Health-Related Social Needs Community Capacity Building Funding
Grant Application

For background and overview please see Appendix on page 25.

Background Information
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), is important to our health.

Oregon Health Plan (OHP) members who qualify (as defined by CMS[1]) have a new set of benefits available to them. HRSN benefits include:

- Climate benefits
- Housing benefits
- Nutrition benefits
- Outreach and engagement supports

HRSN benefit providers--including, community-based organizations, social service agencies, and others--play an important role in delivering benefits to qualifying members and may be eligible for Community Capacity Building Funding (CCBF).

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1 To qualify, OHP members must be in at least one of the following life transitions (additional criteria also applies for each type of HRSN service): 1) Released from incarceration in the past 12 months; 2) Discharged from a qualifying behavioral health facility in the past 12 months; 3) Current or past involvement in the Oregon child welfare system 4) Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or has transitioned in the past nine months; 5) Homeless or at risk of becoming homeless; 6) a Young Adult with Special Healthcare Needs

Health-Related Social Needs Community Capacity Building Funding
Grant Application

Instructions

To receive funding, organizations must complete and sign this application form in its entirety by May 30, 2025. For this form to be considered complete:

- ✓ All components must be filled out
- ✓ A budget request must be attached
- ✓ The application must be signed by the authorized representative from the entity applying for funding

[NOTE: each CCO will have a specific process for submitting 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.

Legal Name of Applicant Organization (this should be the name used for your tax ID)	
Organization Name (if differs from legal name)	
Point of Contact (Name)	
Point of Contact (Title)	
Point of Contact (Telephone Number)	
Point of Contact (Email Address)	
Organization Mailing Address	

Eligibility Criteria

Organizations must meet minimum eligibility criteria to receive Community Capacity Building Funding (CCBF).

1. **Please attest to the following:**

The organization is capable of providing or supporting the provision of one or more HRSN benefits to Medicaid beneficiaries within the state of Oregon.

The organization intends to contract with one or more CCOs or with the Open Card/ fee-for-service Third Party Contractor (FFS TPC) to serve as an HRSN provider for at least one HRSN benefit, or to support the delivery of HRSN services by acting as a 'convener' or 'hub' role.

The organization demonstrates a history of responsible financial administration. This can be shown through any of the following:

- o Recent annual financial reports.
- o Externally conducted audit.
- o Experience receiving other federal funding or other similar documentation.

2. **Please select the box that most closely aligns with your organization type (select more than one, as needed):**

The following **organization types** are eligible to apply for and receive CCBF[2].

Community-based organizations, including:

Social-services agencies

Housing agencies and providers

Food and nutrition service providers

Climate service providers

Outreach and engagement providers

Organizations that include those that provide or coordinate HRSN benefits, including:

Case management providers

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[2] Eligible provider types are listed in the CMS approved HRSN Infrastructure Protocol

Traditional health workers

Organizations focused on children, women and families

City, county, and local government agencies

Organizations that will support the development of the HRSN network, including:

Organizations who will be **convening** current and potential HRSN partners

Organizations who will serve as a Network Manager - or 'Hub' to support, for example, HRSN contracting, implementation, invoicing and service delivery

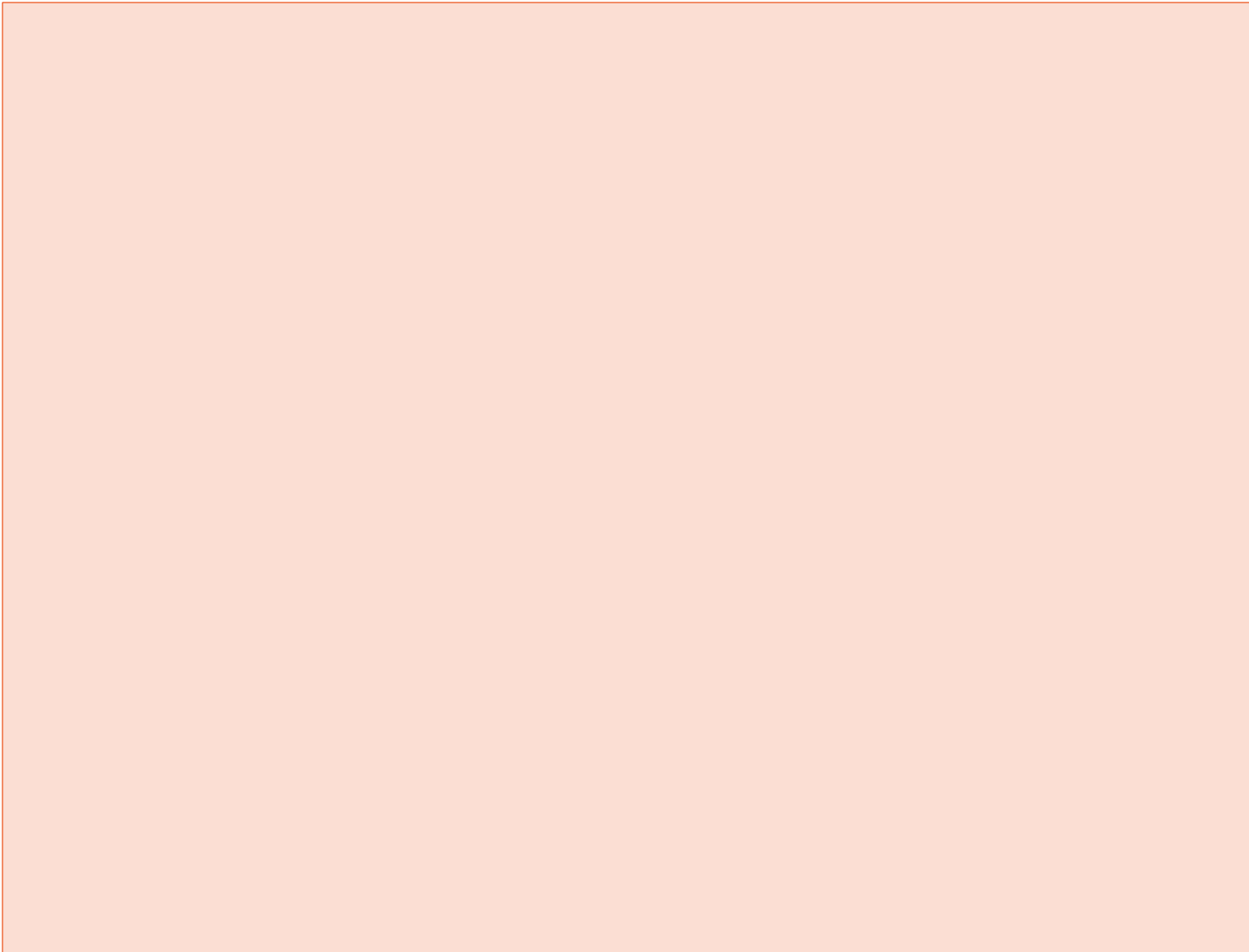## Applicant Organizational Background Questions

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 how you intend to use that experience or grow that experience to provide HRSN benefits to eligible members.

