

**North Carolina**

**State Designation Rural Health Center Application**

**RFA Title: State Designated** Rural Health Centers Support Grants

**Funding Agency Name:** North Carolina Office of Rural Health (NC ORH)

**Funding Agency Address:** 311 Ashe Avenue, Raleigh, NC 27603

**RFA opens:**  **March 24, 2021**

**RFA deadline**: **April 23, 2021**

**New applications deemed eligible for funding will be asked to complete the readiness assessment described below within 60 days of notification.**

**Background**

NC ORH assists underserved communities and populations with developing innovative strategies for improving access, quality, and cost-effectiveness of health care. Distribution of primary care providers in North Carolina has historically been skewed toward cities and larger towns. Rural residents, who often face transportation issues, find accessing primary care services difficult. Through the establishment of State Designated Rural Health Centers (SDRHC), NC ORH partners with local communities to provide funding to improve ability to serve underserved populations who would otherwise be unable to access needed primary care services due to geographic, economic, or other barriers. Thus, State Designated Rural Health Centers have become an integral part of the health care safety net for North Carolina’s rural and underserved residents.

The purpose of the state designation is to support health care access in primary care sites that do not fit the CMS\_RHC or FQHC designation. Recognizing the need for access to healthcare as the demographics of NC, as well as access points, change (due to FQHC growth and multi-site practice locations) is necessary for incubating and supporting the growth of new access points for health care in rural NC.

ORH defines an SDRHC as a health care safety net organization that is a 501(c)3 non-profit, community-owned organization with an active board that has as its primary mission to provide primary health care services to those residing in its community.  SDRHCs must be located within communities that are both rural and underserved and must currently be delivering primary health care services or can serve patients within six months in its proposed service area.

The State Designated Rural Health Center Guide is available as a resource for more detailed information about the Office of Rural Health’s work to increase access to quality care in rural **and** underserved communities. The Guide outlines the process for receiving State Designation as Rural Health Center and the activities the funds support. [Link](file:///C%3A%5CUsers%5Cdnbritt%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CTCZKV4RL%5Cncruralhealth.az1.qualtrics.com%5CCP%5CFile.php%3FF%3DF_dnY0WwOWA9rpwvY) to guide.

**RFA Description**

The North Carolina Office of Rural Health (NC ORH) is accepting applications for continuing and new State Designated Rural Health Centers. The purpose of grants awarded under this program is to support state designated rural health centers.

**The SFY 2021 RFA supports developing sustainable models of care as well as partnering with community-based organizations to ensure access to transportation, food, housing, and personal violence resources.**

NC Department of Health and Human Services (NC DHHS) has developed tools to support the development and implementation of the Waiver and assist communities in improving health, not just paying for health care. North Carolina received approval of its [Medicaid 1115 Waiver and transformation](https://www.ncdhhs.gov/assistance/medicaid-transformation/proposed-program-design).

[Healthy Opportunities](https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities) are the foundation for Medicaid Transformation.

For that reason, applicants are encouraged to implement a variety of strategies that align with transformation including:

* **Healthy Opportunities Screening**
* **Telehealth (including Telepsychiatry) and Integrated Care**
* **Opioid Disorder Treatment**
* **Incorporating** [**Community Health Workers into the care setting**](https://www.ncdhhs.gov/divisions/office-rural-health/community-health-workers)

**As a new requirement for this application cycle, each applicant must participate in a new practice assessment coordinated and/or funded by NC ORH.**

**Type (s) of applications sought:**

**New Rural Health Center Applicants**: An organization that is not currently funded through the NC ORH State Designated Rural Health Center grant and seeks to serve an underserved service area and uninsured target population with one or more permanent service delivery site (s).

The organization may have received funds from other NC ORH programs but not as a State Designated Rural Health Center (SDRHC).

**Capacity Funding Applicants:** New applicant organizations may apply for Capacity Funding or new applicants not selected to be a SDRHC will have an opportunity to receive capacity funding towards building a management system as well as programs. The funds can help an organization improve their community coordination, collaboration, and strengthen the organization’s ability to apply to become a SDRHC.

