



November 19, 2015

Dear Potential Applicant:

You are invited to submit an application to the Pennsylvania Department of Health in accordance with the enclosed Request for Applications (RFA) #67-46.

A pre-application conference will be held on Thursday, December 10, 2015 at 9:30 – 11:30 AM in Room 125C, **Keystone Building, 400 North Street, Harrisburg, PA 17120**. Since facilities are limited, it is requested that you limit your representation to two individuals. Applicant attendance is optional.

All questions regarding this RFA must be directed in writing to **Dawn Spero, Public Health Program Administrator, Bureau of Health Planning, Division of Health Professions Development**, Pennsylvania Department of Health, Room #1033, Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701, or by e-mail at daspero@pa.gov, no later than Thursday, December 3, 2015. All questions must include the specific section of the RFA about which the potential applicant is questioning. Answers to all questions will be posted at www.emarketplace.state.pa.us. Click on 'Solicitations' and search for the above RFA number.

Please submit one (1) original and ten copies of your application, (Part 2 of this RFA) in a sealed package to the address below. Your application must arrive in the designated room at the following address no later than 2:30 p.m. on Wednesday, January 13, 2016.

RFA # 67-46
Director, Division of Contracts
Bureau of Administrative and Financial Services
Pennsylvania Department of Health
Room 824, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701

LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.

FAILURE TO COMPLY WITH THE GRANT ELIGIBILITY REQUIREMENTS AS DEFINED IN RFA #67-46, PART 1, SECTION A. 3, GRANT ELIGIBILITY, PAGES 7-8, WILL RESULT IN REJECTION OF THE APPLICATION. THE APPLICATION WILL NOT BE EVALUATED AND THE APPLICANT WILL BE NOTIFIED IN WRITING OF SAME.

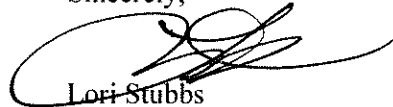
Failure to include a copy of an Internal Revenue Service 501(c)(3) Tax Exempt Verification Letter issued in the name of the applicant organization as proof the applicant's nonprofit status may result in rejection of the application. The

application may not be evaluated and the applicant would be notified in writing of same. Refer to RFA #67-46, Part 1, Section B. 1. b), page 8.

Please write "APPLICATION ENCLOSED RFA # 67-46" in large block letters on the envelope or overnight/priority mail label.

We expect that the evaluation of applications and the selection of grantees will be completed within eight weeks of the submission due date.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Stubbs", with a large, sweeping flourish extending to the left.

Lori Stubbs
Acting Director
Bureau of Administrative and Financial Services

Enclosure

Request for Application

Community-Based Health Care Program

RFA Number

67-46

Date of Issuance

November 19, 2015

Issuing Office:

Pennsylvania Department of Health
Bureau of Administrative and Financial Services
Division of Contracts
Room 824, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701

RFA Project Officer:

Dawn Spero
Pennsylvania Department of Health
Bureau of Health Planning
Division of Health Professions Development
Room 1033, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701
Email address: daspero@pa.gov

PART ONE

Community-Based Health Care Program

General Information

Community-Based Health Care Program

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Part Two: Title of Application

Application Forms and Attachments

- I. Mailing Label
- II. Applicant Information Form
- III. Certifications
- IV. Category 1 Work Statement
- V. Category 2 Work Statement
- VI. Category 3 Work Statement
- VII. Category 4 Work Statement
- VIII. Category 5 Work Statement
- IX. 501(c)(3) Form
- X. Additional Appendices
- XI. Budget Template is downloadable and is attached for completion of the budget request.

- XII. Budget Justification
- XIII. Form W-9 and Instructions
- XIV. Program Specific Provisions

Any grant resulting from this RFA will include certain standard terms and conditions, which will either be attached as paper appendices or incorporated by reference and may be found at <http://www.health.pa.gov/vendors>. These terms and conditions are listed below:

- Payment Provisions (Rev. 5/12)
- Standard General Terms and Conditions (Rev. 2/15)
- Audit Requirements (Rev. 7/13)
- Commonwealth Travel and Subsistence Rates (Rev. 4/12)
- Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 4/12)
- Federal Lobbying Certification and Disclosure (Rev. 12/05)
- Pro-Children Act of 1994 (Rev. 12/05)

A. Information for Applicants

1. Introduction

In May 2013, Act 10 of 2013 became law and established the Community-Based Health Care Program (Program) within the Pennsylvania Department of Health (Department). The purpose of the Program is to expand and improve health care access and services, reduce unnecessary utilization of hospital emergency services and to encourage collaborative relationships among community-based health care clinics, hospitals and other health care providers.

Through this RFA process the Department is soliciting Program applications for grant funding categorized as follows:

- a) **Grant Category 1:** The development of a new community-based health care clinic.
- b) **Grant Category 2:** The expansion of primary health services at an existing community-based health care clinic.
- c) **Grant Category 3:** The addition or expansion of prenatal, obstetric, postpartum and new born care services at an existing community-based health care clinic.
- d) **Grant Category 4:** The development of alternate health care delivery systems administered by community-based health care clinics to improve services and access to reduce hospital emergency room utilization.
- e) **Grant Category 5:** The implementation of collaborative relationships to enhance transitions of care for patients to ensure timely follow up care for health care clinic patients seen in or admitted to the hospital and to develop referral mechanisms to establish a health clinic medical home for patients seen in the hospital and specialty clinics.

For the purposes of this RFA comprehensive primary health services include basic primary and preventive health services related to the following specialties furnished by physicians, and where appropriate, physician assistants, nurse practitioners, and nurse midwives: family medicine, internal medicine, pediatrics, obstetrics and gynecology. Services may include prenatal and perinatal services; cancer screening; well-child services; immunizations against vaccine preventable diseases; screenings for elevated blood levels, communicable diseases and cholesterol; eye, ear and dental screenings; preventive dental services; family planning services; referrals to other providers of medical services (including medical specialists and mental and substance abuse providers). In addition to the services provided by physicians, physician assistants, nurse practitioners and nurse midwives, the following services may also be included as comprehensive primary health services: General dental services; behavioral and mental health services; pharmaceutical services; patient case management services; services that enable individuals to use health clinic services (such as transportation services, language interpreter services); patient health education services; chronic care and disease management services. For the purposes of this RFA comprehensive primary health care services **do not include** medical specialty services (such as, but not limited to hospice,

rehabilitation, oncology, rheumatology, endocrinology, gastroenterology, cardiology) or dental specialty services (such as, but not limited to orthodontics, endodontics, periodontics or other dental specialty services).

Organizations and clinics that do not provide basic primary and preventive health services furnished by physicians (and other providers) related to the specialties of family medicine, internal medicine, pediatrics, obstetrics and gynecology are not eligible to apply through this RFA. Examples include general dental clinics, behavioral and mental health clinics and facilities, medical and dental specialty clinics and social and human services agencies.

