

**Appendix B**  
**Community Capacity Building Funding Application**

## **Health Related Social Needs (HRSN) Community Capacity Building Funding Overview**

### **Background**

#### ***1115 Waiver Overview***

Every state must follow a standard set of rules determined by the federal government on how to operate their Medicaid programs. States can, however, ask the federal government for permission to change, or “waive,” some aspects of their Medicaid rules outlined in Section 1115 of the Social Security Act. Section 1115 Medicaid Demonstrations give states flexibility to design and improve programs and to show how new policy approaches such as eligibility expansion, service expansion or using innovative service delivery systems can improve care, increase efficiency, and reduce costs.

Under 1115 authority, states may receive approval to test new approaches to paying for and delivering covered services and defining or limiting benefit packages. Oregon recently received 1115 waiver approval from the federal government that seeks to build on Oregon’s strong history of innovation in health care and make progress toward:

- Creating a more equitable, culturally and linguistically responsive health care system
- Helping contain costs by providing quality health care
- Investing in equitable and culturally appropriate health care, and
- Ensuring everyone can get the coverage they need.

More information on Oregon’s 1115 Oregon Health Plan (OHP) Medicaid waiver is available [online](#).

#### ***What is Oregon’s Health-Related Social Needs Initiative?***

Where we are born, live, learn, work, play, and age, can affect our health and quality of life. Access to health care, healthy foods, and safe housing or “Health-Related Social Needs” (HRSN) are important to our health. As part of the state’s 1115 Oregon Health Plan waiver approval, Oregon was authorized to design and implement an HRSN initiative within the state’s Medicaid program.

The state’s partners—including Coordinated Care Organizations (CCOs), providers, community organizations and others—will launch a set of non-medical services not typically offered through Medicaid as part of the HRSN Initiative. Services will include housing-related supports, nutrition services and climate devices for qualifying individuals experiencing a life transition, defined by CMS<sup>2</sup>.

Providers of HRSN services—including community-based organizations, social service agencies, and others—will play an important role in delivering services to qualifying members.

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<sup>2</sup> CMS defines life transitions as belonging to one or more of the following populations: Youth with Special Health Care Needs (YSHCN) ages 19-26 as described in STC 4.6; Adults and youth discharged from an IMD; Adults and youth released from incarceration, including prisons, local correctional facilities, and tribal correctional facilities; Youth involved in the child welfare system, including youth transitioning out of foster care; Individuals transitioning from Medicaid-only to dual eligibility status; individuals who are homeless or at risk of becoming homeless, as defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5; and Individuals with a high-risk clinical need who reside in a region that is experiencing extreme weather events that place the health and safety of residents in jeopardy as declared by the federal government or the Governor of Oregon.

### ***What is Community Capacity Building Funding?***

As part of the HRSN initiative, the state has been authorized to spend up to \$119 million for infrastructure funding, or what the state is calling “Community Capacity Building Funding.” This funding supports investments necessary to:

- 1) create robust, equitable networks of HRSN providers across the state and
- 2) build the necessary capabilities and capacity of community partners.

Community Capacity Building Funding will play an important role in building the capacity of community partners to participate in the health care delivery system. Community Capacity Building Funding will play an important role in building the capacity of community partners to participate in the health care delivery system. Community Capacity Building Funding is distinct from but can be seen as complementary to other opportunities to support investments in community capacity via the [SHARE Initiative](#) (Supporting Health for All through REinvestment) and/or [Health-Related Services](#) (HRS).

Coordinated Care Organizations (CCOs) will administer community capacity building funding. A CCO is a network of all types of health care providers (physical health care, addictions and mental health care) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs are focused on prevention and helping people manage chronic conditions, like diabetes. This helps reduce unnecessary emergency room visits and gives people support to be healthy. Today, there are [16 CCOs operating in communities around Oregon](#). More information on CCOs can be found [online](#).

CCOs will be responsible for reviewing applications against minimum eligibility criteria, awarding funding to eligible entities, disbursing funding to awarded entities, and monitoring funding uses amongst eligible entities to prevent fraud, waste, and abuse. Organizations who wish to receive HRSN Community Capacity Building funding must submit this application and budget funding request to the CCO operating in the service area in which they will provide HRSN Services. Organizations may apply to more than one CCO to meet the needs of their service area. However, funding requests must be non-duplicative.

