Brief Proposal Deadline: June 28, 2021 (3 p.m. ET)



Research in Transforming Health and Health Care Systems

Understanding the Impact of Medicaid Policy Changes in Response to the COVID-19 Pandemic and Structural Racism

BACKGROUND

To help applicants understand how we are using some terms in this call for proposals, *italicized terms* and key concepts are further explained in the frequently asked questions (FAQs) in the online application.

The Robert Wood Johnson Foundation is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Since 2017, the Foundation's Research in Transforming Health and Health Care Systems (RTHS) program, managed by AcademyHealth, has helped advance this vision by supporting rigorous, empirical studies that help policymakers, practitioners, stakeholders, and others understand the effects of current or potential policies to transform health and health care systems.

Over the past year, the COVID-19 pandemic has upended life for people across the United States and around the world. While the health and economic crises associated with the pandemic have affected people from all walks of life, the pandemic and its multifaceted impacts have disproportionately affected some groups, including Black individuals, Latino people, Indigenous people, people from the Middle East and North Africa, Asians, Pacific Islanders, new immigrants, and other *communities of color*. Racial disparities in COVID-19 infections and deaths have brought to the forefront well-documented and longstanding inequities in the U.S. health care system and contributed to national discussions about *structural racism* and *White privilege* embedded in the country's policies, systems, and institutions.

The current environment creates both tremendous opportunities and challenges for the Medicaid program at a time when its role could not be more important. In response to the pandemic, states and the federal government have made numerous changes to Medicaid over the past year. These include temporary changes at the state level to make it easier for people to qualify for and enroll in Medicaid coverage, and to access and afford health care services (Schubel and Wagner, 2020). Some of these flexibilities are linked to federal emergency declarations associated with the pandemic, including the U.S. Department of Health and Human Services Public Health Emergency (PHE) Declaration, with the option for states to make some policies permanent once federal declarations end. In addition, the Families First Coronavirus Response Act requires that states ensure continuous coverage for current Medicaid enrollees and meet other requirements tied to the PHE period in order to receive an increase in the federal share of Medicaid spending (Dolan et al., 2020). More recently, the American Rescue Plan Act includes numerous provisions with the potential to expand and strengthen Medicaid and the Children's Health Insurance Program (CHIP), including new incentives for Medicaid expansion and extended coverage for postpartum women (Park and Corlette, 2021).

In this context, it is critically important to understand the impact of recent state and federal Medicaid policy changes on enrollees, as well as the impact of potential future laws that affect Medicaid. It is also essential to understand the extent to which Medicaid policies being implemented or considered in response to the pandemic may advance racial equity or, alternatively, reinforce or exacerbate structural racism. Rigorous evidence on these issues is needed to inform Medicaid policy in the months and years after the pandemic ends, and to help state and federal Medicaid policymakers identify and eliminate policies that contribute to racial inequities in access, care, and outcomes.

PURPOSE

The purpose of the 2021 RTHS call for proposals (CFP) is to fund research studies that evaluate or predict the effects of Medicaid policy changes enacted in response to the COVID-19 pandemic. Given the disproportionate impact of the pandemic on communities of color, we are requesting studies that examine the impact of Medicaid policies on communities of color and/or explore how current or proposed policies may alleviate or exacerbate racial inequity and structural racism in the context of Medicaid. The goal of this funding opportunity is to generate rigorous evidence on the impact of recent Medicaid policy changes on enrollees, states, and others, and to inform and advance equitable policies and racial equity in Medicaid.

Below are some examples of the types of Medicaid policies and questions of interest under this CFP. This list is not exhaustive, and applicants are encouraged to submit proposals on other questions related to Medicaid policies in the COVID-19 era. Applicants should consider the timeliness of the proposed research questions at both, the time of submission and when findings are expected to be released.

