

Community-based Primary Care Clinic Grant Program

Quarterly TA Webinar

August 17, 2016

Conference Call #: (866) 620-7326

Access Code: 3507-50-3156



Overview & Agenda

Objectives:

- Update CBPCC grantees on grant/contract reporting and compliance as well as planned education/tools in development and other TA projects in progress.
- Highlight resources/programs relevant to CBPCC grantees

Agenda:

- General Office Updates
- CBPCC Grant Reporting
- TA & Education Projects in Progress
- Highlights of Charitable Health Care Provider Program
- Q & A

General Office Updates

- Updates to the CBPCC Grant Webpage will be sent to KDHE's Web-master at the end of this week.
- Target: All Primary Care-Rural Health web-page updates, including the homepage, to be completed in the next 7 to 10 business days.
 - Shortcut to the homepage will be: www.ksprimarycare.org
- 2016-2017 Calendar has been updated.
 - Calendar will be posted on the web-page and sent out via email.
- PLEASE! PLEASE! – Keep connected with our staff

CBPCC Program Staff Contact Information

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CBPCC Grant Reporting

Quarterly Expenditure Reporting

- Grantees will be required to submit SFY 2017 Quarterly Expenditure Reports through the Catalyst portal.
- Catalyst's Financial Status Reports (FSR) format and structure is different than previous year's quarter expenditure reports. A written instructional guide as well as tutorial webinars are being developed by our Office.
- Tutorial Webinars are planned for September 14th, September 28th, and October 5th. (Content will be the same for all three webinars.)
- Quarter 1 Report for Expenses between July 1 and September 30 will be due October 15, 2016

CBPCC Grant Reporting

New Version of Catalyst

Grid120 Demo Log In

To log in to the demo:

1. Go to <https://grid120.com/>.
2. Click 'Demo' in the top right hand corner.
 - a. You do **not** need a username or password to access the demo.



You will see the demo version of the Grid120 system. Here you will be able to explore Grid120 and access various user views.



Three Live Training Sessions Planned:

Nov. 28th – Topeka Public Library

Nov. 29th – Hays

Nov. 30th - Wichita

All Trainings are 10:00am-2:30pm with lunch served. (Details forthcoming)

CBPCC Grant Reporting

Progress Work Plan Reporting

- Work Plan/Progress Report will be due November 1, 2016. This report will be submitted via email (not through Catalyst/Grid120)
- We plan to present draft set of Work Plan deliverables and the progress reporting template to KAMU and CBPCC grantees to provide feedback shortly.
- A written instructional guide as well as tutorial webinars are being developed by our Office.
- Webinars planned for October 13th and 19th to go over how to complete this work plan/progress reporting.

Education & TA Projects in Progress

Unused Medication Repository

The Utilization of Unused Medications Act (UMA) was passed by the Kansas legislature in 2008 to allow the donation of unused medications to Federally Qualified Health Centers, indigent health care clinics, and community mental health centers.

The Unused Medications Repository, administered by Community Health Center of Southeast Kansas, provides donated medications free of charge to eligible clinics in Kansas.

Program Information: www.ksunusedmeds.org

Our Goal:

Assist CBPCCs and other eligible clinics in understanding the requirements of the UMA and maximizing the use of Unused Medication Repository program to benefit patients

Education & TA Projects in Progress



STATE BOARD OF PHARMACY 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056	REGISTRATION APPLICATION: Health Department or Clinic Form BA-11
STATE BOARD OF PHARMACY 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056	REGISTRATION RENEWAL: Health Department or Clinic Form BR-11

Medication Repository Program

Next Steps:

Meeting with Board of Pharmacy leadership to discuss further

Working with KAMU and CHC-SEK, dissemination information/ instructions to clinics

Conduct environmental scan to identify needs & promising practices

Education & TA Projects in Progress

Increasing Awareness of the J-1 Visa Waiver Program

The State 30 (Conrad) J-1 Visa Waiver Program assists in the recruitment and retention of physicians to serve communities that lack adequate access to health care. The Program assists non-citizen physicians who are international medical graduates to obtain an H-1B or L-1 visa by waiving the two-year home country residency requirement in exchange for a commitment to practice medicine in a location designated as a Health Professional Shortage Area (HPSA).