More information about CCO Service Areas and contact information for the Community Capacity Building Funds will be available online on the OHA Community Capacity Building Funds webpage.

### ***What are the allowable uses for Community Capacity Building Funding?***

Community Capacity Building Funding can only be spent on four allowable use categories. These are defined in the Infrastructure Protocol [online](#). This protocol is currently in draft and under review with CMS. The final Infrastructure Protocol will be available on the OHA Waiver webpage once approval received.

Allowable uses for Community Capacity Building Funds are in 4 categories:

1. Technology
2. Development of Business or Operational Practices
3. Workforce development and;
4. Outreach, education and convening

Specifically, under each category funds may be used for:

#### **3. Technology**

- Procuring IT infrastructure/data platforms needed to enable, 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 and 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 (e.g., community information exchange)

#### **4. Development of business or operational practices**

- Development of policies/procedures related to:
  - HRSN referral and service delivery workflows
  - Billing/invoicing
  - Data sharing/reporting
  - Program oversight/monitoring
  - Evaluation
  - Privacy and confidentiality
- Training/technical assistance on HRSN program and 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 HRSN program
- Procurement of administrative supports to assist implementation of HRSN program

#### **5. Workforce development**

- Cost of recruiting, hiring and training new staff
- Salary and fringe for staff that will have a direct role in overseeing, designing, implementing and 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

#### **6. Outreach, education and convening**

- Production of materials necessary for promoting, 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 stakeholder 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.

### ***What criteria will be used to evaluate this application for funding?***

Organizations applying for funding must meet the following minimum eligibility criteria:

- Apply during an application window
- Be an eligible organization type, as defined by CMS
- Commit to work with other HRSN partners
- Be financially stable (either independently or through use of a fiscal sponsor) as determined by the CCO

- Have the ability to provide HRSN services to qualifying individuals
- State intent to contract as an HRSN service provider
- Attest that requested Community Capacity Building funding will not duplicate other funds
- Funding requests detailed in the application meet the definition of allowable uses
- Submit a fully completed application and budget request

Applications will be evaluated based on the following:

- There is a strong justification for why Community Capacity Building Funds are needed to support the delivery and capacity to deliver HRSN services
- The application communicates that the organization has relevant experience providing HRSN/ similar services **OR** that the organization intends to develop new capacity to offer one or more HRSN services
- The application explicitly describes how the organization will promote health equity through the use of the Community Capacity Building Funds
- The application communicates that the organization provides services in a culturally and linguistically responsive and trauma informed manner
- Priority will be given to organizations that predominately serve the listed HRSN services covered populations and the priority populations listed below:

HRSN Services Covered Populations: ([See STCs for Population Description](#))

- 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:

# 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.

**[CCO to insert application process here, including how entities submit their applications]**

### 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.

<b>Applicant Organization Name</b>	
<b>Point of Contact Name</b>	
<b>Point of Contact Title</b>	
<b>Point of Contact Telephone Number</b>	
<b>Point of Contact Email Address</b>	
<b>Mailing Address</b>	

### 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.

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baker      | <input type="checkbox"/> Lake       |
| <input type="checkbox"/> Benton     | <input type="checkbox"/> Lane       |
| <input type="checkbox"/> Clackamas  | <input type="checkbox"/> Lincoln    |
| <input type="checkbox"/> Clatsop    | <input type="checkbox"/> Linn       |
| <input type="checkbox"/> Columbia   | <input type="checkbox"/> Malheur    |
| <input type="checkbox"/> Coos       | <input type="checkbox"/> Marion     |
| <input type="checkbox"/> Crook      | <input type="checkbox"/> Morrow     |
| <input type="checkbox"/> Curry      | <input type="checkbox"/> Multnomah  |
| <input type="checkbox"/> Deschutes  | <input type="checkbox"/> Polk       |
| <input type="checkbox"/> Douglas    | <input type="checkbox"/> Sherman    |
| <input type="checkbox"/> Gilliam    | <input type="checkbox"/> Tillamook  |
| <input type="checkbox"/> Grant      | <input type="checkbox"/> Umatilla   |
| <input type="checkbox"/> Harney     | <input type="checkbox"/> Union      |
| <input type="checkbox"/> Hood River | <input type="checkbox"/> Wallowa    |
| <input type="checkbox"/> Jackson    | <input type="checkbox"/> Wasco      |
| <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Josephine  | <input type="checkbox"/> Wheeler    |
| <input type="checkbox"/> Klamath    | <input type="checkbox"/> 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**:

HRSN Services Covered Populations: (See STCs for Population Description)

- 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)

7. Please check below which **HRSN services initiative (Climate Support, Housing, Nutrition Supports, Outreach and Education)** 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)

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)

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)

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)

### Allowable Funding Uses<sup>3</sup>

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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<sup>3</sup> 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** \_\_\_\_\_

## Appendix C Community Capacity Building Funding Budget Template

Instructions		
<b>Purpose of This File</b>	<p>The state has been authorized to spend up to \$119 million on Community Capacity Building Funding investments necessary to support the development and implementation of the Health-Related Social Needs (HRSN) program. Organizations who wish to receive HRSN Community Capacity Building Funding must submit this funding request and an application to the Coordinated Care Organization (CCO) operating in their service area indicating how they intent to use this funding.</p> <ul style="list-style-type: none"> <li>- To submit your budget request, you must complete Tab 3 (Budget Request)</li> <li>- Once that tab has been completed, certify the documents by typing the name of the person submitting the budget application and date</li> </ul>	
<b>Tab</b>	<b>Instructions</b>	<b>Tab Completion Checklist</b>
<b>Instructions (this tab)</b>	This budget request outlines the expenses CBOs expect to incur to build capacity to participate in the HRSN program. Budget requests and applications are due to [insert CCO] by [insert date].	On the tab "Budget Request" complete all the boxes in <b>yellow</b> .
<b>Budget Request</b>	<p>To begin, please complete the following at the top of this budget request:</p> <ul style="list-style-type: none"> <li>• Your organization's name in [insert cell].</li> <li>• Name of the person to contact about the Community Capacity Building Funds application in [insert cell]</li> <li>• Email and phone number for the contact above in [insert cell].</li> <li>• The date the report is sent to [insert CCO] in [insert cell].</li> </ul>	1. Ensure that you have completed all pieces of information listed at the top of the form in yellow
<b>Section A</b>	<p><b>Section A:</b></p> <ul style="list-style-type: none"> <li>• This section contains the funding amount requested based on the appropriate four domain areas: (i) Technology; (ii) Development of business or operational practices; (iii) Workforce development; and (iv) outreach, education and stakeholder convening.</li> </ul>	<p>1. In Column C describe the proposed use of the requested funds. Ensure that you have listed only allowable uses of the fund as defined on Tab "CCBF Allowable Uses"</p> <p>2. In Column D list out the total amount of funds that coincide with the same line in Column C. You may add more lines under a category if needed.</p>
<b>Section B</b>	<p><b>Section B:</b></p> <ul style="list-style-type: none"> <li>• This section certifies the accuracy of the amounts requested above.</li> </ul>	1. Ensure the report has the name and title of the person who prepared the budget [insert cell] and date [insert cell].

## Allowable Uses of the Community Capacity Building Funds

Allowable uses for Community Capacity Building Funds are in 4 categories:

1. Technology
2. Development of Business or Operational Practices
3. Workforce development and;
4. Outreach, education and convening

### Technology

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

### Development of business or operational practices

- o Development of policies/procedures related to:
  - o HRSN referral and service delivery workflows
  - o Billing/invoicing
  - o Data sharing/reporting
  - o Program oversight/monitoring
  - o Evaluation
  - o Privacy and confidentiality
- o Training/technical assistance on HRSN program and roles/responsibilities
- o 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)
- o Planning needs for the implementation of HRSN program
- o Procurement of administrative supports to assist implementation of HRSN program

