



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 8/18/11)

Board Clerk Use Only

Meeting Date: 5/30/13
 Agenda Item #: C.2
 Est. Start Time: 9:00 am
 Date Submitted: 5/14/13

**NOTICE OF INTENT to submit an application for \$100,000 to the Health
 Agenda Resources and Services Administration, HIV/AIDS Bureau's Part C
 Title: Capacity Development grant program.**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: <u>May 30, 2013</u>	Time Needed: <u>N/A – consent item</u>
Department: <u>Health</u>	Division: <u>Integrated Clinical Services</u>
Contact(s): <u>Marc Harris; Jodi Davich</u>	
Phone: <u>503-988-3663</u>	Ext. <u>29778; 86600</u>
I/O Address: <u>160/9; 160/5</u>	
Presenter Name(s) & Title(s): <u>N/A – consent item</u>	

General Information

1. What action are you requesting from the Board?

Authorization for the Director of the Health Department to submit an application for \$100,000 to the Health Resources and Services Administration, HIV/AIDS Bureau's Ryan White Part C Capacity Development grant program.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

On April 30, 2013, the Health Resources & Services Administration, HIV/AIDS Bureau announced a Capacity Development funding opportunity open to existing Ryan White Part C grantees. The Multnomah County Health Department is a current Part C grantee and uses these funds to provide HIV-specific care in its HIV Health Services Center. The funding opportunity is to support activities that strengthen organizational infrastructure and to increase capacity to develop, enhance, or expand access to high quality HIV primary health care services for people living with HIV or who are at risk of infection in underserved or rural communities. Specifically, funds may be used to support Affordable Care Act-

related activities (i.e. health insurance outreach and enrollment) or Infrastructure Development Activities (i.e. implementation of electronic health records, telehealth technologies, etc.).

The Health Department intends to submit an application for \$100,000 to conduct outreach and enrollment for health insurance benefits through the newly created Cover Oregon insurance exchange. Enrollment through Cover Oregon will begin October 1, 2013. The requested grant funds will cover the costs associated with one staff executing these activities. Outreach/enrollment will focus on clients being served by the HIV Health Services Center who are currently uninsured or ensured by the Oregon Medical Insurance Pool (OMIP) program (the high-risk insurance pool for those with pre-existing conditions). Depending on their income levels, these clients will be eligible for either Oregon Health Plan or private insurance plans that previously would have denied them due to HIV-positive status (e.g., a pre-existing condition). It is crucial to enroll clients currently receiving insurance benefits through OMIP because it will end beginning in 2014 when the various Cover Oregon insurance plans go into effect. By increasing enrollment in health insurance programs, this funding opportunity will enable the Department and its partners to continue providing access to critical medical care for persons living with HIV/AIDS. The Department estimates enrolling between 500-800 persons living with HIV/AIDS in insurance programs through Cover Oregon.

3. Explain the fiscal impact (current year and ongoing).

This grant will provide the Health Department with \$100,000 over a 2-year grant period.

4. Explain any legal and/or policy issues involved.

HRSA created this funding opportunity in response to new insurance coverage options that will become available in 2014 due to federal and state legislation (i.e. the federal Affordable Care Act; the State's creation of Cover Oregon, the new insurance exchange; and the State's decision to expand OHP eligibility following ACA suggestion). The Health Department's proposed activities will help the Department and its clients adapt to the changes.

5. Explain any citizen and/or other government participation that has or will take place.

None.

Grant Application/Notice of Intent

If the request is a **Grant Application** or **Notice of Intent**, please answer **all** of the following in detail:

• **Who is the granting agency?**

The granting agency is the Health Resources and Services Administration, HIV/AIDS Bureau.

• **Specify grant (matching, reporting and other) requirements and goals.**

The goal of the grant is to assist public and nonprofit entities in their efforts to strengthen their organizational infrastructure and to increase their capacity to develop, enhance, or expand access to high quality HIV primary health care services for people living with HIV or who are at risk of infection in underserved or rural communities.

No matching is required. Progress reports are required on a semi-annual basis.

- **Explain grant funding detail – is this a one time only or long term commitment?**

This is a one-time grant that must be spent over a 2-year project period.

- **What are the estimated filing timelines?**

The application is due May 30, 2013.

- **If a grant, what period does the grant cover?**

The grant covers the period of September 1, 2013 through August 31, 2015.

- **When the grant expires, what are funding plans?**

These activities are only necessary during the designated project period in order to facilitate the transition to new health insurance coverage options described above. As a result, continued funding post-grant period is not needed.

- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**

Yes, 100% of indirect costs are covered by the grant.

Required Signatures

**Elected Official
or Department/
Agency Director:**

KaRin Johnson for

05-13-2013



Date:

(signature)

Name/Title:

Budget Analyst:

Althea Gregory /s/
(signature)

Date: 5-14-13

Name/Title: