



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

PRIMARY CARE ACCESS AND BEHAVIORAL HEALTH ACCESS PLAN MANUAL

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Introduction

The goal of the Primary Care Access Plan (PCAP) and Behavioral Health Access Plan (BHAP) are to help residents of North Carolina access primary health care services and integrated behavioral health care services when they meet financial criteria and do not have affordable primary health care coverage. The plan is funded through state appropriations authorized since 1973 by the NC General Assembly. In 1977, the first Rural Health Center opened its doors. To date, the NC Office of Rural Health has supported the development of many rural primary care sites. Many operate today as federally qualified health centers, rural health clinics or private physician offices.

As the health care landscape has changed, rural residents continue to find accessing primary care and behavioral health services difficult. To address this need, ORH established the State Designated Rural Health Center (SDRHC) Program. Through the establishment of SDRHC, ORH partners with local communities to provide funding to improve ability to serve underserved populations who would otherwise be unable to access needed primary and behavioral health care services due to geographic, economic, or other barriers. Thus, SDRHCs have become an integral part of the health care safety net for North Carolina's rural and underserved residents.

SDRHC provides support for the patients who are not eligible for Medicaid, Medicare or other affordable private insurance options. The plans cover in-house Primary and Behavioral Health services. Practices participating in PCAP/BHAP are expected to provide the services of a primary care "home" for their patients' needs. This manual is intended to help practices understand how to administer both the PCAP and BHAP programs.

Primary Care Access Plan and Behavioral Health Access Plan Program Overview

Reimbursable Amounts:

Primary Care Access Plan (PCAP) = \$115.00 per encounter/visit.

Behavioral Health Access Plan (BHAP) = \$80.00 per encounter/visit.

Group visits are now approved and will be reimbursed based on the number of participants in the visit. Maximum of 10 participants. Example: A group visit of 10 people will be reimbursed at a rate of \$80.00 per person totaling \$800.00.

PCAP services include, but are not limited to:

- **Services performed by practice providers:**
 - Visits are reimbursable at a rate of \$115 per encounter based on medically necessary face-to-face and/or telehealth encounters*
 - On-site X-rays
 - In-house labs
 - Surgical procedures

- Prophylaxis (annual physical, preventative measures taken to avoid the onset of a disease or other harmful condition. It encompasses a range of actions, from lifestyle changes, aimed at reducing the risk of illness or injury. Essentially, it's about proactively staying healthy and preventing problems before they arise)
- *Telemedicine visits (two-way audio-visual communication between provider and patient)
- Physical examinations performed with a specific sign, symptom, or patient complaint

BHAP services include, but are not limited to:

- **Psychiatric and biopsychosocial assessment:** Assessments are culturally and linguistically appropriate administration of standardized tests to assess a beneficiary's psychological or cognitive functioning. Testing results must inform treatment selection and treatment planning.
- **Medication management:** Appointment to gather your physical and mental health history, review diagnoses, analyze past and current medications, and together with your provider make a treatment plan.
- **Individual, group, and family therapies:** Provision of direct diagnostic, preventive, and treatment services where functioning is threatened or affected by social and psychological stress or health impairment. Group visits are now covered under the BHAP program and will be reimbursed based on the number of participants in group (maximum of 10 per group).
- **Crisis therapy:** A crisis is defined as an acute disturbance of thought, mood, behavior or social relationships that requires an immediate intervention, and which, if untreated, may lead to harm to the individual or to others or have the potential to rapidly result in a catastrophic outcome. The goal of Psychotherapy for Crisis is stabilization, mobilization of resources, and minimization of further psychological trauma. Psychotherapy for crisis services is restricted to outpatient crisis assessment, stabilization, and disposition for acute, life-threatening situations
- **Psychological testing:** Can include numerous components such as norm-referenced psychological tests, informal tests, surveys, and interviews.
- **Eligible providers:** Behavioral health professional including, but not limited to: Licensed Psychologist (LP), Licensed Psychological Associate (LPA), Licensed Professional Counselor (LPC) or Licensed Clinical Mental Health Counselor (LCMHC), Licensed Professional Counselor Associate (LPCA) or Licensed Clinical Mental Health Counselor Associate (LCMHCA), Licensed Clinical Social Worker (LCSW), Licensed Clinical Social Worker Associate (LCSWA), Licensed Marriage and Family Therapist (LMFT), Licensed Marriage and Family Therapist Associate (LMFTA), Licensed Clinical Addiction Specialist (LCAS), Licensed Clinical Addiction Specialist Associate (LCASA), Licensed Physician Assistant (PA).

