



Office of Rural Health
NC Department of Health and Human Services
State Designated Rural Health
Centers Support - Request for
Application Information
Session

January 24, 2025
1 - 2:30 p.m.

Welcome

- Please keep your lines muted when not speaking
- Submit questions in the chat box or use the raise hand feature during designated Q&A section
- Use the call-in feature if you have audio difficulties:
 - Dial in by phone
 - +1 984-204-1487,,165893323# United States, Raleigh
 - Phone conference ID: 165 893 323#
- Presentation session will be recorded and posted to our website



About the Office of Rural Health (ORH)

First state office (1973) in the nation created to focus on the needs of rural and underserved communities

ORH Mission Statement: The North Carolina Office of Rural Health (ORH) supports equitable access to health in rural and underserved communities.

- To achieve its mission, ORH works collaboratively to provide:
- Funding
- Training
- Technical assistance

For high quality, innovative, accessible, cost-effective services that support the maintenance and growth of the State's safety net and rural communities.



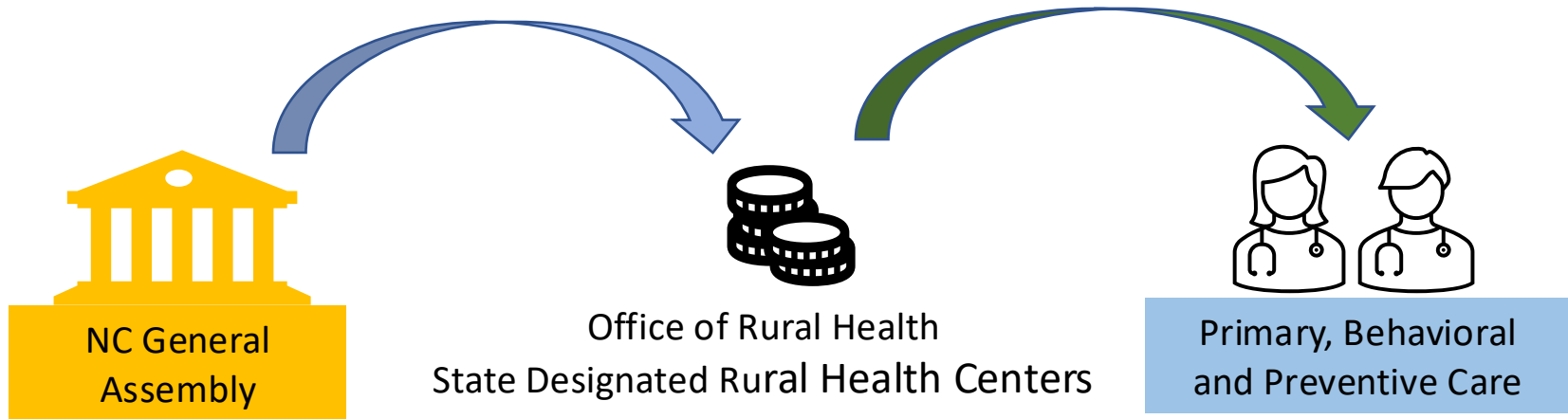
State Fiscal Year 2024 Office Facts:

- Administered over 550 contracts
- \$80.3 million available grant funding from state, federal, and philanthropic sources
- Returned over 80% of its budget directly to NC communities
- Provided 2,938 technical assistance activities to outside organizations and stakeholders

****While we do not provide direct care, our programs support numerous health care safety net organizations throughout North Carolina.**



Rural Health Centers Program



Purpose

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 to provide services to low-income, uninsured and underserved rural populations.

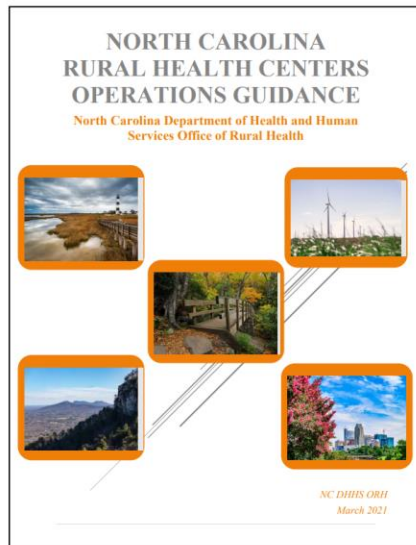
State Designated Rural Health Center (SDRHCs)



ORH definition:

- SDRHC is 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 in its proposed service area.