3. **Counties served.** Please select the box/es of counties where your organization will provide HRSN benefits (select more than one, as needed):

☐ Baker
☐ Benton
☐ Clackamas
☐ Clatsop
☐ Columbia
☐ Coos
☐ Crook
☐ Curry
☐ Deschutes
☐ Douglas
☐ Gilliam
☐ Grant
☐ Harney
☐ Hood River
☐ Jackson
☐ Jefferson
☐ Josephine
☐ Klamath

☐ Lake
☐ Lane
☐ Lincoln
☐ Linn
☐ Malheur
☐ Marion
☐ Morrow
☐ Multnomah
☐ Polk
☐ Sherman
☐ Tillamook
☐ Umatilla
☐ Union
☐ Wallowa
☐ Wasco
☐ Washington
☐ Wheeler
☐ Yamhill

4. For each county selected, your organization must provide specific details about:

   a. the **current and planned working relationship** and knowledge of that county (including any cross-county work);

   b. **current and planned partnerships** to support HRSN benefit provision (including with CCOs);

   c. if your organization plans to differ the type of benefits offered in different counties, please describe that here; and

   d. If your organization does not have existing relationships in the county, you must describe how you intend to build those relationships. (2600 character max)

5. **Populations served.** This section will ask that you rank the population(s) (within each list) to which your organization will provide HRSN benefit/s. Please only rank the populations that you plan to serve. If you do not plan to serve a population, you may leave it blank.

List A: HRSN Eligible Populations: (See approved HRSN Services Protocol):

For List A below: Please mark off which HRSN eligible population(s) you plan to serve. If there is a population listed that your organization will likely not serve, please leave that blank.

Young Adults with Special Health Care Needs (YSCHN)

Adults and youth discharged from a qualifying behavioral health facility (including institution for mental disease (IMD), residential mental health and substance use disorder facilities, or inpatient psychiatric units)

Adults and youth released from incarceration

Youth involved with child welfare

Individuals transitioning to Dual Status (i.e., individuals who are Medicaid-eligible and will also soon be eligible for Medicare due to age, disability, or a qualifying condition)

Individuals who are homeless or at risk of homelessness

List B: Populations served:

For List B below, starting with the population group **you plan to serve the most** (write # 1 in the box) please rank in order of who you expect to serve the most. You may rank up to 3. If there is a population listed that your organization will likely not serve, please leave that blank.

American Indian/Alaska Native/ Indigenous communities:

LGBTQIA2S+ communities:

Asian communities:

Immigrant and refugee communities:

Black/African American/African communities:

Rural communities:

Latino/a/x communities:

Faith communities:

Pacific Islander communities:

Houseless communities:

Eastern European communities:

People with behavioral health conditions:

People with disabilities:

Other communities not listed above (please describe) (500 character max):

6. **Please indicate** if there is one HRSN Covered Population and/or other population that you primarily serve.

HRSN Covered Population:

Other Population:

Providing Culturally and Linguistically Responsive and Trauma Informed Services

The purpose of this section is to understand your organization's background and experience in providing culturally and linguistically responsive services and how you will use that experience or grow capacity when providing HRSN benefits.

7. **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:

Services provided in this language by a staff native speaker

Interpretation services provided by a staff native speaker

Services or interpretation provided by a fluent non-native speaker

Interpretation/translation services provided by a third party.

Other

Language 2:

Services provided in this language by a staff native speaker

Interpretation services provided by a staff native speaker

Services or interpretation provided by a fluent non-native speaker

Interpretation/translation services provided by a third party.

Other

Language 3:

Services provided in this language by a staff native speaker

Interpretation services provided by a staff native speaker

Services or interpretation provided by a fluent non-native speaker

Interpretation/translation services provided by a third party.

Other

Language 4:

        Services provided in this language by a staff native speaker

        Interpretation services provided by a staff native speaker

        Services or interpretation provided by a fluent non-native speaker

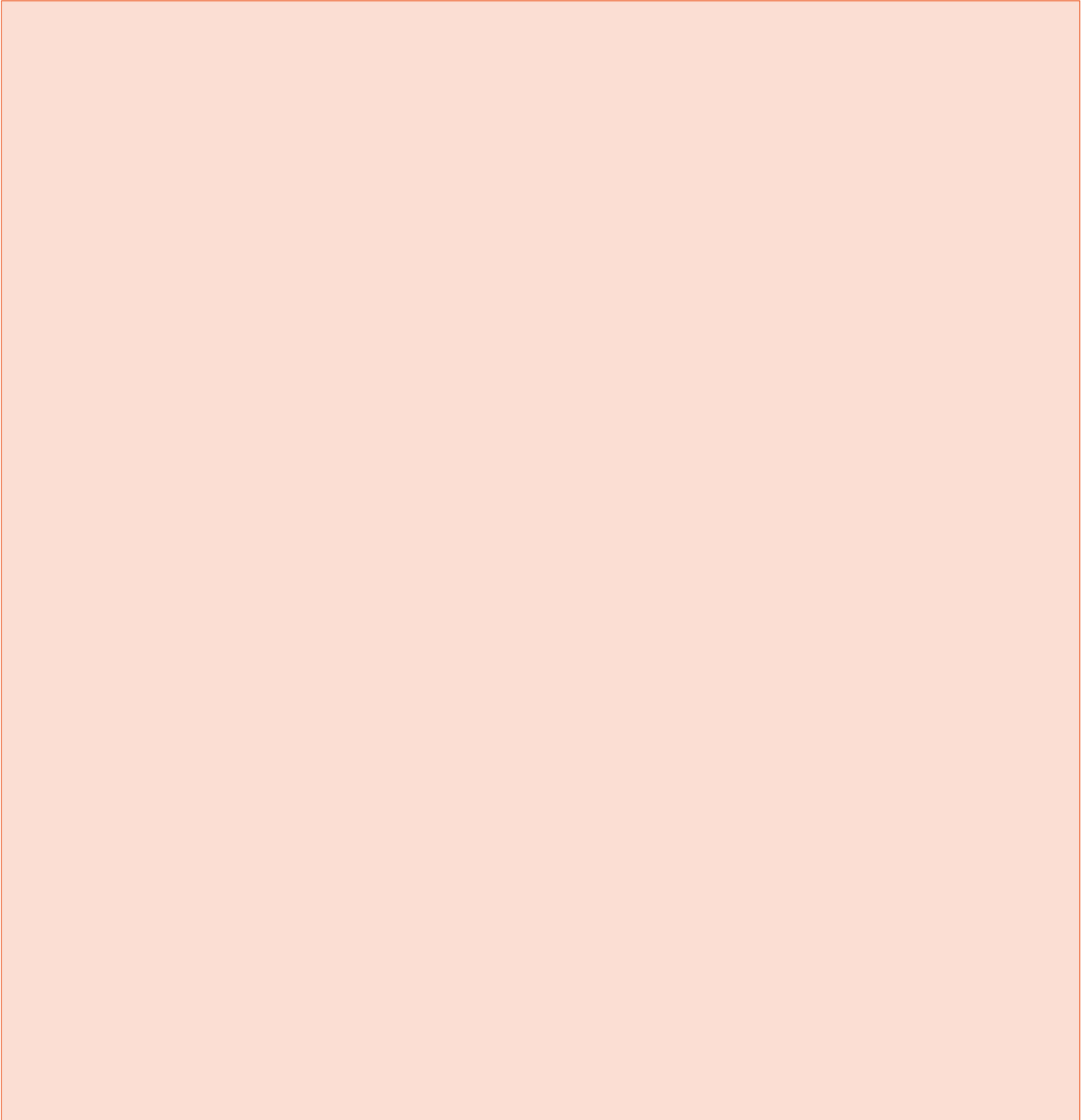   Interpretation/translation services provided by a third party.