***If there are any additional services that you want covered and are provided by your clinic, please contact your Operations Specialist with any questions or concerns. ***

Patient Eligibility & Enrollment Process

To determine whether a patient is eligible for the PCAP/BHAP program, you will need to determine the patient's eligibility through the following checklist:

() Review Medicaid/Medical Financial Assistance Eligibility: If patient is eligible for Medicaid, they are not eligible for PCAP/BHAP Program. You can visit the Medicaid website to help determine eligibility by visiting here: <https://medicaid.ncdhhs.gov/eligibility>

() Patient must reside in North Carolina.

() Eligibility is based on patient's income and Family Size. ***Family Size must be at or under 200% of the Federal Poverty Level*** Please reference the most up-to-date FPL by viewing the link here: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>. **Family size to follow Medicaid guidelines :** <https://medicaid.ncdhhs.gov/eligibility#Whotoincludeinyourfamilysize-2490>

Family Size

- You
- Your spouse
- Your children under 21 including stepchildren
- Any other person on the same federal income tax return (including any children over age 21 who are claimed on a parent's tax return). You don't need to file taxes to get health coverage.
- If someone in your family is pregnant, do not include the unborn child in your family size on this page

Do not include

- Your parents who live with you, but file their own tax return (if you are over 21)
- Other adult relatives who file their own tax return

Income Verification Sources

- Signed and dated past year's completed tax form(s) that were submitted to the IRS OR
- Past year's W-2 form(s) OR
- Three most recent consecutive paycheck stubs OR
- Letter(s) from individual or employer(s) (preferred) stating annualized income.

Other types of income, benefits, or deductions (if applicable) that must be proven

- Child Support (verified by court order, checks, or bank statement)
- Alimony (verified by court order, checks, or bank statement)
- Unemployment
- Unearned Income (including housing and farm rentals, capital gains, dividends)
- Social Security
- Social Security Disability
- Any other source of income

Patient Eligibility Determination

- Determine whether the individuals/family is eligible for PCAP/BHAP Program based on the completed application.
- Fill in the renewal date and year. The renewal date is normally one year from the completion date of the PCAP/BHAP application. Be sure to check for changes in insurance status and/or income.
- Have the patient sign the PCAP/BHAP Application Form.
- Give the patient a copy of the Rights and Responsibilities document, place both documents in the patient file.
- Maintain all PCAP/BHAP enrollment records for at least the last three completed state fiscal years (July 1 – June 30). This means each site should have at least three (3) years' worth of information on hand at any given time.

PCAP/ BHAP Eligibility Exceptions

- Patients with insurance with high copays and/or high deductibles may be eligible for the PCAP/BHAP program. Organizations are advised to follow sliding fee scale policy.
- All PCAP/BHAP exception justification must be documented on the application in the dialogue box by the screening provider and approved by the ORH Operations Team for processing.

Clinic Flow Guidance Suggestions

Designing an efficient patient clinic flow involves organizing the steps a patient goes through from arrival to departure to ensure a smooth and efficient process. Here's a general patient clinic flow for a PCAP/BHAP visit:

Front Office Reminders

- If there has been a change, the patient must see the PCAP/BHAP coordinator/contact person in the practice before making a copayment. If there have been no changes, record and collect the correct copayment or charges.
- Pre-Registration: Allow patients to complete registration forms before their visit to reduce wait times and/or paperwork at the clinic.

