

Frequently Asked Questions

REQUEST FOR PROPOSALS: SUPPORT FOR ASTHMA PROGRAMS WITH COMPREHENSIVE ENVIRONMENTAL HEALTH SERVICES

Overview

As a proud recipient of funding from the Environmental Protection Agency (EPA), Green & Healthy Homes Initiative (GHHI) is pleased to announce that it is offering **pro bono technical assistance** to help advance asthma programs that feature elements of comprehensive environmental health services, including environmental assessment and remediation of asthma triggers. The objective of this Reimbursement Request for Proposals (Reimbursement RFP) is to build upon existing asthma programs and partnerships between service providers and local healthcare entities—such as Medicaid managed care organizations, hospitals, and health systems – to achieve reimbursement for those comprehensive services.

GHHI will select up to four projects for the second Reimbursement cohort, which will receive up to 12 months of technical assistance support. Applications are

FAQs

Are there certain eligibility requirements for the service provider lead? *new*

There are no eligibility requirements. Among a network of partners, the service provider lead will be responsible for providing the project lead and ultimately lead the negotiations with the payer.

Should the service provider lead be someone offering direct services to clients/patients? *new*

The service provider lead does not need to be offering direct services to clients/patients. If they are the primary applicant, they would provide the project lead that will be the champion for the project.

What qualifies as a health care entity?

A health care entity that provides health care services and/or provides services that further the quality of health care. Health care entity can include health plans, hospitals, federally qualified health centers, physician groups, Public Health Institutes, Departments of Health/Public Health Departments, etc.

Does the healthcare entity partner need to be the organization that will ultimately reimburse for services?

No, but it is preferable that the organization that will ultimately pay for the services is involved and supportive of the project.

What does the health care entity need to commit to?

They must sign a letter of support stating that they would have an employee involved in the project and will work toward obtaining sustainable funding for the program.

Can a health care entity apply for the grant?

Yes, we welcome applications from a diverse set of stakeholders, including health care entities.

Can a managed care organization apply for the grant?

Yes, we welcome applications from a diverse set of stakeholders, including managed care organizations.

Can a health plan apply for the grant?

Yes, we welcome applications from a diverse set of stakeholders, including health plans.

Can a State Health Department apply for the grant?

Yes, we welcome applications from a diverse set of stakeholders, including State Health Departments.

Is the RFP Overview webinar available to view?

Yes, you can find it [here](#).

Does the award include any cash funding?

No, the award does not include any cash funding. The award includes technical assistance from January 15 – September 30, 2019. We also work with our sites to apply for necessary funding for either existing programs or pilot programs.

What is an A133 audit?

Any entity that expends \$750,000 or more of federal grants or awards in a year is required to undertake an OMB A-133 audit to ensure the recipient of federal funds complies with the requirements for how the money can be used. This will not apply to all applicants, but if you do have an A-133 audit, please submit it with your application.

Since this is addressing the social determinants of health, can multiple partners apply?

Yes, there is space on the cover sheet and within the application to list partners. There must be a lead organization, but applicants are encouraged to list partners. Partners can also provide letters of support.

What is the difference between the business development and reimbursement support RFPs?

There are two requirements for the Reimbursement Support RFP that we do not require for the Business Development RFP. Applicants to the Reimbursement Support RFP must have:

- Program services with environmental health assessment and remediation already operational in some capacity; and
- A health care entity partner that is willing to sign a letter of support demonstrating its commitment to exploring reimbursement for program services.

Has GHHI worked directly with a state Medicaid agency before?

Yes, in past technical assistance projects GHHI has met with state Medicaid offices to confirm that the programs we are assisting to design/implement are aligned with the priorities of the state Medicaid office. We have had substantial engagement with state Medicaid offices in six states, including Maryland, New York, Rhode Island, Tennessee, Texas, and Utah.

What is the difference between the project-level hours and executive sponsor hours? *new*

The project lead is the person who meets on a regular basis with the GHHI site lead and coordinates with other project partners to achieve key activities. The "project-level hours" constitute the efforts of the local project lead and partners working towards reimbursement.

The executive sponsor refers to the organizational executive who is sponsoring the program and would be involved in decision-making (signing MOU, contract, etc.). Generally, the executives would attend the on-site executive level meetings with other CEOs, Medicaid Director, and Health Plan partners.

How are the partner commitment hours tracked?

We do not track this formally, these are just estimates of how much time the project partners will need to commit to push the project forward.

What is meant by 'executive sponsor' in the RFP?

The "executive sponsor" in section 2 on page 5 refers to the organizational executive who is sponsoring the program and would be involved in decision-making (signing MOU, contract, etc.). Generally the Executives would attend the on-site executive level meetings with other CEOs, Medicaid Director, and Health Plan partners.