Eligibility



The purpose of the SDRHC program is to increase access to primary care for rural uninsured and underinsured residents. To determine eligibility to become an SDRHC, the applicant organization must first assess if the proposed location can meet important criteria.

The following factors are considered:

- Rural determination
- Health Professional Shortage Area determination
- Availability of primary care services in neighboring communities
- County Distress Ranking – Tier 1 or 2
- 501c3 Organization
- Provider of primary health care services to all individuals in the defined service area regardless of ability to pay
- Ability or plan to enroll eligible providers in Medicare and Medicaid reimbursement programs
- Documentation demonstrating that at least 10% of patient volume is Medicaid beneficiaries / commit to if apply for Capacity Funding

Eligibility (cont.)

- Organization must provide primary care services to all those living in the defined service area regardless of ability to pay.
 - Primary care is defined as: Care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern.
 - There are providers of health care other than physicians who render some primary care services. Such providers may include nurse practitioners, physician assistants and some other health care providers.
- A Medical home is a team-based health care delivery model led by a health care provider to provide comprehensive and continuous medical care to patients with a goal to obtain maximal health outcomes.

**American Association of Family Practice: <http://www.aafp.org>.*

Tier Definitions

Tier 1 (Capacity Building Sites)

Do not currently serve Medicaid and Medicare patients, but plan to do so within the first year of funding. If awarded, Capacity-Building sites will work with ORH and NC AHEC to complete their Medicaid application by the end of SFY 2026 to reach Tier 2. Tier 1 sites are eligible for Operating/ Infrastructure funds ONLY. Tier 1 sites are eligible for awards up to \$100,000. Limited to one year.

Tier 2 (Current or new State Designated Rural Health Centers)

Currently serve all patients in the community, regardless of their ability to pay including Medicaid and Medicare patients and meet the 10% Medicaid patient population threshold. Tier 2 sites are eligible for awards up to \$250,500

Types of Funding

Primary Care Access Plan (PCAP)

- Funds available for primary health care coverage
- Visits are reimbursable at a rate up to \$115 per encounter based on medically necessary face-to-face encounters.
- Encounters must be comprehensive primary care visits that include but are not limited to the following:
 - On-site x-rays
 - In-house labs
 - Surgical procedures
 - Services provided by practice providers
 - Prophylaxis
 - Telemedicine visits

Behavioral Access Health Plan (BHAP)

- Funds available for behavioral and mental health counseling services
- Visits are reimbursable at a rate up to \$80 per encounter based on face-to-face behavioral health provider encounters
- Eligible providers (examples):
 - LCSWs
 - Advanced Practice RNs
 - Psychologists
 - Psychiatrists

Operating/Infrastructure Funds

- Funds available to support access to primary care in the service area.
- Create systems and processes that promote sustainability of the organization
- Supplement the primary care services provided through PCAP and/or BHAP
- Support innovative strategies

Applicant Requirements

- Applicant awardees will be awarded for a 1-year period, with the option to renew for year 2 and year 3. Awardees are required to attend a grant award workshop and participate in a site visit or desk review within 1 to 3 months of the awarded start date.
- Applicants are required to provide the following supporting documentation:
 - Submit Copy of Bylaws or documentation of 501c3 status
 - Provide Organizational Chart and description of Quality Improvement Team
 - Proof of sliding fee scale
 - Completed Project Narrative
 - Complete Budget Template and Narrative
 - EHR patient panel report by Insurance (report should not include PHI)
 - Proof of eProcurement registration

Applicant Requirements cont'd.

- **Your application must document an understanding of the need for primary health care services in the service area and complete a work plan that demonstrates alignment to the NC ORH mission and vision.**
- **The work 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.**
- **Provide baseline and target metrics for clinical performance measures.**

Application Details

Application Deadline	February 21, 2025	Instructions and Budget Template	Instructions & Required Documents
Anticipated Notice of Awards	April 15, 2025	Request Unique Application Link	Application Link
Maximum Award	Tier 1: \$100,000 & Tier 2: \$250,500	Contract Period	July 1, 2025 - June 30, 2026

One grant application per organization will be reviewed. Under session law, grantees must provide direct primary and preventive care and serve as a medical home.

How To Apply

Request Unique
Application Link

- Create profile with a username/password to access application
- https://webportalapp.com/sp/ncdhhs_rural_health_center_operations_fy26

Application
Deadline

- Submit application electronically via Zengine portal **by close of business February 21, 2025**

Operations Portal



webportalapp.com/sp/login/ncdhhs_rural_health_center



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Office of Rural Health

Welcome to the Rural Health Center Operations Grant portal!

First time here?

