

Abortion Uncompensated Care Grant Request for Proposals

Why is this funding being made available?

On June 24, 2022, the Supreme Court overturned *Roe vs. Wade*, allowing states to ban or severely limit access to abortion. California, as a Reproductive Freedom state, took immediate steps to protect abortion rights and access. AB 2134 (Weber) established the California Reproductive Health Equity Program (currently referred to as the Uncompensated Care grant program) within the Department of Health Care Access and Information (HCAI), and the legislature appropriated \$40 million to ensure abortion and contraception services are affordable for and accessible to all patients seeking these essential health services across the state. HCAI designated Essential Access Health (Essential Access) as the Program Administrator for the Uncompensated Care grant program to distribute program funding and ensure compliance with statutory requirements.

[LEARN MORE](#)

Who is eligible to apply?

Medi-Cal enrolled providers that offer abortion and contraceptive care to patients with low-incomes are eligible to apply for funding under the Uncompensated Care grant program.

Eligible providers may include:

- FQHCs, community clinics, rural clinics
- Private medical offices
- Independent private or non-profit abortion providers
- Outpatient surgical centers
- Tribal entities

Facilities that receive funding through the Uncompensated Care grant program will be listed as program participants on [abortion.ca.gov](https://www.abortion.ca.gov). Public sharing or identification of individual provider information is prohibited by law.

Who is NOT eligible to apply?

Organizations that engage in programs or activities that conflict with the intent and purpose of the program are not eligible to apply. Providers not enrolled in the Medi-Cal program are not eligible to apply.

What services may be delivered with Uncompensated Care grant program funding?

Uncompensated Care grant program funding must be used to provide care related to abortion and contraceptive services to eligible patients who are defined by statute as:

Individuals with self-declared household incomes at or below 400% of the Federal Poverty Level (FPL) who meet **BOTH** of the following criteria:

- 1) Are uninsured or have health care coverage that does not include both abortion and contraception, or are unable to use abortion and contraceptive coverage due to confidentiality or safety reasons, **AND**
- 2) Are not eligible to receive both abortion and contraception at no cost through the Medi-Cal and Family PACT programs.

Eligible services

- **Abortion** - All services related to the episode of care for abortion that would otherwise be covered by Medi-Cal including, but not limited to, pharmacy, laboratory, diagnostic testing, treatment for complications and other medically necessary care related to abortion care provided.
- **Contraception** - All services related to the delivery of contraceptive care that would otherwise be covered by Medi-Cal, including but not limited to pharmacy, laboratory, diagnostic testing, treatment for complications and other medically necessary care related to the contraceptive care provided.

Additionally, **applicants may include indirect costs** (up to 10% of the total request) in their budget requests.

Applicants may refer to the [Uncompensated Care Budget Worksheet Guide](#) which provides examples of procedure codes allowable for calculating uncompensated care costs related to the provision of abortion and contraceptive care. A link to this guide may also be found in the [ONLINE APPLICATION](#).

What Uncompensated Care grants are available?

Eligible providers may apply for 12- month **Projected Uncompensated Care** grants. Funding decisions shall be made after consideration of factors that include the recipient's anticipated level of need and the availability of funds.

- Funds to cover the **projected** costs of providing uncompensated abortion and contraception services to eligible patients for the period of **July 1, 2024-June 30, 2025** should be based on the amount the provider would expect to receive for providing these services to a patient enrolled in the Medi-Cal program. Budget projections should be based on actual uncompensated care provided in 2022-2023 and 2023-2024, along with anticipated shifts that may occur over the coming year
- Payments for projected expenses will be split into two disbursements, with 50% of

payment distributed by July 1, 2024. The amount of the second payment may be adjusted based on spend-down activity and financial reports submitted.

- Second payment will be released in mid-January 2025.

Proposals may not be funded to the maximum amount requested. Additional Requests for Proposals will be released on an annual basis until allocated funding is depleted.

How does the application process work?

Applicants must complete the [ONLINE APPLICATION](#) form and submit required budget documents using the template provided by **MAY 17, 2024**. A [Projected Uncompensated Care Budget Workbook](#) is provided in the online application portal.

Applicants may access an [FAQ](#) document for support in using the APPLY platform online application system.

