**SFY 22 Community Health Grant Frequently Asked Questions**

**Questions from all Regional Technical Assistance Webinars**

**Q: Is this funding typically prioritized for new projects or continuation/expansion of existing initiatives?**

Both new projects and continuation/expansion of existing initiatives are considered for the Community Health Grant.

**Q: Is rent for the clinic facility considered an eligible expense under track B?**

Yes, rent is an eligible expense.

**Q: Are care management services reimbursable?**

Care management services are reimbursable to a primary care clinic. Community Health Grantees must, by legislative requirement, be providers of primary and preventive care and serve as a patient medical home.

**Q: Organization Profile questions 1-23 - (pages 14-17) do you still want these questions on the whole organization (all sites), or just the site proposed for funding.**

Please provide the information for the site requesting the funding.

**Q: Is there a deadline to ask individual questions via email?**

No deadline for individual questions via email. The deadline for grant applications is February 15, 2021.

**Q: One-year funding is for what year?**

Awards will be made to the highest scoring applicants. One-year grants will be for the time period July 1, 2021 through June 30, 2022

**Q: is this based on what is current or what we will be able to do with new funds? (may be referring to org overview)**

The organization overview refers to current state.

**Q: Can we receive a copy of the slide deck?**

Yes, please email your service area team members for a copy. The slide deck will also be posted on the Office of Rural Health Website: <https://www.ncdhhs.gov/about/grant-opportunities/rural-health-grant-opportunities/community-health-grant-fy-2022-rfa>

once all Webinars have occurred.

**Q: If our health clinic includes medical and dental, would we be providing measures for both?**

If your organization is requesting grant support for dental services, you would only provide dental performance measures.

**Q: Can funding not be used for treatment of substance use disorder?**

Funding may be used for treatment of substance use disorder if it is in a primary care clinic *or* in partnership with a primary care clinic as the grantee.

**Q: There are 2 tracks - for (B) salaries/equipment of the facility that provides the care. How is reimbursement made?**

Grantees submit a request for reimbursement each month following the month expenses were incurred. Grant monitors will review the request and may ask for source documents for expenses during random months’ reviews. Reimbursement may be through electronic fund transfer or by check.

**Q: Is equipment purchase - such as tablets, hotspots - considered capital expenditure?**

Any equipment purchase over $500 is considered capital for the purpose of the grant.

**Q: Will the selection process be outsourced?**

The Office of Rural Health uses volunteer reviewers from our safety net partners including the NC Community Health Center Association, the Free and Charitable Clinic Association of NC, the NC Healthcare Association, the School Based Health Alliance and The Public Health Associations of NC. These reviewers are familiar with the needs of the safety net across the state.

**Q: Can we ask for a start-up cash advance?**

Yes, there is a process (and a form) for a cash advance.

**Q: Can you provide a definition of safety net organizations?**

For the purpose of the grant, Federally Qualified Health Centers, Federally Qualified Health Center Look-alikes, Free and Charitable Clinics, School Based Health Centers, Public Health Departments that provide primary health care and/or maternal child care are considered safety net organizations seeing patients who may be low-income, uninsured, or underinsured.

**Q: How is Health Connex involved in grant application process?**

Based on legislation from the NC General assemble, grantees must connect to NC HealthConnex (To meet the state’s mandate, a provider is “connected” when its clinical and demographic information are being sent to NC HealthConnex at least twice daily.” For further information, please see the HIEA website:  [https://hiea.nc.gov](https://hiea.nc.gov/))

**Q: I read somewhere that the definition for "rural" has changed. Does that effect those of us that have been receiving the grant?**

The Office of Rural Health has not changed its definition of "rural". So those grantees who have received the grant in the past as well as any new applicants who are awarded, will not be affected.

**Q: For track A does an encounter count if the visit is with nurse/certified medical assistant for a service that is supervised by provider? or for behavioral health provider?**

The Office of Rural Health uses the Federal UDS guideline to define encounter. Page 19 of the UDS manual states the following: Countable visits are documented, individual, face-to-face or virtual contacts between a patient and a licensed or credentialed provider who exercises independent, professional judgement in providing services.

<https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2020-uds-manual.pdf>

**Q: In track B, are we just developing year 1's budget?**

Yes, applicants should provide a one-year budget with their application. Budgets are for one year (whether for Track A or Track B). If applicant is awarded a three-year grant, the awardee will be asked for new performance measures and budget each year of the three years.

**Q: If there are capital costs deducted from year 1, can we still ask for the $150,000 in subsequent years...so by adding in extra costs?**

Community Health Grants consider capital as one-time costs. For example, if grant budget is for $150,000 and $50,000 of that amount is for capital investment, subsequent years’ awards would be reduced to $100,000.

**Q: Can a hospital apply for a grant on behalf of multiple community clinics? The hospital would take on the admin roles, allowing the clinics to provide the care. Or in this case, could we ask for a joint Community Health Worker program through multiple sites in our rural region?**

Short answer is yes, a hospital that provides primary care may apply on behalf of multiple community clinics as a collaborative grant.