

# Community-Based Primary Care Clinic Grant Program 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. Information on developing a discounted fee schedule is available at the following [website](#).

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 Monday, March 16, 2015 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 SFY15, the program administrator will receive a Catalyst user name and password in advance. If the program administrator has not yet received a username and password, contact the Catalyst Operations Support Team ([support@shpr.com](mailto:support@shpr.com)).

### ***NEW APPLICANTS:***

Clinics that do not currently receive state CBPCC Grant Program funding are required to contact the PCO at 785-291-3796 or [primarycare@kdheks.gov](mailto:primarycare@kdheks.gov) prior to **February 15, 2015** to indicate their intent to apply. New applicants will be prompted to complete an additional form which will provide detailed background about the clinic and community. New applicants can request to be set up in Catalyst and receive a username and password by contacting: [support@shpr.com](mailto:support@shpr.com).

### **A complete application MUST contain the following items:**

- Budget (submitted through Catalyst)
- Completion of Sections A.1 through A.5 of the application (Submitted through Catalyst)
  - If requesting a funding increase, completion of Section A.6 in Catalyst is also required
- Schedule of Discounts and Sample Charges (Attachment Uploaded in Catalyst)
- Board of Directors Roster (Attachment Uploaded in Catalyst)
- Submission of data through the online QRS tool (required only for clinics currently receiving funding in SFY 2015)

### ***APPLICANT WEBINAR:***

A webinar will be held on **Wednesday, January 21 at 1:00 pm** to review the guidance and answer questions. Although attendance is not required, it is *highly recommended* due to revisions of the application and requirements. To register, click the following link: <https://www1.gotomeeting.com/register/955727681>.

### ***FUNDING GUIDELINES:***

This application is for funding to support all three areas (dental, general primary care, and prescription assistance). 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.

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

**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)

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

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.

Clinics that are currently funded **may not request and will not receive a funding increase of greater than 20%** of the FY2015 level. Newly funded clinics will not receive greater than \$80,000 in their first year of funding unless exceptional qualifications and conditions exist. An example of a request for a funding increase is provided below:

The Kansas Clinic received funding last year including \$40,000 for dental services, \$20,000 for prescription assistance, and \$40,000 for general primary care services for a total of \$100,000. They would like to expand their services and request a funding increase. For the upcoming funding cycle, the maximum they can request is \$120,000. The additional \$20,000 can be all in one category or can be spread across categories.

***ALLOWABLE EXPENSES:***

Funding may be used for salaries, contracted professionals and services, utilities, vaccines not available through the Vaccines for Children Program, and supplies

<b>Expense</b>	<b>General Primary Care</b>	<b>Dental</b>	<b>Prescription Assistance</b>
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			√
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		

(√ denotes expenses that are allowable for specific categories)

**GRANT EVALUATION & REVIEW PROCESS**

Applications are assessed by PCO staff to ensure all requirements have been met. An objective committee will then review each grant application and provide recommendations regarding grant awards. Recommendations are based upon each clinic’s submitted application and its annual QRS data submission to KAMU.

The review committee will include representatives from health foundations, organizations and commissions; academia; governmental organizations; other stakeholder organizations; and other experts who do not have a vested interest in any applicant organization. At least 50% of reviewers will represent statewide interests. At

least one reviewer will represent each of the following geographic regions of Kansas: Northeast, North Central, Northwest, Southeast, South Central, and Southwest. Recommendations from the review committee will be submitted to the KDHE Secretary. The reviewers will be instructed to reference only the grant application and QRS data in making their recommendations and not consider any additional knowledge or information.

