

## **Community-Based Primary Care Clinic Grant Program Application Guidance**

### **Program Purpose**

State general funds are provided 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. 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).

### **Funding Information**

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.

The legislatively-approved allocation of funds for the Community-Based Primary Care Clinic Grant Program will be programmatically apportioned to include general primary care, dental, and/or prescription assistance activities. *A minimum of \$500,000 of the funds will be dedicated to support dental activities.*

Clinics that are currently funded **may not request and will not receive a funding increase of greater than 20%** of the FY2014 level. No currently funded qualified applicant will receive a funding decrease of greater than 20% of the FY2014 level unless the grantee has been non-compliant with the requirements of the program. 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.

Applicant webinars will be held on Thursday, January 16<sup>th</sup> at 1:00 p.m. and Friday, January 17<sup>th</sup> at 9:00 a.m. Although attendance is not required, it is *highly recommended* due to revisions of the application and requirements.

**Funding categories:**

This application is for funding to support all three areas (dental, general primary care, and prescription assistance). The process has been changed from previous years. 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. 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. All dental services and other dental-related expenditures should be under the dental category and all prescription assistance expenditures should be included in the prescription assistance category.

**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

**Eligibility:**

Clinics applying for state Community-Based Primary Care Clinic 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 discount fee schedule is available at the following website:

<http://nhsc.hrsa.gov/downloads/discountfeeschedule.pdf>

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.

**Required match:**

Applicants for the Community-Based Primary Care Clinic 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, and capital expenditures may not serve as part of the local match.

**Allowable expenses:**

Funding may be used for salaries, contracted professionals and services, utilities, vaccines not available through the Vaccines for Children Program, and supplies. Funding areas include general primary care, prescription assistance, and dental assistance.

Travel expenses are only allowable for travel to and from in-state training/continuing education and must be categorized as general primary care.

**Unallowable expenses:**

(√ denotes expenses that are not allowable for specific categories)			
Expense	General Primary Care	Dental	Prescription Assistance
Capital equipment or other capital expenditures	Not allowable		
Costs associated with inpatient care	Not allowable		
Out-of state travel	Not allowable		
Salary expenses for staff member time spent in training or traveling to training	Not allowable		
Equipment	Not allowable		
In-state travel		√	√
Pharmaceuticals	√	√	
Laboratory materials			√
Office/clerical supplies		√	√
Utilities		√	√
340B discounts		√	

**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. The applicant is fully responsible for providing workers' compensation, unemployment insurance, and Social Security coverage for paid employees. The applicant 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 Kansas Department of Health and Environment (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.

Awardees are expected to notify the Primary Care Office (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.

### **Application Information**

**New applicants:** Clinics that have not previously received state Community-Based Primary Care Clinic Grant Program funding are required to contact the PCO at 785-296-1200 or [primarycare@kdheks.gov](mailto:primarycare@kdheks.gov) prior to **February 15, 2014** to indicate their intent to apply. In addition, during the application process, all new applicants will be prompted to complete an additional form which will provide detailed background about the clinic and community.

### **Submission of Application Materials:**

**All application materials must be filed electronically.** The following required forms should be completed and submitted electronically following the instructions on the Aid to Local website ([http://www.kdheks.gov/doc\\_lib/index.html](http://www.kdheks.gov/doc_lib/index.html)):

- Aid to Local Application for Grant Form
- Community-Based Primary Care Clinic Grant Application Form (which consists of the components listed below)
  - Application Information
  - Request Summary
  - Narrative
    - Section A: Local Community Data
    - Section B: Applicant Clinical Structure/Overview
    - Section C: Clinic Services
    - Section D: Quality Improvement
- Budget

All appendices should be included in *one e-mail* if possible and submitted to [aidtolocal@kdheks.gov](mailto:aidtolocal@kdheks.gov) with the following subject line: Community-Based Primary Care Clinic Grant Appendices—[your clinic name].

- Appendix A. Organizational Chart
- Appendix B. Board of Directors Roster
- Appendix C. Audit/Fiscal Report (most recent for your entire organization)
- Appendix D. Letters of Support/Memoranda of Understanding
- Appendix E. Schedule of Discounts and Sample Charges
- Appendix F. (optional) Supplementary Materials

**Application deadline:** Applications must be submitted electronically by **Friday, March 14, 2014 at 5:00 p.m. No late applications will be accepted.**

**Use of data in the application process:**

Data for calendar year 2013 will be used in determining grant awards. Clinics that currently receive Community-Based Primary Care Grant Program funding (SFY 2014) must submit data through the online Quality Reporting System tool (QRS) managed by the Kansas Association for the Medically Underserved (KAMU) in order to be in compliance with their SFY 2014 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 Community-Based Primary Care Clinic Grant Program funding and that do not currently submit data through the online QRS will receive information about reporting if funding is awarded.

**Application Forms**

**1. Guidance on Aid to Local Application for Grant Form**

The Aid to Local Application for Grant form, which can be downloaded at <http://www.kdheks.gov/doc lib/index.html>, **must** be signed by the president or chairperson of the clinic's board and by the clinic's director. Please scan this form and submit it with your complete application to [aidtolocal@kdheks.gov](mailto:aidtolocal@kdheks.gov) or fax it to 785-296-1231. If submitting the form via e-mail, please use the following subject line: Aid to Local Application for Grant Form—[your clinic name].

Only those entities that are applying for other funding distributed through the KDHE Aid to Local process and all clinics affiliated with a local health department will need to complete the Personnel Allocation by Program form, a component of the Application for Grant form.

## 2. Guidance on Applicant Information/Request Summary/Program Narrative

The narrative includes four sections: **Local Community Data, Applicant Clinical Structure/Overview, Clinic Services, and Quality Improvement**. All sections should be completed by **all** applicants.

## 3. Guidance on Budget

The budget form and instructions can be accessed at [http://www.kdheks.gov/olrh/pc\\_clinics.htm](http://www.kdheks.gov/olrh/pc_clinics.htm). Please refer to the document which accompanies the budget form for more detailed instructions.

## 4. Guidance on Appendices

- Appendix A. Organizational Chart—an example is provided. The organizational chart must include all staff funded through the Community-Based Primary Care Clinic Grant Program.
- Appendix B. Board of Directors Roster—must include the organization represented by each board member
- Appendix C. Audit/Fiscal Report—include the most recent audit/fiscal report for your entire organization performed by an outside fiscal entity. Include the auditor’s management letter and the clinic’s response, if any. There are no page limitations to this appendix. If the file is too large, please send as a separate attachment.
- Appendix D. Letters of Support/Memoranda of Understanding— Clinics are required to submit written memoranda of agreement and/or letters of support from each partner agency that contributes significant non-cash donations or in-kind services. Please scan and submit copies of all relevant agreements and/or letters with this grant application. All letters of support must have a 2014 date.
- Appendix E. Schedule of Discounts and Sample Charges
- Appendix F. (optional) Supplementary Materials (**5 page limit**)—optional materials can include any additional items from the past 12 months which would be helpful for reviewers (testimonials from someone who received services (de-identified), newspaper articles, resource materials, etc.). These materials should be referenced in the appropriate area of the narrative.

## **Grant Evaluation and Review**

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 data submission to KAMU on the Quality Reporting System (QRS). 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 Kansas Department of Health and Environment 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>Total points possible</b>
<b>Local Community Data</b>	12 points
<b>Applicant Clinical Structure/Overview</b>	30 points
<b>Clinic Services</b>	42 points
<b>Quality Improvement</b>	16 points
<b>Total Possible</b>	100 points

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

**Post-Award 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.

**Contact Information**

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