- Appointment Confirmation: Prior to patient coming in for visit, send reminders via email, text, or phone call to confirm appointments and pre-registration details. Remind them to bring in paperwork and supporting documentation.

Check-in

- Use clear and easy-to-understand signage to guide patients to the check-in area to raise awareness of the program.
- Have all staff trained in PCAP/BHAP to expedite the process and increase access to care for patients.
- Implement tablets or other methods of efficient patient information collection for check-in to reduce queues and streamline.

Appointment

- Provide necessary medical services, being sure to address holistic needs of patients where possible paying special attention to social drivers of health (SDOH) and other relevant health needs.
- Complete SDOH Assessment no more than once every six (6) months

Billing and Checkout

- Billing and co-payments are handled.
- Future appointments are confirmed.
- The patient receives any necessary documentation, such as receipts and medical reports.
- The patient leaves the clinic with a clear understanding of their treatment plan and any follow-up steps.

Additional Best Practices

- Emergency Protocols: Ensure a process for handling emergency cases without disrupting the regular flow.
- Privacy and Confidentiality: Maintain patient privacy at all stages, particularly during check-in and consultations.
- Accessibility: Make sure the clinic is accessible to patients with disabilities.
- Feedback Mechanism: Provide a way for patients to give feedback about their experience. Methods such as patient surveys may support this.
- Appointment Scheduling Software: Implement online scheduling to reduce check-in times and manage appointments effectively.
- Automated Reminders: Use automated systems to send appointment reminders via text or email.

Going Paperless Guideline Suggestions

All sites are encouraged to go paperless as much as possible with this program.

Needed Capabilities

- Data will be entered directly into a computer. Therefore, ensure there is a computer in a private area that can be used while determining eligibility of family members. Excel software must be installed on the computer to use the enrollment worksheets.
- Ensure the computer is password protected and otherwise complies with HIPAA requirements.
- Ensure that all PCAP/BHAP information (including all family folders and files) are secured and regularly backed up.
- Ensure the computer is connected to a working printer.
- Ensure the PCAP/BHAP coordinator can enter, save, retrieve, and print PCAP/BHAP information and reports. This person must be able to manage the information electronically.

Create electronic PCAP/BHAP folders and files

- At a minimum, consider developing folders for each year under which additional folders and files may be maintained for that year's PCAP/BHAP materials and PCAP/BHAP recipients.
- For example, a folder may be labeled PCAP/BHAP FY 2024 under which each of the following folders exist: PCAP/BHAP materials, PCAP/BHAP patients, and monthly PCAP/BHAP expense reports. Individual files may be created and maintained within each folder.
- Each year, a new folder can be created under which additional folders and files may be located.

Monthly Expense Report (MER) Template

Every month, expenses are recorded in the monthly expense report. There are two sections of the MER. The monthly expense tab and the summary tab. Each tab should include your Total Approved Budget, Total Expenses for that month, Year-to-Date, Funds Remaining, and Utilization Rate as well as your individual budget line items, and a green highlighted section to enter your expenses.

Expense Report Tab

Please select the month for which you are reporting your paid expenditures and simply enter in your monthly expenses per line item in the green highlighted column. **The Excel spreadsheet with the completed monthly tab should be submitted along with the PDF copy of the signed Summary Page by the tenth of each month.** Please note that you are required to submit a \$0 MER for any month that you are not drawing down funds for reimbursement.

	\$0				0.00	0.00	#DIV/0!					
July	August	September	October	November	December	January	February	March	April	May	June ...	

SFY 2026 - State Designated Rural Health Centers 07/01/2025 - 06/30/2026

Contract #: 0
 Organization: 0

Make sure organization name & contract # is correct

Remittance Address: 0

Include notes reporting unusual changes in expenses, need for an amendment or adjustment

****No changes can be made once payment has been approved****
 Please contact contract monitor for changes.

Total Approved Budget	\$250,127.00
July Total Expenses	\$0.00
Year-To-Date	\$0.00
Funds Remaining	\$250,127.00
Utilization Rate	0%

Make sure expenses for the month are correct

Notes (i.e., 3 pay periods, need for adjustments)

PCAP	Approved Budget	July	ColumnD_Round (Hidden)	Adjustment (ORH Use Only)	Year-to-Date	Funds Remaining	Utilization Rate
PC Visits	75,900		0		0	\$75,900.00	0%
Adjustments		\$0.00					
Total BHAP	\$75,900	\$0.00			0	\$75,900.00	0%

Enter total number of PCAP/BHAP encounters in green highlighted sections if applicable

BHAP	Approved Budget	July	ColumnD_Round (Hidden)	Adjustment (ORH Use Only)	Year-to-Date	Funds Remaining	Utilization Rate
BH Visits	14,400		0		0	\$14,400.00	0%
Adjustments		\$0.00					
Total PCAP	\$14,400	\$0.00			0	\$14,400.00	0%

Position Type	Approved Budget	July	ColumnD_Round (Hidden)	Adjustment (ORH Use Only)	Year-to-Date	Funds Remaining	Utilization Rate
CHW	\$47,237		\$0.00		\$0.00	\$47,237.00	0%
CHW	\$51,418		\$0.00		\$0.00	\$51,418.00	0%
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
Adjustments		\$0.00					
Total Salaries	\$98,655	\$0.00			\$0.00	\$98,655.00	0%

Fringe Benefits	Approved Budget	July	ColumnD_Round (Hidden)	Adjustment (ORH Use Only)	Year-to-Date	Funds Remaining	Utilization Rate
CHW	\$12,220		\$0.00		\$0.00	\$12,220.00	0%
CHW	\$13,302		\$0.00		\$0.00	\$13,302.00	0%
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
Adjustments		\$0.00					
Total Fringe Benefits	\$25,522	\$0.00			\$0.00	\$25,522.00	0%

Other: Temporary Staff/Contracted Staff		Approved Budget	July	ColumnD_Round (Hidden)	Adjustment (ORH Use Only)	Year-to-Date	Funds Remaining	Utilization Rate
	Contractor 1 (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Contractor 2 (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Contractor 3 (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Contractor 4 (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Contractor 5 (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Contractor 6 (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
Other: Subcontracted Staff								
	0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	0	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Adjustments		\$0.00					
	Total Temporary/Contracted Salaries	\$0	\$0.00			\$0.00	\$0.00	#DIV/0!
Facility Expenses		Approved Budget	July	ColumnD_Round (Hidden)	Adjustment (ORH Use Only)	Year-to-Date	Funds Remaining	Utilization Rate
	Rent	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Utilities	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Telephone / Internet	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Repair & Maintenance	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Other (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Other (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Other (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Other (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
General Supplies (NOT capital items)								
	Medical Supplies	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Office Supplies	\$1,500		\$0.00		\$0.00	\$1,500.00	0%
	Patient Education Materials & Incentives	\$5,000		\$0.00		\$0.00	\$5,000.00	0%
	Postage and Delivery	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Other (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Other (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Other (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Other (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Other (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!

Other Operating Expenses (NOT capital items)								
	Travel	\$4,500		\$0.00		\$0.00	\$4,500.00	0%
	Staff Development	\$2,500		\$0.00		\$0.00	\$2,500.00	0%
	Marketing-Community Awareness	\$1,700		\$0.00		\$0.00	\$1,700.00	0%
	Professional Services (Legal, IT, Accounting, Payroll, Security)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Dues & Subscriptions	\$450		\$0.00		\$0.00	\$450.00	0%
	Other (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Other (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Other (define)	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
	Adjustments		\$0.00					
	Total Operational Expenses	\$15,650	\$0.00			\$0.00	\$15,650.00	0%

Equipment	Approved Budget	July	ColumnD_Round (Hidden)	Adjustment (ORH Use Only)	Year-to-Date	Funds Remaining	Utilization Rate
Rented Equipment	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
General Equipment	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
General Capital Equipment	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
Medical Equipment	\$20,000		\$0.00		\$0.00	\$20,000.00	0.00%
Medical Capital Equipment	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
Define -	\$0		\$0.00		\$0.00	\$0.00	#DIV/0!
Adjustments		\$0.00					
Total Capital Expenses	\$20,000.00	\$0.00			\$0.00	\$20,000.00	0%
TOTAL BUDGET		\$250,127					

Summary Tab

The summary page will automatically add all the expenses from each month. The summary page must be signed, dated and submitted monthly as a PDF. Please do not try to enter expenses on this tab; only enter expenses on the monthly tab.

The "Summary" page will automatically add all the expenses from each month. The summary page should be signed, dated, and submitted monthly as a PDF.

N.C. Office of Rural Health
 SFY 2026 - State Designated Rural Health Centers 07/01/2025 - 06/30/2026
 Monthly Expense Report

I hereby attest that I have regularly reviewed the SDRs on a weekly basis, and I confirm that this contractor is in good standing. Additionally, I have examined and approved the Monthly Expense Report(s) (MER), affirming that it is prepared for further processing.

Contract #: _____
 Contractor: 0
 Organization Remittance Address: 0

Contract Name: _____
 Contact Number and Email: _____

ORH Monitor Initials/Date: _____

Project Expenses	Approved Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year-to-Date	Funds Remaining	Utilization Rate	
PCAP																	
Subtotal	75,900	\$0.00	\$11,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34,500.00	\$45,000.00	51%	
BHAP																	
Subtotal	14,400	\$0.00	\$800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,400.00	\$8,000.00	44%	
Staffing																	
Employee Salaries/Wages	98,655		\$20,000.00										\$20,000.00	\$40,000.00	\$58,655.00	41%	
Employee Fringe Benefits	25,522		\$2,000.00											\$2,000.00	\$23,522.00	8%	
Other - Temporary Staff/Contracted Staff																	
Contractor 1 (define)	-													\$0.00	\$0.00	ND/ND	
Contractor 2 (define)	-													\$0.00	\$0.00	ND/ND	
Contractor 3 (define)	-													\$0.00	\$0.00	ND/ND	
Contractor 4 (define)	-													\$0.00	\$0.00	ND/ND	
Contractor 5 (define)	-													\$0.00	\$0.00	ND/ND	
Contractor 6 (define)	-													\$0.00	\$0.00	ND/ND	
Subcontracts																	
0	-													\$0.00	\$0.00	ND/ND	
0	-													\$0.00	\$0.00	ND/ND	
0	-													\$0.00	\$0.00	ND/ND	
0	-													\$0.00	\$0.00	ND/ND	
Subtotal	124,177	\$0.00	\$22,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,000.00	\$42,000.00	34%	
Facility Expenses																	
Rent	-														\$0.00	ND/ND	
Utilities	-														\$0.00	ND/ND	
Telephone / Internet	-														\$0.00	ND/ND	
Repair & Maintenance	-														\$0.00	ND/ND	
Other (define)	-														\$0.00	ND/ND	
Other (define)	-														\$0.00	ND/ND	
Other (define)	-														\$0.00	ND/ND	
Other (define)	-														\$0.00	ND/ND	
Other (define)	-														\$0.00	ND/ND	
General Supplies (NOT capital items)																	
Medical Supplies	-														\$0.00	ND/ND	
Office Supplies	1,500		\$100.00												\$100.00	7%	
Patient Education Materials & Incentives	5,000		\$100.00										\$1,000.00	\$1,100.00	\$2,900.00	45%	
Postage and Delivery	-														\$0.00	ND/ND	
Other (define)	-														\$0.00	ND/ND	
Other (define)	-														\$0.00	ND/ND	
Other (define)	-														\$0.00	ND/ND	
Other (define)	-														\$0.00	ND/ND	
Other (define)	-														\$0.00	ND/ND	
Subtotal	16,000	\$0.00	\$800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,000.00	\$8,800.00	55%	
Equipment																	
Rented Equipment	-														\$0.00	ND/ND	
General Equipment	-														\$0.00	ND/ND	
General Capital Equipment	-														\$0.00	ND/ND	
Medical Equipment	20,000		\$1,000.00										\$18,000.00	\$19,000.00	\$1,000.00	95%	
Medical Capital Equipment	-														\$0.00	ND/ND	
Office	-														\$0.00	ND/ND	
Subtotal	20,000	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,000.00	\$19,000.00	95%	
Total Project Expenses	250,122	\$0.00	\$35,900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$64,100.00	\$122,000.00	\$128,122.00	49%

I hereby certify that the expenditures on this report were incurred according to the provisions of the project agreement and are accurate and complete. I further certify that to the best of my knowledge and belief we have complied with all laws, regulations, and contractual provisions that are conditions under this contract.

Amendments, Adjustments, Correction	Date	Amount	Notes

Prepared by (print): _____

Authorized by (print): _____

Authorized Signatory (sign): _____ Date: _____



Print name, sign and date the summary page. Create pdf and upload into Zengine along with supporting documentation.

- MERs are due by the **tenth** of the following month (e.g., the August MER is due by September 10).
- Final MERs for the contract term should be submitted in early June as the State “closes its books” in mid-June and ORH wants to ensure our Grantees’ expenses are reimbursed.
- Closeout is the period wherein:
 - grant funding cycle ends

- grant recipient has a final opportunity to meet all the financial requirements
- Common/Typical closeout activities include:
 - final performance reports
 - reconciliation of financial reimbursement and
 - return of any unused public funds occurs.
- **The due date for the June MER will be communicated to you during the month of May. For the June MER, you will submit your May actual expenses AND your estimated expenses for June.**
- Grant Monitor will request June actual expenses in July and reconcile the estimated and actual expenses.
- If the estimated expenses were more than the actual expenses, that means ORH over paid, Grantees will need to pay funds back. If the estimated expenses were less than the actual expenses, ORH is unable to pay Grantees the difference.
- Try to get as close as possible to the actual expenses, but in general, it is better to overestimate and pay back than to underestimate expenses.

MER Payment Process:

- Grant Monitors review and approve the MER for further processing.
- ORH's Contracts Team approves the payment and creates a payment request memo for the Controller's Office.
- The Controller's Office provides final approval of the reimbursement request and keys in the payment as an EFT or prints and mails a paper check.

Do:

- ☑ Make sure the MER is completed correctly - expenses entered on the correct line, signed, and dated.
- ☑ Make sure both the Salary Details (if needed) and Expense Report are completed.
- ☑ Submit both a **signed copy** and the Excel spreadsheet (it is often difficult to read the printed signed copy).
- ☑ Send back-up documentation for every month
- ☑ Monitor your funds utilization and remaining balances. If you are spending a line item much faster than anticipated, reach out to the Contract Monitor about reallocating funds from another line item.
- ☑ Make sure you are using the correct MER, as the MER may need to be revised due to amendments and/or adjustments.

Don't:

- ☒ Change expenses in previous months. If you notice an error in expenses for a previous month, let the Contract Monitor know and he/she will adjust the MER for the following month.
- ☒ Change, recreate, or copy/paste a new worksheet
- ☒ Exceed allocated line-item amounts.
- ☒ Invoices should not include tax.
- ☒ Reimbursement for every day travel is not allowable. Travel reimbursement is allowable when associated with professional development/conference attendance.
- ☒ Forget you have funds for professional development!

A. Amendments

- ❖ Grantees can amend their contracts, scopes of work and budgets.
- ❖ The deadline for submission of an amendment request is the **last business day of January**.
- ❖ You can request more than one amendment for your grant.

