians into primary care or primary care providers into behavioral health organizations.
- **Workforce Strategies:** Projects focused on recruitment, retention, and workforce efficiency.
- **Assessing and Addressing Health Disparities:** Projects focused on increasing access to care to populations facing disparate health outcomes.

Project	Funding Amount Available Per Grantee
New Ideas	Up to \$50,000

### Opt-In Projects

Projects with themes listed below should NOT apply for New Ideas. If your project covers one of these themes, please complete the Opt-In Application found here: <https://www.eocco.com/providers/grants>

<b>Project</b>	<b>Funding Amount Available Per Grantee</b>
Health Information Technology (IT)	Up to \$50,000
Language Access Services	Up to \$30,000
Kindergarten Readiness	Up to \$50,000 base funding plus \$15 per attributed EOCCO member  Optional additional \$15,000 stipend to address health disparities
Social Needs Screening Implementation	Up to \$50,000
Access to Primary Care Services	Up to \$30,000

### Continuing Current Projects

Funding is available to organizations proposing to continue successful, previously funded 2023 EOCCO projects. To reapply to Continuing Current Projects, find applications to apply here: <https://www.eocco.com/providers/grants>.

<b>Project</b>	<b>Funding Amount Available Per Grantee</b>
Continuing Current Projects	Up to \$20,000

### Public Health Fund

Public Health Departments can apply for this funding by completing the Public Health Fund Request for Applications here: <https://www.eocco.com/providers/grants>

<b>Project</b>	<b>Funding Amount Available Per Grantee</b>
Public Health Fund	Up to \$30,000 per county

## Eligibility and Application Requirements

- **Applicants:** Eligible applicants include any interested Eastern Oregon organization demonstrating the ability to successfully complete their proposed project within the grant period specified.
- **Population:** Preference will be given to projects that primarily benefit EOCCO members. If the proposal aims to target a specific age group, members in a certain geographic area, or other characteristics, those should be clearly defined.
- **Outcomes Measurement:** Proposals must define how progress towards the goals will be measured. All proposals **must** demonstrate the ability to quantify and/or track the number of EOCCO and non-EOCCO members impacted by the project. Please utilize the Outcomes Measurement Data Table template provided within this application. Contact [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) for assistance populating the Data Table.
- **Proposals:** Proposals that substantially overlap in purpose and budget will not be considered for funding. A committee appointed by the EOCCO Board will make the final funding decisions, subject to Board approval.
- **Budget:** If awarded, grant funds for your project must be expended during the grant funding period. Please use the Budget Table template provided within this application.
  - **Requirements** - Budgets cannot include these items:
    - Medicaid-covered services;
    - Any covered services or benefits in Oregon's [Substance Use Disorder \(SUD\) waiver](#) (housing or employment supports for eligible members) or [1115 Medicaid waiver](#) (health-related social needs services for eligible members, beginning in 2024);
    - Expenses that have been reported separately, such as health-related services (HRS) or in lieu of services (ILOS)
    - Indirect administrative costs cannot be requested for equipment or supply costs and are capped at 10% of other allowed costs.
    - Items or activities fully funded from another source.
    - Staff positions funded by this project should not be primarily administrative. However, grant funds can be used to establish new roles within a community that are substantially devoted to improving the health and health care of EOCCO members. **Recommendation** - Budgets will be more likely to be funded if the personnel and supervisory staff budget is low in comparison to the rest of the budget.
    - Proposals cannot include requests for capital construction, building renovations, or major non-medical equipment like vehicles. Proposals cannot include expanding SDOH services like food, housing, and transportation. If your organization would like to apply for funding to cover these items, please apply through the Supporting Health for All through Reinvestments (SHARE) application found here: <https://www.eocco.com/providers/grants>
    - Generally, funds will not be provided for individual provider training. Proposals requesting training intended to assist communities achieve CHIP plan priorities, health equity, healthcare interpreter or traditional health worker training, and incentive measure targets will be considered. Please contact [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) if you would like to discuss specific training opportunities you are considering in your proposal.
- **Community Involvement:** Priority will be given to projects that demonstrate documented support from community partners. See **Appendix 1: Letter of Commitment Template**.

## Application Process

- **Technical Assistance:** Applicants are **required** to obtain free technical assistance as they develop their **proposal**. Technical assistance will ensure applications meet program requirements, improve the quality of the applications, and improve the likelihood of being selected for funding.

