

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

**February 2026**

# 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,,721786819# United States, Raleigh
  - Find a local number
  - Phone conference ID: 721 786 819#
- 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

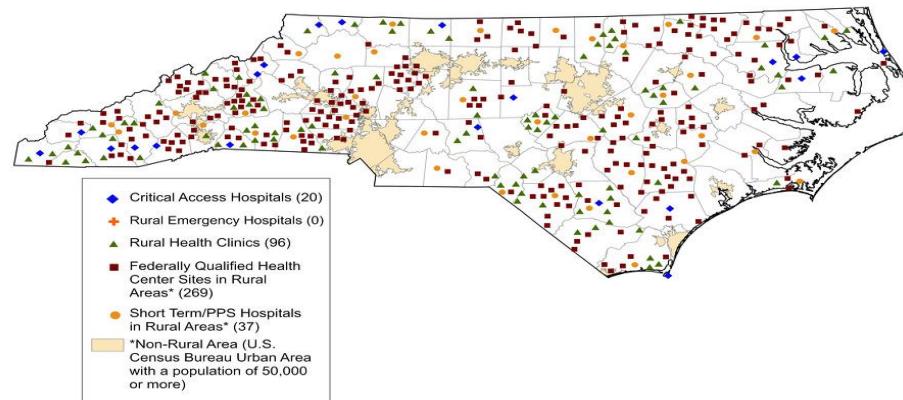
The purpose of the state designation is to provide support to services to low-income, uninsured and underserved rural populations.

# 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.

Selected Rural Healthcare Facilities in North Carolina



# 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 and Health Professional Shortage Area determination
  - Availability of primary care services in neighboring communities
  - County Distress Ranking – Tier 1 or 2
  - Proof that the organization is not owned, controlled, or operated by another entity and holds an active 501 c3 Status.
    - **Independent Rural Health Clinics, and Provider Based Clinics operated by Rural and Critical Access Hospitals are eligible to apply**
    - **Federally Qualified Health Centers with an access point not covered under the organization's current Section 330 funding are eligible to apply**

# Eligibility

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

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>.

# Funding Level Definitions

- **Level 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 Level 2. Level 1 sites are eligible for Operating/ Infrastructure funds ONLY. Level 1 sites are eligible for awards up to \$100,000. Limited to one year.
- **Level 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. Level 2 sites are eligible for awards up to \$250,500

# Types of Funding

Primary Care Access Plan (PCAP)	Behavioral Access Health Plan (BHAP)	Operating/Infrastructure Funds
<ul style="list-style-type: none"><li>• Funds available for primary health care coverage</li><li>• Visits are reimbursable at a rate up to \$115 per encounter based on medically necessary face-to-face encounters.</li><li>• Encounters must be comprehensive primary care visits that include but are not limited to the following:<ul style="list-style-type: none"><li>• On-site x-rays</li><li>• In-house labs</li><li>• Surgical procedures</li><li>• Services provided by practice providers</li><li>• Prophylaxis</li><li>• Telemedicine visits</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Funds available for behavioral and mental health counseling services</li><li>• Visits are reimbursable at a rate up to \$80 per encounter based on face-to-face behavioral health provider encounters</li><li>• Eligible providers (examples):<ul style="list-style-type: none"><li>• LCSWs</li><li>• Advanced Practice RNs</li><li>• Psychologists</li><li>• Psychiatrists</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Funds available to support access to primary care in the service area.</li><li>• Create systems and processes that promote sustainability of the organization</li><li>• Supplement the primary care services provided through PCAP and/or BHAP</li><li>• Support innovative strategies</li></ul>

# Documentation Requirements

## Renewal Applicants

- Copy of Bylaws or documentation of 501c3 status
- Organizational Chart and description of Quality Improvement Team
- Sliding fee scale
- **Updated** Budget Template and Narrative
- EHR patient panel report by Insurance (report should not include PHI)
- Proof of eProcurement registration
- Provider Documents
- Internal Control Questionnaire (ICQ) Form

## New Applicants

- Copy of Bylaws or documentation of 501c3 status
- Organizational Chart and description of Quality Improvement Team
- Sliding fee scale
- **Project Narrative**
- Budget Template and Narrative
- EHR patient panel report by Insurance (report should not include PHI)
- Proof of eProcurement registration
- Provider Documents
- Internal Control Questionnaire (ICQ) Form

# Applicant Requirements cont'd.

- 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.
- Work plan 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  
Deadline

**February 27, 2026  
@ 5pm**

Instructions  
and Budget  
Template

Instructions &  
Required Documents

Anticipated  
Notice of  
Awards

April 15, 2026

Request  
Unique  
Application  
Link

Application Link

Maximum  
Award

Level 1: \$100,000 &  
Level 2: \$250,500

Contract  
Period

**July 1, 2026 -  
June 30, 2027**

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.

