



QUESTIONS AND ANSWERS
TO
RFA#10-07-07
COMMUNITY PRIMARY CARE CHALLENGE GRANT
FOR PRE-APPLICATION CONFERENCE
AS OF 9/12/11

- Q1. Do you have any funding for mental health organizations or would primary care for autistic children qualify under this funding source?**
- A1. The Community Primary Care Challenge Grant (CCG) Program does not provide funding for mental health or behavioral health services. The intent of the CCG is to increase access to primary medical and dental services for all persons living in underserved communities and cannot be directed toward special populations only. (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section e) Work Statement, i. Tier 1 Applicants, (13) Allowable Use of Funds page 15)
- Q2. We have a question regarding the CCG RFA. Our application in 2010 for the CCG grant did not include a \$0 category in the list of discounted fees, although our policies state that patients who are unable to pay will be treated (and in practice they are). We are trying to determine how best to meet the requirement, and in looking at the materials on the website recommended in Appendix 1 of the RFA (The National Health Service Corps Discounted/Sliding Fee Schedule Information Package at: <http://nhsc.hrsa.gov/communities/discountedfee.pdf>) we see that the samples they provide do not include a \$0 category in their fee grids, but do include notices that no one will be denied care due to inability to pay. If we provide our scale, which like the NHSC examples includes a range of fees, together with a copy of the posted notices regarding providing care regardless of ability to pay, will that meet the requirements of this RFA?**
- A2. The NHSC website referenced in Appendix 1 of RFA 10-07-07 provides information on developing a discounted/sliding fee schedule and policy. It is the requirement of RFA 10-07-07 that the Applicant's discounted/sliding fee scale must include a "no pay" or "\$0 fee" option for those unable to pay. (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section e) Work Statement, i. Tier 1 Applicants, (4) Access page 11)
- Q3. Can volunteer hours be used as a match for this grant?**

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- A3. No. Matching funds must be used to pay for costs directly incurred to support the proposed project. Volunteer hours are not a direct cost to the project. (Refer to RFA 10-07-07 Part I A. Information for Applicants 2. Availability of Funds page 4)
- Q4. We are considering opening a new primary care office (not a clinic) in a designated Health Professional Shortage Area (HPSA) under the Tier 1 program. Just to clarify, under Tier 1 eligibility, is it correct that the new primary care office is not subject to requirements for Medically Underserved Area/Population (MUA/P) patient percentages or to become a Federal Qualified Health Center (FQHC) or other Section 330 program? (If we are reading this correctly, the office only needs to be in an HPSA and have a sliding scale payment program, but is not subject to those requirements.)**
- A4. A Tier 1 project is not required by RFA 10-07-07 to become a FQHC or a Section 330 funded program. A new primary care Tier 1 project must be located in a currently federally designated HPSA or MUA/P. Applications are required to include a sliding fee scale, unless the Applicant is a free clinic. (Refer to RFA 10-07-07 Potential Applicant Letter, RFA 10-07-07 Part I, A Information for Applicants 3. Grant Eligibility pages 4-6 and RFA 10-07-07 Part I, C. Application Instructions and Required Format 2. Applicant Format e) Work Statement i. Tier 1 Applicants, Pages 10-16 of the RFA.)
- Q5. Under section II of the Tier 1 Impact Form, there are two tables to be completed for patient numbers and patient visits. As we are considering a new office, is there an area you would like to have this information gathered from?**
- A5. Table 1 and Table 2 on the Tier 1 Project Impact Form require all patients and patient visits to be reported for the period of July 1, 2010 to June 30, 2011. If the Applicant has no data for a required time period, a "0" should be entered to indicate there were no patients or patient visits for that particular time period. Projections of data are required for periods that fall in the future (Proposed Patients and Proposed Patient Visits for 07/01/12- 06/30/2013 and 07/01/2013-06/30/2014).
- Q6. When filling out the application, are we allowed to use handwriting when filling information in the tables (measurable objectives, etc.) or do they need to be typewritten like the rest of the application? That's probably a silly question, but we want to make sure we do everything correctly.**
- A6. All Applicants must follow the Application Instructions and Required Format. Required format includes 12 font type. (Refer to RFA 10-07-07 Part I C Application Instructions and Required Format, #1 Application instructions and #2 Applicant Format pages 8-9)
- Q7. What is the total allocation for this program, and how many grants does DOH anticipate awarding?**