The following Technical Assistance webinars are scheduled to learn more about this RFA and answer general questions. **Please contact [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) for 1-on-1 technical assistance.**

- **Monday, July 31, 2023 @10-11am** [Register here](#)
  - **Wednesday, August 16, 2023 @1-2pm** [Register here](#)
  - **Monday, August 28, 2023 @11-12pm** [Register here](#)
- 
- **Application Forms:** Please follow the directions in this Request for Applications (RFA). Applications should include the following:
    - Application Coversheet
    - Project Narrative
    - Outcomes Measurement Data and Budget Tables
    - Letters of Commitment (if any).
  - **Submission:** Send your application to [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) by **5pm PDT on September 8, 2023**. Please organize your application in the follow manner:
    - **Single consolidated PDF:** Application Coversheet, Project Narrative, and Letters of Commitment
    - **Single Excel file:** Outcomes Measurement Data Table and Budget Table (template provided below in application)

**Note:** The Community Benefit Initiative Reinvestments (CBIR) team will provide an email receipt within two business days of submission
  - **Funding Decision:** A committee appointed by the EOCCO Board will make final funding decisions, subject to approval by the EOCCO Board.
  - **Timeline:**
    - Deadline September 8, 2023
      - Award notification by November 2023
      - Project cycle January 1 – December 31, 2024
      - Funds must be expended by December 31, 2024
    - Deadline March 15, 2024
      - Award notification by June 2024
      - Project cycle July 1, 2024 – June 30, 2025
      - Funds must be expended by June 30, 2025

# Community Benefit Initiative Reinvestments Application: New Ideas Fund

## Application Coversheet

**Legal Name of Applicant Organization:** \_\_\_\_\_

**Project Director (person who will be responsible for the overall project):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Organization to Receive and Manage Funds:**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Employee Managing Funds: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Total Amount Requested** (note funding limits on page 3): \$ \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Project Summary (3-8 sentences)**

I hereby certify that this proposal is fully approved by our organization for submission to the EOCCO. The statements contained in this application are true and complete to the best of my knowledge and the applicant accepts as a condition of the grant the obligation to comply with all applicable state and federal requirements, policies, standards, and regulations.

Signature of Organization Official: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



## Project Narrative

For the Project Narrative, all applicants should answer questions A-H. Project Narratives may be **up to 5 pages**, excluding tables and graphs.

- A. **Project Description:** Include a brief description of your organization and the services it provides, and a 3-8 sentence summary of your project (copy from application coversheet).
- B. **Need for Project:**
- a. Describe the community need of your proposed project? When possible, use data showing this need.
  - b. How does your project align with the community priorities identified in the [EOCCO's Regional Community Health Improvement Plan](#)?
  - c. What makes this project innovative?
- C. **Target Group:** Describe the target group of people who will benefit from your project.
- a. Include how many EOCCO members will benefit from your project. How do you identify the EOCCO members that receive these benefits?
- D. **Project Plan:** Provide a detailed description of the project plan and major activities. What will you do, when will you do it, and who will do it?

Please use the table below to outline the months you expect to achieve major steps or events in your project. Be detailed enough so that someone not familiar with the project can understand what will happen. Please add rows as needed.

Month(s)	Activity	Who Will Complete Activity

- E. **Personnel:** Please provide a bulleted list of the names and job title with a brief description of qualifications of your project team. Any names in the Project Plan should be included here.
- F. **Barriers and risks:** What could cause your organization to have trouble with the project, and how could you reduce these risks?
- G. **Sustainability:** Describe how this project will be sustained after the funding period ends.
- H. **Letters of Commitment:** List any collaborating organizations involved in your project and submit a Letter of Commitment from each collaborating organization. Any organization that is listed must submit a letter (see example in **Appendix 1: Letter of Commitment Template**).

## Outcomes Measurement Data and Budget Tables

Please use the embedded Excel document below to fill out your data and budget tables. Save a copy of the Excel document and submit separately with the rest of your PDF application. If funded, this Excel file will serve as your template to report on data and budget items through interim progress reports and a final report.



2024 CBIR Data and  
Budget Tables.xlsx

### 1. Outcomes Measurement Data Table

In the first tab of the embedded Excel document, please indicate the number of EOCCO and non-EOCCO members you currently serve and the number you hope to reach through your proposed project.

Include baseline data and goals you will use to measure success. Please indicate the numerator, denominator, and percent of the EOCCO and non-EOCCO members targeted for your activity. Baseline and goal measures can include but are not limited to your county's prior year EOCCO incentive measure rate, EOCCO incentive targets, and the estimated number of members needed to reach the EOCCO incentive target. The metrics you select should be relevant to your specific project. For example, you wouldn't provide a county rate for a program that only will impact one clinical site. If an activity does not have discrete EOCCO and non-EOCCO member data, please explain steps taken to either collect this data or other approaches to measuring your project's baseline and working toward goals.

### 2. Budget Table and Budget Justification

In the second tab of the embedded Excel document, include the proposed budget for your project. Please provide a one to three sentence narrative budget justification for each line item included in your budget. For personnel, describe any grant-related duties. For other expenses, describe what they will be used for and who will use them. If in-kind contributions are budgeted, please provide a list of the source of each contribution, the name of the organization providing it, and whether the donation is in cash or non-cash (e.g., labor, etc.).

## Appendix 1: Letter of Commitment Template

### Agreement to Participate in EOCCO Project

Dear ***Name of project director,***

We look forward to participating in the ***Project Name*** starting ***date*** and ending ***date***.

Our organization agrees to ***describe what the collaborating organization is expected to do including any staff responsibilities.*** We understand that we will receive ***list any funds being provided to the collaborating organization.***

Thank you for including us in this important project.

Sincerely,

***Signature***

***Name spelled out***

***Organization name***

***Email address***

***Phone number***