* **Types of Capacity** – staffing, organizational, communication, and collaboration, structural (procedures), and material (equipment)
* **Levels of Capacity** – information, skills, structures, and processes
* **Stages of Capacity-building** – exploration, emerging implementation, full implementation, and sustainability

**Rural Health Center Continuing Applicants:** A current State Designated Rural Health Center (SDRHC) that has received funds from the NC ORH and seeks to continue serving its current service area and target population.

1) Continuing applicants are required to attach an attestation sheet along with their application indicating that their site is currently offering primary care services, has an established board of directors, is actively using an identified EHR system, and is in compliance with the State of North Carolina.

Continuing applicants seeking to serve a different service access point or service area must include justification along with the attestation. This is subject to approval.

Attestation Sheet click to download.

**Grant Funding Descriptions**

1. **Medical Access Plan (MAP) –** Grantfunds available for primary health care coverage. These visits are reimbursable at a rate of $100.00 per an encounter to the health center based on medically necessary on-site face-to-face provider encounters, as follows: onsite x-rays, in-house labs, surgical procedures, services performed by practice providers, prophylaxis, and telemedicine.

1. **Behavioral Health Funds –** Grantfunds available for behavioral health and mental health counseling services. The visits are reimbursable at a rate of $75.00 per an encounter to the health center based on on-site face-to-face behavioral health provider encounters: The eligible providers are licensed clinical social workers, advanced practice registered nurses, psychologists, and psychiatrists.
2. **Operating/Infrastructure Funds** – An organization applying for funds in this category must demonstrate the ability to create systems and processes that promote sustainability of the organization being funded. Funding shall assist with accomplishing one of the following goals:
3. Advanced Medical Home - Supports efforts to becomerecognized as a National Committee for Quality Assurance (NCQA)Patient Centered Medical Home (PCMH).

Grant funds must support either:

* An outside subject matter expert to assist with PCMH/AMH recognition or
* Costs associated with educating site personnel with becoming a PCMH Certified Content Expert and/or Advanced Medical Home
1. Supports the creation and implementation of sustainable technological infrastructure that enhances access to health care and improves quality. These efforts may include:
	1. Technological infrastructure (hardware, software, telehealth applications etc.)

Administrative and clinical innovations that sustain primary medical care delivery models through the adoption of Electronic Health Records (EHR) technology, and using the North Carolina HealthConnex, formerly known as the Health Information Exchange. In 2015 North Carolina passed a law (NCGS 90-414.7) establishing the North Carolina Health Information Exchange Authority (NC HIEA) to oversee and administer the NC Health Information Exchange Network called NC HealthConnex.

* 1. Methods for expanding the ability to collect, exchange, store, and disseminate health information while augmenting the practice’s capacity to provide access to and delivery of primary health care.
1. Supports rural health center’s activities that increase and/or improve efficiencies, effectiveness, transformation, sustainability, quality, or access to care. Provides rural health centers with funding to hire or retain professional services including but not limited to legal aid, actuarial services, and other professional services deemed prudent and necessary for business operations. Grantees must use the practice assessment/workplans completed to inform request for funds in this category.
2. Funding tosupport innovative strategies including but not limited to:
* Accountable Care Organizations (ACOs)
* Clinically Integrated Network (CINs)
* Healthy Opportunities Screening
* Telehealth (including Telepsychiatry), Community Paramedicine, Integrated Care, etc.
* Opioid Disorder Treatment
* Incorporating [Community Health Workers into the care setting](https://www.ncdhhs.gov/divisions/office-rural-health/community-health-workers)
* Innovative collaboration with Community-Based Organizations to support Healthy Opportunities
* Staffing and contract services
* The use of NC HealthConnex to promote access, exchange, and analysis of health information to improve patient care and coordination of care.
1. **Capacity Funds –** Grant funds available for capacity building. Eligible organizations may seek funding for capacity building when the assessment or application indicates further development is warranted before SDRHC status can be received. A Rural Health Operations staff member will work alongside the organization.

**Award Information:** Applicants may apply for multiple funding options within the same application. For example: An applicant can apply for behavioral health funds and operating/infrastructure funds. The maximum total grant award is dependent upon demonstrated needs and operating structure at each of the rural health centers and is contingent upon funding availability. **Grant funds must be used at physical locations where primary medical care is provided and may not be used for vehicles or to pay down loans.**

**Funding Cycle:** The funding cycle is July 1, 2021 through June 30, 2022. All grantees must fully expend grant funds prior to June 30, 2022. All invoices for completed and projected work must be submitted to NC ORH for reimbursement no later than June 7, 2022.

**Requirements:** Your application must document the need for primary health care services in the service area and propose a comprehensive plan that demonstrates alignment to the NC ORH mission and vision. The plan within the application must ensure the availability and accessibility of primary health care services to all individuals in the service area and target population with collaborative and coordinated delivery systems for the provision of health care to the underserved.

As a condition of receiving state funds, the SDRHC agrees to comply with the standards of the NC Division of Controllers Office, NC Office of Management and Budget standards, and ORH Operations Program. Link  [for the detail requirements includes (1) Compliance Standards (Completion of all NC DHHS Contract Approval Forms), (2) Contractual Agreement, and (3) Program Operations.](http://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_6QzL8Bnonh4OaDs)

**How to Apply**: Applicants must submit their application electronically through an electronic survey. To receive a personalized link to the application requires a two-step process. The link below will request information about your organization and a contact person. The e-mail submitted in the link will be sent a personalized link to apply to the Rural Health Centers Support Grants RFA. Use the following document as guidance to the electronic version of the application.

**Click link to access electronic version of application:**[**https://ncruralhealth.az1.qualtrics.com/jfe/form/SV\_5ngAqyHY7Y7Sd2B**](https://ncruralhealth.az1.qualtrics.com/jfe/form/SV_5ngAqyHY7Y7Sd2B)

**Scoring Criteria**

**Grant awards will be based on the following criteria. Failure to fully describe all sections will impact the funded amount. Applications will be reviewed and scored according to the following criteria regardless of the funding category applied for:**

|  |  |
| --- | --- |
|  Overview of the Organization | 10 Points |
|  Community Need | 20 Points |
|  Improved Access to Care | 15 Points  |
| Community Collaboration (e.g., health departments, departments of social services, housing authority, etc.) | 15 Points |
| Work Plan  | 15 Points  |
| Performance Measure  | 10 Points |
| Sustainability Model  | 5 Points |
| Budget  | 10 Points |
| **Total Points Awarded** | **100 Points** |

**How to Obtain Further Information:** All questions regarding the application should be sent to the regional Rural Health Operation’s Program Team member based on the selected Medicaid Region or by contacting our office number 919-801-1642 or the Rural Health Operations email: RuralHealthOperations\_Grantees@dhhs.nc.gov