# Operations Portal



## 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

 eye icon

[Log In](#)

[Forgot your password?](#)

### Need an Account?

[Sign Up](#)

POWERED BY  
wizehive

# 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 \*

# 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

<b>Organization EIN *</b> <div style="background-color: #f2f2f2; border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px; margin-bottom: 5px;">This field is required</div> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px;"></div>	<b>Organization UEI</b> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px; margin-bottom: 5px;">(if applicable)</div>	<b>Organization NPI *</b> <div style="background-color: #f2f2f2; border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px; margin-bottom: 5px;">This field is required</div> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px;"></div>
National Provider Identifier (if applicable)		
<b>Organization Type *</b> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px; margin-bottom: 5px;">Rural Health Center (State Designated Rural Health Center)</div> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px;"></div>		
<b>Fiscal Year Start</b> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px; margin-bottom: 5px;">JUN</div> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px;"></div>	<b>Fiscal Year End</b> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px; margin-bottom: 5px;">JUL</div> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px;"></div>	
<b>Website Address</b> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px; margin-bottom: 5px;">https://</div> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px;"></div>		
<b>Does your practice provide dental services?</b>		<b>Does your practice provide Mobile health services?</b>
<div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px; margin-bottom: 5px;">No</div> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px;"></div>		<div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px; margin-bottom: 5px;">Yes</div> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px;"></div>
<b>Does your practice provide Telehealth services?</b>		<b>Does your practice provide mental or behavioral health services?</b>
<div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px; margin-bottom: 5px;">Yes</div> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px;"></div>		<div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px; margin-bottom: 5px;">Yes</div> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 30px; border-radius: 5px;"></div>

# Portal Homepage

Rural Health Centers SFY 2027 RFA

Welcome,



If you are a current RHC grantee you should already have a profile/login, please do not create a new profile. If you do not know your password, select the forgot password option. **DO NOT select the Sign Up button.**

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.

 Add Another

Test

Created on 07/08/2025

Stage Unspecified

**IMPORTANT:** Once you have completed all required items for this step, be sure to click "**Submit Application**".

Before submitting, you will be able to edit any section. Once you've submitted, you will be unable to make any changes.

## SFY 27 State Designated Rural Health Center Application

Action Required

Open

Click "Open" to complete the next step.

- If you have saved or completed this step, you can click "Edit" to make changes before submitting.
- Once you have submitted, you will be able to view but not make changes.

## Narrative and Provider Documents

Action Required

Open

The button will update to reflect how you can interact with this step.

This section is where you will complete the Narrative components (Community Need, Improved Access to Care, Community Collaboration, Work Plan) of the application and upload provider documents.

## Performance Measures

Action Required

Open

The button will update to reflect how you can interact with this step.

This section of the application is where you will submit information about your organization's patient population and performance measure data.

# Narrative and Provider Documents ▾

[Save Draft](#)[Mark Complete](#)[Close](#)