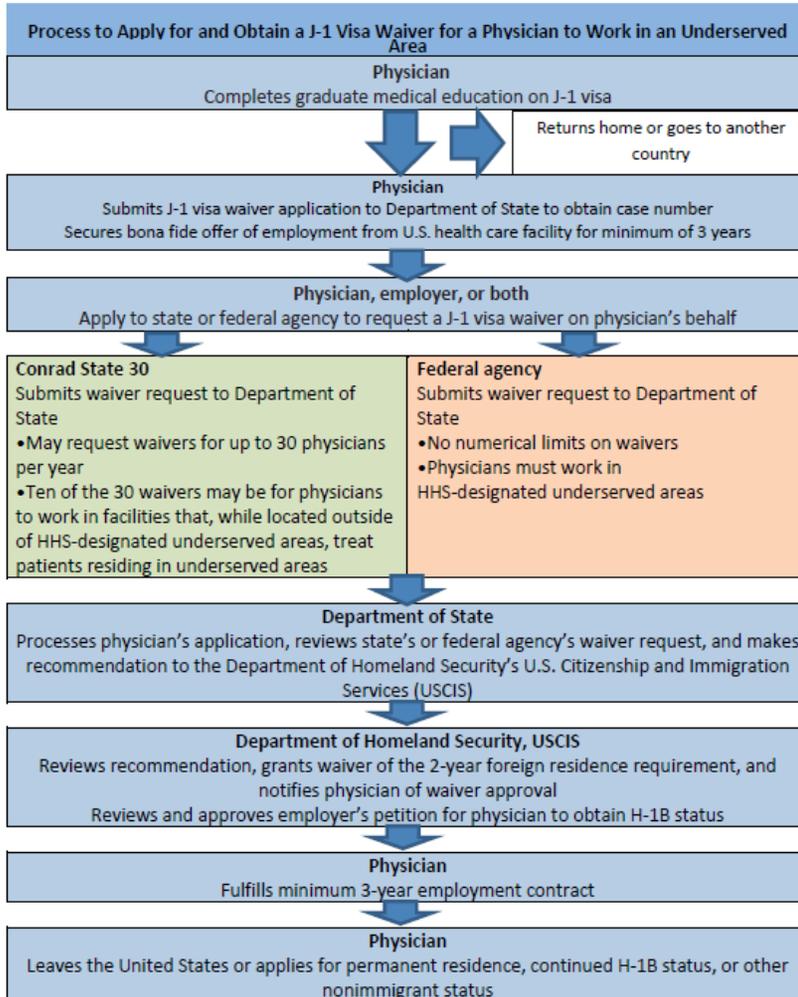
Kansas J-1 Visa Waiver Program Focus:

Primary care and meeting emergency medical systems and chronic care needs of the underserved populations

Our Goal:

Increase awareness of the J-1 Visa Waiver Program opportunities for CBPCCs and other safety-net clinics

Education & TA Projects in Progress



J-1 Visa Waiver Program

Next Steps:

Updating web-page with new program guidance documentation upon Dr. Mosier's approval

Host Informational Webinar – August 31st (information going out soon)

Partner with KRRC to provide ongoing education/technical assist.

Education & TA Projects in Progress

Supporting Cultural Competency

Why the TA Focus?

CBPCC Grantees are expected to provide culturally competent, comprehensive primary care services and provide access or referral arrangements for ancillary, inpatient, and specialty care that is not available on-site.

Our Goal:

Assist in helping CBPCCs achieve organizational, systemic, and clinical cultural competence.

Objectives:

1. Increase the number of sites whose board members and administration are trained in cultural competency.
2. Increase the number of sites that adopt cultural competency principles into organizational mission, culture, and clinic practice to address health disparities.



COMMUNITY ASSESSMENT

- Identify the culturally, linguistically, racially, and ethnically diverse groups in the clinic's area.
- Use data to assess the percentage of minority and ethnic individuals, the extent to which individuals from various groups are accessing services, and the underrepresented groups that may need targeted outreach.

ASSESSMENT BY CLIENTS



- Surveys help determine the accessibility and sensitivity of the clinic and are an effective method of assessment.
- It is recommended to survey clients at the time of discharge.
- Programs can analyze by gender, race, ethnicity, religion, and physical ability the feedback from clients about services.



PROGRAM SELF-ASSESSMENT

- Self-assessment should include the following areas: administration policies, physical facility, staff diversity, staff training, screening and assessment methods and tools, and program design
- It is essential to include the entire staff, including board members and volunteers, to share the results with them, and culminate with the decision to take specific actions
- The results of the assessment should be used to develop a long-term plan that includes measurable goals and objectives and may indicate changes that need to be made in the mission statement, policies, administration, staffing patterns, service delivery practices and approaches, and outreach and professional development activities

Supporting Cultural Competency

Next Steps:

- 1. Engage KAMU to identify existing resources/initiatives and needs of CBPCC grantees.*
- 2. Develop TA work/action plan.*
- 3. Convene a small workgroup of CBPCC grantees to provide feedback to Office.*

State Tort Claims Act & Charitable Health Care Provider (CHCP) Program

Kansas Tort Claims Act (KTCA)

This legislation allows health care providers who give care to the medically indigent to be included for liability purposes under the Kansas Tort Claims Act special liability expense fund.