        Other

(Optional) Other language access offered by your organization not already listed above (325 character max):

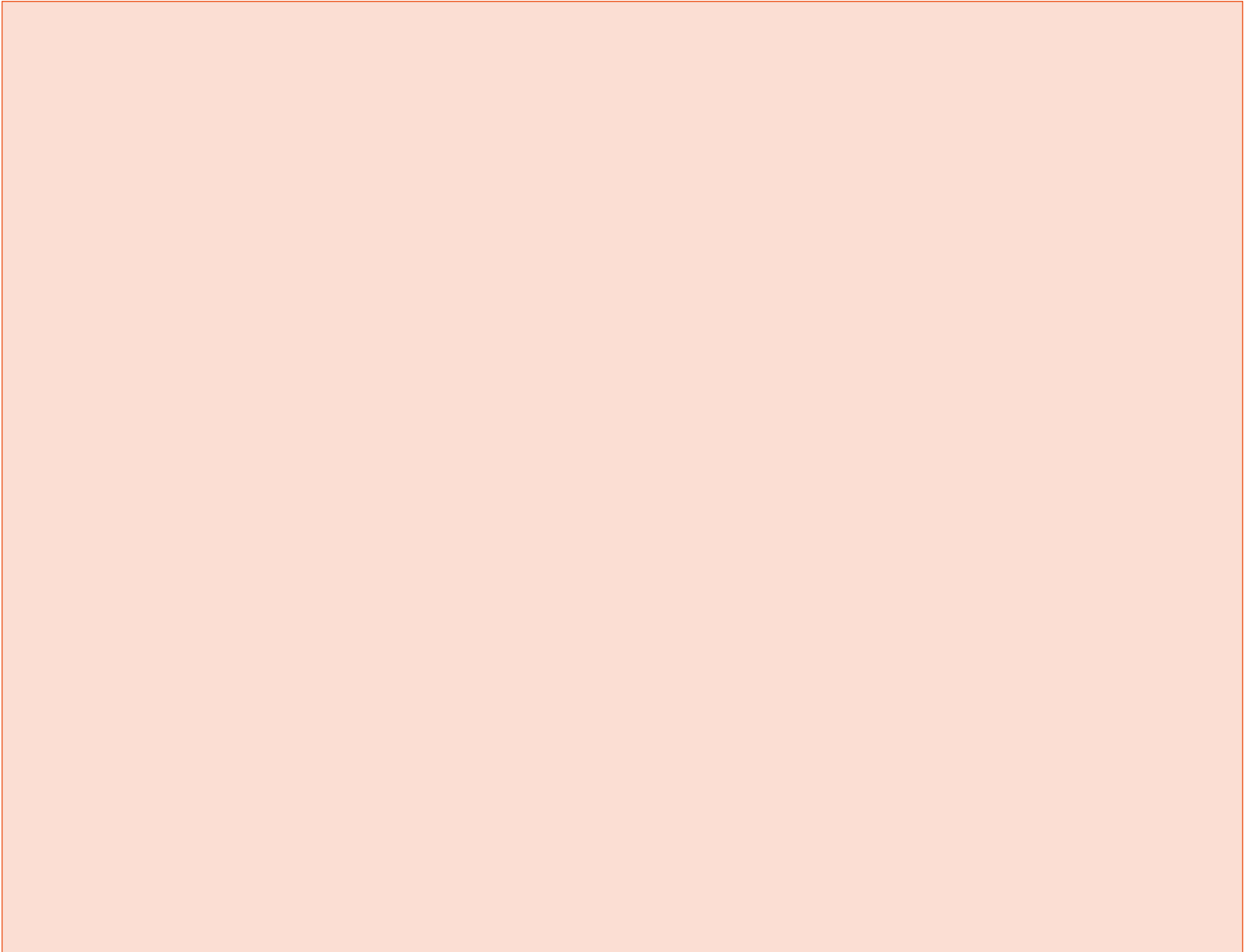## Culturally and linguistically responsive services:

Culturally and linguistically responsive services are designed specifically for a distinct minoritized cultural community, developed based on the languages used and cultural values of the distinct minoritized cultural community and designed to elevate their voices and experiences. Culturally and linguistically responsive services have the aim of enhancing emotional safety, belonging, and a shared collective cultural experience for healing and recovery among the distinct cultural community served.

A minoritized cultural community is a community that has experienced historical and contemporary discrimination and oppression primarily on the basis of race, ethnicity, gender identity, sexual and affectional orientation, ability status, and/or migration history.