## Are you a current SFY 2026 State Designated Rural Health Centers Grantee?

Budget and Budget Narrative (15 Points) The budget and budget narrative are a separate attachment and should be completed within the Excel document. Follow the instructions within each tab. Once complete, upload the Excel attachment into Zengine (contract management software). Please note that there are multiple tabs to complete. Detailed instructions are provided for each tab. •Work Plan – Complete this section by creating objecting for each line item of the funding request (PCAP, BHAP, and/ or Operational/ Infrastructure). The work plan should describe the activities or steps that you will use to achieve success regarding the funding opportunities for which you plan to apply (Primary Care Access Plan, Behavioral Health Access Plan and/ or Operational/Infrastructure) during the project year (July 1, 2026 – June 30, 2027). Include timelines for hiring of staff and timelines for who is responsible for project deliverables. The work plan must be clear, concise, and numbered to coincide with the funding opportunity. •Personnel – Complete this section only if you are requesting funds to support staff through these grant funds. All positions must clearly align to community need, access to care, or performance measures. •Line-Item Budget – Complete the entire line-item budget if you are requesting operating funds. If you are only requesting PCAP and/or BHAP funds, complete the first table only. •Budget Narrative – Complete this section if you are requesting any operating funds. The narrative must clearly align to community need, access to care or performance measures. Each description should show the calculations for all budget line items and must clearly justify the need for these items. Ensure that all line items from the budget tab are included in the narrative.

### Budget and Budget Narrative (15 Points)

[+ Select a file](#)

--

### Please select your organization type: \*

### State Certification \*

Remember to check one of the boxes in Section 3b. Form will not be considered complete if box is not checked. PDF Uploads only

[+ Select a file](#)

### Proof of eProcurement Registration \*

[+ Select a file](#)

Are you a current SFY 2026 State Designated Rural Health Centers Grantee?

No

Community Need (20 Points)

1. Please provide a description of the proposed service area, including population demographics, other safety net services in the area, barriers, poverty levels, percent uninsured, and other pertinent data. Please reference your county/region community health needs assessment to provide information in this section. Resource data used should be no older than three years. Available resources include <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/>
2. Provide a description of how the organization's services will be communicated in the community or to stakeholders. (Ex: website, newsletter, community forums, social media, press release, etc.)

Community Need (20 Points)

Improve Access to Care (25 Points)

1. Describe in detail how your organization is positioned to effectively use the Primary Care Access Plan, Behavioral Health Access Plan and/or the Operational/Infrastructure funds to increase access to care for underserved residents in your defined service area.
2. Please indicate how much funding is requested for Primary Care Access Plan (PCAP) and Behavioral Health Access Plan (BHAP). (What percentage of uninsured/underinsured in your service area?) Please indicate "N/A" if only Project Funds are requested. (PCAP visits are reimbursable at a rate of \$115.00 per encounter to the health center based on medically necessary face-to-face provider encounters, including to, but not limited to the following: onsite x-rays, in-house labs, surgical procedures, services performed by practice providers, prophylaxis, and telemedicine. BHAP funds available for behavioral health and mental health counseling services. The visits are reimbursable at a rate of \$80.00 per encounter to the health center based on face-to-face behavioral health provider encounters.)
3. Please list your agency's plan to achieve 100% expenditure of PCAP, BHAP, and/or Project Funds. Include information about activities planned throughout the year, community engagement/outreach activities, and how referrals are made into your program.
4. 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.
5. If applicable, describe how you use or plan to use telehealth or telemedicine, etc. to reduce barriers to care. To be considered for reimbursement through this grant, telehealth must involve the use of two-way, real-time interactive audio and video where the healthcare provider and the patient can hear and see each other.

Improve Access to Care (25 Points)

Community Collaboration (15 Points)

1. Describe how your organization has built partnerships or anticipates collaborative partnerships with other organizations in your community that serve under- and uninsured individuals (e.g., homeless shelter, farmworker health program, hospital system). Include traditional and non-traditional organizations. Include collaborative partnerships directly related to your funding requests (e.g., Primary Care Access Plan, Behavioral Health Access Plan, and/or Operational/Infrastructure). Please provide at least three examples.
2. Describe how your organization will provide or support the continuity of care with community providers. List agencies who refer patient to you and agencies you refer patients to when you are unable to provide services.

Community Collaboration (15 Points)

--

Please select your organization type: \*

Non-Government Entity



**State Certification \***

Remember to check one of the boxes in Section 3b. Form will not be considered complete if box is not checked. PDF Uploads only

**+ Select a file**



**IRS Tax Exemption Verification Form \***

**+ Select a file**



**Conflict of Interest Acknowledgement and Policy \***

PDF uploads only

**+ Select a file**



**Internal Control Questionnaire \***

(Excel or CSV files only)

**+ Select a file**



**Conflict of Interest Verification \***

**+ Select a file**



**No Overdue Tax Debt \***

Needs to be printed on organization's letterhead and the form needs to be notarized.