Click "**Sign Up**" to create a new login.

Returning User?

Sign in to pick up where you left off.

Forgot your password?

Click "**Forgot your Password?**" A recovery email will be sent to create a new password.

Sign In

Email

Password



Log In

[Forgot your password?](#)

Need an Account?

Sign Up

POWERED BY
wizehive

Portal Homepage



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Office of Rural Health

Rural Health Centers Operations Grants Homepage

Welcome, david.britt@dhhs.nc.gov

Next, click the box below to create your profile. Take a moment to tell us about yourself before starting your submission.
If you need to update your profile in the future, click "Edit".

Profile

Complete

Edit

Now that you have created your profile, you can begin the submission process. Click the submission card below to get started.
At any point in the process, you can return to the homepage to view the status of your submission and actions required.

- Status bar is **blue**, there is an action required. Click on the Card to complete.
- Status bar is **red**, there is an error. Please reach out to the Administrator of this program.
- Status bar is **gray**, your submission is under review or completed and no action is needed.

Test Site Name |

Created on 04/11/2024

Active Grant

Profile



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Office of Rural Health

[Rural Health Centers Operations Grants Homepage](#) > [Profile](#)

Welcome, david.britt@dhhs.nc.gov  

Profile 

Save Changes

Organization (new) *

This field is required

...

Site Name

Test ORH

if different than Organization Name

Addresses

Is the Site Address the same as the Organization's address? *

☒ Yes

☐ No

Medicaid Region *

Region 3

Profile (Cont.)

Payment Remittance Address

Is the payment remittance address the same as the Site's Physical Address? *

- ☒ Yes
☐ No

Contacts

Primary Contact

First Name *

This field is required

Last Name

Title

POC Email *

This field is required

Phone Number *

This field is required

Extension

Alternate Contact

First Name

Last Name

Title

AC Email

Phone Number

Extension

Other Organization Information

Organization EIN *

This field is required

Organization UEI

Organization NPI *

This field is required

Profile (Cont.)

Other Organization Information

Organization EIN *

This field is required

Organization UEI

(if applicable)

Organization NPI *

This field is required

National Provider Identifier (if applicable)

Organization Type *

Rural Health Center (State Designated Rural Health Center)



Fiscal Year Start

JUN



Fiscal Year End

JUL



Website Address

https://

Does your practice provide dental services?

No



Does your practice provide Mobile health services?



Does your practice provide Telehealth services?



Does your practice provide mental or behavioral health services?

Yes



Save Changes

Scoring Criteria

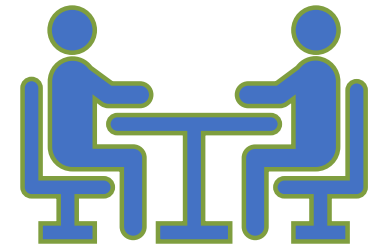
Grant awards will be based on the below criteria. Failure to fully complete all sections will impact the funding amount, up to disqualification. Applications will be reviewed and scored according to all the criteria regardless of the funding categories requested.



Overview of the Organization	5 Points
Community Need	20 Points
Improved Access to Care	25 Points
Community Collaboration (e.g., health departments, departments of social services, housing authority, etc.)	15 Points
Work Plan/Performance Measures	20 Points
Budget	15 Points
Total Points Awarded	100 Points

Overview of Organization 5 Points

Tell us about
your
organization!



Include the following:

- **Location and where the grant will be utilized**
- **Organization history and mission**
- **Description of your organization's primary care services or experience in primary care including hours of operation**
- **Unique services provided**
- **Data collection of social risk factors or SDOH**

Community Need 20 points

Why are grants
funds needed?



Provide a description of the proposed service area, including the following:

- Population demographics
- Other safety net services in the area
- Challenges
- Poverty levels
- Percent uninsured

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

Will this grant align with the CHNA? Provide citations/reference sources for all community demographics and health-status data.

Provide a description of how the services will be communicated in the community and to stakeholders.



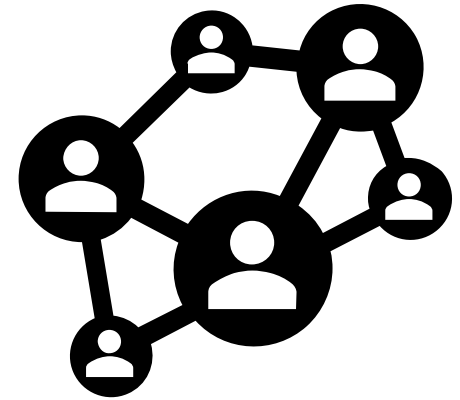
Improved Access to Care 25 Points

Will your
organization
make a difference
in the
community?

- Describe how your organization is positioned to effectively use the requested funds to increase access to care for underserved residents
- Indicate PCAP and BHAP funding request
- Describe plan to reach 100% expenditure of requested funds
- How will your organization educate the target population?
- Describe your approach to building racial equity and inclusion
- Describe how you use or plan to use telehealth to reduce barriers to care

Community Collaboration 15 Points

Is your
organization
partnering with
others in the
community?



Describe how your organization has built partnerships or anticipates collaborative partnerships with community organizations that serve under- and uninsured individuals.

- **Include traditional and non-traditional examples**
- **Include partnerships directly related to your funding requests**
- **Provide at least 3 examples**

Describe how your organization will provide/support continuity of care with community providers.

- **List agencies who refer to you**
- **List agencies to whom you refer when unable to provide services**

Work Plan/Performance Measures 20 Points

Medical Access
Plan Targets and
Performance
Measure Narrative



Complete this section by developing activities for each of the required objectives for each line item of the funding request (PCAP, BHAP, Operations or Capacity Building)

- **What is your goal for Primary Care Access Plan**
- **What is your goal for Behavior Access Plan**
- **What is your goal for Personnel**
- **What is your goal for Operational Expenses**

Work Plan/Performance Measures (cont.)

Outcome driven



- Describe how many PCAP/BHAP patients and total patients your organization seek to serve.
- Use the county or regional community health needs assessment data for the uninsured/underinsured population identified for your area.
- Applicants should include how you plan to collect quarterly survey data and make improvements over time.

Updated Budget Template: Work Plan



State Designated Rural Health Center SFY 2026 Workplan				
Objective: What is your goal for Primary Care Access Plan (PCAP)?				
Activity	Activity Description	Completion	Responsible Staff or	Progress or Outcome/ Output
Required Activity: Provide primary care access to # within region.				
Required Activity: Disseminate PCAP information provided by ORH or developed by the				
Additional Activities				
Objective: What is your goal for Behavioral Health Access Plan (BHAP)?				
Activity	Activity Description	Completion	Responsible Staff or	Progress or Outcome/ Output
Required Activity: Plan to provide behavioral health access to # with region.				
Required Activity: Disseminate BHAP information provided by ORH or developed by the				
Additional Activities				
Objective: What is your goal for Personnel? - Write objectives for key personnel. The objectives must align with the purpose of the RFA and organizational goals. (ex: Social Worker - Increase BHAP utilization rate by 15% over the next quarter by implementing new workflow strategies)				
Activity	Activity Description	Completion	Responsible Staff or	Progress or Outcome/ Output
Required Activity: Personnel (ex: Social Worker - 1) Review existing workflows to identify inefficiencies, 2) work				
Additional Activities				
Objective: What is your goal for Operational Expenses? - The objectives must align with the purpose of the RFA and organizational goals.				
Activity	Activity Description	Completion	Responsible Staff or	Progress or Outcome/ Output
Required Activity: Operational Expenses				
Additional Activities				
<div> < > Instructions Workplan Personnel Line Item Budget Budget N </div>				

Performance Measures



Most performance measures are based off the measures in the Uniform Data System, a standardized reporting system that federally qualified health centers use to submit data.

All measures will be reported based on the entire patient population.

- High Blood Pressure**
- Diabetes – HbA1c**
- BMI Screening**
- Tobacco Screening and Cessation**
- Screening for Clinical Depression and - Follow-Up Plan**
- Early Intro Into Prenatal Care**

“If I don’t have faith that the data obtained is meaningful and accurate, it doesn’t make me want to put time into it.” – Clinic Manager

Performance Measures

Numerator: The number of patients meeting the definition of the measure within the specified group.

Denominator: The entire patient population within the specified group.

- Some measures are indicative of the health of the population. Others may speak to clinic operations.
- Each measure will vary
- Changes above 1% are preferred

$$\frac{2}{5}$$

← numerator

← denominator

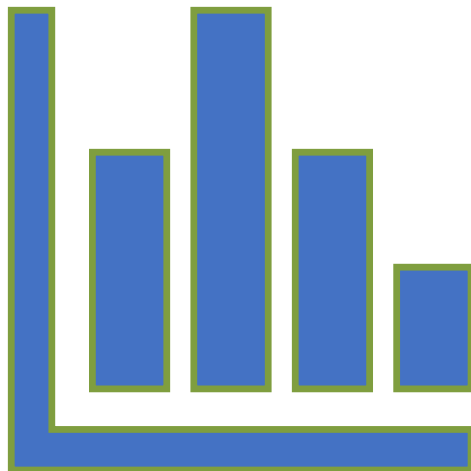
© Kate's Math Lessons

Performance Measures

Primary Care Access Plan Targets and Performance Measure Narrative

- Describe how many PCAP patients and total patients your organization seek to serve.
- Use the county or regional community health needs assessment data for the uninsured/underinsured population identified for your area.
- Applicants should include how you plan to collect quarterly survey data and make improvements over time.