### Workforce development

- o Cost of recruiting, hiring and training new staff
- o Salary and fringe for staff that will have a direct role in overseeing, designing, implementing and executing HRSN responsibilities, time limited to a period of 18 months. Organizations may not access this funding for the same individual more than once.
- o 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)
- o Privacy/confidentiality training/technical assistance related to HRSN service delivery
- o Production costs for training materials and/or experts as it pertains to the HRSN program

### Outreach, education and convening

- o Production of materials necessary for promoting, outreach, training and/or education
- o Translation of materials
- o Planning for and facilitation of community-based outreach events to support awareness of HRSN services
- o Planning for and facilitation of learning collaboratives or stakeholder convenings
- o Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents)
- o Administrative or overhead costs associated with outreach, education or convening.

	<b>Applicant Organization Name</b>		<b>DATE SENT:</b>
	<b>Applicant Contact Name</b>		
	<b>Applicant Email Address</b>		
	<b>Applicant Phone Number</b>		

**BREAKDOWN BY HRSN Allowable Funding Domain**

<b>A BUDGET REQUEST</b>			
	<b>Description of Item/Activity Requested, by Allowable Use Category</b>	<b>Budget Request</b>	<b>FOR CCO USE ONLY Approved Budget</b>
1.	<b>Technology (subtotal)</b>	\$ -	\$ -
2.	<b>Development of Operational and Business Practices (subtotal)</b>	\$ -	\$ -
3.	<b>Workforce Development (subtotal)</b>	\$ -	\$ -
4.	<b>Outreach, Engagement and Partner Convening (subtotal)</b>	\$ -	\$ -
5	<b>Total Budget Request</b>	\$ -	\$ -

<b>B CERTIFICATE</b>			
<p>I certify to the best of my knowledge and belief that the budget outlined above is true, complete and accurate, and the funding items listed above are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.</p>			
<b>PREPARED BY (Type Name and Title)</b>			<b>DATE</b>



**Appendix D**  
**Community Capacity Building Funding Scoring Rubric**

Application questions	No answer:	Does not meet needs:	Meet Needs:	Exceeds:
<b>Applicant Organization Information</b>		<ul style="list-style-type: none"> <li>-Incomplete information</li> <li>-Application received after the funding window</li> </ul>	<ul style="list-style-type: none"> <li>-All requested information is completed</li> <li>-Application received during the application window</li> </ul> <p><b>MUST MEET</b></p>	
<b>Eligibility Criteria- Attestation</b>		<ul style="list-style-type: none"> <li>-Organization does not contest to all criteria</li> </ul>	<ul style="list-style-type: none"> <li>-Organization attests to all criteria:</li> <li>-Organization must have the ability to provide HRSN services to qualifying individuals</li> <li>-Financial stability of the organization can be confirmed either independently or through the use of a fiscal sponsor, as determined by the CCO</li> <li>-States intent to contract with the CCO or Fee for Service Administrator to provide at least one HRSN service in a timely manner or provide HRSN services in the fee for service delivery system.</li> </ul> <p><b>MUST MEET</b></p>	
<b>Eligibility Criteria- Organization Type</b>		<ul style="list-style-type: none"> <li>-Organization is not one of the organization types listed</li> <li>-Organization not eligible to apply of listed on one of the following lists: U.S. Department of the Treasury’s Office of Foreign Assets; Control (OFAC) Sanction Lists; Social Security Administration Death Master File (SSADMf); System of Award Management (SAM); U.S. Department of Health and Human Services, Office of Inspector General’s (HHS-OIG) List of Excluded Individuals and Entities (LEIE); and Oregon’s Medicaid Exclusion List</li> </ul>	<ul style="list-style-type: none"> <li>-Organization checks one of the organization types and is not listed on one of the exclusion lists listed.</li> </ul> <p><b>MUST MEET</b></p>	