A7. The number of applications selected for funding will depend upon availability of funding in the Commonwealth budget. (Refer to RFA 10-07-07 Part I A Information for Applicants, #2 Availability of Funds page 4)

Q8. Can the matching funds be contributed by the Applicant, such as a health center, or must they be Federal, State, Foundation or other grant funds?

A8. Yes, the Applicant may provide the matching funds.

Q9. Which items are included in the 20 page maximum limitation? Does the page limit include the forms described on the cover page (applicant information, certification, 501(c)(3), etc.) additional appendices, budget template, budget justification, and budget definitions?

A9. For Tier 1 Applicants the 20 page limitation includes the following topics of the Work Statement: *Project Abstract, Delivery of Primary Care Services, Workplan, Access, Community Involvement/Network Development, Project Impact, Capacity to Implement, and Sustainability Plans*. For Tier 2 Applicants the 20 page limitation includes the following topics of the Work Statement: *Project Abstract, Map of Service Area Identifying MUA/P, Delivery of Primary Medical and Dental Care Services, Workplan, Access, Community Involvement/Network Development, Project Impact, Capacity to Implement, and Sustainability Plans*. The following forms and attachments for Tier 1 and Tier 2 Applicants **are not** part of the 20 page Work Statement limitation: Applicant Information Form, Certifications Form, 501(c)(3) Form, Additional Appendices, Budget and Budget Justification are not part of the Work Statement. (Refer to RFA 10-07-07 Part II Applicant Information Form Attachment II, Certifications Attachment V, 501(c)(3) Attachment VI, Work Statement Attachment VII, Additional Appendices Attachment VIII, Budget Template Attachment IX, and Budget Justification Attachment X)

Q10. For our proposed project we want to expand the capacity of our ob/gyn clinic which serves primarily low income, MA women. We need more clinical space and at least one more provider, probably a mid-level provider to increase the number of women we can serve. For many of these women, this clinic serves as their primary care provider. The clinic is currently co-located with our family practice clinic in a designated HPSA.

There are two options for expanding the ob/gyn clinic: (1) The clinic could stay at their current location (in a HPSA), move their administrative space and Healthy Beginnings program to the first floor and renovate administrative space into clinical space on the second floor. However, this is not the ideal scenario due to the cost to renovate existing administration space into clinical space. It is not ideal from a patient-centered perspective either since the spaces are in different corners of the building, not stacked on top of each other. The expense is a primary concern at this location. (2) The second option is to move a few blocks away into a space which was, until recently, a primary care location for us. The cost is much less at this site and it

is still located in the city with easy access by foot or by public transportation, it is in a shopping center that has a supermarket. While the city blocks surrounding this location are HPSA's, the actual address is not located in a HPSA. Our question is whether or not this site will qualify for the grant. The site was a primary care (family practice) site and it will remain a primary care site, although it would be ob/gyn so it would seem that it is an existing primary care site. Can you provide us with some feedback on this?

A10. If the application is for funding to establish a new site, the Applicant must propose to establish the site in a federally designated HPSA or MUA/P. (Refer to RFA 10-07-07 Part I A. Information for Applicants #1 Introduction Page 2)

Q11. Is a Letter of Intent required prior to applying for the Community Primary Care Challenge Grant, RFA #10-07-07?

A11. No.

Q12. We are planning on applying under Tier 1 due to the low income population who we serve. However, since we did not bill for the treatment that the medical residents provided, we do not have insurance data on our patients as required in Tables 1 and 2 in Section II and Table 1 in Section III of the application. We do have numbers about who was able to pay the \$20 per visit fee and who was unable to do so. (We completely waive the fee if the person is unable to pay). My question to you is will our application be considered without the other information included?