Reasons for Contract Amendment:

- Additional funds are needed to complete contract requirements
- Funds need to be moved within the budget more than 15% of any line item**
- Changes to personnel are needed due to:
 - Change in position type
 - Change in the amount of time allocated to the grant that results in a change in funding
 - Funding in or out of a personnel line item from other line items in the budget (e.g., fringe benefits, operating costs, capital costs)
- Creating a new line item
- Modifications to the scope of work or performance measures are needed
- Changes within the organization
 - Name change
 - Tax Identification Number/EIN change
- Certifications need to be updated

If moving 15% or less to/from a line item, no formal amendment is needed. However, Grantee still needs to request in writing permission to reallocate funds from one line item to another line item. If moving more than 15%, the Grantee must request a Budget Amendment on letterhead addressed to the ORH Director

**Amendments requested after January 31, may not be processed in time.

Process to Request an Amendment:

- The Contract Signatory should send a request letter on organizational letterhead describing why the amendment is needed
- The letter should be addressed to the ORH Director and sent to the Contract Monitor
- The letter should include, where applicable:
 - Revised budget that shows ***BOTH*** the original line-item amount and the revised line-item amount, along with a budget narrative or explanation for the revision.
 - Revised performance measures that show ***BOTH*** the original measure and the revised measure, along with any changes to the collection process, frequency, source documentation, etc.
 - Revisions to the scope of work
- Once the amendment is processed, two copies will be sent to the Contract Signatory for signatures
- Amendments will have an effective date of the 1st or the 15th of each month

B. Advance Payments

- ❖ We understand that some Grantees may not have the resources at the beginning of the grant to implement their intervention, therefore Grantees may request a cash advance.
- ❖ The advance will be deducted from your total budget. Monthly reimbursements will still be processed until the total funding allocation is met.

Process to Request an Advance Payment:

- Notify the Contract Monitor that you would like to request an advance payment
- Complete the Certification of Cash Needs document ([Appendix B](#)) and send to the Contract Monitor
- The Contract Monitor will notify you as to whether the request has been approved or not, and if approved, when to expect payment

Performance Measures

The ORH is interested in tracking how expanding health services is changing clinical measures. The measures that are tracked include:

General Care Measures:

- 1) Number of Patients Served

- 2) Diabetes: Hemoglobin A1c Poor Control
- 3) HTN: High Blood Pressure Control
- 4) Obesity: Body Mass Index Screening and Follow-Up
- 5) Tobacco: Tobacco Use and Screening
- 6) Screening for Clinical Depression and Follow-Up Plan
- 7) Early Entry into Prenatal Care

- ❖ Each quarter, an email including the Performance Measure Survey and detailed instructions for completing the survey will be sent out.
- ❖ The measures included in your survey will depend on your track (A or B) and your focus area (general care and/or behavioral health).
- ❖ The schedule below notes when to report on specific measures.
- ❖ Contract Monitors will review your Performance Measure results and discuss during the two desk reviews

Measures	Quarter 1 (Jul-Sep)	Quarter 2 (Oct – Dec)	Quarter 3 (Jan-Mar)	Quarter 4 (Apr – Jun)
Number of Patients Served	X	X	X	X
Diabetes: Hemoglobin A1c Poor Control		X		X
HTN: High Blood Pressure Control		X		X
Obesity: Body Mass Index Screening and Follow-Up		X		X
Tobacco: Tobacco Use and Screening		X		X
Screening for Clinical Depression and follow up plan		X		X
Early Entry into Prenatal Care		X		X

Tips for Completing the Report:

- Have your organization’s contract for your rural health centers grant available for reference
- Make sure you are reporting on the correct reporting period. The reporting period will be included in the email.
- If you have additional performance measures in your contract that are outside the standard measures, include those measures in the three questions at the end of the survey
- Contact your Contract Monitor if you have any questions
- Include notable issues that affected the data or any challenges collecting data
- Don’t forget to complete Quarter 4 Performance Measures as the due date will be after the contract period has ended (e.g., Quarter 4 reports will be due July 31st though the contract period ends June 30th)

A. Site Visits and Desk Reviews

Site visits are an opportunity for the Contract Monitor and Grantees to have a deeper discussion about the program intervention. The site visits are a chance to discuss any financial, programmatic, or partnership challenges and/or successes as well as technical assistance needs.

