

Primary Care Provider Grants Frequently Asked Questions (FAQ)

Grant Program Overview	2
General Program Questions	2
1. Who is eligible for a grant?	2
2. How do I apply for a grant?	2
3. Is there a PDF version of the grant application?	2
4. Are there limits for the number of grants or the amount of funds an organization can apply for?	2
5. How are grant amounts determined?	3
6. How will my application be reviewed by HPSM?	3
7. How can I rescind or modify a grant application?	3
8. What are the application deadlines?	3
9. Can multiple organizations apply together to collaborate on a grant?	3
10. When are dollars distributed to grantee organizations?	3
11. How will HPSM monitor milestone completion after grant distribution?	3
12. Can I only use grant funds for services to HPSM members?	3
13. Who can I contact with questions?	4
14. Is there a required budget template for the grant applications?	4
15. Is there an indirect cost limit for grant budgets?	4
Primary Care Team Expansion	4
16. Does the person hired for the position need to be new to the primary care network?	4
17. Will HPSM only fund organizations who hire full-time, in-person positions?	4
18. What happens if my organization is unable to financially sustain a funded role after the grant period expires?	4
19. Will HPSM only fund organizations to hire for the six specified allied health positions: community health worker, pharmacy technician, medical scribe, nurse, pharmacist, and behavioral health clinician?	4
20. What role can a behavioral health clinician play on the primary care team?	4
21. What role can a community health worker play on the primary care team?	4
22. What role can a pharmacist or pharmacy technician play on the primary care team?	5
23. What role can a scribe play on the primary care team?	5
24. What role can a nurse play on the primary care team?	5
Core Stabilization Grant.....	5
25. Can the Core Stabilization grant be used for the retention of current employees?	5
26. What is the relationship between HPSM, the grantee organization, and grant recipients at the organization?	5
27. Are organizations required to accept the full award amount offered by HPSM?	5
28. Can HPSM provide an example of how organizations have implemented and enforced forgivable loans with staff?	5
29. What are HPSM's requirements for new hires supported by the Core Team Stabilization Grant?	6
30. What does it mean that new primary care providers funded by the Core Team Stabilization Grant must commit to a panel of 1,000 HPSM members to be eligible for the full reward?	6
31. Does the newly hired provider's panel need to consist entirely of newly assigned members to meet the 1,000-member requirement?	6
32. Will HPSM recoup payment from the organization if the terms of the LOA are not met?	6
Provider Sabbatical.....	6
33. What is the relationship between HPSM, the grantee organization, and grant recipients at the organization?	6
34. Can organizations use sabbatical funding to provide cash bonuses to providers?	6
35. Can the sabbatical funding be used to cover the lost revenue from the provider taking sabbatical?	7
36. How many sabbaticals can a provider take?	7
37. Does the provider have to take the entire duration of the sabbatical at one time?	7
38. Do primary care providers have to work full time in clinical primary care to be eligible for the provider sabbatical grant?	7
Custom Pilot.....	7

39.	<i>Our organization has an idea for a custom pilot but is not sure if it is the right fit. Can we reach out to HPSM to discuss it further?</i>	7
40.	<i>Can custom pilot funding be used to support new technologies?</i>	7
41.	<i>Can a Custom Pilot grant funded pilot or program impact the broader organization, including non-HPSM providers?</i>	7
42.	<i>What is the typical length of a custom pilot project?</i>	7

Grant Program Overview

Primary Care Provider Grants are the Health Plan of San Mateo's (HPSM's) first set of grants launching as part of our larger Primary Care Investment Strategy. To address the primary care crisis, particularly workforce shortages, bandwidth and burnout, and to lay the groundwork for advanced primary care, HPSM is unveiling four grants aimed to bolster the 3Rs – recruitment, retention, and resilience, of primary care teams across our network.

Each grant has its own terms and agreements, including eligibility requirements, allowable expenses, maximum awards, stipulations and decision periods. Grants will be available through 2028 (or until funds run out). The four grant types available are:

1. **Primary Care Team Expansion Grant:** Hire and integrate new interprofessional team members
2. **Core Team Stabilization Grant:** Recruit and retain primary care providers and medical assistants.
3. **Provider Sabbatical Grant:** Retain providers by enhancing resilience through a paid sabbatical.
4. **Custom Pilot Program Grant:** Design pilots and programs that improve primary care team capacity, bandwidth and joy.

General Program Questions

1. *Who is eligible for a grant?*
 - Each grant has its own terms and agreements, including eligibility requirements, allowable expenses, maximum awards, stipulations and decision periods. Generally, any medical practice or group with an active HPSM contract for primary care services may apply for a grant. The grant must be used to support the primary care team. Please see the [Primary Care Provider Grants page](#) for more information.
2. *How do I apply for a grant?*
 - Please visit the [online grant application](#) to apply for a grant. If you have any questions on the grant application, please reach out to grants@hpsm.org.
3. *Is there a PDF version of the grant application?*
 - You can find a sample PDF of the grant application on the [Primary Care Provider Grants page](#), however all applications must be submitted online via the [grant application page](#).
4. *Are there limits for the number of grants or the amount of funds an organization can apply for?*
 - There is no limit to the number of grants an organization can apply for within the 4-year grant period. Award amounts will be based on the type of grant, terms of the application, and budget.

5. How are grant amounts determined?

- HPSM's decisions on final award amounts are determined based on several criteria, including grant specifications and allowable expenses, applicants' budget proposal, alignment with the goals of HPSM's Primary Care Investment Strategy, organizational capacity and utilization volume, and remaining funds available.

6. How will my application be reviewed by HPSM?

- An internal review committee will review all applications and notify applicants of a decision within 30 days for Core Team Stabilization and Provider Sabbatical grants and within 90 days for the Primary Care Team Expansion and Custom Pilot grants. Review criteria include:
 - Impact to HPSM member access and/or
 - Impact to primary care team capacity, bandwidth, and joy.

We will also consider:

- The appropriateness of HPSM as the funder for the application.
- Appropriateness of the request by the provider.
- The organization's ability to financially sustain the investment OR test and evaluate something new.

7. How can I rescind or modify a grant application?

- Please contact grants@hpsm.org to rescind or request modification to a grant application.

8. What are the application deadlines?

- HPSM accepts applications on a rolling basis without deadlines. Grants will be available through 2028 or until funds run out.

9. Can multiple organizations apply together to collaborate on a grant?

- Yes, and to promote collaboration among organizations, HPSM will provide additional dollars to practices who share positions or programs.

10. When are dollars distributed to grantee organizations?

- HPSM provides the award amount in a single lump sum upon approval of the grant application and execution of a signed Letter of Agreement (LOA). Organizations will be asked to report on the outcomes of the grant funding.

11. How will HPSM monitor milestone completion after grant distribution?

- HPSM oversight of milestone completion varies by grant type and award. HPSM will collect relevant information for evaluation of grant awards, with the type and frequency of reporting and attestation to be defined in a MOU.

12. Can I only use grant funds for services to HPSM members?

- No, but there must be a demonstrated impact to HPSM member access or upstream factors like provider capacity, bandwidth, and joy for providers who serve HPSM members.

13. Who can I contact with questions?

- Please contact grants@hpsm.org and allow up to five business days for a response.

14. Is there a required budget template for the grant applications?

- HPSM does not require a specific budget template be used for grant applications requiring a budget. However, we recommend the use of a line-item budget to outline the costs the grant will be used toward. An example budget template can be found [here](#).

15. Is there an indirect cost limit for grant budgets?

- HPSM grants requiring a budget have a 15% indirect cost limit.