Dorothea Brock, Program Manager

Dorothea.Brock@dhhs.nc.gov

Rural Health Operations Specialist - Regions 4 & 6

TBA

Monifa Charles, Rural Health Operations Specialist - Regions 3 & 5

Monifa.Charles@dhhs.nc.gov

Caroline Collier, Rural Health Operations Specialist - Regions 1 & 2

Caroline.Collier@dhhs.nc.gov



|  |  |
| --- | --- |
| Organization Name: |  |
| Organization EIN (Employer Identification Number): |   |
| Organization NPI (National Provider Identifier (if applicable): |  |
| Mailing Address: |  |
| Website  |  |
| Organization Type: (check all that applies) | [ ] FQHC [ ]  FQHC Look-Alike [ ]  Free and Charitable Clinic [ ]  Rural Health Clinic [ ]  Health Department [ ]  Faith-based Organization [ ] Small/Rural Hospital [ ] State- Designated Rural Health Center (current) [ ] Community Coalition [ ] Other \_\_\_\_\_\_\_\_\_\_\_ |
| Primary County served (where the grant will be utilized) |  |
| Other Counties serviced (if applicable)  |  |
| If applicable, please check all that applies, if your organization in the last year had received funds or have not received from the Office of Rural Health.  | [ ] Community Health Grant Amount:[ ] Medication Assistance Program Amount:[ ] Medical Access Plan (MAP) Amount:[ ] North Carolina Farmworker Amount:[ ] None  |
| Does your organization have an Electronic Health Record? | [ ] Yes: Please list name and version: [ ] No  |
| Is your organization currently connected to the NC HealthConnex?  | [ ] Yes [ ] No  |
| Is your organization currently connected to NCCARE360?  | [ ] Yes, if yes, [ ] actively sending and/or [ ] actively receiving[ ] No: |

**ORGAINZATION PROFILE INFORMATION**

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**

1. Applicant awardees will be awarded for 1-year period and must comply with participating in a site visit or desk review within 1 to 3 months of the awarded start date.

1. Applicants must demonstrate readiness to fulfill the requirements of a State-Designated Rural Health Center.
2. **New Applicants** are required to complete the Readiness Assessment Tool with the Rural Health Operational team member.

1. **Continuing Applicants** are required to complete an attestation statement.
2. Applicants are required to provide the following supporting documentation:
* 3 Letters of support from community partners or stakeholders
* Copy of Board Member list and Bylaws
* Submit a weblink to the most recent county or regional community health needs assessment (CHNA)
* Using the Rural Health Information Hub applicant may access the “Am I Rural” tool from the [Rural Health Information HUB](https://www.ruralhealthinfo.org/am-i-rural). Please attach a pdf. format referencing the summary of your location and data resources.
* Organizational Chart
* [**Budget Template**](file:///C%3A%5CUsers%5Cdnbritt%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CTCZKV4RL%5Cncruralhealth.az1.qualtrics.com%5CCP%5CFile.php%3FF%3DF_2aucrHVyjkQc0Vo) **(Note: this will be a separate attachment: required to complete a budget template for two years) - Applicants can use the** [**Table conversion of hours to full-time equivalent (FTE).**](http://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_ePuqbjXsxTM24qF)
* [**Budget Narrative Document**](file:///C%3A%5CUsers%5Cdnbritt%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CTCZKV4RL%5Cncruralhealth.az1.qualtrics.com%5CCP%5CFile.php%3FF%3DF_0qSATpEac3v5YMe)

**Contact List of Board Members**

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| Member Names | Email Address | Title/Position | Office Term |
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Required to have a Board Chair and a Vice-Chair, but not limited to only (2) two positions.

1. **Overview of the Organization (10 Points)**
2. Please indicate the number of service delivery site(s) and location(s) were the grant will be utilized.
3. Please list your organization hours of operation.
4. Please provide a brief description of the following:
	1. Your organization’s history and mission.
	2. Your organization’s primary care services or experience in primary care.
	3. Unique services provided by your organization.
5. Patient Insurance Status in your Organization:Enter the number of unduplicated patients, by category, who are *projected* to be served during the project period at the site where the grant will be utilized. Enter a projected baseline value as of July 1 in Column A; an *estimated* target value for the total number of patients who will be served over one year (July 1 through June 30) in Column B; and include the projected net additional patients served in Column C for each insurance type ( column B minus column A).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Column AProjected Baseline Served | Column BProjected Target Served | Column CProjected Net Additional PatientsServed(Col B minus Col A) |
| None/Uninsured Patients  |  |  |  |
| Medicaid  |  |  |  |
| Children’s Health Insurance Program (CHIP) |  |  |  |
| Medicare (including duals) |  |  |  |
| Other Public Insurance (e.g. Tricare) |  |  |  |
| Private Insurance (e.g. BCBS) |  |  |  |
| Total Unduplicated Patients Served (sum of above) |  |  |  |

1. Patients by Race and Ethnicity: Enter the number of unduplicated patients by Race &

Latino Ethnicity that you currently serve (a baseline value as of July 1). Only include patients at the site(s) where the grant will be utilized. Please use line ‘g’ if race is not reported. Use column C if race is reported but ethnicity is not. The total number of patients should align with the number in the patient insurance status.