- What are the impacts of various Medicaid and CHIP provisions in the American Rescue Plan Act?
 - For example, in states that opt to extend postpartum coverage for birthing people, what is the impact on health outcomes, especially among birthing people of color?
 - To the extent that states take up new financial incentives to expand Medicaid, what is the impact on access, utilization, and health outcomes in those states among people of color with disabilities?
 - What is the impact of Medicaid expansion on communities of color that have small population sizes (e.g., Pacific Islanders)?
 - What is the impact of increased federal funding for Urban Indian Organizations, Native Hawaiian health care systems, and Medicaid providers in rural areas on access to care and health outcomes?
 - Regarding behavioral health, how are states implementing mobile crisis intervention services and what are early lessons learned?
- How has continuous coverage for Medicaid enrollees under the Families First Coronavirus Response Act
 affected coverage for various enrollee populations? How many people retained Medicaid coverage due to this
 policy who otherwise would have been disenrolled? How has the continuous coverage provision affected health
 care utilization and spending by Medicaid enrollees?
- What are the impacts of data collection and data equity efforts in Medicaid (e.g., disaggregating data by race and ethnicity) on racial equity?
- What has been the impact of efforts by some states to simplify and streamline aspects of Medicaid eligibility and enrollment processes during the pandemic? How have these changes affected the ability of individuals to qualify for and enroll in coverage? Have they resulted in efficiencies for Medicaid agencies and, if so, in what way? To what extent do states retain these changes after the PHE ends?
- What has been the racial equity impact of efforts by some states to make Medicaid coverage more affordable for enrollees during the pandemic, for example, by temporarily suspending cost-sharing for all or some services and by eliminating or waiving premiums for certain groups of enrollees? How has this impacted the well-being of families of color?
- Many state Medicaid programs have temporarily expanded coverage for telehealth services during the pandemic as a way of helping enrollees maintain access to care. How have these policies affected access to care and health outcomes for different groups of Medicaid enrollees? Have there been unintended consequences? What is the impact on people of color with disabilities? What strategies are states using to address barriers? To be considered within the scope of this CFP, proposals addressing telehealth must focus on related Medicaid policy changes and their impact on the accessibility and/or quality of care for Medicaid enrollees.

• In relation to all the Medicaid policies described above (and others): Will the policy increase access and opportunities for communities of color? Are there differences in policy impacts by race/ethnicity? How do those differences break out by disability status or gender identity? Are there unintended consequences associated with these policies that need to be addressed should policies be extended beyond the pandemic? Are Medicaid policies enacted during the pandemic addressing or exacerbating racial inequities in access, care, and outcomes?

We will prioritize studies that are led by or meaningfully involve Medicaid enrollees and community organizations, or other stakeholders that are directly impacted by the policy being studied. Meaningful involvement of stakeholders throughout the research process includes, but is not limited to:

- Developing research questions in partnership with individuals who are impacted by the study topic or who hold related decision-making roles (i.e., in health policy, health care practice, advocacy organizations, etc.).
- Eliciting and incorporating the unique expertise, life experiences, and perspectives of community members, policymakers, or others in developing the study design.
- Sharing early findings and soliciting feedback from individuals who are impacted by the study topic or who hold related decision-making roles.
- Developing and carrying out dissemination activities in partnership with community organizations, policymakers, and/or stakeholders.
- Convening a multi-stakeholder advisory committee to engage in the types of activities described above throughout the course of the grant, fairly compensating committee members for their time.

Finally, we will also give preference to proposals that demonstrate the applicant's ability to make early or full findings available during the grant period and to effectively disseminate findings to policymakers and other relevant audiences. As noted previously, applicants should carefully consider the timeliness of the study topic and research question(s) to ensure the issues being addressed will remain relevant at the time findings are released.

TOTAL AWARDS

- Up to \$1.75 million will be available under this CFP.
- Funding will range from \$150,000 to \$350,000 per project to accommodate studies of 12 to 36 months.
 Applicants should request the amount of funding they will need to complete the proposed research and to translate and disseminate the results. Applicants should propose a grant period that supports the timely dissemination of findings to inform policy.
- We expect to fund a diverse range of studies with varying budgets and time lines.

ELIGIBILITY CRITERIA

- Applicant organizations must be based in the United States or its territories.
- Preference will be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or Type III supporting organizations. The Foundation may require additional documentation.

- Projects may be generated from disciplines including health services research; economics; sociology; program
 evaluation; political science; public policy; public health; public administration; law; business administration; or
 other related fields.
- Consistent with our Equity, Diversity, and Inclusion Commitment, we particularly encourage applicants with
 project directors or team members from backgrounds historically underrepresented in research disciplines as a
 result of their race, ethnicity, socioeconomic status, disability, or other factors.