<b>Application questions</b>	<b>No answer:</b>	<b>Does not meet needs:</b>	<b>Meet Needs:</b>	<b>Exceeds:</b>
<b>Who will be served: 1. Counties</b>		-Organization does not serve any counties/regions in Oregon	-Organization serves at least 1 county in Oregon <b>MUST MEET</b>	-
<b>Who will be served: 2. Current relationship and knowledge of county(s), partnerships, work proposed for each county</b>		-No clear connections to the county listed or -No partnerships within the county -Work proposed not relevant to the county/region	-Organization serves individuals in the county but may not have a location in the county but clearly demonstrates how work will impact the county listed -- Organization states need for funding	-Demonstrates established relationships and connections to the county/ region in the service area -Demonstrates a high level of understanding of the region where the work is being proposed -Makes a strong case for needed funding and a connection to support the delivery or increase capacity in at least one county
<b>Who will be served: 3. Population types</b>		-Organization does not serve priority populations	-Organization serves one of the priority populations	-Organization serves at least one of the HRSN covered populations and at least one of the priority populations
<b>Who will be served: 4. Language access</b>		-Does not list language access	-Language access is provided	- Language access is provided by the organization and -Spoken fluently by native speaker(s) -Written by native speaker(s)
<b>Organizational Background Information: 5. How funds will build capacity and provide equity through the delivery of service</b>		-Does not clearly explain how the funds will be used to build capacity -Answer does not address the promotion of equity across populations served	-Explanation of how the funds will be used to support delivery of or increase capacity for HRSN services is clear. -Explanation includes details on how the organization intends to promote health equity through the use of the funding	-Response includes clear planning and makes a strong case for funds needed to support the delivery of or increase capacity for HRSN services. -Planning includes partnerships that elevate the voices of those served -Demonstrates a clear connection between the funding requested and improving health equity. -Supports health equity principles and values
<b>Organizational Background Information: 6. Culturally and linguistically responsive and trauma informed services</b>			- Has clear ideas on how the organization can contribute in culturally and linguistically responsive ways. -Shows understanding of the populations being served and demonstrates the understanding of a trauma informed approach.	-Demonstrates experience developing partnerships or programs that use culturally and linguistically specific strategies -Demonstrates experience and knowledge of using a trauma informed approach
<b>Organizational Background Information:</b>		-Does not clearly explain the organizations experience providing the services marked or does not have a clear explanation of how	-Answer includes at least one of the HRSN services	-Organization demonstrates clear planning or experience providing HRSN services.

<b>Application questions</b>	<b>No answer:</b>	<b>Does not meet needs:</b>	<b>Meet Needs:</b>	<b>Exceeds:</b>
<b>7. Experience with HRSN (Climate support, Housing, Nutrition, Outreach and Education)</b>		they intend to provide one of the HRSN services	-Demonstrates experience providing one of the HRSN services OR an intent to develop capacity to offer on or more HRSN services -How HRSN services will be delivered is clear	-Organizations response clearly demonstrates an impact on the capacity of the HRSN network for the population described. -The organization clearly describes a gap in HRSN service capacity that will be addressed with the funding requested.
<b>8. Allowable Funding Uses of Community Capacity Building Funds</b>		-An allowable use is not checked OR -Does not make a strong case for why funding is needed and how it will be used to build capacity -Organization does not have enough experience in this category to clearly identify a need.	-At least one allowable use is checked -For each allowable use checked there is a clear explanation of why funding is needed and how it will build capacity -The organization has enough experience to identify a need in each category requested	-At least one allowable use is checked and the description makes a strong case for why this is a need and how it will be used for participation in the HRSN service program -Makes a strong case that the funding needed will address a gap and build capacity -Organization has experience in this category and clearly defines how that experience shows a need for funding
<b>9. Awarded or requested CCBF to other CCOs</b>		-Award or request to another CCO is duplicative as application being reviewed	-Award or request to another CCO is for not duplicative to the application being reviewed. -Additional award or request is appropriate for work being proposed and compliments but not duplicates current application	
<b>Attestation and Certification</b>		-Either Signature, Name, Title or date is missing	-Signature, Name and Title and date of the attestation is complete <b>MUST MEET</b>	
<b>Budget</b>		-Budget is incomplete or inaccurate -Funds requested do fall into one of the allowable use categories	-Budget is clear and allowable uses match expected funding amounts -Budget requests can be adjusted based on CCO available funds -Requested funds clearly fall within one of the allowable use categories	