SFY 2015-2016 Rural Health Centers Program

Medical Access Plan, Innovation and Planning and Implementation Grants

**NOTIFICATION OF NEW GRANT**

The purpose of grants awarded under this program is to support state-designated rural health centers. The Office of Rural Health and Community Care (ORHCC) 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 the cities and larger towns. Rural residents, who often suffer from transportation issues, find accessing primary care services difficult. Through the establishment of rural health centers, the ORHCC enables local communities to provide access to their underserved populations who would otherwise be unable to receive needed primary care services due to geographic, economic, or other barriers. Thus, rural health centers have become an integral part of the health care safety net for North Carolina’s rural and underserved residents.

Through the three funding options available within this operational support grant, the rural health center provides much needed primary medical care access to its residents.

To be eligible to apply for these funds, your organization must be deemed a state-designated, 501(c)(3) rural health center by ORHCC. The maximum total grant award is dependent upon demonstrated need at the rural health center and is contingent upon funding availability. Grant funds must be utilized at physical locations where primary medical care is provided and may not be used for vehicles or to pay down loans.

There are three funding options: **Medical Access Plan (MAP), Innovation Projects, and Planning and Implementation Projects.**

Applicants may apply for multiple funding options within the same application. Once a practice receives an award through one or more funding options, the practice may submit a contract amendment to apply for funding through another funding option.

Applicants should work through their assigned ORHCC staff prior to seeking additional funding through contract amendments and prior to submitting grant applications for multiple funding options.

**Medical Access Plan (MAP)** - Uninsured and underinsured residents are afforded access through the Medical Access Plan (MAP). MAP is a sliding fee scale program that helps residents of North Carolina access primary health care services when they meet specified financial criteria found in the current MAP manual and do not have primary health care coverage. Visits are reimbursable through MAP for medically necessary, on-site, face-to-face provider encounters less the patient copay amount.

**Innovation Projects** – Innovative grants will be awarded in three focus areas/tracks. All projects must show ability to create systems and processes that promote sustainability of the organization being funded. Innovative grants shall assist the practice with accomplishing one of the following goals:

Applicants seeking Innovation funding should work with their assigned ORHCC staff to discuss project scope prior to submitting an application and/or contract amendment.

**Track A**: Supports efforts to becomerecognized as a National Committee for Quality Assurance (NCQA)Patient Centered Medical Home (PCMH). Grant funds must support either: 1) an outside subject matter expert to assist with PCMH recognition or 2) costs associated with educating site personnel with becoming a PCMH Certified Content Expert.

**Track B**: Supports the creation and implementation of sustainable technological infrastructure that enhances access to health care and improves its quality. These efforts may include technological infrastructure (hardware, software, etc.), administrative, and clinical innovations that sustain primary medical care delivery models through the adoption of Electronic Health Records (EHR) technology and through the use of the North Carolina Health Information Exchange (NCHIE) connection. Applications may include methods for expanding the ability to collect, exchange, store, and disseminate health information while augmenting the practice capacity to provide access to and delivery of primary health care.

**Track C:** Provides an opportunity for Rural Health Centers to propose activities that increase and/or improve the practice’s efficiencies, effectiveness, transformation, sustainability, quality or access to care.

**Planning and Implementation Projects** - This seed funding opportunity is available to organizations deemed by ORHCC as a state-designated rural health center on or after July 1, 2014. Grant dollars will support planning and implementation activities associated creating or implementing a community development plan that supports an operational move toward long-term sustainability. Funding requests may include, but are not limited to, support for attorney fees, provider compensation, operational subject matter experts (Patient Centered Medical Home, Meaningful Use, etc.) and technology advancement.

Applicants seeking Innovation funding should work with their assigned ORHCC staff to discuss project scope prior to submitting an application and/or contract amendment.

**Performance Measures:** Performance measures must be specific to grant fund use and will be developed by the applicant in collaboration with the assigned Rural Health Operations Specialist. Monthly reporting during the grant period, as well as all NCGrants.Gov annual reporting, is required. Specific reporting guidance will be found in the Grant Agreement Scope of Work.