**+ Select a file**



**Signed copy of the ICQ Attestation \***

**+ Select a file**



**Proof of eProcurement Registration \***

**+ Select a file**



Save Draft

**Mark Complete**

Close



# 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 amount requested.



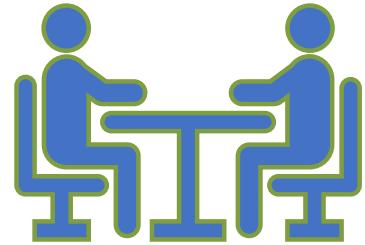
Overview of the Organization	5 Points
Community Need	20 Points
Improved Access to Care	25 Points
Community Collaboration (e.g., health departments, departments of social services, housing authority, etc.)	15 Points
Work Plan/Performance Measures	20 Points
Budget	15 Points
<b>Total Points Awarded</b>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

## 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.**



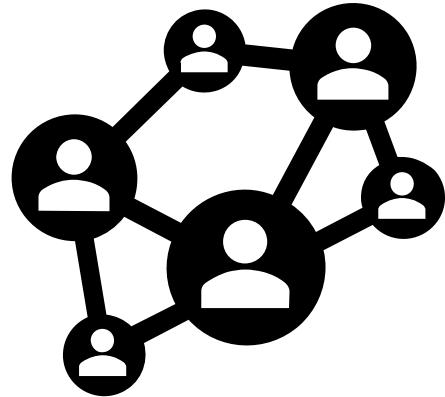
## Improved Access to Care 25 Points

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 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

Primary Care and  
Behavioral Health  
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 Behavioral Health 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				

**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 Date	Responsible Staff or Entity	Progress or Outcome/ Output
<b>Required Activity: Personnel (ex. Social Worker - 1) Review existing workflows to identify inefficiencies, 2) work with AHEC Coach to MAP out the workflow )</b>				
<b>For a Community Health Worker (CHW) position, describe your plan to implement the following integration strategies: (1) <u>Chronic Care Management (CCM)</u> leverages CHW skills in a medical model supporting ongoing, relationship-based support addressing social needs and community navigation. Panel management will assist clinics in identifying eligible patients with chronic conditions and unmet needs, addressing gaps in care, patient risks, what outreach and follow-up is needed and tracking outcomes over time with effective documentation (2) <u>Weekly huddles</u> where CHWs are incorporated. Addresses concerns that may not appear in the patients' EHR (medical chart) and allow realistic patient-centered care plans. Weekly huddles with CHWs support CCM and panel management. (3) <u>Home Visits</u>: This is the bridge between home and clinic, offering improved coordinated care, timely connections to community resources, establishing and maintaining culturally responsive relationships, and increased</b>				

# Community Health Worker Clinical Integration

- **Chronic Care Management (CCM)** leverages CHW skills in a medical model supporting ongoing, relationship-based support addressing social needs and community navigation. Panel management will assist clinics in identifying eligible patients with chronic conditions and unmet needs, addressing gaps in care, patient risks, what outreach and follow-up is needed and tracking outcomes over time with effective documentation
- **Weekly huddles** where CHWs are incorporated. Addresses concerns that may not appear in the patients' EHR (medical chart) and allow realistic patient-centered care plans. Weekly huddles with CHWs support CCM and panel management.
- **Home Visits:** This is the bridge between home and clinic, offering improved coordinated care, timely connections to community resources, establishing and maintaining culturally responsive relationships, and increased appointment attendance and follow-through.

# 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

$$\frac{2}{5} \leftarrow \begin{matrix} \text{numerator} \\ \text{denominator} \end{matrix}$$

© 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.

## 2024 Performance Measures



**73%**  
Patients with well controlled diabetes, as evidenced by A1c levels  $\leq 9$



**66%**  
Patients with well controlled hypertension, as evidenced by blood pressure levels  $\leq 140/90$



**68%**  
Patients screened for obesity through Body Mass Index (BMI) testing



**86%**  
Patients screened for tobacco cessation and treatment



## 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

Separate Excel attachment

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

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

# 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"/>										
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)**

<b>TOTAL</b> 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

# Congratulations! Your 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?



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# Operations Team + Information

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