OUR EQUITY, DIVERSITY, AND INCLUSION COMMITMENT

The Robert Wood Johnson Foundation is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Achieving this goal requires focus on equity, diversity, and inclusion. To that end, we are committed to fostering diverse perspectives. We recognize that individuals' perspectives are shaped by a host of factors, such as their race, ethnicity, gender, physical and mental ability, age, socioeconomic status, gender identity and expression, sexual orientation, familial status, education, religion, legal status, military service, political affiliation, geography, and other personal and professional experiences.

We know that the presence of diverse perspectives alone is not sufficient. Therefore, we also are committed to creating inclusive environments where all individuals are encouraged to share their perspectives and experiences. We believe that only through valuing our differences and similarities, and remaining vigilant in advancing equity, will we be able to maintain an equitable workplace and actively pursue equity in all aspects of our work. We commit to being continuous learners and working alongside others to cultivate equity, diversity, and inclusion.

SELECTION CRITERIA

- Importance and policy relevance of the question to be addressed and the potential of the study to contribute significant new information to the evidence base and to policy decisions.
- Potential of the study to generate evidence that helps address racial inequities and structural racism in the context of Medicaid, including the impact of policies on communities of color.
- Meaningful involvement of Medicaid enrollees, community organizations, advocates who work with Medicaid enrollees, or other impacted stakeholders in the project.
- Strength of the proposed methodology and incorporation of reasonable and relevant empirical methods.
- Appropriateness and availability of proposed data sources.
- Qualifications and expertise of the applicant.
- Ability to create timely deliverables for wide dissemination (e.g., issue briefs, webinars, blog posts, infographics, social media outreach), including products based on preliminary findings and throughout the life of the grant, in addition to papers suitable for peer-reviewed publication. Please see below for the Foundation's open access policy regarding peer-reviewed publications.
- Appropriateness of the time line and budget. Preference will be given to applicants who demonstrate their ability to make early or full findings available during the grant period.

MONITORING

RWJF monitors the grantees' efforts and careful stewardship of grant funds to assure accountability. Grantees will be required to submit periodic narrative and financial reports.

APPLICANT SURVEY PROCESS

The Principal Investigator of the proposal may be contacted after the submission deadline by SSRS, an independent research firm. The Principal Investigator will be asked to complete a brief, online survey about the proposal process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to SSRS will not impact the funding decision for your proposal in any way.

SSRS will protect the confidentiality of your responses. RWJF will not receive any data that links your name with your survey responses.

USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, other direct project expenses, including a limited amount of equipment essential to the project, and indirect costs to support the applicant organization's general operations. In keeping with RWJF policy, grant funds may *not* be used to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities. Additional budget guidelines are provided in the online application materials.

OPEN ACCESS

In order to ensure RWJF-supported research is made accessible to a wide and diverse audience, grantees who publish findings in peer-reviewed publications must do so in open access journals and/or must include funds in their budgets to cover the cost of making the resulting publications open access (typically \$2,000–\$5,000 per manuscript).

HOW TO APPLY

Proposals for this solicitation must be submitted via the RWJF online system. Visit http://www.rwjf.org/cfp/rths3 and use the "Apply Online" link. If you have not already done so, you will be required to register at my.rwjf.org before you begin the proposal process.

There are two phases in the competitive proposal process:

Phase 1: Brief Proposal

Applicants must submit a brief proposal describing the proposed project. Applicants should not begin drafting their proposal until they have familiarized themselves with the detailed instructions and brief proposal template displayed in the online application system. The brief proposal should be no more than four pages, double-spaced, 11-point Arial font and black type, and include the following information, as specified in the template:

- The research question and potential of the study to generate significant and new knowledge to inform health policy.
- The potential of the study to advance racial equity and/or address structural racism in the Medicaid context.
- The methodology and data sources to be used.

- The meaningful involvement of Medicaid enrollees, community organizations, advocates, or other stakeholders in the study.
- The deliverables and plan for dissemination.

Brief proposals will be reviewed by staff at RWJF and AcademyHealth.