Funding through this Program is for initial implementation or service expansion that will be sustained by the grantee beyond the grant period. Funding may not be used to sustain existing operations. The overall goal of this funding is to expand and improve community-based health care access and services.

The anticipated grant agreement term is July 1, 2016 to June 30, 2018 subject to the availability of funding.

One organization may submit separate applications requesting funding in each of the Grant Categories 2, 3, 4 and 5. An organization with multiple clinic sites may submit applications for funding in Categories 2, 3, 4 and 5 for each site.

A current Category 2, 3, 4 or 5 Grantee IS eligible to submit an application in response to this RFA except that the application may not request additional funding for the project funded by the current grant.

An organization applying for Grant Category 1 funding may not apply for funding in any of the other Grant Categories.

A current Category 1 Grantee, with a Grant ending June 30, 2017, IS NOT eligible to submit an application for funding in Grant Categories 2, 3, 4 or 5 for additional funding at the site of the proposed health clinic location.

A current Category 1 Grantee, with a Grant ending June 30, 2017, IS eligible to submit an application for funding in Grant Categories 2, 3, 4 or 5 for sites owned or operated by the Grantee other than the site of the proposed health clinic location for which Grant 1 funding has been awarded. A current Category 1 Grantee IS eligible to submit an application for Category 1 funding to establish a health clinic at another location.

Additional information about how to apply, relevant and specific instructions, and stated preferences regarding applicants are noted and outlined in Section B.

This RFA provides interested organizations with information to prepare and submit

applications to the Department. Questions about this RFA can be directed in writing to Dawn Spero, Public Health Program Administrator, Bureau of Health Planning, Division of Health Professions Development, Pennsylvania Department of Health, Room 1033, Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701 or e-mail address at daspero@pa.gov no later than Thursday, December 3, 2015. Answers to all questions will be posted at www.emarketplace.state.pa.us. Each applicant shall be responsible to monitor the website for new or revised RFA information. The Department shall not be bound by any information that is not either contained within the RFA or formally issued as an addendum by the Department.

In order to do business with the Commonwealth of Pennsylvania, applicants are required to enroll as a provider in the SAP system. Applicants may enroll at www.vendorregistration.state.pa.us/ or by calling toll free at 1-877-435-7363 or locally at 717-346-2676.

2. Availability of Funds

Current state funding is:

- a) **Grant Category 1:** The development of a new community-based health care clinic: Maximum of \$600,000 for the entire 24 month project period.
- b) **Grant Category 2:** The expansion of primary health services at an existing community-based health care clinic: Maximum of \$300,000 for the entire 24 month project period.
- c) **Grant Category 3:** The addition or expansion of prenatal, obstetric, postpartum and newborn care services at an existing community-based health care clinic: Maximum of \$300,000 for the entire 24 month project period.
- d) **Grant Category 4:** The development of alternate health care delivery systems administered by an existing community-based health care clinic to improve services and access to reduce hospital emergency room utilization: Maximum of \$300,000 for the entire 24 month project period.
- e) **Grant Category 5:** The implementation of collaborative relationships to enhance transitions of care for patients to ensure timely follow up care for health care clinic patients seen in or admitted to the hospital and to develop referral mechanisms to establish a health clinic medical home for patients seen in the hospital and specialty clinics: Maximum of \$100,000 for the entire 24 month project period.

All Grants issued pursuant to this RFA shall include a requirement for a matching commitment of 25 percent of the grant amount which can be in the form of cash or equivalent in-kind service. The matching funds or value of in-kind services for all grant categories shall not exceed 25 percent of grant amount. The source and amount of the matching commitment (including the dollar equivalent of in-kind services) must be identified in the budget portion of the application. Fund raising may not be used for matching commitment. Matching commitment (cash or in-kind) must directly support the proposed project.

All matching commitments must be committed at the time of the grant application via a signed letter(s), included in the additional appendices section of the application. Each letter must be signed by an individual with signatory authority from the organization(s) committing the matching funds or in-kind services. Each letter must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the grant. If the matching commitment is in-kind services, a description of those services related to the proposed project must be included in the letter. Each letter must also note any specific restrictions for the use of matching funds in this grant (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment). If the applicant is the organization committing the matching funds or in-kind services, the letter must be signed by an officer of the Board of Directors. Any letters that are sent separately from the application will be returned to the sender and will not be accepted.

Projects may not exceed 24 months.

3. Grant Eligibility

APPLICATIONS THAT DO NOT MEET THE FOLLOWING ELIGIBILITY REQUIREMENTS WILL NOT BE REVIEWED AND WILL BE REJECTED.

- a) All applicants must be a community-based health care clinic located in Pennsylvania that provides (or proposes to provide if applying to establish a new community-based health care clinic) comprehensive primary health services as defined in Section A 1 to all patients without regard for the patient's ability to pay.
- b) All applicants must be one of the following:
 - i. Federally Qualified Health Center (FQHC) or FQHC-Look Alike
 - ii. Certified Rural Health Clinic (RHC)
 - iii. Hospital health clinic: A clinic owned and operated by a hospital or health system that provides outpatient comprehensive primary health services.
 - iv. Free health clinic (that provides services through volunteer and non-volunteer health care providers): A clinic that provides primary health services and does not accept reimbursement for health care services from any third-party payer, which would include reimbursement under any insurance policies or health benefits plans, including Federal or state health benefits programs. The clinic does not charge patients for services provided based on the ability to pay or otherwise. The clinic may accept voluntary donations for the provision of services.
 - v. Nurse managed health care clinic: A clinic that provides primary health services and is managed by a Certified Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Registered Nurse Practitioner or a Certified Nurse Midwife.
- c) All applications must document that the proposed project site location where services will be delivered either:
 - i. Is located within an area that has a **current** Federal designation as defined by the U.S. Health Resources and Services Administration as a Primary Care (PC) Health

Professional Shortage Area (HPSA); a Medically Underserved Area/Population (MUA/P) designation; a Federally Qualified Health Center (FQHC)/ FQHC-Look Alike or Certified Rural Health Clinic (RHC) with a “facility PC HPSA designation”, or,

- ii. Served a minimum of 30 percent low income patients at the location from January 1, 2014 to December 31, 2014. Low income patients include patients in the following categories: Medicaid (MA) patients, Discounted/sliding fee scale patients and No pay patients. (The form to document low income patient profile is found in the Project Impact Section of the Work Statement Template for each application Category (Appendices 1, 2, 3, 4 and 5 of this RFA).

In order to determine the location of the proposed project site relative to currently designated PC HPSAs or MUA/Ps, please contact the Bureau of Health Planning at (717) 772-5298 or refer to the HRSA website: www.hrsa.gov/shortage/ for current PC HPSA designations, MUA/P designations and HPSA/MUA/P criteria and definitions.

B. Application Procedures

1. General

- a) Applications must be received by the Department by the time and date stated in the cover letter.
- b) All applications must include a copy of an Internal Revenue Service 501(c)(3) Tax Exempt Verification Letter issued in the name of the applicant organization as proof of the applicant’s nonprofit status. Failure to include this documentation may result in the application being rejected and not evaluated and the applicant will be notified in writing of same.
- c) If it becomes necessary to revise any part of the application guidelines, an amendment will be posted on the DGS website.
- d) The decision of the Department with regard to selection of applicants for grant funding is final. The Department reserves the right to reject any and all applications received as a result of this request and to negotiate separately with competing applicants.
- e) Grantees whose applications are selected are not permitted to issue news releases pertaining to this project prior to official written notification of award by the Department review committee. Any subsequent publication or media release issued by the grantee throughout the life of the grant using funding from this grant must acknowledge the Department as the granting agency, and be approved in writing by the Department.

2. Evaluation of Applications

All applications meeting stated requirements in this RFA and received by the designated date and time will be reviewed by a committee of qualified personnel selected by the Department. The Review Committee will recommend applications that most closely meet the evaluation criteria developed by the Department. If the Review Committee needs additional clarification of an application, Division of Health Professions Development staff and staff

from the Division of Contracts will schedule an oral presentation or assign a due date for the submission of a written clarification or both.

Grant applications will be reviewed and grant awards will be made in accordance with the following general limitations and conditions, except that the Department may reallocate funds among the grant categories if sufficient qualified grant requests in each category are not received:

- a) Not more than 50 percent of available funding will be awarded for expansion of existing community-based health care clinics and the development of new community-based health care clinics. The Department anticipates awarding approximately five grants for expansion of existing community-based health care clinics and the development of new community-based health care clinics.
- b) Not more than 25 percent of available funding will be awarded for improvements in prenatal, obstetric, postpartum and newborn care. The Department anticipates awarding three grants in this category.
- c) Not more than 20 percent of available funding will be awarded for improved access to care and reduction of utilization of hospital emergency room services. The Department anticipates awarding three grants in this category.
- d) Not more than five percent of available funding will be awarded for the establishment of collaborative relationships among community-based health care clinics, hospitals and other health care providers. The Department anticipates awarding two grants in this category.

The number of grants awarded in each category are subject to change.

Not more than 15 percent of available funding will be awarded to applicants within any one city, town, borough or township of this Commonwealth, and not more than 25 percent of the grants awarded pursuant to this RFA may go to FQHCs or FQHC-Look Alikes.

Evaluation criteria used by Review Committee for all Applicants:

- a) Demonstration of understanding and intent of RFA
- b) Soundness of approach
- c) Feasibility
- d) Budget and Budget Justification

3. Awards

Grants will be administered through the Department.

All applicants will receive official written notification of the status of their application from the Department. Unsuccessful applicants may request a debriefing. This request must be in writing and must be received by the Division of Health Professions Development within 30 calendar days of the written official notification of the status of the application. The Division

of Health Professions Development will determine the time and place for the debriefing. The debriefing will be conducted by Division of Health Professions Development staff. Comparison of applications will not be provided. Applicants will not be given any information regarding the evaluation other than the position of their application in relation to all other applications and the strengths and weaknesses of their individual application.

4. Reporting Requirements

- a) All Grantees shall be expected to submit a written quarterly report of progress, issues and activities, and, at a minimum, identify if activities are proceeding according to the project plan, and explain any deviations from the project plan. The specific format for these reports shall be provided prior to the start of the Grant Agreement. Any changes to the scope or methodology of the project during the term of the Grant Agreement must be approved in writing by the Department.
- b) All Grantees shall submit a final written report within 45 days after the close of the Grant Agreement. The final report shall include the last three months of the grant period, shall provide an over-all summary of the project, and shall include the total number of patients and patient visits during the term of the grant.
- c) All Grantees shall report and request written approval from the Department prior to any changes in key personnel.

C. Application Instructions and Required Format

1. Application Instructions

The following is a list of requirements.

- a) The Applicant must submit an Original (clearly labeled as "Original") and 10 complete copies (each clearly labeled as "Copy") of the application (Part Two of this RFA).
- b) The application, including copies, must be in a sealed package.
- c) If Applicant is submitting more than one application each application must be submitted in a separate package.
- d) The application must be received by mail or in person at the Division of Contracts by the date and time specified in the cover letter. Applicants mailing applications should allow sufficient mail delivery time to ensure timely receipt. **(Late applications will be rejected, regardless of the reason).**
- e) The application must be submitted using the format described in Subsection 2, below-Application Format.
- f) The Certifications Form must be completed and signed by an official authorized to bind the organization to the application. Use the Certifications Form attached to this RFA.

Applicants are strongly encouraged to be brief and clear in the presentation of ideas.

2. Application Format

Applicants must follow the format as described below to complete Part Two of this RFA.

Applications must be typewritten on 8 ½” by 11” paper, with a font size no smaller than **12 points** and margins of at least **one inch**.

- a) **Applicant Information Form** – Please complete the form in its entirety. This form is used to provide identifying information and to ensure completeness of the application. When listing the applicant’s name, please make certain the full and correct legal name appears. Documentation of location of services must be included. Use the Applicant Information Form attached to this RFA.
- b) **Certifications Form** – The Certifications Form must be completed and signed by an official authorized to bind the organization to the application. Use the Certifications Form attached to this RFA.
- c) **501(c)(3) Form** - Applicant must document its status as not-for-profit. A not-for-profit organization must submit a copy of its Internal Revenue Service 501(c)(3) Tax Exempt Verification Letter. If a not-for-profit organization is a unit of a foundation or corporation, and is not a separate legal entity, the application, the 501(c)(3) and federal Employer Identification Number (EIN) must be that of the foundation or corporation. If the applicant is a separate legal entity, even if it is a subsidiary of a parent organization, the application, 501(c)(3), and federal EIN must be that of the applicant itself. The applicant for the Community-Based Health Care Program 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.
- d) **Work Statement** – The Work Statement may not exceed 20 single spaced pages, 12 font type, 1 inch margins, single sided, and numbered consecutively starting with Page 1 (the budget justification document and the documents in the Additional Appendices Section are not included in the 20 page limit of the Work Statement). **Applications for each category must include all of the information as required in the applicable work statement format attachment. All information supplied must be separated according to work statement topic in the work statement format, clearly labeled by topic, and submitted in the order identified in the work statement format. Use the work statement format for the applicable grant category for which this application is being submitted. The following work statement formats are found in the appendices to this RFA:**
 - i. Category 1 Work Statement Format - Appendix 1
 - ii. Category 2 Work Statement Format - Appendix 2
 - iii. Category 3 Work Statement Format - Appendix 3
 - iv. Category 4 Work Statement Format - Appendix 4
 - v. Category 5 Work Statement Format - Appendix 5

D. APPENDICES

- 1. Category 1 Work Statement Format**
- 2. Category 2 Work Statement Format**
- 3. Category 3 Work Statement Format**
- 4. Category 4 Work Statement Format**
- 5. Category 5 Work Statement Format**
- 6. Bureau of Health Planning
Discounted Sliding Fee Requirements**
- 7. Patient and Patient Visit Instructions**

Category 1 Work Statement Format

Grant Category 1: The development of a new community-based health care clinic.