**SCORING OF APPLICATIONS**

The objective review committee will utilize the following criteria for scoring:

<b>Section</b>	<b>Weighted Score</b>
<b>A.2 Local Community Data &amp; A.3 Applicant Clinical Structure/Overview</b>	30%
<b>A.4 Clinical Services</b>	20%
<b>A.5 Quality Improvement Activities</b>	20%
<b>QRS Data Reporting and Utilization of Data</b>	30%
	<b>100%</b>

*While there are no points awarded specifically for the budget, it will be assessed by PCO staff to ensure compliance with program guidelines.*

**REPORTING REQUIREMENTS**

Instructions and forms are contained in separate materials that will be provided after grant awards have been made. The PCO reserves the right to review any documentation relevant to the award, including organization bylaws, strategic plan, Board of Directors’ minutes and other information. Awarded clinics are expected to meet the following reporting requirements in a timely manner:

***Fiscal requirements:***

Fiscal control and accounting procedures must exist to assure the proper disbursement and accounting of funds. Bookkeeping accounts should be established and maintained reflecting all services, charges, receipts, obligations, and revenue, including non-cash contributions and disbursement of grants and local funds. Grantees are fully responsible for providing workers’ compensation, unemployment insurance, and Social Security coverage for paid employees. The grantee is also responsible for income tax deductions and for providing any benefits required by law for those employees who are paid using these funds.

All clinics receiving state funds must, at minimum, have a fiscal report performed by an outside fiscal entity at the end of each grant year. Clinics must submit a copy of this fiscal report or audit with auditor’s management letter and clinic response to KDHE within 12 months of the end of the fiscal year. Additional program and/or revised budget information may be requested after funds are awarded and prior to issuance of the contract to ensure that all KDHE requirements are met.

***Expenditure/Financial Reporting:***

Grantees are required to submit an expenditure report according to the KDHE quarterly reporting schedule. Grant payments will not occur until the quarterly expenditure reports have been received and approved by KDHE.

Grantees are expected to notify the PCO in advance of any proposed budgetary changes that:

- Total 25% or more of award; and/or
- Require shifting more than \$500 of funding from an approved category (e.g. dental to prescription assistance)

Requests should be made in writing for PCO approval.

### ***Quality Data Reporting:***

Grantees must submit data through the online QRS tool managed by KAMU in order to be in compliance with their grant. It is important to provide the requested data according to the standards and definitions outlined in the online manual available on the QRS website. Clinics should strive to provide all of the requested data. If technical difficulties arise with the QRS, please notify KAMU. Clinics that have not previously received funding and that do not currently submit data through the online QRS will receive reporting information if funding is awarded.

### ***Compliance with Policies and Regulations:***

Grantees must comply with federal and state policies and regulations, including:

- Proof of professional licensing for all professional staff;
- Current CLIA certification, if laboratory services are provided;
- Written OSHA protocols for blood borne pathogens including employer's exposure control plan;
- Protocol and training for required staff in universal precautions for body fluid contamination;
- Current copy of the communicable disease manual and updated procedures from the State Agency are available for all care providers;
- Documents and enforced plans for tobacco or illegal drugs;
- Current copies of inter-agency agreements or other letters describing collaboration or integration of services;
- All applicable city/county/health codes and inspections up-to-date and on file.

### ***Governing/Advisory Board Responsibilities:***

Grantees must document that governing board meetings and/or advisory board meetings engage in the following activities:

- Set and review priorities for the clinic through periodic review of local unmet need and primary care;
- Establish a Plan with goals and objectives reflect of the local Agency's priorities;
- Evaluate the impact of the project on the community it services;
- Establish pharmacy subsidy policies for health centers participating in 340B;
- Examine clinic utilization and performance data, including quality assurance results and the quality data reported to QRS;
- Assess and monitor fiscal management and accounting procedures, including submission of quarterly financial reports to KDHE.

### **Contact Information**

Primary Care Office  
Kansas Department of Health & Environment, Bureau of Community Health Systems  
1000 SW Jackson St, Suite 340  
Topeka, KS 66612-1365  
Phone: 785-296-1200  
Fax: 785-296-1231  
Email: [primarycare@kdheks.gov](mailto:primarycare@kdheks.gov)