Phase 2: Full Proposal

Selected Phase 1 applicants will be invited to submit a full proposal of no more than 10 pages accompanied by a detailed budget, budget narrative, and additional information. Invited full proposals will undergo peer review by external subject matter experts, as well as staff at RWJF and AcademyHealth.

Please direct inquiries to *transformhealth@rwjf.org*. Be sure to include your phone number. We will make every effort to respond to all inquiries within 24 hours.

All applicants should log into the system and familiarize themselves with online submission requirements well before the final submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline.

An informational webinar for applicants will be held on **May 3 from 3–4 p.m. ET** to provide an overview of the CFP and offer an opportunity for participants to ask questions about the program and the grantmaking process. Registration is required and is available on the AcademyHealth website. The webinar will be archived and available for review on the AcademyHealth website.

PROGRAM DIRECTION

Direction and technical assistance for this program are provided by AcademyHealth.

Responsible staff members at AcademyHealth are:

- Bonnie Cluxton, JD, MPH, vice president
- Lauren Gerlach, MPP, director
- Maura Dugan, research assistant

Responsible staff members at the Robert Wood Johnson Foundation are:

- Mona Shah, PhD, senior program officer
- · Alexis Levy, senior communications officer
- Maddalena Moreira, program financial analyst

KEY DATES AND DEADLINES

April 19, 2021

Call for proposals released.

May 3, 2021 (3–4 p.m. ET)

Optional applicant webinar. Registration is required through this link.

• June 28, 2021 (3 p.m. ET)

Deadline for receipt of brief proposals.

September 13, 2021

Applicants notified whether invited to submit full proposals.

November 1, 2021 (3 p.m. ET)

Deadline for receipt of full proposals.

March 4, 2022

Notification of finalists.

May 1, 2022

Grants start.

Applicant Deadline Policy

All proposals for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/rths3 and use the "Apply Online" link. If you have not already done so, you will be required to register at my.rwjf.org before you begin the proposal process.

All applicants should log in to the system and familiarize themselves with online proposal requirements well before the final submission deadline. Please note that, in the 24-hour period leading up to the application deadline, staff may not be able to assist all applicants with any system-related issues. Therefore, we encourage you to submit your proposal well before the deadline so that any unforeseen difficulties or technical problems may be addressed in advance.

Late submissions will not be accepted for any reason. While late submissions will not be accepted, RWJF may choose, at its sole discretion, to extend the application deadline for all applicants. Such extensions generally will be granted only in the event of: (1) a verified issue with the RWJF application system that prevented completion and submission of applications; or (2) a disaster, emergency, or significant internet outage that affects one or more regions. For purposes of this policy, a region is generally considered to be one or more states.

RWJF strives to give all applicants any support needed to successfully submit their proposal prior to the deadline. Submission is defined as all sections completed, marked finished, the proposal "submit" button used, and the proposal status shows "Submitted." If the deadline is extended for any reason, the extension will be posted on the Funding Opportunities page at *rwjf.org*. In addition, an email will be sent to all individuals that have started an application in the RWJF online system.

REFERENCES

Dolan R et al. *Medicaid Maintenance of Eligibility (MOE) Requirements: Issues to Watch*. Washington, D.C.: Kaiser Family Foundation, 2020.

https://www.kff.org/medicaid/issue-brief/medicaid-maintenance-of-eligibility-moe-requirements-issues-to-watch/ (Accessed March 2021)

Park E and Corlette S. *American Rescue Plan Act: Health Coverage Provisions Explained*. Washington, D.C.: Georgetown University Health Policy Institute, 2021.

https://ccf.georgetown.edu/wp-content/uploads/2021/03/American-Rescue-Plan-v2-3.pdf (Accessed March 2021)

Schubel J and Wagner J. State Medicaid Changes Can Improve Access to Coverage and Care During and After COVID-19 Crisis. Washington, D.C.: Center on Budget and Policy Priorities, 2020.

https://www.cbpp.org/research/health/state-medicaid-changes-can-improve-access-to-coverage-and-care-during-and-after (Accessed March 2021)

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 45 years, the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. For more information, visit *rwjf.org*. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Sign up to receive email alerts on upcoming calls for proposals at www.rwjf.org/manage-your-subscriptions.html.

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