

Expanding Project Connect to Meet New Medicaid Requirements: FAQ Document

- 1. Can you clarify the typical grant amount? I see it listed as \$65,000-\$80,000 in the RFA, but wasn't sure if that was for 12 months, or 18 months.**

The **\$65,000-\$80,000** is a typical range for **12-months** of **ONE full-time** outreach worker's salary and benefits, along with other essential project costs. A typical **18-month** grant amount with those parameters (1 FTE) would be in the range of **\$97,500-\$120,000**. Please note that the **actual** 18-month grant amounts could be **more or less** than this range depending on:

- Number of outreach workers funded and whether they are full- or part-time
- Area cost of living
- Scope of the project

Please see the [Budget Template spreadsheet](#) for more details (tab 3 has an example budget).

- 2. What if I am requesting funding for a part-time outreach worker? Will they still have to complete 25-30 enrollments per month?**

No. That figure is the typical range for a full-time outreach worker. VHCF will pro-rate the expected productivity for the funded percentage of FTE. In short, a part-time outreach worker's enrollment goals would be adjusted to reflect their part-time schedule.

- 3. Can we include a portion of the salary for the supervisor responsible for overseeing the Outreach Worker in our budget?**

Yes, you can include a reasonable portion of the supervisor's salary in the personnel section of the budget. Please clearly describe the supervisor's role, responsibilities, and anticipated time commitment in the budget narrative.

- 4. Where can I find the list of VHCF-funded outreach workers in a specific area?**

All current VHCF-funded Project Connect Outreach workers are listed on this webpage, along with the localities they serve - <https://www.vhcf.org/who-and-how-we-help/medicaid-famis-outreach-enrollment/medicaid-famis-application-assistance/>

- 5. If we are a specialty clinic, would it acceptable to provide this service only to patients receiving care at our clinic? Or would we have to do this for anybody who needs assistance in our area?**

Certainly, Project Connect grantees can focus primarily on their own patient/client populations if there is enough need there, but we strongly encourage external partnerships as well. *All Project Connect grantees are required to take community referrals from anybody who does reach out from the area needing assistance.*

6. How much time do you think should split between going to outreach events and working in the office with existing patients?

The amount of time an Outreach Worker spends conducting community outreach versus working in the office will vary depending on the Outreach Worker and their organization. Some Outreach Workers may receive a high volume of internal referrals and spend more time supporting those individuals, while others may need to dedicate more time to community engagement, building referral partnerships, and conducting outreach to meet their enrollment and renewal goals.

7. Is it possible to split an FTE into 2 half-time outreach workers to equal 1 FTE?

Yes, that is possible. You may split an FTE Outreach Worker allocation between multiple part-time Outreach Workers. Please describe this staffing structure in your application and clearly note the FTE allocation in your budget.

8. The RFA establishes an expectation of approximately 25–30 enrollments and renewals per month per full-time outreach worker. Are navigation and case-management activities involving individuals who ultimately are not enrolled or renewed also counted toward performance measures, or is the primary performance metric completed enrollments and renewals?

The primary performance metrics will be the number of enrollments and renewals completed. However, case management and navigation activities may also be tracked and documented in quarterly progress reports to capture the broader scope of support provided by Outreach Workers.

9. When evaluating an applicant's existing reach and organizational capacity, will VHCF consider formal partnerships and contracted service relationships—such as relationships with school divisions—as evidence of the population the applicant is positioned to reach, even when those individuals are not currently Medicaid enrollment clients of the organization?

Yes, please include all current partnerships and potential referral pipelines in your application. Community partnerships are an important part of this work and should not be limited to an organization's existing clients. Any community partner that may connect the Outreach Worker with individuals who are potentially eligible for Medicaid is important to highlight.

10. Can I plan to use these funds to hire a marketing coordinator or similar position who isn't focused on direct application and enrollment assistance, but is getting the word out on these federal changes?

No. This state funding must be specifically utilized for outreach worker(s) (also known as application assisters) who will provide Medicaid application and enrollment assistance, navigation, and case management. As part of their roles, outreach workers also provide outreach, marketing, and education (which is why we include the Marketing and Outreach Plan), but their **primary focus** and evaluation metric is helping people get enrolled and stay enrolled.

VHCF will provide all grantees with marketing and outreach materials, social media content, and other resources for promoting Cardinal Care and spreading awareness about the federal changes through the various channels outlined in the grantee's [Marketing and Outreach Plan](#).