Medically indigent person means a person who lacks resources to pay for medically necessary health care services and who is either:

- (1) a member of a family unit at or below 200 percent of the current federal poverty level and not indemnified against medical or dental costs by accident and sickness insurance, an employee health benefits plan, or similar coverage; or
- (2) eligible for publicly funded health care programs administered by KDHE or Indian Health Services (IHS)

Kansas Register 28-53-1

Charitable Health Care Provider Tracking Program

- In 1991, Kansas enacted legislation allowing indigent health care clinics and charitable health care providers to receive coverage under the *Kansas Tort Claims Act* for liability purposes.
- The Kansas Department of Health and Environment is responsible for the collecting and tracking of Charitable Health Care Provider and Indigent Health Care Clinic agreements.
- Statute References: K.S.A 75-6101 through 75-6120

Point of Entry: Indigent Health Care Clinics

Indigent Health Care Clinic: an outpatient clinic operated on a not-for-profit basis which has a contractual agreement in effect with KDHE to provide healthcare services to medically indigent persons

Clinics must meet the following requirements:

- Operate on a not-for-profit basis
- Provide outpatient medical care
- Provide services to individuals regardless of insurance type, ability to pay, or individual's race, sex, national origin, disability, etc.
- Charge for services at the usual and customary rates except if the person is unable to pay, then they will be charged at a reduced rate or not charged at all (sliding fee scale)
- Use a discounted/sliding fee schedule that is publicly posted
- Charge uninsured patients a reasonable fee based on ability to pay and must provide a full discount to individuals or families with annual incomes <100% FPL
- Have a written nondiscrimination policy and provide services in a culturally and linguistically appropriate fashion responsive to the needs of the area's general population

Point of Entry: Other Organizations

Requirements

- Operate on a not-for-profit basis
- Determine whether an individual meets the criteria for a medically indigent person
- Refers any medically indigent person to a charitable health care provider
- Maintain records and submit an annual activity report as outlined by KDHE
- Have a written nondiscrimination policy and provide services in a culturally and linguistically appropriate fashion responsive to the needs of the area's general population

Reporting Requirements for Point of Entry Organizations

Indigent health care clinics must annually submit the following data to KDHE:

1. Updated point of contact information
2. Aggregated patient data by income level and by payer type
3. Updated list of health providers working or volunteering with the clinic
4. Information about the services provided by the clinic

Points of Entry must annually submit the following data to KDHE:

1. Updated point of contact information
2. Aggregated patient data by income level and by payer type
3. Updated list of health providers volunteering services

Charitable Health Care Providers

3 ways an individual may serve as a charitable health care provider to medically indigent individuals

1. **Charitable health care providers, on their own,** may gratuitously provide services to a person who has provided information which would reasonably lead the provider to make the good faith assumption that the individual meets the definition of a medically indigent person
2. **Charitable health care providers** may gratuitously provide professional services **coordinated through an entity** serving as a designated "point of entry"
3. **Dental professionals** may provide gratuitous dentistry and dental hygienist services at an event targeted but not limited to medically indigent individuals **sponsored by a not-for-profit organization**



Agreement affirms they may not charge the patient individually or submit a claim with any insurance company.



When providing care through an indigent clinic or health department, provider may charge a sliding scale fee and may submit claims to insurance. The provider may also receive a fee for their services *through* the health department or clinic.

Who is Covered ?