A12. It is a requirement of all potential CCG grantees that services are provided to all, including those with public insurance. The only exception to the requirements that the Applicant be enrolled in public insurance (Medicare, MA, and CHIP) and include with the application a discounted/sliding fee scale is for clinics that provide services to patients at no charge (free clinics), in which case the application shall include documentation establishing that the clinic provides services to patients at no charge and that individuals with Medicare, MA, and CHIP have access to care in the community that the clinic serves. An Applicant that is not enrolled in public insurance and is not a free clinic does not meet the eligibility requirement of the RFA. (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section e) Work Statement, i. Tier 1 Applicants, (4) Access page 11)

Q13. We are considering a proposal for a site where the challenge grant would pay for primary care staff and equipment (as described as eligible in the RFA) and construction costs would be paid out of the match. One question is about the timing of things. Is it acceptable to spend the first six months of the grant doing the construction and interviewing/hiring the primary care provider and THEN opening the site? Hence the provider would start within the first year.

A13. Yes.

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Q14. Another of our questions is about documentation. We may propose opening a health clinic in a grocery store setting. Since this entire site would be new, i.e. the grocery store is in the process of being built. Would you need a letter from the site developer stating the opening date? Or some confirmation of that nature? Would you need any other documentation showing the timeline for completing and opening the site?

A14. It is a requirement that the Applicant provide a description of the proposed site to include:
the address of proposed site; the ownership of property; the status of any lease agreement (or potential agreement); the conditions necessary for the site to be an operational clinic, if applicable; the steps needed to take place in order for the site to be an operational clinic, if applicable; the identification of renovations required and provide contractor estimated cost and proposed timeline for completion of renovations, if applicable. (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section e) Work Statement, i. Tier 1 Applicants, (7) Capacity to Implement page 12)

Q15. (Section C.2.D) Can we submit an application having received notice from the IRS that 501(c)(3) approval is "in process?"

A15. No. Any application received that does not include an Internal Revenue Service 501(c)(3) Tax Exempt Verification Letter in the name of the Applicant will not be reviewed. (Refer to RFA 10-07-07 Potential Applicant Letter)

Q16. (Section A.3) How do you define "Community health improvement partnerships?" Is it a single organization with its own 501(c)(3)? Is it a group of organizations and if so do all members of this group have to have 501(c)(3) tax exemption? Can one of which have a 501(c)(3) tax exemption?

A16. For the purpose of this RFA a community health improvement partnership is a single organization that brings multiple community partners together for the purpose of improving the health of the community. If the Applicant organization is a community health improvement partnership, the partnership must document its status as a not for profit community based organization with a valid 501(c)(3) Tax Exempt Verification Letter. (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section d) 501(c)(3)Form page 9)

Q17. (Section A.3) Are local foundations eligible to apply for their community?

A17. Yes, provided the local foundation meets all other eligibility requirements of the RFA.

Q18. We are asking the following question in regards to Work Statement for Tier 1 Applicants; (2) Delivery of Primary Medical and Dental Care Services; Description

of how grant funds will be used: “We are requesting funding for a second part-time pediatrician from the CCG. We are presently advertising for that position and if we were fortunate enough to fill this position before the July 2012 grant start date, how might this affect our receipt of funding?”

A18. Funding may not be requested for salaries for existing positions unless the funds requested are to provide **new or expanded** services by an existing position and there will be an increase in the salary and hours for that position. A position that is filled prior to 7/1/12 will be considered an existing position. (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section e) Work Statement, i. Tier 1 Applicants, (13) Allowable Use of Funds page 15)

Q19. On page 15 of the RFA (“Allowable use of funds”) it is indicated that up to \$10,000 may be requested for Tier 1 applications for electronic medical records technology and equipment. Is this the TOTAL allowable amount for EMR across both years (meaning max of \$5,000 per funding year), or is the max allowable request for this category \$10,000 PER funding year?