Application components:

Organizational background + Experience

- Information about the organization's history and mission
- Current organizational budget
- The organization's experience providing high quality abortion and contraceptive services
- The organization's commitment to and experience advancing health equity and reducing health disparities
- The organization's demonstrated experience delivering high quality sexual and reproductive health, and its commitment to abortion and reproductive health access, rights and justice
- The organization's demonstrated commitment to cultural, racial and SOGI (sexual orientation and gender identity) inclusivity
- The organization's patient population and communities served
- The organization's capacity to collect and report service and demographic data
- The organization's capacity to rapid and efficient use of funds

Budget

- Total amount requested (including indirect costs)
- Estimates of anticipated cost of uncompensated abortion and contraceptive services the applicant expects to provide to eligible patients for the period of July 1, 2024-June 30, 2025.
- Projected expenses for the period of July 1, 2024-June 30, 2025 will be based on the amount the provider would expect to receive for providing these services to a patient enrolled in the Medi-Cal program. Budget projections should be based on actual uncompensated care provided in 2022-2023 and 2023-2024, along with anticipated shifts that may occur over the coming year
- Applicants should indicate the number and types of services it provided during the prior 12 months and the Medi-Cal rate(s) for each specific service for which

reimbursement is being requested. Please include applicable CPT codes.

- Applicants may request indirect costs at up to 10% of the total budget request

How will funding be allocated?

The amount of an award shall be determined based on the amount of funds requested by all applicants and the following criteria:

- The extent to which abortion and contraception services are needed locally
- Extent of current or projected increase in demand for uncompensated abortion and contraceptive services
- The relative need of the applicant
- Demonstrated experience in delivering high quality abortion and contraceptive care
- The ability of the applicant to advance health equity
- Proven commitment to reducing disparities and abortion and reproductive health access, rights, and justice
- Demonstrated commitment to cultural, racial and SOGI (sexual orientation and gender identity) inclusivity
- Populations/communities served
- Grant narrative
- Capacity to collect and report patient demographic and service data
- Capacity to make rapid and efficient use of funds

Reporting and additional requirements:

Essential Access is obligated by statute to submit annual reports to the California Department of Health Care Access and Information (HCAI) that reflect the scope and impact of the funding, and funding expenditures. HCAI is required to submit a report to the legislature that will be published and become part of the public record.

Organizations that receive grant awards will be required to submit biannual program reports and quarterly financial reports. Essential Access will provide templates for financial and project reporting, along with opportunities to share stories describing project impact through videos and/or written testimonials. Technical assistance may also be provided as needed to support data collection and reporting capacity. The reporting schedule is detailed below:

First Disbursement	June 30, 2024
Interim Report Due	November 30, 2024
Second disbursement	January 2025
Final Report Due	July 31, 2025

All projects must include 10 hours of staff time available per 12-month project period to

participate in Essential Access-led grantee meetings, interviews, program evaluation efforts and other fact-finding activities to share information and gather qualitative data about successes and challenges encountered throughout the project period.

General additional information:

Timeline:

4/08/2024	RFP release
4/17/2024	Informational webinar 11am Pacific Time [Register here]
4/24/2024	Deadline to submit RFP questions
4/29/2024	FAQ and Webinar recording posted on Essential Access Health's website
5/17/2024	Applications close at 11:59pm Pacific
6/17/2024	Award notifications released
7/01/2024	Project start date

Questions about the RFP may be submitted to: CAReproHealthEquity@essentialaccess.org **by 5pm Pacific Time April 24, 2024.** We will respond to questions by email as they are submitted. An application FAQ will be posted on [Essential Access Health's](#) website on April 29, 2024.

ONLINE APPLICATION Applications due May 17, 2024

About Essential Access Health

Essential Access was established in Los Angeles in 1968, grounded in the belief that the ability to plan our families and futures and make informed, autonomous choices about our sexual and reproductive health are essential for overall health and well-being. More than fifty years later, our [2021 – 2024 Strategic Framework](#) builds upon our long-standing commitment to making access to high quality, comprehensive sexual and reproductive health services and information a reality for everyone – regardless of income, race, age, gender identity or sexual orientation, zip code, insurance or documentation status. We recognize that in order to truly advance our mission, we must address the root causes of sexual and reproductive health disparities head-on. Our [Principles of Equity + Roadmap for Action](#) provides an overview of our efforts to ensure that the future of sexual and reproductive health care is more inclusive, just, and equitable. Learn more at www.essentialaccess.org.