8. Describe how your organization currently provides culturally and linguistically responsive services to the populations it serves. If your organization does not currently provide culturally and linguistically responsive services or you plan to increase your capabilities using CCBF, please describe here. (2600 character max)

9. **Trauma informed services:** Describe how your organization provides trauma informed services to the populations it serves currently. Please include how staff receive trauma informed training. If your organization does not currently provide trauma informed services or you plan to utilize CCBF to increase your efforts in this area, please describe here. *(950 character max).*

Strategies for Providing HRSN Benefits

Background for applicants:

- Learn about becoming an HRSN Service Provider:
  - Review the information on the webpage Health-Related Social Needs Information for Providers

- HRSN Service Descriptions (descriptions of specific services that can be offered through HRSN) and Fee Schedules (payment rates for benefits offered through HRSN):
    - HRSN Service Descriptions:
        - Climate supports: Table 3 (page 8)
        - Housing supports: Table 4 (page 10)
        - Nutrition supports: Table 6 (page 29)
        - Outreach & engagement: Table 8 (page 37)
    - HRSN Fee Schedules:
        - Find updated HRSN Fee Schedules towards the bottom of the Health-Related Social Needs Information for Providers webpage.

- Learn about CCBF priorities of the CCO/s operating in the service area/s in which you want to provide HRSN benefits.
    - Go to the CCBF CCO Contact webpage:
    - Find the website and contact information for the CCO/s in the service areas of your organization
    - Review the CCBF webpage of the CCO and review their priorities for 2025
    - Contact the CCO/s CCBF if you have questions
- Determine what HRSN benefits your organization intends to provide and what it will need to be able to do so. Organizations can provide one or more HRSN benefits to eligible OHP members.
- Learn about the allowable (and not allowable) uses for the CCBF (see page 2 of the Background Application Information)

Strategy and Approach to Building Capacity to Provide HRSN benefits

The purpose of this section is to understand your organization's plan to provide one or more of the HRSN benefits to eligible OHP members.

10. Which HRSN benefit(s) does your organization provide or intend to provide?
   (if more than 1, check all that apply)

   Housing benefits

   Climate benefits

   Nutrition benefits

   Outreach and Engagement supports

   Our organization will be serving as a convener of HRSN service providers

   Our organization will serve as a Network Manager- or 'Hub' to support, for example, HRSN contracting, implementation, invoicing and service delivery
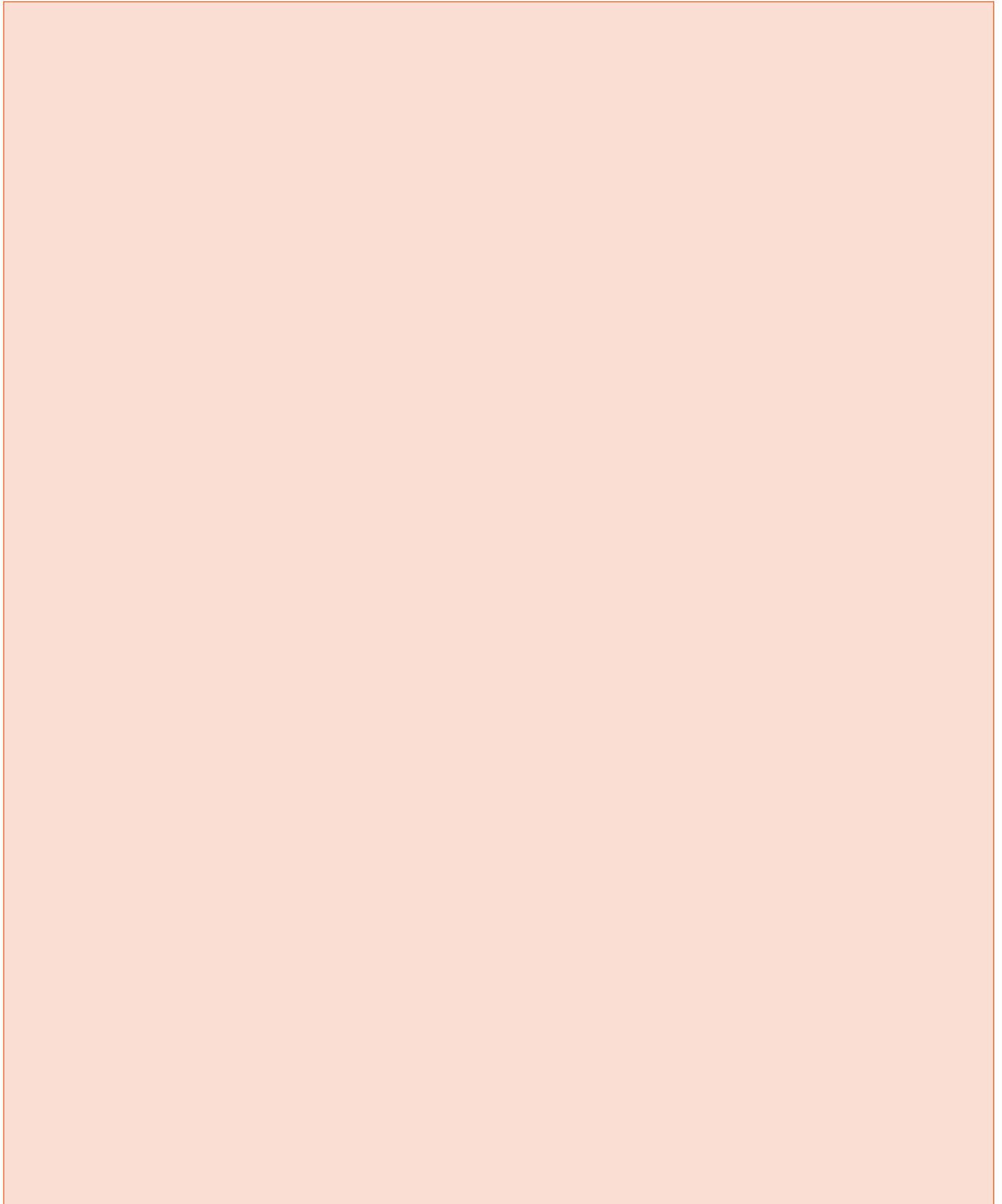
11. **Describe your organization's work related to each benefit you plan to support:**
   On the following pages, for each answer marked in Question 9, use the spaces below to describe:
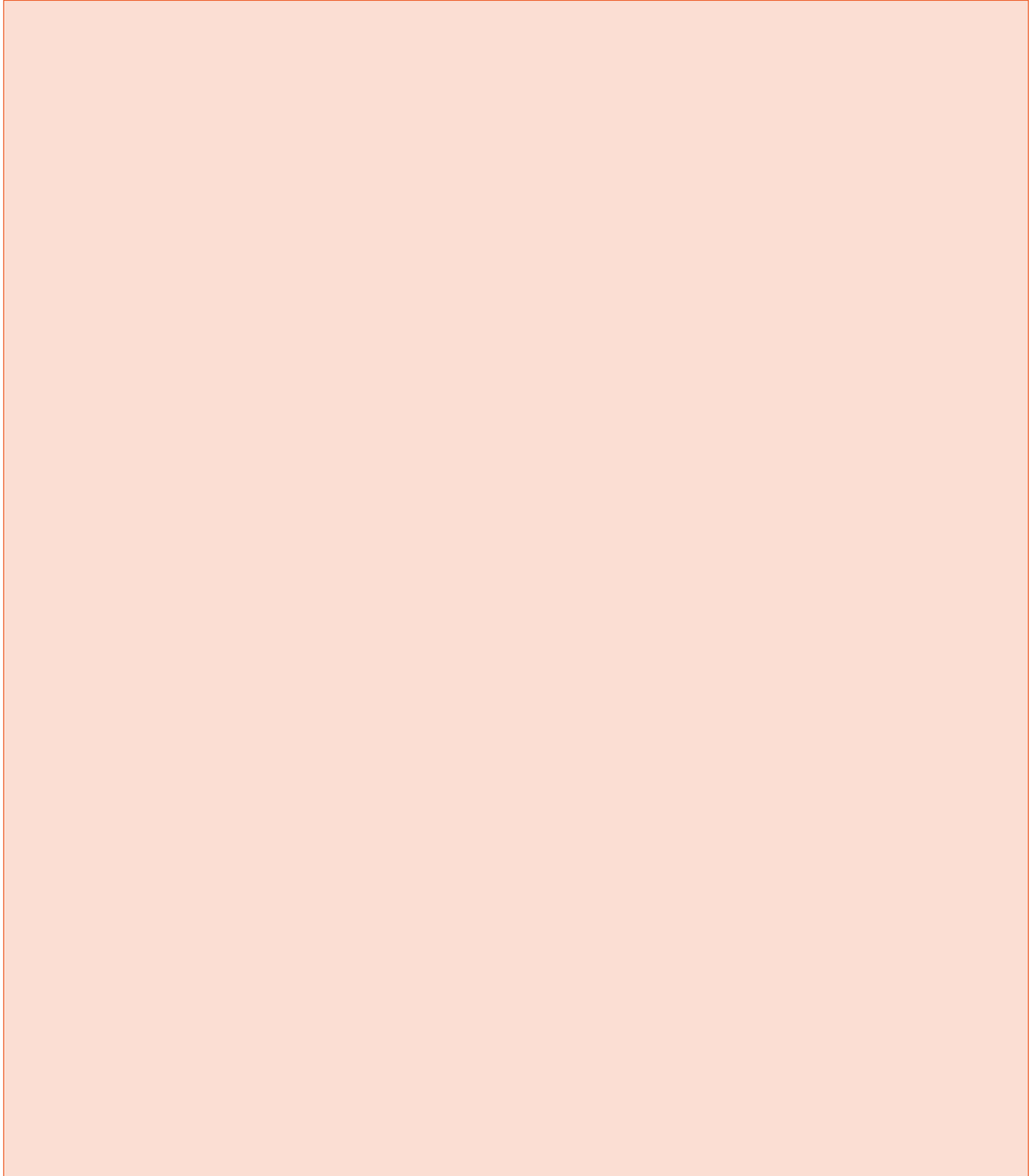
   a) your experience providing the services you plan to provide through HRSN (e.g., housing, nutrition, climate supports, outreach and engagement services and/or as a convener or hub organization)