|  |  |  |  |
| --- | --- | --- | --- |
| Race | Column AHispanic/ Latino | Column BNon-Hispanic/ Latino | Column CUnreported/ Refused to Report Ethnicity |
| * 1. American Indian / Alaska Native
 |  |  |  |
| * 1. Asian
 |  |  |  |
| * 1. Black/African American
 |  |  |  |
| * 1. Native Hawaiian / Other Pacific Islander
 |  |  |  |
| * 1. White
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| * 1. More than one race
 |  |  |  |
| * 1. Unreported / Refused to report race
 |  |  |  |

 8a. Please provide a brief description of roles and responsibilities of the listed staff

members in your organizational chart. Ex. Clinical Nurse Supervisor: provides a critical link between hospital management and clinical care, overseeing patient-care operations, assigning, and monitoring staff nurses and identifying and implementing quality improvements.

8b. Please list all provider’s NPI numbers associated with your organization/ and other staff members ( at the site(s) where the grant will be utilized: Please list provider’s NPI by name and type (MD, DO, PA, NP, CNM, etc.). Please refer to Table conversion of hours for instructions on calculating number of FTEs.

|  |  |  |  |
| --- | --- | --- | --- |
| Provider’s Name / staff Name  | Title  | NPI number | FTEs (full-time equivalent) |
|  |  |  |  |

1. 9. Does your practice collect data on individual patient’s social risk factors or social determinants of health?

[ ] Yes

[ ] No, but in planning stages to collect this information

[ ] No, not planning to collect this information

  [If yes, what type of tool does your practice use: List of Screening Tools](http://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_0HUVm8uikN0Kd5I)

1. **Community Need (20 Points)**
	1. Please provide a description of the proposed service area (ex: population, other safety net services in the area, challenges, poverty, and other pertinent demographic data).

Please reference your county/region community health needs assessment to provide information in this section.

Available resources include<https://www.healthenc.org/>  (Eastern NC) and <https://www.wnchn.org/>  (Western NC). Check your local health department’s website to find your county’s community health needs assessment. If you still need assistance locating your region or county's community health needs assessment, please reach out to the Office of Rural Health. [Health Atlas Map](https://schs.dph.ncdhhs.gov/data/hsa/)

Additional resources to include for identifying your community needs and services: Applicant may access the “Am I Rural” tool from the [Rural Health Information HUB](https://www.ruralhealthinfo.org/am-i-rural). Please attach a pdf. format referencing the summary of your location and data resources. **(3,000-character limit, inclusive of spaces and punctuation)**

* 1. Please provide a description of how the organization’s services will be communicated in the community or to stakeholders. *(Ex: using website, newsletter, community forums, social media, press release, etc.)* **(3,000-character limit, inclusive of spaces and punctuation)**
1. **Improve Access to Care (15 Points)**

9. To support rural healthcare access, describe how your organization will educate the target population based on health care services/needs and access to additional resources in the community. **(2,000-character limit, inclusive of spaces and punctuation)**

10. Describe how your organization will provide or support the continuity of care with community providers. **(2,000-character limit, inclusive of spaces and punctuation)**

11. Please provide a description of how the funds Medical Access Plan (MAP), Project Funds, or Behavioral Health (BH) funds will help support or expand services to improve access to care with the uninsured and underinsured populations. **(2,000-character limit, inclusive of spaces and punctuation)**

 12. **If applicable, describe how you use or plan to use telehealth, telemedicine, etc to:**

(*Telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Telemedicine services - include both an originating site and a distant site. The originating site is the location of the patient at the time the service is being furnished. The distant site is the site where the physician or other licensed practitioner delivering the service is located.)* (**2,000-character limit, inclusive of spaces and punctuation)**

1. Provide in-scope services (services and task for payment and will be provided via telehealth).
2. Communicate with providers and staff at other clinical locations
3. Receive or perform clinical consultations
4. Send and receive health information from mobile devices to remotely monitor patients.
5. Other remote platforms, telephonic, social media sites.
6. **Community Collaboration (15 Points)**