**Grant Period:** The grant period is no more than one year (12 months) and will not cross state fiscal years. Applicants must re-apply for funding each fiscal year and must meet all eligibility requirements. In addition, applicants must satisfy all community development plan goals and performance measure targets. Should the applicant not satisfy a particular goal or performance measure, the applicant must notify the assigned Rural Health Operations Specialist. They must work together to develop a justification/action plan to detail correction steps or revise the goal or performance measure. Community development plan goals and performance measure results may be considered in determination of future funding awards.

**Application Deadlines:** Applications for all funding types must be received ***prior to April 1, 2016***.

Applications must be e-mailed to andrea.murphy@dhhs.nc.gov and cc’d to tammy.Norville1@dhhs.nc.gov and parcheul.harris@dhhs.nc.gov.

**Incomplete applications and applications not completed in accordance with these instructions will not be eligible.**

**Inquiries:**

* **MAP and Innovation Project funding**:

 Andrea Murphy at Andrea.Murphy@dhhs.nc.gov or (919) 527-6448.

* **Planning and Implementation funding:**

 Locations in eastern NC: Andrea Murphy

 andrea.murphy@dhhs.nc.gov or (919) 527-6448

Locations in western NC: Tammy Norville

 tammy.norville1@dhhs.nc.gov or (919) 527-6476

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Medical Access Plan, Innovation and Planning and Implementation Grants

**Application Instructions**

Please read and follow grant application instructions and requirements carefully.

Applications that do not adhere to all instructions and requirements will be **ineligible.**

**Technical Assistance**

Technical assistance is available provided by the assigned Rural Health Operations Specialist and/or the Rural Health Operations Program Manager.

* **MAP and Innovation Project funding**:

 Andrea Murphy at Andrea.Murphy@dhhs.nc.gov or (919) 527-6448.

* **Planning and Implementation funding:**

 Locations in eastern NC: Andrea Murphy

 andrea.murphy@dhhs.nc.gov or (919) 527-6448

Locations in western NC: Tammy Norville

 tammy.norville1@dhhs.nc.gov or (919) 527-6476

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**Application Deadline**

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**Eligible Applicants**

**MAP and Innovation Project:** Office of Rural Health and Community Care state-designated, 501(c)(3) rural health center.

**Planning and Implementation Projects:** Organizations deemed by ORHCC as a state-designated rural health center on or after July 1, 2014.

**Funding Priorities**

Grant awards are based on the availability of State funding. The maximum total grant award is dependent upon demonstrated need at the rural health center. Grant funds must be utilized at physical locations where primary medical care is provided.

**Scoring Criteria**

Organizations are encouraged to coordinate and collaborate with other safety-net providers in their service area when appropriate.

Applications will be reviewed and scored according to the following criteria:

Organization Information (Answer questions and /or 1 – 2 paragraphs) 5 points

Project Description, Community Need and Improved Access to Care 40 points

Project Evaluation and Return on Investment 40 points

Budget 15 points

***Total Point Award: 100 points***

**Funding Cycle**

Awards are granted after July 1, 2015 and prior to April 1, 2016. All grantees must fully expend grant funds prior to June 30, 2016. All invoices for completed and projected work must be submitted to ORHCC for reimbursement no later than June 10, 2016.

**Organizational Information and Signature Sheet**

Required: Organizational Information and Signature Sheet is the first page of your grant application.

***The grant should be completed using the legal name of the organization.***

Grant Request: Enter total funding amount requested.

Summary of Request: Provide a very brief (1-2 sentence) description of your project.

* *Check Funding Option(s) or Delete Unselected Funding Options*
* For each Funding Option selected, provide a very brief (1 sentence) description of your project. *Example:* *Home Town Health Clinic will expand access to quality primary medical care to the uninsured through utilization of the Medical Access Plan and by employing an additional nurse practitioner.*

Contact Person: Enter the name and contact information for the person best able to answer questions about the grant application.