   b) how your organization intends to provide these benefits as an HRSN provider, including the specific services under each benefit type that you plan to provide (see HRSN service descriptions also linked above)

   c) how you will utilize CCBF to develop your organization's capacity in relation to the allowable use categories listed on pages 4-6

   Only provide a response for the benefit(s) you intend to provide.

11a. If your organization will be providing **climate benefits (include specific climate devices)**: (3,250 character max)
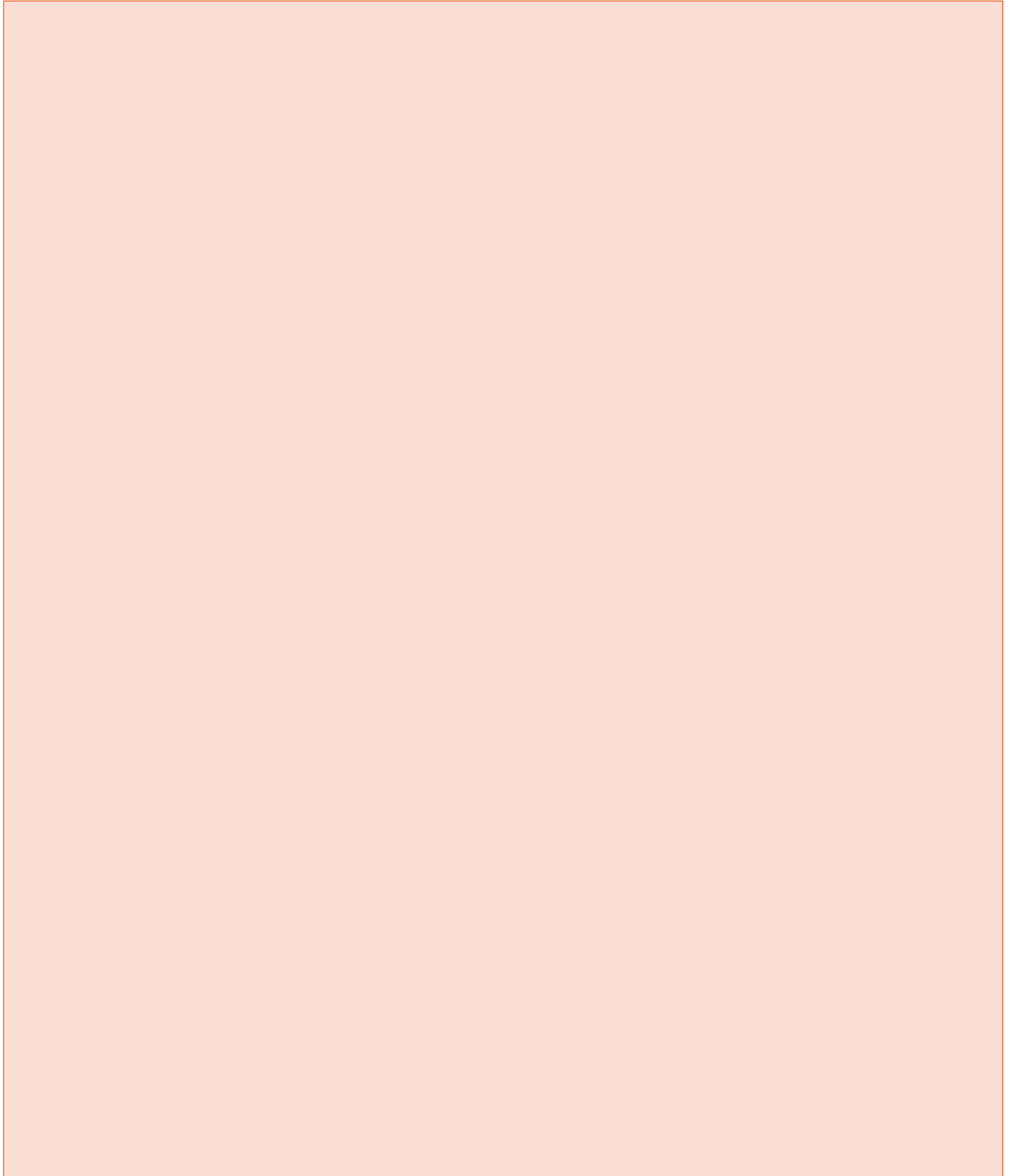
11b. If your organization will be providing **housing benefits (include specific housing supports e.g., rent and utility costs, tenancy service, etc.)**: (3,250 character max)
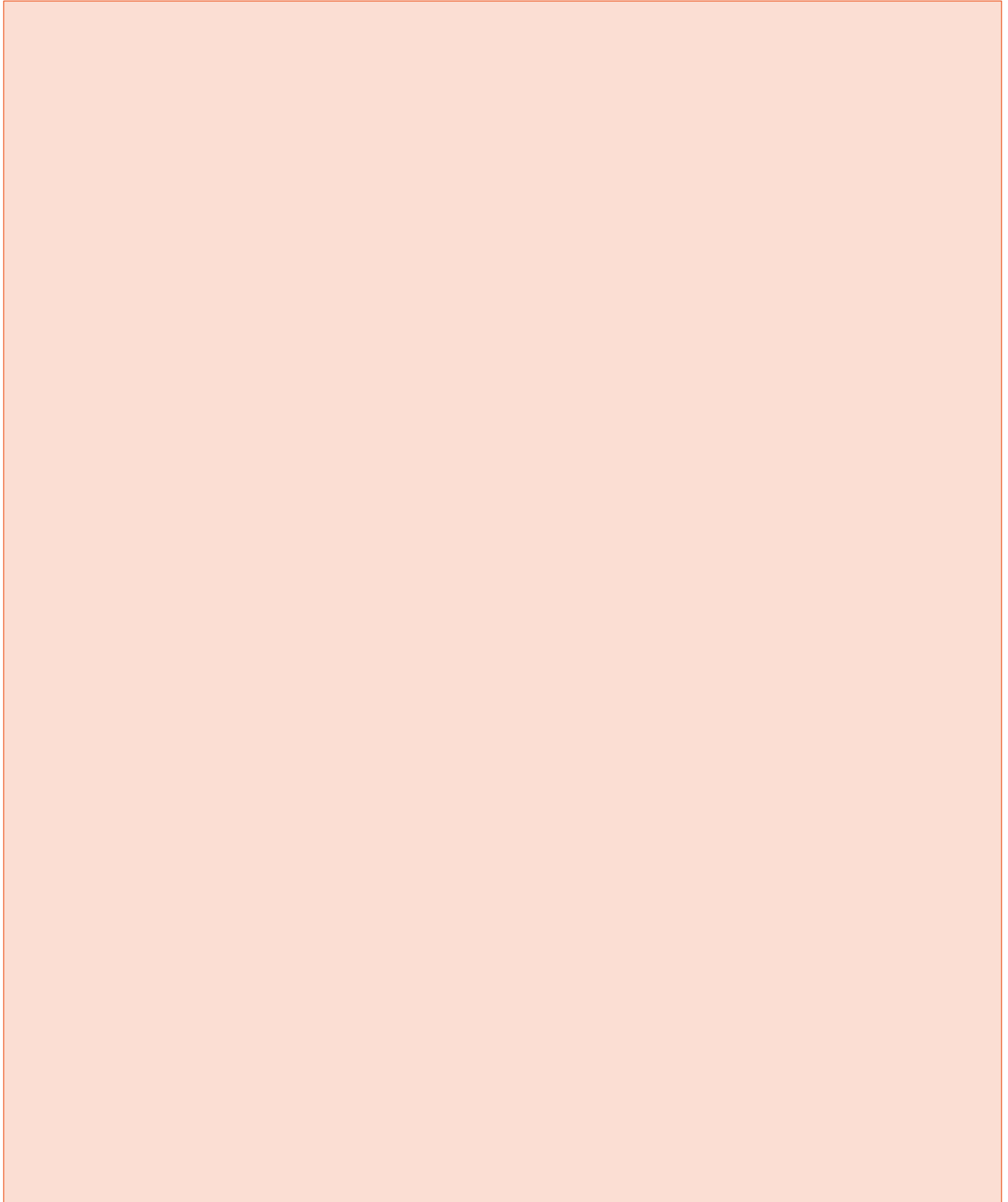
11c. If your organization will be providing **nutrition benefits (include specific nutrition supports e.g., medically tailored meals, nutrition education, etc.):** (3,250 character max)

11d. If your organization will be providing **outreach and engagement supports**:
(3,250 character max)
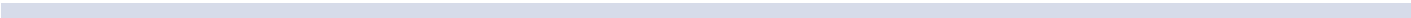
11e. If your organization will serve as **a convener organization**: (3,250 character max)

11f. If your organization will serve as **Network Manager - or 'Hub' to support, for example, HRSN contracting, implementation, invoicing and service delivery: organization**: (3,250 character max)

12. Please check whether your organization plans to provide HRSN benefits through CCOs, Open Card/fee-for-service or both.

CCOs

Open Card/fee-for-service

Both

Budget Explanation and Allowable Funding Uses

The purpose of this section is to provide additional information to explain the attached 2025 CCBF Budget Template and to collect information about:

- The purpose of your funding request.
- Funding need and justification.
- How funding will be used.

We recommend you carefully review the allowable (and impermissible) uses. (See what CCBF can be used for).

Organizations will need to complete the 2025 CCBF Budget Template to complete this section.