Performance Measures Cont'd

For each measure, you will need to include the following information:

Data Source: where will you obtain the information you report for your performance measures?

Collection Process and Calculation: what method will you use to collect the information?

Data Limitations: what may prevent you from obtaining data for your performance measures?

Budget & Budget Narrative

15 Points

Separate Excel attachment

Four tabs to complete:

- Workplan
- Line-Item Budget
- Budget Narrative
- Personnel (only required for applicants requesting funds to cover salaries)

Budget Categories	
Primary Care Access Plan \$115 x patient encounter (ex: 750 encounters x \$115 = \$86,250)	
Behavioral Health Access Plan \$80 x patient encounter (ex: 100 encounters x \$80 = \$8,000)	
Operating Expenses Total Operating Expenses as calculated on line 79	
<u>TOTAL PROJECT EXPENSES</u>	0

Note: Do not add line items to the budget spreadsheet. All budget expenses must fit into one of the existing line items.

Budget & Budget Narrative cont.

Budget narrative must show the calculations for all budget line items and must clearly justify/explain the need for these items. Please ensure all line items from the budget tab are included in the budget narrative. Calculations should be easy to follow/recreate, and justifications should be specific. Each budgeted line item should explain:

- What is it?
- How many?
- How much?
- For what purpose?

REMINDER - Per the Free Clinics Federal Tort Claims Act (FTCA) Program Policy Guide, grant funding that applies to reimbursement, payment, or compensation for the delivery of health services to patients falls within the statutory prohibition, while grant funding that is not intended for or applied to this purpose does not. Free clinics who are FTCA recipients that choose a “per encounter” reimbursement methodology may void their FTCA liability protection.

Updated Budget Template: Personnel Tab

N.C. Office of Rural Health
SFY 2026 – State Designated Rural Health Centers 07/01/2025 – 06/30/2026
REQUIRED PERSONNEL

ORGANIZATION NAME:

REMITTANCE ADDRESS

INSTRUCTIONS: For each salaried position (not a temporary worker or consultant) on your grant, you must enter the information requested in each of the rows below. **For each position, include employee name, position title, check box if position is funded by another ORH grant and list % time worked, the total annual salary OR hourly rate, months and % of time worked.** List only staff members who will work on project activities. **DO NOT USE FORMULAS when entering in values, only use WHOLE NUMBERS.** If your organization does not offer fringe benefits, leave those two rows blank. For fringe benefits, indicate the cost per staff person. **Fringe benefits allocated to the grant cannot exceed 30% of salary allocated to the grant, and should only include the EMPLOYER paid benefits.**

NOTE: Use Subcontractor budget tab for all expenses being paid by a subcontractor, including personnel.

	Employee 1	Employee 2	Employee 3	Employee 4	Employee 5	Employee 6	Employee 7	Employee 8	Employee 9	Employee 10	Total
Employee Name											
Position Title											
Check box if this position is funded by another ORH contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If checked, indicate program and % of time worked (Ex: Farmworker Health – 10%)											
Select whether salary is being entered as ANNUAL or HOURLY											
Enter Salary amount											
Months Worked on this Contract											
Percent Time Worked on this Contract											
Do Not Enter Salary Information Below (Salary Allocations Will Auto-Calculate Based on Information Entered Above)											
TOTAL Annual Salary or Rate	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Salary Allocated to Grant	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Enter Fringe Information Below (DO NOT Enter Formulas)											
Total Fringe Benefits		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Fringe Allocated to Grant		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00

Scope of Work – Funded, now what?

Attend	Attend Kick – off Meeting in August (Future Grantees) Attend End of Year Meeting in June (Current Grantees)
Collaborate and Communicate	Work with AHEC Practice Coach Communicate with your monitor
Develop	Develop a process for enrolling clients and store PHAP/BHAP applications for review.
Submit	Submit Payment request by 10th of each month for reimbursement



Questions?

Operations Team Information

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<https://www.ncdhhs.gov/divisions/orh>