Primary Care Team Expansion

16. Does the person hired for the position need to be new to the primary care network?

- The new hire must be new to the role in the HPSM Medi-Cal network. Backfills of existing positions are not eligible.

17. Will HPSM only fund organizations who hire full-time, in-person positions?

- There is no minimum FTE status. Organizations can hire virtual staff so long as they are integrated within the primary care team at the practice.

18. What happens if my organization is unable to financially sustain a funded role after the grant period expires?

- HPSM will ask organizations to develop a plan to sustain the position after the grant period as one of the key grant milestones supported by the funding. HPSM encourages grantee organizations to expand their teams in new ways and share their learnings.

19. Will HPSM only fund organizations to hire for the six specified allied health positions: community health worker, pharmacy technician, medical scribe, nurse, pharmacist, and behavioral health clinician?

- Yes, for the Primary Care Team Expansion grant, HPSM will only fund new positions for the six specified allied health positions because these positions are evidence-based in their ability to expand primary care team capacity. However, organizations can submit a Custom Pilot grant application if they're interested in expanding the primary care team through other positions outside of these six.

20. What role can a behavioral health clinician play on the primary care team?

- A behavioral health clinician can play a crucial role by identifying and addressing patients' mental health needs, providing brief interventions or therapy sessions, and collaborating with the primary care provider to develop comprehensive treatment plans, ultimately improving overall patient well-being and health outcomes.

21. What role can a community health worker play on the primary care team?

- Community health workers (CHW) provide culturally competent health education, care navigation, and resource connection support so that patients can better manage and improve their health. Community health workers assist Primary Care Providers (PCPs) in maximizing their practice by

bridging the gap between the healthcare system and the community, enabling PCPs to care for their patients more effectively.

22. What role can a pharmacist or pharmacy technician play on the primary care team?

- A pharmacist helps patients manage medications for chronic conditions, identify potential medication interactions, and provides patient education to improve health outcomes. Pharmacists and pharmacy technicians work collaboratively with primary care providers to improve the quality and safety of patient care.

23. What role can a scribe play on the primary care team?

- Medical scribes assist primary care providers with documentation so that providers can dedicate more time to patient care. Medical scribes can improve provider productivity while reducing the administrative burden on providers.

24. What role can a nurse play on the primary care team?

- Nurses work alongside other healthcare providers in a primary care clinic, providing direct patient care, managing chronic conditions, educating patients on health issues and medical conditions, administering medications, coordinating care, and supporting the overall health and wellness of patients within the practice.

Core Stabilization Grant

25. Can the Core Stabilization grant be used for the retention of current employees?

- No, the grant is intended to be used to hire new Primary Care Providers and Medical Assistants. If you're interested in retention strategies for current employees, please see the [Provider Sabbatical Grant](#) or consider applying for a [Custom Pilot Grant](#).

26. What is the relationship between HPSM, the grantee organization, and grant recipients at the organization?

- HPSM contracts with the grantee organization, who contracts with their respective staff (providers and MAs) hired through the incentive. The organization is responsible for distributing grant funds and operationalizing the grant in accordance with grant guidelines. The organization is responsible for recouping funds if the hired staff member leaves the organization before the minimum term is met. Please see the [Core Stabilization Grant page](#) for more information.

27. Are organizations required to accept the full award amount offered by HPSM?

- No, organizations do not have to accept the full award offered by HPSM. If HPSM offers to finance a position with a \$50k grant, an organization can choose to accept only \$25k to supplement the compensation package for the role.

28. Can HPSM provide an example of how organizations have implemented and enforced forgivable loans with staff?

- Upon request, HPSM can refer grantees to provider organizations that have crafted these agreements.

29. What are HPSM's requirements for new hires supported by the Core Team Stabilization Grant?

- Primary Care Providers and Medical Assistants must be new to their respective role in the HPSM Medical network, have proper certification and/or licensure, and work in the primary care setting. Positions can be net-new or fill an existing opening on the primary care team. Please see the [Core Stabilization Grant page](#) for more information.