13. Has your organization previously applied for CCBF from **this** CCO? Please indicate if you were awarded funds.

Yes, was awarded

Yes, was not awarded

No

14. Has your organization previously applied for CCBF from **other** CCOs?

Yes, previously applied to other CCO(s) and was awarded

Yes, previously applied to other CCO(s) and was not awarded

No

15. If you answered "yes" to question 14 and were awarded, please note the CCO(s) to which you applied. If not applicable, please leave blank.

Previously applied to and was awarded:

16. *(If you have not previously been awarded CCBF funds, then you do not need to answer this question and you can skip to question 17).*

Please explain what you were funded for in your prior CCBF award(s) and how the funds you are applying for in this round of funding are different from and/or build upon this existing funding (2,600 character count max).

17. Are you applying to other CCOs for CCBF in this round of funding?

Yes

No

18. *(If you answered "no" to question 17 above, then you do not need to answer this question and you can skip to question 19).*
If your answer to question 17 is "yes," please indicate the name of the other CCO(s) to which you are applying and **describe what you are requesting in your other applications**. Explain how your organization plans to use the different awards (i.e., how do you plan to use the funds from each CCO to serve different populations or use the funds for different activities). Your answer below should clearly state your plans for ensuring that the funding from more than one CCO is not duplicative. (2,600 character max).

19. Please use this section to clarify anything additional that is needed in your finalized budget template. You may use this section to provide justification for expenditures or activities listed in your budget (2,600 character max)

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 CCBF initiative will not duplicate or supplant reimbursement received through other federal, state and local funds.

2. Funding received for the HRSN CCBF initiative will only be spent on allowable uses as stated above.

3. The Organization will submit progress reports on HRSN CCBF in a manner and on a timeframe specified by the CCO.

4. The Organization understands that the CCO may suspend, terminate or recoup HRSN CCBF 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

Contact information for person completing this application

Date

Community Capacity Building Funding Application
Background Information and Overview

To return to the CCBF Application click here.

Background Information and overview
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), is important to our health.

Oregon Health Plan (OHP) members who qualify (as defined by CMS[1]) have a new set of benefits available to them. HRSN benefits include:

- Climate benefits
- Housing benefits
- Nutrition benefits
- Outreach and engagement supports

HRSN benefit providers--including, community-based organizations, social service agencies, and others--play an important role in delivering benefits to qualifying members and may be eligible for Community Capacity Building Funding (CCBF).

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1 To qualify, OHP members must be in at least one of the following life transitions (additional criteria also applies for each type of HRSN service): 1) Released from incarceration in the past 12 months; 2) Discharged from a qualifying behavioral health facility in the past 12 months; 3) Current or past involvement in the Oregon child welfare system 4) Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or has transitioned in the past nine months; 5) Homeless or at risk of becoming homeless; 6) a Young Adult with Special Healthcare Needs

What is the CCBF Grant Program?

As part of the HRSN initiative, the CCBF grant program supports organizations and their ability to provide the new HRSN benefits to eligible OHP members.

This funding supports investments necessary to:

1. Create robust, equitable networks of HRSN providers across the state.
2. Build the necessary capabilities and capacity of community partner organizations to participate in the Medicaid delivery system.

CCOs will manage the CCBF grant programs. A CCO is a network of health care providers (physical health care, addictions and mental health care) who work together in their local communities to serve people who receive health care coverage through OHP (Medicaid). There are 16 CCOs operating in communities around Oregon. More information on CCOs can be found online and a map of CCO service areas can be found here.

CCOs are responsible for:

1. Providing details of their CCBF grant program's priorities on their websites through webinars and other outreach activities.
2. Reviewing applications against minimum eligibility criteria.
3. Awarding and disbursing funding to awarded entities.
4. Monitoring funding uses to prevent fraud, waste and abuse.

How much funding is available?

For the 2025 CCBF program, over $55 million in grant funds is available statewide. Each CCO's total CCBF amount is available at Oregon Health Authority (OHA) CCBF webpage. The amount per CCO was based on 2025 member enrollment forecasts and a minimum floor to ensure all CCOs have enough funds to meaningfully support the development of HRSN providers in their region.

- Learn about how to become and what it means to be an HRSN service provider:

    o Review the information on the [Health-Related Social Needs Information for Providers](#) webpage

    o Review [OHA training resources](#) for HRSN service providers.

    o Review the HRSN Service Descriptions (descriptions of specific benefits offered through HRSN) and Fee Schedules (rates for benefits offered through HRSN):

        ▪ [Service Descriptions](#)

            • Climate supports: Table 3 (page 8)

            • Housing supports Table 4 (page 10)

            • Nutrition supports: Table 6 (page 29)

            • Outreach & engagement: Table 8 (page 37)

        ▪ HRSN Fee Schedules

            • Find updated HRSN Fee Schedules towards the bottom of the Health-Related Social Needs Information for Providers web page.

    o Review the [HRSN Provider Qualifications](#) (note: HRSN Provider qualifications are required in order to become an HRSN Provider, but are separate from the eligibility criteria for organizations applying for CCBF. Organizations do not have to meet HRSN Provider qualifications to apply for CCBF. More information on CCBF eligibility criteria can be found in the section "What criteria will be used to evaluate this application for funding?" below, as well as further down in the application).

- Learn about CCBF priorities of the CCO/s operating in the service area/s in which you want to provide HRSN benefits.

    o Go to the [CCBF CCO Contact webpage](#):

    o Find the website and contact information for the CCO/s in the service areas of your organization

    o Review the CCBF webpage of the CCO and review their priorities for 2025

    o Email the CCO/s CCBF contact if you have questions

    o You can find additional information on [OHA CCBF webpage](#)

- Determine what HRSN benefits your organization intends to provide and what it will need to be able to do so. Organizations can provide one or more HRSN benefits to eligible OHP members.

- Complete and submit the CCBF application and budget funding request to the CCO operating in the service area no later than **May 30th, 2025**.

- Determine if you want to contract with one or more CCOs and Open Card/fee-for-service. To learn more about enrolling as an HRSN provider with a CCO, contact the CCO directly. To become provider with Open Card, view the OHA HRSN provider enrollment training.

Note: ALL CCOs will use the same application and budget template below. However, some CCOs may ask for the information in a different format (such as a portal).

Organizations may apply to more than one CCO to meet the needs of their service area. However, organizations cannot request duplicate funding that serves the exact same purpose – for example, organizations cannot apply for funds to cover the cost of a specific staff person from more than one CCO *unless* they can explain in their application how the funding requests differ (e.g., the staff will serve different populations or the staff person will work across regions and their salary will be broken up accordingly).

What can Community Capacity Building Funding be used for?

CCBF can only be spent on four allowable use categories. These are defined in the CMS-approved HRSN Infrastructure Protocol.

