

HB 4004 Workforce Stability Grant Application Frequently Asked Questions

Question: Can these grant dollars be used to pay for compensation/staffing costs prior to when the grant award begins?

Answer: Yes, the grantees can use these funds to reimburse prior bonuses or other compensation paid to staff back to March 23, 2022, which is the date HB 4004 became effective. Grant dollars cannot be used for any earlier expenses.

Question: Do funds have to be provided to staff by July 31st?

Answer: No—Two reports (an Interim Incentive Distribution Report and Final Report) must be submitted. Interim Incentive Distribution Report due August 1, 2022.
Information required: Specific amounts provided as of July 31, 2022, to each category of staff listed below for recruitment and retention bonuses.

Question: What does the "Total staffing costs (gross pay)" include?

Answer: Total staffing costs (gross pay) should include the budgeted costs for all filled and vacant positions, for one month. Gross pay should also include benefits (health care costs, taxable benefits implications, etc. Basically, anything that would be in paychecks.

Question: How much funding does my agency qualify for?

Answer: Each provider will receive a percentage of the funds available under section 5 of this 2022 Act (\$132,347,979) that represents a provider's staffing costs, for both filled and vacant positions, relative to the staffing costs of all providers that apply. For example, if all providers in total have \$200m in staffing costs and a single provider has \$1m in staffing costs, they would receive \$662k based on their percentage of the available dollars.

Question: What is included in the 75% compensation?

Answer: Direct compensation to staff in the form of wages, benefits, and bonuses. Other examples may include but are not limited to, child care and transportation that are provided as a taxable benefit.

Question: If we are an FQHC that has school-based health centers that are certified to provide BH services, does that qualify?

Answer: We encourage providers to look at the workforce stability grant eligibility criteria. OHA certifies or licenses behavioral health care providers/programs. If a provider/entity is certified or licensed by OHA

to provide behavioral health care, they would qualify. When providing the amount of total staffing costs, you should only include staffing costs applicable to those certified or licensed services and not the entire FQHC or large entity.

Question: Is establishing a fund out of which dollars could be spent beyond Dec 1, 2022, a possibility as something that might be considered “expended” from the legislature’s perspective?

Answer: An awardee just needs to complete payments/expenditures by the end of the grant period. If establishing a fund meets your own financial reporting requirements, then that should meet the intent of HB 4004, but please refer to your own accounting/auditing staff for particular guidance.

Question: Can OHA clarify the timing for a provider/entity to spend these grant funds?

Answer: HB 4004 repeals this grant program effective January 2, 2023. Therefore, OHA tried to build in appropriate safeguards and reporting deadlines to assure that providers/entities finalize and spend these dollars prior to that date. We are asking for wherever possible, providers finalize their spending on December 1, 2022, but you have until December 30, 2022, to report and spend these dollars. We will also provide additional reporting templates after these dollars are awarded. If there are funds that have not been expended, we will work with you to collect those funds from January-March 2023.

Question: Can the total staffing cost be projections for ideal staffing levels or current staffing level costs (which are understaffed)?

Answer: You should base your staffing costs on your current staffing levels (filled and vacant) and not on an “ideal” staffing level.

Question: If we are using contract providers to cover vacancies, do we include them?

Answer: You can include the vacancy and include the cost for you to hire the vacancy but not how much you are having to pay for the contract providers.

Question: Do we include benefits when we are figuring costs?

Answer: Yes

Question: For smaller providers, contract practitioners are necessary to make things work (i.e., prescribers) Are they not included?

Answer: They are not eligible for this grant directly. Funds must go to direct compensation for employees

Question: How does this work with CBOs who work at county clinics that are staffed by certified THWs, and provide BH peer support?

Answer: The entity has to be certified or licensed by OHA to provide behavioral health services. If the county is certified or licensed, the county could apply. Note, that salary costs should only be for the county's own staff, not contracted staff or other sub-contracts.

Question: Does an FQHC that has OHA PCPH level 5 recognition meet the definition of a certified BH provider?

Answer: No, a Primary Care Patient Home designation is not a certification or license to provide behavioral health services.

Question: Are "staff" just direct providers or does it include support staff, such as intake staff?

Answer: All staff that work in a qualified organization qualify.

Question: Do services have to be under the OHA certificate? What about peer support and administrative support? Would a mobile crisis team be eligible?

Answer: If the entity/provider is eligible, then the staff that are providing services such as peer support or administrative support could get a portion of the pay/benefit/bonus increase. That is up to the provider how to pay out to their employees.

Question: As a CMHP, are all BH services in that scope eligible; or are only the services that have a specific COA eligible?

Answer: The provider needs to meet the provisions in HB 4004 including providers that:

- Mental health or substance use disorder crisis line providers; or
- Urban Indian Health Programs in Oregon; or
- Tribal Behavioral Health Program grant recipients in Oregon; or
- Behavioral health care providers (services and supports for individuals with mental health or substance use disorders) that meet the following criteria:
 - Serve adults or youth, at least 50% of whom are uninsured, enrolled in the state medical assistance program (Medicaid), or enrolled in Medicare
 - Are not hospitals; and
 - Qualify as one or more of the following:
 - Certified by Oregon Health Authority to provide behavioral health care
 - Provides behavioral health care through program contracting with or administered by the Oregon Youth Authority

- Provides behavioral health rehabilitation services through a program contracting with or administered by the Department of Human Services
- Licensed opioid treatment program
- Provides withdrawal management services; or
- Is a sobering center.

Question: Does this grant only apply to facilities with a COA?

Answer: No

Question: With HB 4004, we support primarily Medicaid enrolled individuals, and we do so through residential treatment homes, outpatient MH clinics, and residential support to people with IDD. Does our whole organization meet the criteria of a BH organization?

Answer: If the entity qualifies as laid out above, then they should include salary costs for those employees performing those services and other ancillary employees that provide support such as accounting/legal/front desk/etc. Subtract costs associated with IDD.

Question: Are there a series of wage floors we should be heading towards that will reflect a portion of these rates?

Answer: There are no wage floors or further guidance on how to distribute at least 75% of the dollars for compensation/bonuses.

Question: Can you clarify the 25% discretionary and what specific guidelines there are for that portion?

Answer: As stated in HB 4004, a provider must spend at least 75 percent on direct compensation. For the other 25%, those funds may be spent on programs or other non-compensatory means to increase workforce retention or recruitment. We have no other specific guidance other than to describe this in the reporting asked for in the RFA.

Question: Do we include staff that live in another state, but provide telehealth services to clients in Oregon?

Answer: Yes

Question: Some CMHPs are also CDDPs and Public Health. Does this apply to staff that are providing I/DD services or Public Health services?

Answer: Please only include staffing costs for those that are performing behavioral health services.

Question: Are enhanced care services staff costs eligible?

Answer: Yes

Question: Does an organization have the ability to say: this clinical position gets X amount, administrative gets Y amount? Not expecting bonuses to be equivalent across the board.

Answer: Correct, the organization can determine how money is distributed. Note, in discussions with the legislature, there is a strong desire to assure that administrative and other staff are not left out of any distribution.