The Work Statement may not exceed 20 single spaced pages, 12 font type, one inch margins, single sided, and numbered consecutively starting with Page #1 (the budget justification document and the documents in the Additional Appendices Section are not included in the 20 page limit of the Work Statement). **Application must include all of the information as required in the sub-sections below. All information supplied must be separated according to topic, clearly labeled by topic, and submitted in the order identified in the RFA.**

1. Topic: Project Abstract (maximum of one page):

Summary of entire application must include:

- a) Succinct description of applicant organization
- b) Succinct description of population to be served
- c) Succinct description of proposed new community-based health care clinic and services to be provided
- d) Succinct description of how Grant funds and matching commitment will be applied in the project
- e) Geographical location of proposed new health care clinic with either:
 - i. Identification of PC HPSA or MUA/P to be served or
 - ii. Identification of significant low income population that the health care clinic will serve

2. Topic: Map of Service Area (maximum of one page):

A map of the proposed clinic service area identifying the HPSA or MUA/P to be served (or the poverty levels of the population residing within the service area) must be included. Ensure that map is legible on all copies of the application.

3. Topic: Delivery of Primary Health Services:

A narrative description of the proposed project must include:

- a) Description of community need for new community-based health care clinic
- b) Description of comprehensive primary health services to be provided by new health care clinic
- c) Description of the population to be served
- d) Description of how the expanded services will increase access to care for the community to be served
- e) Description of how total budget request (Grant funds and matching commitment) will be used
- f) Identification of the proposed director for this project including a brief description of the director's competencies related to the project

- g) Description of new and existing staff positions to be utilized in implementing this project as well as any specialized training or licenses or both required for the specific positions
- h) Resumes of staff persons or position descriptions for vacant positions working directly on the proposed project must be included in the Additional Appendices section of the application

4. Topic: Workplan:

The workplan included in the application should be reflective of the proposed project for the entire Grant term from July 1, 2016, through June 30, 2018:

Use the following format for the project workplan

- a) Identify Measurable Objectives
- b) Identify the Methodology of Measure for each Objective
- c) Identify activities to achieve each Objective
- d) Identify the person and the title of the position responsible for each activity

TIME PERIOD	MEASUREABLE OBJECTIVE (S)	METHOD OF MEASURE	ACTIVITIES TO ACHIEVE OBJECTIVES	RESPONSIBLE PERSON/POSITION (FOR EACH ACTIVITY)
July, Aug, Sept, 2016				
Oct, Nov, Dec 2016				
Jan, Feb, March 2017				
Apr, May, June 2017				
July, Aug, Sept 2017				
Oct, Nov, Dec 2017				
Jan, Feb, March 2018				
Apr, May, June 2018				

5. Topic: Access:

- a) The narrative must include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect must be included in the Additional Appendices section of the application
- b) The narrative must include a statement that the organization is enrolled in (or will enroll) and remain enrolled throughout the Grant period in:
 - i. Medicare
 - ii. Medical Assistance (MA)
 - iii. Children’s Health Insurance Program (CHIP)

- c) A discounted/sliding fee scale and a Board approved policy to implement the discounted/sliding fee scale must be included in the Additional Appendices section of the application
 - i. The discounted/sliding fee scale must be developed using current Federal poverty guidelines with discounts to those with income up to 200 percent of poverty
 - ii. The Board approved policy must include a “no pay” or “\$0 fee” option for those unable to pay, provisions that assure no patient will be denied service based on inability to pay, a full discount or only a nominal charge for individuals or families at or below 100 percent of the poverty rate, the process for the Board to review and update of the discounted/sliding fee scale and the policy and process for how patients are made aware of the discounted/sliding fee scale and the process for determining nominal fees
 - iii. 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 a statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. A Board approved policy regarding the provision of primary health services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers must be included in the Additional Appendices Section of the application.

6. Topic: Project Impact:

Complete the tables below. Use definitions of “patient” and “patient visits” and instructions for counting both that are found in Appendix 7.

TABLE 1 – PATIENT NUMBERS: Provide projections of the total number of unduplicated patients during each year of the project period by coverage type in the following format. Provide a brief narrative of the methodology used to create these projections.

Coverage Type	Proposed # Patients (7/1/16 - 6/30/17)	Proposed # Patients (7/01/17- 6/30/18)
Number of patients served with Medicare		
Number of patients served with Medical Assistance (MA)		

Number of patients served with Children's Health Insurance Program (CHIP)		
Number of patients served not charged due to inability to pay		
Number of patients served that could not pay full amount but paid something (discounted/sliding fee scale)		
Number of patients with full pay/commercial insurance		
TOTAL Number of Patients		

TABLE 2 – PATIENT VISITS: Provide projections of the total number of patient visits during each year of the project period by coverage type in the following format. Provide a brief narrative of the methodology used to create these projections.

Coverage Type	Proposed # Patient Visits (7/01/16-6/30/17)	Proposed # Patient Visits (7/01/17-6/30/18)
Number of visits for patients with Medicare		
Number of visits for patients with Medical Assistance (MA)		
Number of visits for patients served with Children's Health Insurance Program (CHIP)		
Number of visits for patients not charged due to inability to pay		
Number of visits for patients that could not pay full amount but paid something (discounted/sliding fee scale)		
Number of visits for patients with full pay/commercial insurance		
TOTAL Number of Patient Visits		

7. Topic: Capacity to Implement:

Description of applicant's capacity to implement project:

- a) Description of applicant's governance structure
- b) Description of applicant's organizational structure
- c) Description of proposed clinical staffing at new clinic
- d) Description of proposed administrative and support staffing at new clinic
- e) Description of applicant's fiscal status demonstrating capacity to implement (Note: Grant funds provide reimbursement for expenditures; applicant must describe plan to pay for costs incurred prior to reimbursement.)
- f) Description of Project Director's role in the supervision and administration of the project

- g) Description of proposed site to include:
 - i. Address of proposed site
 - ii. Ownership of property
 - iii. Status of any lease agreement (or potential lease agreement)
 - iv. Conditions necessary for the site to be operational
 - v. Proposed date for opening clinic
- h) Identification of renovations or building modifications required, if applicable. Provide contractor estimated cost, and proposed timeline for completion of renovations (see Allowable Use of Funds on pages 18 through 21 of this Attachment)
- i) Detailed plan for practitioner recruitment and retention

8. Topic: Sustainability Plans:

Description of plans to sustain project beyond the grant period to include:

- a) **Detailed** plans for maintaining long-term operation of the project:
- b) Project growth projections (facilities, personnel, services)
- c) Funding sources
- d) Fiscal plan

9. Additional Appendices (Attachment X):

The following must be included:

- a) Letters of financial commitment for matching requirement (cash or dollar equivalent in-kind services)
- b) Letter of approval to use other grant funds as matching funds, if applicable
- c) Resumes of key staff for the project
- d) Position description for new or vacant key positions
- e) Copy of discounted/sliding fee scale and board approved policy to ensure services to those unable to pay
- f) Contractor estimate for office renovations, if applicable

DO NOT INCLUDE LETTERS OF SUPPORT.

10. Budget Template (Attachment XI):

Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

The anticipated Grant Agreement term is July 1, 2016 to June 30, 2018. The overall 24 month budget for the application shall not exceed \$600,000. Your budget needs to contain an Overall Summary in addition to a Summary with Budget Details for each year.

		Maximum Amounts
Overall Summary	July 1, 2016 to June 30, 2018	\$600,000
Year 1 Summary	July 1, 2016 to June 30, 2017	\$300,000

11. Budget Justification (Attachment XII):

The Budget Justification must be a narrative of the budget, by category, justifying budget requests and explaining in detail the method which was used to arrive at specific budget amounts. The Budget Justification must relate to the workplan objectives and activities (Section 4 above) to include:

- a) explanation of personnel expenses
- b) explanation and justification for equipment, supplies, and office renovations
- c) written estimates for equipment, supplies, and for any renovations included in this project
- d) identification of consultants and contractors with written estimates

12. Budget Definitions:

- a) **Personnel:** The personnel section shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered
- b) **Consultant Services:** This budget category shall identify each consultant by classification, hourly rate and number of hours to be utilized under this grant
- c) **Subcontractor Services:** This budget category shall identify each subcontractor to be utilized under this grant. **If the subcontractor is not known at this time, please indicate by saying "To Be Determined" along with a description of work to be performed.**
- d) **Patient Services:** This budget category is not applicable to this RFA.
- e) **Equipment:** This budget category shall reflect the actual or projected cost of any equipment equal to or greater than \$5,000 needed to support this project. Justification for the purchase of any equipment must be included. Requested equipment must be directly related to the proposed project.
- f) **Supplies:** This budget category shall reflect expected costs for medical or dental supplies or both, as well as for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project.
- g) **Travel:** This budget category shall only include anticipated expenditures for mileage between clinical sites included in this project for the provision of direct patient services.
- h) **Other:** This budget category shall be used to anticipate expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, office renovations, malpractice insurance and rental costs. Indirect costs are also listed in this category; however, they may not be paid for from grant funding and therefore should not be included.

13. Allowable Use of Grant funds and Matching Commitment:

Requested funding and matching commitment must be **directly** related to the specified goal of the project which is to expand and improve health care access

and services at community-based health care clinics serving underserved populations. **Moreover, requested funding and matching commitment, as itemized in the Budget Justification, must relate directly to workplan objectives and activities (Section 4 above.)**

Grant funds and matching commitment may only be used for the following:

- a) Primary Health Care Practitioner, Administrative and Support Salaries and Fringe Benefits:

Physician Specialties: Family Medicine, General Internal Medicine, General Pediatrics, Psychiatrist, Obstetrics/Gynecology
Physician Assistant-Certified (PA-C)
Certified Registered Nurse Practitioner (CRNP)
Certified Nurse Midwife (CNM)
Registered Nurse (RN)
Licensed Practical Nurse (LPN)
Dentist
Registered Dental Hygienist (RDH)
Expanded Function Dental Assistant (EFDA)
Public Health Dental Hygiene Practitioner
Dental Assistants
Psychologists (Licensed)
Licensed Professional Counselors
Licensed Clinical Social Workers
Marriage and Family Therapists (Licensed)
Pharmacists (Licensed)
Pharmacy Technicians
Medical Assistants
Medical Interpreters
Executive Director
Project Director
Project Coordinator
Outreach or Education Coordinator
Office Manager
Accountants
Billing Office staff
Front Office staff
Maintenance staff

- b) Medical, Dental, Pharmacy, Behavioral Health Equipment and Supplies (consistent with proposed services)

- c) Other Costs Directly Related to the Provision of Services

Public transportation expenses that enable patients to utilize community-based health care clinic services
Office renovations (modification of interior office space to accommodate more equipment; additional patient exam rooms/dental operatories)

External additions or modifications to an existing building to accommodate a health clinic
Copier
Computer/Printer
Telephone/Fax Machine
Rental Costs
Office Supplies
Electronic medical record technology and equipment

In order to ensure the most appropriate use of funds, there are certain categories of **costs that cannot be funded by Grant funds or matching commitment:**

- a) Continuation of a project funded with state funds or from other Department of Health grants or contracts.
- b) Funding to supplant funds currently being used to support similar activities.
- c) 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.

Applicants may not use Grant funds or matching commitment for the following:

- a) Loan Repayment/Scholarships
- b) Real Estate purchases
- c) Construction of new buildings
- d) Ambulance/ Medical Transportation services
- e) Advertising costs
- f) Costs for direct patient care, i.e. hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees, prosthodontic fees, etc.
- g) Vehicle purchases
- h) Attendance at conferences, symposiums, meetings
- i) Purchase of journals, magazines, other publications
- j) Provider recruitment costs

14. Matching Commitment Requirements:

- a) Matching funds and in-kind commitments must be used for costs directly incurred to support the proposed project.
- b) Matching commitment must be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and **shall not exceed this ratio.**
- c) Matching commitment may be in the form of cash or dollar equivalent in-kind services.
- d) **Matching commitment requirement applies to each budget year as well as the overall Grant period.**
- e) The source and amount of the matching commitment (including the dollar equivalent in-kind services) must be identified on the Budget Summary form for the overall grant period and each budget year.

- f) **Fund raising may not be used for matching commitment.**
- g) **Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the Grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-kind services. Letters must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the Grant. If the matching commitment is in-kind services, a description of those services related to the proposed project must be included in the letter.** Letters must also note any specific restrictions for the use of match funds in this Grant (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment).
- h) **If the applicant is the organization providing matching commitment the letter of commitment must be signed by an officer of the Board of Directors.**
- i) **Matching commitments may not be used to allocate existing expenses to this project.** For example, if the salary of the Executive Director will be funded at \$1,000 per year from matching funds, the \$1,000 must represent a sum of money being paid to the Director over and above the Executive Director's current salary and must correspond to work related to the project being funded.
- j) Federal, state, foundation or other Grant funds may be used **to meet the matching commitment requirement.** However, a letter from the entity supplying the other Grant funds approving the use of those funds for the matching commitment requirement of this Grant must be included in the Additional Appendices section of the application.

Category 2 Work Statement Format

Grant Category 2: The expansion of primary health services at an existing community-based health care clinic.

The Work Statement may not exceed 20 single spaced pages, 12 font type, one inch margins, single sided, and numbered consecutively starting with Page #1 (the budget justification document and the documents in the Additional Appendices Section are not included in the 20 page limit of the Work Statement) . **Application must include all of the information as required in the sub-sections below. All information supplied must be separated according to topic, clearly labeled by topic, and submitted in the order identified in the RFA.**

1. Topic: Project Abstract (maximum of one page):

Summary of entire application must include:

- a) Succinct description of applicant organization
- b) Succinct description of population served
- c) Succinct description of proposed expanded primary health services at an existing community-based health care clinic
- d) Succinct description of how state funds and matching commitment will be applied in the project
- e) Geographical location of health care clinic with either:
 - i. Identification of PC HPSA or MUA/P located in or serving, or
 - ii. Identification of significant low income population that the health care clinic serves

2. Topic: Map of Service Area (maximum of one page):

A map of the clinic service area identifying the HPSA or MUA/P served (or the poverty levels of the population) must be included. Ensure that map is legible on all copies of the application.

3. Topic: Delivery of Primary Health Services:

A narrative description of the proposed project must include:

- a) Description of current primary health services provided by health care clinic
- b) Description of community need for expanded health care access and services
- c) Description of expanded services to be added through proposed project
- d) Description of the population served
- e) Description of how the expanded services will increase access to care for the population served
- f) Description of how total budget request (Grant funds and matching commitment) will be used
- g) Identification of the proposed director for this project including a brief description of the director's competencies related to the project

- h) Description of other existing staff positions to be utilized in administering this project. Resumes of existing staff persons or position descriptions for vacant positions working directly on the proposed project must be included in the Additional Appendices section of the application
- i) Description of the job responsibilities of each new position proposed in the project as well as any specialized training or licenses or both required for the specific positions. Position descriptions of proposed staff positions must be included in the Additional Appendices section of the application

4. Topic: Workplan:

The workplan included in the application should be reflective of the proposed project for the entire Grant term from July 1, 2016 through June 30, 2018:

Use the following format for the project workplan

- a) Identify Measurable Objectives
- b) Identify the Methodology of Measure for each Objective
- c) Identify activities to achieve each Objective
- d) Identify the person and the title of the position responsible for each activity

TIME PERIOD	MEASUREABLE OBJECTIVE (S)	METHOD OF MEASURE	ACTIVITIES TO ACHIEVE OBJECTIVES	RESPONSIBLE PERSON/POSITION (FOR EACH ACTIVITY)
July, Aug, Sept, 2016				
Oct, Nov, Dec 2016				
Jan, Feb, March 2017				
Apr, May, June 2017				
July, Aug, Sept 2017				
Oct, Nov, Dec 2017				
Jan, Feb, March 2018				
Apr, May, June 2018				

5. Topic: Access:

- a) The narrative must include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect must be included in the Additional Appendices section of the application.
- b) The narrative must include a statement that the organization is enrolled in (or will enroll) and remain enrolled throughout the Grant period in:
 - i. Medicare
 - ii. Medical Assistance (MA)
 - iii. Children’s Health Insurance Program (CHIP)

- c) A discounted/sliding fee scale and a Board approved policy to implement the discounted/sliding fee scale must be included in the Additional Appendices section of the application.
 - i. The discounted/sliding fee scale must be developed using current Federal poverty guidelines with discounts to those with income up to 200 percent of poverty.
 - ii. The Board approved policy must include a “no pay” or “\$0 fee” option for those unable to pay, provisions that assure no patient will be denied service based on inability to pay, a full discount or only a nominal charge for individuals or families at or below 100 percent of the poverty rate, the process for the Board review and update of the discounted/sliding fee scale and the policy and process of how patients are made aware of the discounted/sliding fee scale and the process for determining nominal fees.
 - iii. 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 a statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. A Board approved policy regarding the provision of primary health services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers must be included in the Additional Appendices Section of the application.

6. Topic: Project Impact:

Complete the tables below. Use definitions of “patient” and “patient visits” and instructions for counting both that are found in Appendix 7. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: Provide current number of unduplicated patients and projections of the total number of unduplicated patients during each year of the project period by coverage type in the following format. Provide a brief narrative of the methodology used to create projections of proposed patient numbers. *If the location of the proposed site is not in a HPSA or MUA/P, then the total sum of Rows 2, 4, and 5, columns 1 and 2 must be at least 30 percent of total patients served.

Coverage Type	Current # Patients (1/01/14-12/31/14)	Percent Patients Served (1/01/14-12/31/14)	Proposed # Patients (7/01/16-6/30/17)	Proposed # Patients (7/01/17-6/30/18)
Number of patients served				

with Medicare				
Number of patients served with Medical Assistance (MA)*				
Number of patients served with Children's Health Insurance Program (CHIP)				
Number of patients served not charged due to inability to pay*				
Number of patients served that could not pay full amount but paid something (discounted/sliding fee scale)*				
Number of patients with full pay/commercial insurance				
TOTAL Number of Patients				

TABLE 2 – PATIENT VISITS: Provide current number of patient visits and projections of the total number of patient visits during each year of the project period by coverage type in the following format. Provide a brief narrative of the methodology used to create projections of proposed patient visit numbers.

Coverage Type	Current # Patient Visits (1/01/14-12/31/14)	Proposed # Patient Visits (7/01/16-6/30/17)	Proposed # Patient Visits (7/01/17-6/30/18)
Number of visits for patients with Medicare			
Number of visits for patients with Medical Assistance (MA)			
Number of visits for patients served with Children's Health Insurance Program (CHIP)			
Number of visits for patients not charged due to inability to pay			
Number of visits for patients that could not pay full amount but paid something (discounted/sliding fee scale)			
Number of visits for patients with full pay/commercial insurance			
TOTAL Number of Patient Visits			

7. Topic: Capacity to Implement:

Description of applicant's capacity to implement project:

- a) Description of applicant's governance structure
- b) Description of applicant's organizational structure
- c) Description of current clinical staffing
- d) Description of current administrative and support staffing
- e) Description of applicant's fiscal status demonstrating capacity to implement
(Note: Grant funds provide reimbursement for expenditures; applicant must describe plan to pay for costs incurred prior to reimbursement)
- f) Description of Project Director's role in the supervision and administration of the project
- g) Description of site to include:
 - i. Address of site
 - ii. Ownership of property
 - iii. Status of any lease agreement
- h) Identification of clinic renovations required, if applicable. Provide contractor estimated cost, and proposed timeline for completion of clinic renovations (see Allowable Use of Funds on pages 28, 29 and 30 of this Attachment)
- i) Detailed plan for practitioner recruitment and retention

8. Topic: Sustainability Plans:

Description of plans to sustain project beyond the Grant period to include **detailed** plans for maintaining long-term operation of the project:

- a) Project growth projections (facilities, personnel, services)
- b) Funding sources
- c) Fiscal plan

9. Additional Appendices (Attachment X):

The following must be included:

- a) Letters of financial commitment for matching funds or dollar equivalent of in-kind services
- b) Letter of approval to use other Grant funds as matching funds, if applicable
- c) Resumes of key staff for the project
- d) Position description for new or vacant key positions
- e) Copy of discounted/sliding fee scale and board approved policy to ensure services to those unable to pay
- f) Contractor estimate for clinic renovations, if applicable

DO NOT INCLUDE LETTERS OF SUPPORT.

10. Budget Template (Attachment XI):

Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

The anticipated Grant Agreement term is July 1, 2016, to June 30, 2018. The overall 24 month budget for the application shall not exceed \$300,000. Your budget needs to contain an Overall Summary in addition to a Summary with Budget Details for each year.

		Maximum Amounts
Overall Summary	July1, 2016 to June 30, 2018	\$300,000
Year 1 Summary	July 1, 2016 to June 30, 2017	\$150,000
Year 2 Summary	July 1, 2017 to June 30, 2018	\$150,000

11. Budget Justification (Attachment XII):

The Budget Justification must be a narrative of the budget, by category, justifying budget requests and explaining in detail the method which was used to arrive at specific budget amounts. The Budget Justification must relate to the workplan objectives and activities (Section 4 above) to include:

- a) explanation of personnel expenses
- b) explanation and justification for equipment, supplies, and clinic renovations
- c) written estimates for equipment, supplies, and for any clinic renovations included in this project
- d) identification of consultants and contractors with written estimates

12. Budget Definitions:

- a) **Personnel:** The personnel section shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.
- b) **Consultant Services:** This budget category shall identify each consultant by classification, hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify each subcontractor to be utilized under this Grant. **If the subcontractor is not known at this time, please indicate by saying "To Be Determined" along with a description of work to be performed.**
- d) **Patient Services:** This budget category is not applicable to this RFA.
- e) **Equipment:** This budget category shall reflect the actual or projected cost of any medical or dental equipment or both equal to or greater than \$5,000, needed to support this project. Justification for the purchase of any equipment must be included. Requested equipment must be directly related to the proposed project.
- f) **Supplies:** This budget category shall reflect expected costs for medical or dental supplies or both, as well as for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project.
- g) **Travel:** This budget category shall only include anticipated expenditures for mileage between clinical sites included in this project for the provision of direct patient services.

- h) **Other:** This budget category shall be used to anticipate expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, office renovations, malpractice insurance and rental costs. Indirect costs are also listed in this category; however, they may not be paid for from Grant funding and therefore should not be included.

13. Allowable Use of Grant funds and Matching Commitment:

Requested funding and matching commitment must be **directly** related to the specified goal of the project which is to expand and improve health care access and services at community based health care clinics serving underserved populations. **Moreover, requested funding and matching commitment, as itemized in the Budget Justification, must relate directly to workplan objectives and activities (Section 4 above.)**

Grant funds and matching commitment may only be used for the following:

- a) Primary Health Care Practitioner, Project Administration and Support Salaries and Fringe Benefits:
- Physician Specialties: Family Medicine, General Internal Medicine, General Pediatrics, Psychiatrist, Obstetrics/Gynecology
 - Physician Assistant-Certified (PA-C)
 - Certified Registered Nurse Practitioner (CRNP)
 - Certified Nurse Midwife (CNM)
 - Registered Nurse (RN)
 - Licensed Practical Nurse (LPN)
 - Dentist
 - Registered Dental Hygienist (RDH)
 - Expanded Function Dental Assistant (EFDA)
 - Public Health Dental Hygiene Practitioner
 - Dental Assistants
 - Psychologists (Licensed)
 - Licensed Professional Counselors
 - Licensed Clinical Social Workers
 - Marriage and Family Therapists (Licensed)
 - Pharmacists (Licensed)
 - Pharmacy Technicians
 - Medical Assistants
 - Medical Interpreters
 - Project Director
 - Project Coordinator
 - Outreach or Education Coordinator
- b) Medical, Dental, Pharmacy, Behavioral Health Equipment and Supplies (consistent with proposed expansion of primary health services)
- c) Other Costs Directly Related to the Provision of Services
- Travel-mileage between clinical sites for the provision of services detailed in the workplan

Public transportation expenses that enable patients to utilize community-based health care clinic services
Clinic renovations (modification of interior clinic space to accommodate more equipment or additional patient services or both)
Copier
Computer/Printer
Telephone/Fax Machine
Rental Costs
Office Supplies
Electronic medical record technology and equipment

In order to ensure the most appropriate use of funds, there are certain categories of **costs that cannot be funded by Grant funding or matching commitment:**

- a) Continuation of a project funded with state funds or from other Department of Health Grants or Contracts
- b) Funding to supplant funds currently being used to support similar activities
- c) 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

Applicants may not use Grant funds or matching commitment for the following:

- a) Loan Repayment/Scholarships
- b) Real Estate purchases
- c) Construction of new buildings
- d) Ambulance/ Medical Transportation services
- e) Advertising costs
- f) Costs for direct patient care, i.e. hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees, prosthodontic fees, etc.
- g) Vehicle purchases
- h) Attendance at conferences, symposiums, meetings
- i) Purchase of journals, magazines, other publication
- j) Provider recruitment costs

14. Matching Commitment Requirements:

- a) Matching funds and in-kind commitments must be used for costs directly incurred to support the proposed project.
- b) Matching commitment must be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and **shall not exceed this ratio.**
- c) Matching commitment may be in the form of cash or dollar equivalent in-kind services.
- d) **Matching commitment requirement applies to each budget year as well as the overall Grant period.**

- e) The source and amount of the matching commitment (including the dollar equivalent in-kind services) must be identified on the Budget Summary form for the overall Grant period and each budget year.
- f) **Fund raising may not be used for matching commitment.**
- g) **Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the Grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-kind services. Letters must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the Grant. If the matching commitment is in-kind services, a description of those services related to the proposed project must be included in the letter.** Letters must also note any specific restrictions for the use of match funds in this Grant (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment).
- h) **If the applicant is the organization providing matching commitment the letter of commitment must be signed by an officer of the Board of Directors.**
- i) **Matching commitments may not be used to allocate existing expenses to this project.** For example, if the salary of the Executive Director will be funded at \$1,000 per year from matching funds, the \$1,000 must represent a sum of money being paid to the Director over and above the Executive Director's current salary and must correspond to work related to the project being funded.
- j) Federal, state, foundation or other Grant funds may be used to **meet the matching commitment requirement.** However, a letter from the entity supplying the other Grant funds approving the use of those funds for the matching commitment requirement of this Grant must be included in the Additional Appendices section of the application.

Category 3 Work Statement Format

Grant Category 3: The addition or expansion of prenatal, obstetric, postpartum and new born care services at an existing community-based health care clinic.