Allowable uses for CCBF are:

1. Technology
2. Development of Business or Operational Practices
3. HRSN Workforce development
4. Outreach, Education, and Convening

Under each category, funds may be used for:

Technology

o Buying new or changing existing technology (includes software, platforms, systems, hardware, interfaces, and/or tools) to enable the organization to provide HRSN benefits. Some examples include:

- o Referring and receiving HRSN service referrals (e.g., participating in community information exchange)

- o Documenting HRSN service delivery (e.g., buying or modifying case management software)

- o Completing and sending electronic fillable forms or screenings (e.g., electronic versions of HRSN Request form, OHA approved screening tools, and/or Information Sharing Authorization form)

- o Billing for HRSN benefits (e.g., setting up interfaces with CCOs; buying or modifying billing software, accounting software, and community information exchange)

- o Oversight, monitoring, and reporting for the HRSN program (e.g., buying or modifying case management, analytics, reporting, and visualization software)

- o Infrastructure purchasing (e.g., additional laptops or tablet computers needed for staff providing HRSN benefits)

- o Onboarding and training staff to use new, modified, or existing technology (e.g., community information exchange, invoicing, billing).

Development of business or operational practices

- o Developing policies and procedures related to:
  - o HRSN referral and service delivery workflows
  - o Billing and invoicing
  - o Data sharing and reporting
  - o Program oversight and monitoring
  - o Evaluation
  - o Privacy and confidentiality
- o Contracting support to develop policies and procedures related to implementing HRSN benefits.
- o Training and technical assistance on HRSN program and roles and responsibilities.
- o Planning needs for the implementation of HRSN program.

o Procuring administrative supports to assist implementation of HRSN program.

o Administrative items necessary to perform HRSN duties or expand HRSN service delivery capacity (e.g., office supplies).

HRSN workforce development

o Staffing:

   o Cost of recruiting, hiring and training new staff.

   o Salary 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 Training:

   o Necessary certifications, training, technical assistance and education for staff participating in the HRSN program (e.g., cultural competency, trauma informed care)

   o Privacy and confidentiality training and technical assistance related to HRSN service delivery.

o Materials to support training and hiring:

   o Production costs for training materials and experts as it pertains to the HRSN program.

Outreach, Education, and Convening

o Materials and administrative costs:

   o Producing materials necessary for promoting, outreach, training, and education.

   o Translating materials.

   o Administrative or overhead costs associated with outreach, education or convening.

o Collaboration activities:

   o Planning and facilitating community-based outreach events to support awareness of HRSN benefits.

      ▪ Planning for and facilitating learning collaboratives or convenings.

- o Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents).

What are impermissible uses of Community Capacity Building Funding?

CCBF cannot be used for the following activities:

- o Activities for which other federal, state, or local funding is available and allocated for use for the same purposes.
- o Real estate investments, developments, and other capital projects.
- o Vehicles.
- o Payment for HRSN benefits or pre-paying for HRSN benefits to be reimbursed.
- o Funding to cover ongoing financial losses.
- o Ongoing lease or utilities payments.
- o Staff time devoted to non-HRSN related responsibilities or benefits.
- o Debt restructuring and bad debt.
- o Defense and prosecution of criminal and civil proceedings, and claims.
- o Donations and contributions.
- o Entertainment (e.g., receptions, parties, conferences, sporting events).
- o Alcohol.
- o Fines and penalties.
- o Fundraising and investment management costs.
- o Goods or services for personal use.
- o Idle facilities or infrastructure.
- o Interest expense.
- o Marketing materials not related to HRSN.
- o Lobbying.
- o Memberships and subscription costs not related to HRSN
- o Patent costs.
- o Insurance costs (e.g., liability insurance, rental insurance).
- o Individual-level incentives.

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

CCOs may have their own evaluation criteria. Review the [CCBF CCO contact webpage](#) for specific expectations.

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

- ✓ Submit a fully completed application and budget request.

- ✓ Apply during the application window.

- ✓ Be an **eligible organization type** to receive CCBF, as defined by CMS in the [HRSN Infrastructure Protocol:](#)

  - Community-based organizations, including:
    - Social-services agencies
    - Housing agencies and providers
    - Food and nutrition service providers
    - Climate service providers
    - Outreach and engagement providers

  - Organizations that include those that provide or coordinate HRSN benefits, including:
    - Case management providers
    - Traditional health workers
    - Organizations focused on children, women and families
    - City, county, and local government agencies
    - Organizations that will support the development of the HRSN network, including:

  - Organizations who will be **convening** current and potential HRSN partners

  - Organizations who plan to act as a network manager or 'hub' to support, for example, HRSN contracting, implementation, invoicing and service delivery

- ✓ Be financially stable (either independently or through use of a fiscal sponsor) as determined by the CCO.

- ✓ Commit to work with other HRSN partners.
- ✓ Have the ability to provide HRSN benefits to qualifying individuals.
- ✓ State intent to contract as an HRSN service provider.
- ✓ Attest that requested CCBF will not duplicate other funds.
- ✓ Funding requests detailed in the application meet the definition of allowable uses.

Applications **will be evaluated** based on the following:

- o There is a strong justification of CCBF to support the delivery and capacity to deliver HRSN benefits.
- o The application communicates that the organization has relevant experience providing HRSN, or similar services, OR that the organization intends to develop new capacity to offer one or more HRSN benefits.
- o The application explicitly describes how the organization will promote health equity using CCBF.
- o The application communicates that the organization provides benefits in a culturally and linguistically responsive and trauma informed manner.

Eligible HRSN populations: ([See HRSN Service Protocol for population definitions](#))

- o [Young Adults with Special Health Care Needs (YSCHN).](#)
- o Adults and youth discharged from qualifying behavioral health facility (including institution for mental disease (IMD), residential mental health and substance use disorder facilities, or inpatient psychiatric units)
- o Adults and youth released from incarceration.
- o Youth involved with child welfare.
- o Individuals transitioning to dual status (Medicaid and Medicare).
- o Individuals who are homeless or at risk of homelessness.

If awarded CCBF, what are reporting requirements for grantees?

CCOs may have their own required reporting processes or requests. At a minimum, Grantees must report to CCOs on an annual basis regarding the following activities:

- o Amount of CCBF spent during the reporting period and to date.
- o Specific activities and items that CCBF was used to support during the reporting period.
- o Requests to modify activities (within the scope of CCBF allowable uses) and the budget, as needed, including the rationale for modification.
- o Attestation that CCBF has not duplicated funding received from other sources