COVERED

- Employee of an indigent health care clinic.
- Active, federal active, limited, or exempt license by the Kansas Board of Healing Arts
- Engaged in a BOHA approved postgraduate training program approved
- Dentist or Dental Hygienist licensed by the Kansas Dental Board
- Licensed Pharmacist from Kansas Board of Pharmacy
- LPN, RN, CRNA, APRN or mental health technician licensed by the Kansas Board of Nursing
- Licensed by the Behavioral Sciences Regulatory Board
- Licensed Optometrist from the Kansas Board of Examiners in Optometry
- Credential ultrasound technologist*

NOT COVERED

- Clinicians without a Kansas license
- Clinicians with an “inactive” or “lapsed” license from a Kansas licensing board
- Certified Nurse Assistants
- Certified Medical Assistants
- Emergency Medical Services Technicians or Paramedics

Application Process for Providers

Providers must fulfill one of the following:

1. Providers intending to provide professional services gratuitously as a CHCP with their own medical or dental practice must fully complete and submit the Agreement Form for Independent Charitable Health Care Providers to KDHE Office of Primary Care & Rural Health, OR;
2. Providers intending to provide professional services through a designated “point of entry” must have a formal agreement with the indigent health care clinic or must complete and submit the Agreement Form for Providing Care through Indigent Health Care Clinic or Other Designated Point of Entry, OR;
3. Dental professionals providing services gratuitously at an event sponsored by a not-for-profit organization must complete and submit the Agreement Form for Providing Care through indigent Health Care Clinic or Other Designated Point of Entry.
 - The non-profit responsible for the dental event must submit the Point of Entry Agreement Form for Other Organizations to the KDHE Office of Primary Care and Rural Health.

How Claims Are Handled

- Claims arising from services performed by the provider while acting as a charitable health care provider will be defended by the Attorney General's office and the paid through Kansas Tort Claims fund.
- If a provider or indigent health care clinic is sued by the recipient of eligible care, they must request representation from the state in writing within 15 days after service of process or subpoena (KSA 75-6108(e)).

Federal Tort Claims Act

Federal Tort Claims Act (FTCA)

- The FTCA is a 1946 federal statute that permits private parties to sue the U.S. in a federal court for most torts committed by persons acting on behalf of the U.S.
- The Federally Supported Health Centers Assistance Act of 1992 and 1995 granted medical malpractice liability protection through the FTCA to HRSA-supported health centers.
 - Under the act, health centers are considered federal employees and are thus immune from lawsuits, with the Federal government acting as their primary insurer.

Key Points about FTCA

Health Centers

- Apply and become “deemed” as an entity
- Can include community health centers, migrant health centers, health care for the homeless centers, and public housing primary care centers
- Liability protection for medical malpractice can extend to any eligible officer, governing board member, employee, or qualified contractor of a covered entity (coverage does not extend to volunteers)

Free Clinics

- Individuals, sponsored by the organization, must apply (the organization is not “deemed”)
- Liability protection may be given to individuals, including volunteers and non-licensed employees
- Free clinic may not accept reimbursement or impose charges (may only accept voluntary donations from patients)

Differences Between KTCA/CHCP & Federal Torts Claim Act

State

- Covers indigent care clinics, health centers, non-profit organizations, and providers with private practices
- Non-clinical employees may only be covered if working at an indigent care clinic
- Volunteer or part-time status doesn't matter

Federal

- Only covers free clinics and qualified health centers
- Non-clinical employees may be covered
- Volunteers are only covered if at free clinics
- Part-time (employed or contractual) providers may not be covered

Key Points/Summary

- All CBPCC Grantees meet the requirements to be an Indigent Health Care Clinics under the KTCA.
- CBCC Grantees completing the annual CBPCC application and reporting Quality Reporting System automatically meet the KTCA/CHCP reporting requirements.
- Entities/Providers eligible under the KTCA/CHCP differ from the FTCA; and in general KTCA/CHCP covers a broader group of providers.
- If you are uncertain whether your provider meets the requirements to be covered FTCA – it's encouraged to go ahead and have the provider fill out the KTCA/CHCP agreement form.
- KTCA/CHCP agreement forms have been updated and readily available on the Charitable Health Care Provider Program web-page.

Resources

- Kansas Charitable Health Care Provider Program Webpage
<http://www.kdheks.gov/olrh/CHP.htm>
- Kansas CHCPT Program Manual:
http://www.kdheks.gov/olrh/download/CHCP_Manual_Complete.pdf
- Kansas Tort Claims Act: http://www.kdheks.gov/olrh/download/KSA_75-6101_through_6120.pdf
- Federal Tort Claims Act Health Center Program Overview:
<http://bphc.hrsa.gov/ftca/healthcenters/index.html>
- FTCA Health Center Policy Manual:
<http://bphc.hrsa.gov/ftca/pdf/ftcahcpolicymanualpdf.pdf>
- FTCA Free Clinic Program Overview: <http://bphc.hrsa.gov/ftca/freeclinics/index.html>
- FTCA Free Clinic Program Assistance Letter:
<http://bphc.hrsa.gov/programrequirements/pdf/pal201605.pdf>

Questions?