A19. The maximum amount for EMR for the entire project is \$10,000. The amount may be allocated, as needed, between both budget years.

Q20. If an organization that applies for and receives a Tier 2 grant award, and also receives either FQHC or FQHC Look Alike status either prior to or during the CCG project period, would the grant dollars awarded be in jeopardy of being rescinded?

A20. No. The goal of the RFA for Tier 2 is *the establishment of a CHC that will eventually seek status as a FQHC or FQHC-LA* (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section e) Work Statement, ii. Tier 2 Applicants, (4) Workplan page 17)

Q21. How many Tier 1 and Tier 2 grants will be awarded? Is Tier I preferred for any reason by the Department?

A21. See A7. All eligible Tier 1 and Tier 2 applications are individually reviewed by a Review Committee. The Review Committee will recommend applications that most closely meet the evaluation criteria of the RFA for both funding options. (Refer to RFA 10-07-07 Part I B. Application Procedures, #2 Evaluation of Applications page 6)

Q22. In the RFA on page three, second to last paragraph, it says that “Applicants may apply for more than one grant, provided each application is for a project at a separate and distinct site.” It also says that “Applicants may apply for a tier 1 grant,

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a Tier 2 grant, or both.” Can an Applicant apply for a Tier I grant and a Tier 2 grant proposing different projects, for the same site? If yes, is there any disadvantage in doing this?

A22. No. (Refer to RFA 10-07-07 Part I A. Information for Applicants, 1. Introduction, page 3)

Q23. Would the planning of the future merger as an expansion of an existing FQHC by absorbing of another independently operating clinic qualify for T2 funding?

A23. Yes, if the Applicant meets all requirements of the RFA for Tier 2.

Q24. Please clarify what is the site/applicant for T2 has to do in terms of obtaining letters of support if it is located between and serves patients from 3 different MUA's having its own designated FQHC's? Will the letter of support from one of them only be enough to be considered for T2 funding OR are we required to provide the letter of support from all 3 FQHC's in support of our application?

A24. A letter supporting the Applicant's proposal to create a Community Health Center (CHC) is required from each FQHC or FQHC-LA that is currently serving the MUA/P(s) that the Applicant proposes to serve. (Refer to RFA 10-07-07 letter to Potential Applicant)

Q25. Can legal fees for future affiliation negotiations and asset transfer be funded in T2 and which comparable legal costs are OR are not Ok for funding?

A25. No, payment of legal fees is not an allowable use of funds for either Tier 1 or Tier 2 Applicants.

Q26. Please clarify funding possibilities of urgent, oral hygiene and preventative, and restorative dental work placements in T2, more specifically:

- a. **Does introduction of a dental service line at the Applicant center suit T2 application requirements as part of an effort to become a CHC and**
- b. **Can such new dental service line be introduced and funded in T2 or not?**
- c. **What is the minimum dental package that can be considered for funding with grant monies and/or matching funds?**
- d. **What are the subcomponents of the overall dental services that cannot be funded neither from grant money nor from the matching funds?**
- e. **Can restorative component of a dental care be funded through matching funds of the application proposal?**

A26a. There are no requirements for Tier 2 that include the implementation of dental services.

A26b. Primary dental services may be included in a Tier 2 application.

A26c. Primary dental services include general and pediatric dental services. Primary dental services do not include orthodontry, endodontic services, periodontics or other dental specialty services. (Refer to RFA 10-07-07 Part I, A. Information for Applicants, 1. Introduction page 2)

A26d. Primary dental services include general and pediatric dental services. Primary dental services do not include orthodontry, endodontic services, periodontics or other dental specialty services; therefore, these may not be funded by grant or matching funds. (Refer to RFA 10-07-07 Part I, A. Information for Applicants, 1. Introduction page 2)

A26e. See A26d.

Q27. Can the social worker be covered from T2 grant funding or can it be funded from the matching funds in T2 application?

A27. A social worker may be funded with either Tier 2 grant funds or matching funds.

Q28. Could you please clarify how to submit the company's audit attachment in T2 in case the Applicant is a new corporation that has not done any audit yet – can we submit statement to that effect or a parent company's audit, or is it something else we have to provide with?

A28. The RFA does not require Tier 1 or Tier 2 Applicants to submit audit results.

Q29. Our agency is asking the following question in regards to Work Statement for Tier 1 Applicants; (2) Delivery of Primary Medical and Dental Care Services; Description of how grant funds will be used: " If our agency starts repairs and renovations to make room for a second pediatrician before the July 2012 grant start date, is it feasible to include those costs in our budget and expect reimbursement by the grant?"

A29. No. Successful Applicants may not begin their project prior to the July 1, 2012 start date.

Q30. On page 4 of the Request for Applications, concerning Grant Eligibility, it says, "Applicants must be not-for-profit community-based organizations and health centers....or community health improvement partnerships within Pennsylvania."

I have two questions, please.

- a. **Must the Applicant already have an IRS designation of not-for-profit status, or is a Pennsylvania Department of State certified copy of articles of incorporation, along with documentation of a 501(c)(3) application to the IRS that is in process, sufficient information to establish grant eligibility?**

- b. **Could you please provide more information about the nature of documentation needed (if any) to establish that the grant Applicant is a “community health improvement partnership in Pennsylvania.”**

A30a. See A15.

A30b. See A16.

- Q31. The cover letter of RFA #10-07-07 states that all Applicants must submit "501(c)(3) Form issued in the name of the Applicant", while the RFA states on page 3 that for Tier 2 Applicants "the proposed CHC as described in the application shall be consistent with the Key Health Center Requirements: Need, Services, Management and Finance, and Governance." Since application for HRSA CHC/FQHC status requires only evidence of application for IRS certification of non-profit status, may an Applicant for a Tier 2 Challenge Grant be allowed to submit evidence that 501(c)(3) status has been applied for from the IRS?**

A31. No. See A15.

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On 09/20/11

- Q32. Section II – Tier 1 Project Impact Form: Last year we were not computerized so do not have specific patient numbers for groups such as CHIP and the number of patients that could not pay full amount but paid something. Can we just use percentages or average numbers?**

A32. All patient and patient visit numbers reported must be derived from Applicant records and reflect the exact numbers of patient and patient visits. Averages or percentages may not be used. (Refer to RFA 10-07-07 Part I Appendix 4 pages 32-33).

- Q33. Section C (2)(d): Where should the W-9 form be submitted, (following the 501(c)(3) form)?**

A33. The W-9 Form should be in the Appendices section of the application. (Refer to RFA 10-07-07 Part II Attachment XI)

- Q34. Section C(2)(e)(2) Delivery of Primary Medical and Dental Services or (7) Capacity to Implement: Is this section the best place to discuss other staff to support the project that are not grant funded? (e.g.) grant will fund 1 physician with (1 nurse not part of grant funds)?**

A34. “Delivery of Primary Medical and Dental Services” requires a narrative description of job responsibilities for each position in the project. This is an appropriate section to describe

all staff supporting the project. (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section e) Work Statement, *i*. Tier 1 Applicants, (2) Delivery of Primary Medical and Dental Services page 10)

Q35. Pages 28-31: Summary of Health Care Program Requirements:

- a. Do we have to write a statement for each of these categories to determine that we have the appropriate requirements?**
- b. Or are these just definitions for our use?**
- c. Where would they belong in the format of the RFA?**

A35a. The Summary of Key Health Center Program Requirements found in Appendix 3 of the RFA is for informational purposes only. There is no requirement in the RFA to write a statement for each category.

A35b. See A35a.

A35c. An Applicant submitting a Tier 2 application must demonstrate the Applicant's knowledge of the requirements to become a FQHC or FQHC-LA throughout its proposal to establish a CHC. (Refer to RFA 10-07-07 Part I, A. Information for Applicants, 1. Introduction page 3)

Q36. Our organization is fiscally very concerned about going beyond the threshold of federal funding that might trigger a more extensive/expensive audit. Does the funding for this RFA flow directly from any federal sources that might make us accountable for all or a portion of any amount awarded for federal auditing purposes or are there any similar regulatory or oversight issue that we might need to be aware of?

A36. The funding for this program is state funding. (Refer to RFA 10-07-07 Part I, A. Information for Applicants, 2. Availability of Funds page 4)

Q37. In D Appendices (starting on page 24) RE: The Primary Care Provider Survey Form Appendix 2, page 26: Are we to understand that this survey process/form is only required for a Tier 1 Free Clinic project?

A37. Yes

Q38. Regarding RFA# 10-07-07, Appendix 2: Are we correct that the Primary Care Provider Survey is NOT required for the application for a Tier 2 grant?

A38. Yes.

Q39. Regarding RFA #10-07-07, Attachment II: Is a non-profit hospital with 501(c)(3) tax-exempt status considered a “non-profit, community-based organization” for purposes of either a Tier 1 or a Tier 2 application, or both?

A39. Yes, for both.

Q40. Regarding RFA# 10-07-07, Attachment II: Would the United Way or a local community foundation be considered a non-profit, community-based organization for purposes of either a Tier 1 or a Tier 2 application, or both?

A40. Yes, if the community-based organization has a 501(c)(3) Tax Exempt Verification Letter. (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section d) 501(c)(3) Form page 9).

Q41. Regarding RFA#10-07-07, Attachment V: If a non-profit community-based organization receives a Tier 2 grant, is the CHC that must be established to become a FQHC or FQHC-LA to be considered a subcontractor for purposes of achieving the goals of the grant over the two-year period, and identified as such on Attachment V?

A41. The Applicant for the Community Primary Care Challenge Grant must have the fiscal and administrative ability to receive funds and to carry out the purpose of the grant. It will be the Applicant’s responsibility to execute the Grant Agreement and assume the obligations included in that Agreement. It is not a requirement that a new CHC established by a Tier 2 grantee be a subcontractor. (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section d) 501(c)(3) Form page 9).

Q42. Regarding RFA# 10-07-07, Attachment V: Attachment V indicates that Subcontractors with Federal EINs or SS#s are to be listed “in the space below.” Is that space directly above the certification signature box, below the certification signature box, or can an attached page be used to list subcontractors?

A42. A page may be attached to list subcontractors.

Q43. Tier Applicant – Section (4) Access page 11: If we are a clinic that provides free care for patients under 200% of federal poverty guideline, do not accept MA or Medicare patients but will also accept patients between 200-300% of federal guidelines if they purchase a specially designed in hospital indemnity insurance plan with a monthly premium attached:

- a. Do we qualify to apply for grant funding?
- b. Do we need to put that in a sliding fee scale even with the clinic is providing free care?

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A43a. See A12. For the purposes of this RFA if a clinic requires patients to purchase insurance to obtain services, the clinic is not considered a free clinic. Therefore, unless the clinic participates in Medicare, MA, and CHIP it is not eligible for grant funding.

A43b. See A12 and see A43a.

Q44. If organization has a separate medical and dental clinic at 2 different sites with 2 different eligibility guidelines should Applicant put in 2 separate applications for expansion or would the recommendation be to combine the application?

A44. There must be a separate application for each site. (Refer to RFA 10-07-07 Part I, A. Information for Applicants, 1. Introduction page 3)

Q45. RE: Definition of Community Health Partnerships –Tier 2 for purposes of the RFA:

a. Can you refine, please?

b. Must a community health partnership be an organization that is already listed as such on the DOH website?

c. Our Community has begun working toward establishing an FQHC-LA through a collaboration of a number of non-profits, United Way, local community foundations, local hospitals, with several lead organizations. Can one of these organizations be the Applicant for the CHC that does not yet have a 501(c)(3) status?

A45a. See A16.

A45b. Community health improvement partnerships do not need to be listed on DOH's website.