13. Briefly describe your role or participation in services that align with the North Carolina Department of Health and Human Services Strategic plan ([Strategic Plan, 2019-2021](https://files.nc.gov/ncdhhs/NCDHHS-Strategic-Plan-2019-2021-WEB.pdf)). DHHS focuses on and encourages collaboration among community partners in integrating physical health and behavioral health services, increasing community awareness and prevention of drug overdose and death, and the importance of healthy children and families. <https://www.ncdhhs.gov/divisions/human-resources/strategic-goals> **(3,000-character limit, inclusive of spaces and punctuation)**

14.Complete the table below to describe how your organization has built or anticipates proposed collaborative partnerships with other organizations in your community. Include traditional and non-traditional organizations. Include collaborative partnerships directly related to your funding requests (i.e. Organization/Infrastructure Funding, Medical Access Plan, Capacity Building, etc.) Limit to three (3) organizations/proposed collaborations.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of each partnering organization/or proposed collaborations**  | **Purpose/role of the collaboration**  |  **Outcome of the collaboration/ proposed outcome(s).**  | **For each organization How will you maintain partnership?**  |
| ABC Health Center  | Referral for substance abuse  | 10 patients with SUD being treated by clinical psychiatrist  | MOU agreement  |
|  |  |  |  |
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1. **Work-Plan (15 Points)**

15.A work plan is required for the grant. Organizations can use the information listed in the practice assessment category description: **(**[Link to AHEC Practice Assessment Categories](file:///C%3A%5CUsers%5Cdnbritt%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CTCZKV4RL%5Cncruralhealth.az1.qualtrics.com%5CCP%5CFile.php%3FF%3DF_dhsQOc7rSfMDYxM)**)**

In the following questions you will be asked to create: (A) goal or as many goals related to your organization’s plan or project, (B) provide objectives, (C) list title of the person responsible and (D) timeframe on reaching that goal.

NOTE: Current grantees are required to provide an update of their practice assessment action plan items.

NOTE: All funded organizations will complete a practice assessment and an action plan. Please list potential goals and objectives related to clinical measures and or infrastructure activities. Organizations can list up to (4) four goals, but (4) four goals are not required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **Goal is related to the following item in the Practice Assessment** **(category description)** | **Objective** | **Title/identified Person Responsible** | **Timeframe (expected completion date)** |
| Reduce the number of patients with a HbA1c above 9 | Care Coordination  | Hire a Community Health Worker to provide care coordination to 50 noncompliance patients with Type II diabetes.  | Nurse Manager  | May 31, 2021  |
|  |  |  |  |  |
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**Required to complete: Table for clinical performance measures for organizations to include their baseline metrics and target metrics.** Please use information as a reference: [Clinical Performance Criteria](http://ncruralhealth.az1.qualtrics.com/CP/File.php?F=F_1EQsAmAx7YpKSq2)  (Link will download a word document of performance questions required for application).

1. **Performance Measures Narrative (10 Points Total)**

16. Describe how and what your organization will identify as appropriate benchmarks or use for tracking your workplan goals and reporting data on examples such as practices’ clinical processes, outcomes, patient satisfaction, cost saving, and quality improvement. Examples: [Healthy North Carolina 2030](https://nciom.org/healthy-north-carolina-2030/#:~:text=The%20Goal,of%20health%20in%20the%20state.); [U.S Department of Health and Human Services Healthy People 2030](https://health.gov/healthypeople)

1. **Sustainability Model (5 Points)**

17. Describe how your organization is planning for sustainability should funds not be available? Please include financial, programmatic, and leadership aspects that provide a specific blueprint for raising the money to continue operating your programs, serving your patients and community beyond the current funding. Describe the ways your organization plans to use these funds to expand capacity with an accountable care organization or a clinically integrated network (CIN), or any other integrated care models/solutions. *(Stating “we would not be able to provide care” is not sufficient).*