Grant Application Submitted By: This form should be signed by a person authorized to enter into and sign contracts for your organization.

**Organizational Profile**

Required: The Organizational Profile is the second page of your grant application.

Clinical Staff FTEs: Report the number of employed clinical staff. Do not report volunteers. Refer to Appendix A for help in calculating number of FTEs.

**Summary of Evaluation Criteria and Baseline Data**

Required: The Summary of Evaluation Criteria and Baseline Data is the third page of your grant application.

Complete both Sections I and II.

**SECTION I: Unduplicated Patients Served**

1. Line 1: Enter the number of unduplicated **uninsured** patients who will be served by the proposed project or during the project period. Enter a baseline value as of July 1, 2015 in Column A; a target for the total number of uninsured patients who will be served by June 30, 2016 in Column B; and the net additional uninsured patients seen in Column C (Column B minus Column A). The values reported should be project specific.
2. Line 2: Enter the number of unduplicated **self-pay** patients who will be served by the proposed project or during the project period. Enter a baseline value as of July 1, 2015 in Column A; a target for the total number of self-pay patients who will be served by June 30, 2016 in Column B; and the net additional self-pay patients seen in Column C (Column B minus Column A). The values reported should be project period specific.
3. Line 3: Enter the number of **Medicaid and Health Choice** (SCHIP) patients who will be served during the proposed project period. Enter a baseline value as of July 1, 2015 in Column A; a target for the total number of Medicaid and Health Choice patients who will be served by June 30, 2016 in Column B; and the net additional Medicaid and Health Choice patients seen in Column C (Column B minus Column A). The values reported should be project period specific.
4. Line 4: Enter the number of **Medicare (not including Advantage Plans)** patients who will be served during the proposed project period. Enter a baseline value as of July 1, 2015 in Column A; a target for the total number of Medicare patients who will be served by June 30, 2016 in Column B; and the net additional Medicare patients seen in Column C (Column B minus Column A). The values reported should be project period specific.
5. Line 5: Enter the number of **Blue Cross and Blue Shield** patients who will be served during the proposed project period. Enter a baseline value as of July 1, 2015 in Column A; a target for the total number of Blue Cross and Blue Shield patients who will be served by June 30, 2016 in Column B; and the net additional Blue Cross and Blue Shield patients seen in Column C (Column B minus Column A). The values reported should be project period specific.
6. Lines 6: Enter the number of **Other Commercial** patients (e.g. privately insured) who will be served during the proposed project period. Enter a baseline value, as of July 1, 2015 in Column A; a target for the total number of these patients who will be served by June 30, 2016 in Column B; and the net additional patients seen in Column C (Column B minus Column A). The values reported should be project period specific.
7. Line 7: Sum the totals of Lines 1-6 for each column.

**SECTION II: Evaluation Criteria**

1. Summarize the evaluation criteria from your application in the table. Complete both the Performance Measures table within the application and the Project Evaluation section in the grant narrative.
2. At least one of the criteria should evaluate how the proposed project affects the population and/or community need.
3. The evaluation criteria must be measurable. Baseline and target values should use the same unit of measurement (e.g., encounters to encounters, patients to patients).
4. There will be mandatory performance measures required for all applicants. **These measures must be reported by July 31, 2016 for the beginning of the grant period (July 1, 2015) and the end of the grant period (June 30, 2016). These key performance measures are required by the North Carolina Office of Rural Health and Community Care (ORHCC).**
5. Add additional measures to the table as needed working with the assigned Rural Health Operations Specialist. Additional measures should only be added if they are pertinent to evaluating the success of the project and are not included in the list of required measures.

**Narrative Section**

The grant narrative should not exceed five (5) pages **excluding** the budget template.

**Overview of Organization 5 points**

Provide a brief description of your organization by responding to the questions in the grant application.

**Community Need, Project Description and Improved Access to Care 40 points**

ALL APPLICANTS MUST RESPOND TO THE FOLLOWING: Describe the population served by your organization and their healthcare needs. Include information on the incidence of poverty in the targeted community and other pertinent demographic data. Provide citations/reference sources for all community demographics and health-status data.

Also, include information regarding what issue you are addressing and how many individuals or groups within your focus/service area are affected by that issue. Include descriptions of the full population and sub-groups within the full population.

Where appropriate, describe how you will collaborate on this project or initiative with other safety net providers in your community, including your local community hospital, and/or how this project will improve the coordination of patient care across multiple providers.

**Community Need: MAP Applications:**

Answer the questions in the application as completely as possible.

**Community Need: Innovation Project Applications:**

Describe your proposed project or initiative. Detail how it will address the organization’s needs and increase access to care for patients. Each track may require slightly different details on how the funds will support specific purposes and services. The overarching purpose of the grant is to enhance and improve access and quality of primary health care. Below are suggestions for how you may tailor the project description based on the track you have selected.

**Track A**: **Patient Centered Medical Home (PCMH) Recognized Level 1, 2 or 3:** Supports efforts to becomerecognized as a National Committee for Quality Assurance (NCQA)Patient Centered Medical Home (PCMH).

Submit a plan that supports either: 1) an outside subject matter expert to assist with PCMH recognition or 2) costs associated with educating site personnel with becoming a PCMH Certified Content Expert.

**Track B**: **Increase technological infrastructure for enhancing information access and exchange of primary health care data:** Supports the creation and implementation of a sustainable technological infrastructure that enhances access to health care and improves its quality. These efforts may include hardware, software, administrative, or clinical innovations that sustain primary medical care delivery models through the adoption of Electronic Health Records (EHR) technology and through connection to the North Carolina Health Information Exchange (NCHIE). Applications may include 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.

Submit a plan that describe the needs of your organization to improve its capacity to store, maintain, support, exchange, and disseminate clinical, fiscal, and administrative data on patients served. Provide a timeline of all activities to take place in the process.

**Track C:** **Increase Efficiencies, Effectiveness and Access to Care:** Provides an opportunity for Rural Health Centers to propose activities that increase and/or improve the practice’s efficiencies, effectiveness, transformation, sustainability, quality or access to care.

Submit a plan that describes how you will improve the practice’s efficiencies, effectiveness, transformation, sustainability, quality or access to care.

**Community Need: Planning and Implementation Applications:**

Seed funding is available to those organizations deemed by ORHCC as a state-designated rural health center on or after July 1, 2014. Grant dollars will support planning and implementation activities associated creating or implementing a community development plan that supports long-term sustainability. Funding requests may include, but are not limited to, support for attorney fees, provider compensation, operational subject matter experts (Patient Centered Medical Home, Meaningful Use, etc.) and technology advancement.

Submit a plan that describes planning and implementation activities necessary to increase access to care for uninsured, underinsured and underserved populations.

**Project Evaluation and Return on Investment (ROI) 40 points**

Describe how you will evaluate *your organization’s* influence on access to care. The evaluation must include measurable criteria/performance measures (completed in Sections I and II). At least one criterion should evaluate how the proposed project affects the population and/or community need. Each criterion/performance measure must include a baseline value and a target value to be reached ***by*** ***June 30, 2016***. Discuss potential factors that could negatively affect your organization’s ability to reach your evaluation targets and describe how these factors might be mitigated.

Explain why the proposed funding is a good use of State funds. Detail any anticipated cost savings to either your organization or other health care providers (for example: reduced use of the ER).

**Budget 15 points**

You must use the budget template for the desired funding option that is provided. If the budget template is not used, zero points will be awarded for the budget feasibility section. The budget should be for the project start date through the designated end date. **This should be a project specific budget, NOT the budget for your entire organization.**

Provide a detailed cost breakdown for the project and identify all sources of funding for the project. Clearly identify which project costs will be covered with grant funds and enter these in Column A; all other project costs should be entered in Column B. Use the budget narrative tab to explain in greater detail how funds will be used.

Innovation Project Grant and Planning and Implementation Grant funds may not be used to purchase and/or lease vehicles or pay down existing mortgages and/or other loans or debt.

**FOR MAP FUNDING:**

MAP encounters will be reimbursed at $100 per encounter. MAP copayment amounts will be at the discretion of the organization up to but not to exceed $25.

Rather than requiring a MAP Budget Computation Worksheet and line item specific budget, complete only the following statement on the Budget Narrative tab:

**MAP Interactions – The Contractor will be reimbursed monthly on the basis of data reported on the MAP Monthly Withdrawal Worksheet. Total reimbursement shall not exceed the amount of the contract.**

**Approximately\_\_\_\_ (enter number) MAP encounters x $100 per encounter = $\_\_\_\_ [TOTAL AMOUNT OF AWARD]**

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**Application Checklist**

The application and budget documents must be submitted via e-mail. The Organizational Information and Signature sheet must be scanned and submitted via PDF document. No typed or electronically signed documents will be accepted. Please send all documents to andrea.murphy@dhhs.nc.gov and cc’d to tammy.Norville1@dhhs.nc.gov and parcheul.harris@dhhs.nc.gov.

* Organizational Information and Signature Sheet: First page of the application.
* Organizational Profile: Second page of the application.
* Summary of Evaluation Criteria and Baseline Data Sheet: Third page of the application.
* Narrative Section: Applications should not exceed the narrative page limit. Required forms and Budget Template do not count toward the page limit.
* Program Budget Template is only the narrative section for MAP funding. Submit the completed line-item budget template for Innovation and/or Planning and Implementation funding.

**The following forms required for all applicants and must be included with the application. *Please .pdf as separate documents (documents are active for one calendar year).***

* One copy of your Internal Control Questionnaire (Separate Excel document and signed .PDF)
* One copy of your State Certification
* One copy of your Proof of Insurance Certification (if applicable)
* One copy of your IRS letter verifying your tax exempt status
* One copy of your No Overdue Tax Debt Certification
* One copy of your Conflict of Interest Acknowledgement and Current Policy (if your organization has not received funding from the Department of Health and Human Services within the last year OR if your Conflict of Interest Policy has changed in the past year.)
* One copy of your Conflict of Interest Annual Verification Policy
* One copy of your 501(c)(3) Tax Exempt Verification

**Appendix A: Table for proper conversion of hours to Full Time Equivalent (FTE)**

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| **# of FTE’s**  | **Conversion**  | **Logic when staff sustained from grant >1.00 FTE****Add 1.00 to fraction of part time.****Example: if there is a part time staff working 10 hours a week in addition to one full time, that converts to** **1.00+.25=1.25 FTE****Hint: for staff working odd number of hours (e.g., 3 hours per week) round up to next level or, in this case, to** **4 hours=.10FTE.**  |
| 2 hours/week | .05 FTE |
| 4 hours/week  | .10 FTE  |
| 6 hours/week  | .15 FTE  |
| 8 hours/week  | .20 FTE  |
| 10 hours/week  | .25 FTE  |
| 12 weeks/week  | .30 FTE  |
| 14 hours/week  | .35 FTE  |
| 16 hours/week  | .40 FTE  |
| 18 hours/week  | .45 FTE  |
| 20 hours/week  | .50 FTE  |
| 22 weeks/week  | .55 FTE  |
| 24 hours/week  | .60 FTE  |
| 26 hours/week  | .65 FTE  |
| 28 hours/week  | .70 FTE  |
| 30 hours/week  | .75 FTE  |
| 32 hours/week  | .80 FTE  |
| 34 hours/week  | .85 FTE  |
| 36 hours/week  | .90 FTE  |
| 38 hours/week  | .95 FTE  |
| 40 hours/week  | 1.00 FTE  |  |