A45c. Yes, however the Applicant if successful will be the grantee and will assume all responsibilities for the grant requirements. The Applicant for the Community Primary Care Challenge Grant funds must have the fiscal and administrative ability to receive funds and to carry out the purpose of the grant. It will be the Applicant's responsibility to execute the Grant Agreement and assume the obligations included in that Agreement. (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section d) 501(c)(3) Form page 9).

Q46. C2 I Tier 1 (13) pages 15-16: Would the cost of training provided by an internal agency trainer be included in the "other" budget category as matching funds?

A46. If the trainer is an employee of the Applicant the personnel expenses must be included in the personnel category. Matching funds must be used for direct expenses incurred to support the proposed project and may not be used to allocate existing expenses to the proposed project. (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section e) Work Statement, *i.* Tier 1 Applicants, (14) Matching Fund Requirements page 16)

Q47. C2 i Tier 1 (13) page 14: May a RN hired with grant funds act as a patient navigator?

A47. Yes.

Q48. Introduction, page 3: If the goal of the CCG is to expand services at existing primary care clinics, may the expansion of services be achieved through a team-based or medical home approach?

A48. For the purposes of this RFA the Department is not interested in funding a project intended to improve practice management. The Applicant must propose the addition of health care providers and/or new/expanded services. If the application is proposing a project for improving practice management it will not be reviewed. (Refer 10-07-07 Potential Applicant letter)

Q49. Requirement for 501(c)(3) status documentation: Can an application be submitted by an established non-profit corporation (corporation #1) on behalf of a non-profit still in the process of applying for 501(c)(3) status (corporation #2) with the explicit intention of supporting the efforts of the applying corporation (corporation #2) to develop the project in preparation to become an FQHC?

A49. The Applicant submitting the application, if successful, will be the grantee. An Applicant may not submit an application on behalf of an ineligible organization. (Refer to RFA 10-07-07 Part I C. Application Instructions and Required Format, 2. Application Format Section d) 501(c)(3) Form page 9).

Q50. How will the Community Primary Care Challenge Grant program be funded in fiscal year (FY) 2012-2013 and FY 2013-2014? Does the program require funding through the annual state budget for FY 2012-2013 and FY 2013-2014?

A50. Grant funding for each year is dependent upon availability of funds in the commonwealth budget for each fiscal year. (Refer to 10-07-07, Part I. A. Information for Applicants 2. Availability of Funds page 4)

Q51. Will our chances of being awarded Tier 1/Tier 2 funding decrease if we have an existing grant funding from DOH?

A51. No, each application that meets eligibility is reviewed on its own merit. (Refer to 10-07-07, Part I. A. Information for Applicants 3. Grant Eligibility All Applicants: page 6)

Q52. With 12 total copies of the applications, are there 12 reviewers? Are the reviewers within the PA Department of Health and if so what Bureau or Division are they from?

A52. The number of reviewers may vary. The reviewers are qualified personnel selected by the Department, and include DOH staff and other professionals.

Q53. Section 2 Availability of Funds page 4: What is considered 3rd party insurance reimbursements? Specifically, does it include reimbursement from Medicare, Medicaid, and private insurance?

A53. Yes.

Q54. Page 15: Is there a percentage of funding that may be used for minor office renovations?

A54. No. Funding may be used for minor office renovations. We do not specify a minimum or maximum percentage amount.

Q55. Page 17 (2): Can the clinic be located in an area not designated a MUA/P or HPSA if it serves patients from that area?

A55. For Tier 1 Applicants proposing expansion of services at existing sites that are not located in a federally designated MUA/P or HPSA the Applicant must document that 30% of patients served reside in a MUA/P or HPSA or 30% of patients served are low-income. For Tier 2 Applicants the proposed CHC need not be located in a MUA/P but must propose to serve a MUA/P. HPSA designations do not apply to Tier 2 applications. (Refer to 10-07-07, Part I. A. Information for Applicants 1. Introduction page 2)