- ❖ Depending on grantee needs, site visits will occur yearly, every two years, or every three years.
- ❖ Site visits will usually occur later in the contract period (likely late spring).
- ❖ Your Contract Monitor will notify you to set up your visit.
- ❖ The Contract monitor will request back-up documentation for an MER as well as request information on program performance.

What Happens During a Site Visit?

- Discuss budget including funds utilization, expense reports, capital expenditures, amendments, and any major issues
- Discuss program performance including screening criteria for eligible populations, performance reports, collaborations/partnerships, social determinants of health activities, and technical assistance needs
- Discuss EHR connectivity to the NC HealthConnex and any challenges with connectivity
- Discuss other topics such as opioids, telehealth, and other services provided/initiatives/interventions, etc.
- Meet program staff (clinical, administrative, etc.)
- Tour of the facilities and equipment purchased with grant funds

Appendix A: Source Material/Back-Up Documentation

Salary & Wages	A copy of the payroll or employee list with salary information, by each position, for which reimbursement is being requested Time & effort records Timesheets Payroll reports W2 forms Proof of payment (from bank statements)
Fringe Amount	A copy of the payroll or employee list with salary information, by each position, for which reimbursement is being requested Payroll reports W2 forms Proof of payment (from bank statements)
Other Human Resources	Third-party contracts Vendor invoices or receipts

	Time & effort records 1099 forms Proof of payment (canceled check, bank statement, electronic reference)
Supplies and Materials	Vendor invoices or receipts Proof of payment (canceled check, bank statement, electronic reference)
Postage	Receipts Proof of payment (canceled check, bank statement, electronic reference)
Printing & Binding	Vendor invoices or receipts Proof of payment (canceled check, bank statement, electronic reference)
Equipment Purchase	Vendor invoices or receipts Proof of payment (canceled check, bank statement, electronic reference) Photographs for high-dollar items Inventory records (make/model/serial #/purchase date/item location)
Travel	Travel approval request Expense voucher Receipts Support for purpose of travel related to grant Proof of payment (expenses paid & reimbursed) Other supporting documentation related to travel
Utilities	Monthly invoices/statements Proof of payment (canceled check, bank statement, electronic reference)
Advertising/Promotion Media Communication	Third-party contract Vendor invoices or receipts Proof of payment (canceled check, bank statement, electronic reference) Ad or promotional material
Lease of Real Property	Lease agreement Proof of payment (canceled check, bank statement, electronic reference)
Property Purchase	Title Closing documents Invoice or receipt Proof of payment (canceled check, bank statement, electronic reference)
Construction Contracts	Third-party contracts Vendor invoices or receipts Proof of payment (canceled check, bank statement, electronic reference)
Legal Services/Fees	Engagement letter Third-party contract Invoice from attorney Proof of payment (canceled check, bank statement, electronic reference)
Lease of Equipment	Lease agreement

	Proof of payment (canceled check, bank statement, electronic reference)
Management Consultant Fees	Third-party Contract Invoices Proof of payment (canceled check, bank statement, electronic reference)
Accounting and Audit Fees	Engagement letter Third-party contract Invoice from accounting firm Audit Proof of payment (canceled check, bank statement, electronic reference)
Indirect Costs	Approved Indirect Cost Plan/Cost Allocation Plan (Reimbursement not to exceed amount in approved budget)
Repairs and Maintenance	Third-party contract Vendor invoices or receipts Proof of payment (canceled check, bank statement, electronic reference)
Service and Maintenance Contracts	Third-party contracts Vendor invoices or receipts Proof of payment (canceled check, bank statement, electronic reference)
Administrative	<i>Please see particular Item/Expense category for required documentation, i.e., Telephone & Utilities</i>
Computer Programming/Support	Third-party contract Vendor invoices or receipts Proof of payment (canceled check, bank statement, electronic reference)
Certifications	Drug-Free Workplace Policy Sexual Harassment Policy
Dues & Subscriptions	Vendor invoices or receipts Proof of payment (canceled check, bank statement, electronic reference)
Events	Agendas Marketing materials Sign-in sheets