30. What does it mean that new primary care providers funded by the Core Team Stabilization Grant must commit to a panel of 1,000 HPSM members to be eligible for the full reward?

- Grant funded primary care provider roles are expected to manage a panel of 1000 HPSM members to be eligible for the full reward. However, award size is prorated based on full-time employment status and HPSM member assignment. For example, if the new primary care provider is hired and funded for 0.5 FTE, then the minimum-required HPSM member panel size for the provider would be 500 HPSM members. Similarly, when an organization has 1500 HPSM members already assigned, and they already have a full-time provider managing one panel, then the newly hired provider would only be eligible for 50% of the potential reward for caring for 500 HPSM members, unless the practice increases HPSM member assignment.

31. Does the newly hired provider's panel need to consist entirely of newly assigned members to meet the 1,000-member requirement?

- The Core Team Stabilization Grant can be used to enhance your organization's capacity to serve new HPSM members. Alternatively, the new provider panel can be employed to more effectively address the needs of previously assigned HPSM members, provided there is clear justification for this approach. For instance, organizations may use grant funds to fill existing provider vacancies or to increase visit capacity for their assigned HPSM members.

32. Will HPSM recoup payment from the organization if the terms of the LOA are not met?

2. Each grant award must be confirmed with a Letter of Agreement (LOA), which will contain the terms of the agreement, including requirements for repayment. HPSM requires retention of those hired through the funding for three or five years, depending on role type. HPSM will require recoupment of some or all of grant award if the funded role is not retained for the minimum period.

Provider Sabbatical

33. What is the relationship between HPSM, the grantee organization, and grant recipients at the organization?

- HPSM contracts with the grantee organization. The grantee organization uses the funding to provide sabbatical time to the rendering provider and coverage during their absence.

34. Can organizations use sabbatical funding to provide cash bonuses to providers?

- No, the funding must be used to support a sabbatical for the rendering provider. Sabbatical weeks may be broken up at the organization's discretion.

35. Can the sabbatical funding be used to cover the lost revenue from the provider taking sabbatical?

- The funding must be used to provide a paid sabbatical to the provider. HPSM encourages the grantee organization to develop a coverage plan (via locums, etc.) that mitigates lost revenue.

36. How many sabbaticals can a provider take?

- Rendering providers are only eligible for one sabbatical during the 4-year grant period.

37. Does the provider have to take the entire duration of the sabbatical at one time?

- Weeks may be broken up at the organization's discretion. HPSM will require documentation that the entire sabbatical has been taken.

38. Do primary care providers have to work full time in clinical primary care to be eligible for the provider sabbatical grant?

- Rendering providers must work full-time at the grantee organization. However, they can have a mix of clinical and non-clinical duties in service of primary care.

Custom Pilot

39. Our organization has an idea for a custom pilot but is not sure if it is the right fit. Can we reach out to HPSM to discuss it further?

- Yes, HPSM is committed to working with prospective grantee organizations to define a custom pilot program application. Please feel free to reach out to grants@hpsm.org.

40. Can custom pilot funding be used to support new technologies?

- HPSM will consider technology-based grant applications such as software enhancements or utilization of artificial intelligence under Custom Pilot Program Grants. Organizations must demonstrate how the technology will improve primary care team capacity, bandwidth, and/or joy.

41. Can a Custom Pilot grant funded pilot or program impact the broader organization, including non-HPSM providers?

- You may apply for the Custom Pilot grant for pilots or programs that will impact non-HPSM providers, but the award amount will be proportional to how the grant supports primary care providers serving the HPSM network. The purpose of this grant is to benefit HPSM providers and members, so the award amount is dependent on the pilot's impact on advancing HPSM's investment goals.

42. What is the typical length of a custom pilot project?

- HPSM typically funds custom pilot projects for 1 to 3 years in length, dependent on the nature of the custom pilot project.