

Community-Based Primary Care Clinic Grant Program SFY2017 APPLICATION GUIDANCE

INTRODUCTION

The Kansas Legislature appropriated state general funds to assist in the development and operation of clinics that focus on improving access to quality health care with an emphasis on community-based services and reducing health disparities for underserved populations. The Community-Based Primary Care Clinic (CBPCC) Grant Program is a competitive funding opportunity.

GENERAL PURPOSE

Grant funds are intended to make primary medical and dental care, prescription drugs, and preventive health care services accessible and affordable to underserved Kansas residents, including uninsured individuals and those enrolled in public insurance programs that are operated by the State of Kansas and/or federal government with eligibility based on income (KanCare).

The legislatively-approved allocation of funds for the CBPCC Grant Program will be programmatically apportioned to include general primary care, dental, and/or prescription assistance activities. Funding decisions will be based upon community needs; collaboration with local organizations; comprehensive, high-quality provision of care; and strength of the proposal illustrating the capacity to address community needs. Awards are competitive and are contingent upon the availability of funding. Geographic considerations may be taken into account when making award decisions.

ELIGIBILITY REQUIREMENTS

Clinics applying for state CBPCC Grant Program funding are expected to serve as “safety net” clinics in their communities. Applicant clinics must be not-for-profit or publicly-funded clinics providing at least primary medical and/or dental care services (or planning to provide at least primary care medical and/or dental services for clinics not yet in operation). Funded clinics must have a policy of non-discrimination in the provision of health care services, including *but not limited to* race, ethnicity, religion, or national origin.

Clinics must provide services in their service area regardless of ability to pay, including a discounted fee schedule with reasonable charges for individuals below 200 percent of the federal poverty level. The discounted fee schedule must be in writing and information must be publicly posted to ensure that patients are aware of its availability. Patients below 100 percent of the federal poverty level should be charged only a nominal fee or receive free care. Patients above 200 percent of the federal poverty level may be charged the full fee for services.

Any distribution of prescription medications must occur under the supervision of a pharmacist in charge (Kansas statute 65-1648). Contact the Kansas State Board of Pharmacy for additional information about this requirement.

MATCH REQUIREMENT

Applicants for the CBPCC Grant Program are required to provide support that meets the match requirement of one dollar for each one dollar of state funding awarded through this program. This match may come from non-cash donations, in-kind services, donated sample medications, or clinic expenses. The value of health services provided at no or reduced cost can be used to meet the match requirement. Non-cash contributions, such as personnel time, space, commodities, or services used as local match, should be stated at an amount agreed upon as the market value and documented in the applicant’s accounting records. Capital Improvement Program funds, distributed through the Kansas Association for the Medically Underserved (KAMU), and capital expenditures may not serve as part of the local match.

APPLICATION INSTRUCTIONS

Application Deadline:
Applications must be submitted by Tuesday, March 15, 2016 at 5:00 p.m. CST
No late applications will be accepted.

All application materials must be filed electronically. To apply for funding, please fill out an application in Catalyst (<http://www.catalystserver.com>). For grantees receiving funding in SFY16, the program administrator will receive a Catalyst username and password in advance. If the program administrator has not yet received a username and password, contact the Catalyst Operations Support Team at support@shpr.com.

NEW APPLICANTS:

Clinics that do not currently receive state CBPCC Grant Program funding are required to contact the Office of Primary Care and Rural Health (SOPC/RH) at primarycare@kdheks.gov no later than **February 5, 2016** to indicate their intent to apply. Clinic should include the following information/items when submitting their intent to apply:

- Physical address of clinic
- Short description of the geographic area it services (no more than 2 to 3 sentences)
- Name and contact information (phone and email) of the clinic's administrator/director
- Primary and Secondary point of contact
- Proof of not-for-profit or publicly-funded status
- Copy of clinic's policy of non-discrimination in the provision of health care services, including *but not limited to* race, ethnicity, religion, or national origin.

Upon receipt of the above items, the Office of Primary Care and Rural Health will review the documentation to assure the new applicant meets qualifications to apply for the CBPCC Grant Program and will provide a response back within 3 to 4 business days. New applicants meeting eligibility requirements will then receive a username and password for the Catalyst system.

Note: Newly funded clinics will not receive greater than \$50,000 in their first year of funding unless exceptional qualifications and conditions exist.

FUNDING GUIDELINES:

This application is for funding to support the following three areas:

General Primary Care--funding may be used to provide access to medical or other health-related services for clinic patients (not including dental or prescription assistance)

Dental Assistance--funding may be used to provide access to dental services for clinic patients

Prescription Assistance--funding may be used to provide access to pharmaceuticals, pharmaceutical services, and pharmaceutical supplies for clinic patients

Each applicant will request one total dollar amount which can be allocated, at the applicant's discretion and reflected in the budget, for any of the three areas.

Note: To improve our ability to track how funds are utilized, identify community needs, and share this information with policy makers and stakeholders, it is important for us to collect specific budgetary information about the amount of funds being awarded and expended in each category. Please make sure you do not include any dental or prescription assistance services or supplies under general primary care.

ALLOWABLE EXPENSES: (√ denotes expenses that are allowable for specific categories)

Expense	General Primary Care	Dental	Prescription Assistance
Personnel Salaries & Benefits	√	√	√
Contracted Personnel	√	√	√
Health Services (e.g. Pharmacy, Laboratory)	√	√	
In-state travel (only allowable for travel to and from in-state training/continuing education)	√		
Pharmaceuticals			√
Vaccines (Only those not available through the Vaccines for Children Program)			√
Laboratory materials	√	√	
Other Care-Related Supplies	√	√	√
Office/Clerical supplies	√		
Utilities	√		
340B discounts			√
Costs associated with inpatient care	Not allowable		
Salary expenses for staff member time spent in training or traveling to training	Not allowable		
Out-of state travel	Not allowable		
Capital equipment or other capital expenditures	Not allowable		

GRANT EVALUATION & REVIEW PROCESS

Applications are assessed by the Office of Primary Care and Rural Health to ensure all requirements have been met. An objective review committee will then review each grant application. The objective review committee will utilize the following criteria for scoring:

Section	Weighted Score
Local Community Assessment and Engagement Activities <ul style="list-style-type: none"> - Assessing the health needs of the community and implementation of strategies to address priority needs - Collaboration with local hospital, public health, and community mental health center - Community engagement activities, including collaboration with other community organizations 	40%
Clinic Services and Coordination of Care Activities <ul style="list-style-type: none"> - Continuum of services provided by clinic - Engagement in care coordination and patient-centered medical home activities - Trend in services provided and patients seen for the past four years 	30%
Data Reporting and Quality Improvement Activities <ul style="list-style-type: none"> - Timely reporting of clinical and business measures to the Quality Reporting System (<i>returning clinics</i>) - Complete reporting of patient utilization data for the past two years - Implementation of quality improvement activities (current and future plans) 	30%
	100%

While there are no points awarded specifically for the budget or the clinic overview/governance sections, this information will be assessed by the Office of Primary Care and Rural Health staff to ensure compliance with program guidelines.

Contact Information

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