The Work Statement may not exceed 20 single spaced pages, 12 font type, one inch margins, single sided, and numbered consecutively starting with Page #1 (the budget justification document and the documents in the Additional Appendices Section are not included in the 20 page limit of the Work Statement). **Application must include all of the information as required in the sub-sections below. All information supplied must be separated according to topic, clearly labeled by topic, and submitted in the order identified in the RFA.**

1. Topic: Project Abstract (maximum of one page):

Summary of entire application must include:

- a) Succinct description of applicant organization
- b) Succinct description of population served
- c) Succinct description of proposed expansion of prenatal, obstetric, postpartum and newborn care at an existing community-based health care clinic
- d) Succinct description of how state funds and matching commitment will be applied in the project
- e) Geographical location of health care clinic with either:
 - i. Identification of PC HPSA or MUA/P located in or serving, or
 - ii. Identification of significant low income population that the health care clinic serves

2. Topic: Map of Service Area (maximum of one page):

A map of the clinic service area identifying the HPSA or MUA/P served (or the poverty levels of the population) must be included. Ensure that map is legible on all copies of the application.

3. Topic: Delivery of Primary Health Services:

A narrative description of the proposed project must include:

- a) Description of current primary health services provided by health care clinic
- b) Description of community needs for expanded prenatal, obstetric, postpartum and newborn care services
- c) Description of expanded services to be added through proposed project
- d) Description of the population served
- e) Description of how the expanded services will increase access to care for the population served
- f) Description of how total budget request (Grant funds and matching commitment) will be used
- g) Identification of the proposed director for this project including a brief description of the director's competencies related to the project

- h) Description of other existing staff positions to be utilized in administering this project. Resumes of existing staff persons or position descriptions for vacant positions working directly on the proposed project must be included in the Additional Appendices section of the application
- i) Description of the job responsibilities of each new position proposed in the project as well as any specialized training and/or licenses required for the specific positions. Position descriptions of proposed staff positions must be included in the Additional Appendices section of the application

4. Topic: Workplan:

The workplan included in the application should be reflective of the proposed project for the entire Grant term from July 1, 2016 to June 30, 2018:

Use the following format for the project workplan.

- a) Identify Measurable Objectives
- b) Identify the Methodology of Measure for each Objective
- c) Identify activities to achieve each Objective
- d) Identify the person and the title of the position responsible for each activity

TIME PERIOD	MEASUREABLE OBJECTIVE (S)	METHOD OF MEASURE	ACTIVITIES TO ACHIEVE OBJECTIVES	RESPONSIBLE PERSON/POSITION (FOR EACH ACTIVITY)
July, Aug, Sept, 2016				
Oct, Nov, Dec 2016				
Jan, Feb, March 2017				
Apr, May, June 2017				
July, Aug, Sept 2017				
Oct, Nov, Dec 2017				
Jan, Feb, March 2018				
Apr, May, June 2018				

5. Topic: Access:

- a) The narrative must include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect must be included in the Additional Appendices section of the application.
- b) The narrative must include a statement that the organization is enrolled in (or will enroll) and remain enrolled throughout the Grant period in:
 - i. Medicare
 - ii. Medical Assistance (MA)
 - iii. Children’s Health Insurance Program (CHIP)

- c) A discounted/sliding fee scale and a Board approved policy to implement the discounted/sliding fee scale must be included in the Additional Appendices section of the application.
 - i. The discounted/sliding fee scale must be developed using current Federal poverty guidelines with discounts to those with income up to 200 percent of poverty.
 - ii. The Board approved policy must include a “no pay” or “\$0 fee” option for those unable to pay, provisions that assure no patient will be denied service based on inability to pay, a full discount or only a nominal charge for individuals or families at or below 100 percent of the poverty rate, the process for the Board review and update of the discounted/sliding fee scale and the policy and process of how patients are made aware of the discounted/sliding fee scale and the process for determining nominal fees.
 - iii. 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 a statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. A Board approved policy regarding the provision of primary health services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers must be included in the Additional Appendices Section of the application.

6. Topic: Project Impact:

Complete the tables below. Use definitions of “patient” and “patient visits” and instructions for counting both that are found in Appendix 7. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: Provide current number of unduplicated patients and projections of the total number of unduplicated patients during each year of the project period by coverage type in the following format. Provide a brief narrative of the methodology used to create projections of proposed patient numbers. *If the location of the proposed site is not in a HPSA or MUA/P, then the total sum of Rows 2, 4, and 5, columns 1 and 2 must be at least 30 percent of total patients served.

Coverage Type	Current # Patients (1/01/14-12/31/14)	Percent Patients Served (1/01 14-12/31/14)	Proposed # Patients (7/01/16-6/30/17)	Proposed # Patients (7/01/17-6/30/18)
Number of patients served				

with Medicare				
Number of patients served with Medical Assistance (MA)*				
Number of patients served with Children's Health Insurance Program (CHIP)				
Number of patients served not charged due to inability to pay*				
Number of patients served that could not pay full amount but paid something (discounted/sliding fee scale)*				
Number of patients with full pay/commercial insurance				
TOTAL Number of Patients				

TABLE 2 – PATIENT VISITS: Provide current number of patient visits and projections of the total number of patient visits during each year of the project period by coverage type in the following format. Provide a brief narrative of the methodology used to create projections of proposed patient visit numbers.

Coverage Type	Current # Patient Visits (1/01/14-12/31/14)	Proposed # Patient Visits (7/01/16-6/30/17)	Proposed # Patient Visits (7/01/17-6/30/18)
Number of visits for patients with Medicare			
Number of visits for patients with Medical Assistance (MA)			
Number of visits for patients served with Children's Health Insurance Program (CHIP)			
Number of visits for patients not charged due to inability to pay			
Number of visits for patients that could not pay full amount but paid something (discounted/sliding fee scale)			
Number of visits for patients with full pay/commercial insurance			
TOTAL Number of Patient Visits			

7. Topic: Capacity to Implement:

Description of applicant's capacity to implement project:

- a) Description of applicant's governance structure
- b) Description of applicant's organizational structure
- c) Description of current clinical staffing
- d) Description of current administrative and support staffing
- e) Description of applicant's fiscal status demonstrating capacity to implement (Note: Grant funds provide reimbursement for expenditures; applicant must describe plan to pay for costs incurred prior to reimbursement)
- f) Description of Project Director's role in the supervision and administration of the project
- g) Description of site to include:
 - i. Address of site
 - ii. Ownership of property
 - iii. Status of any lease agreement
- h) Identification of clinic renovations required, if applicable. Provide contractor estimated cost, and proposed timeline for completion of clinic renovations (see Allowable Use of Funds on pages 37, 38 and 39 of this Attachment)
- i) Detailed plan for practitioner recruitment and retention

8. Topic: Sustainability Plans:

Description of plans to sustain project beyond the Grant period to include **detailed** plans for maintaining long-term operation of the project:

- a) Project growth projections (facilities, personnel, services)
- b) Funding sources
- c) Fiscal plan

9. Additional Appendices (Attachment X):

The following must be included:

- a) Letters of financial commitment for matching funds or dollar equivalent of in-kind services
- b) Letter of approval to use other Grant funds as matching funds, if applicable
- c) Resumes of key staff for the project
- d) Position description for new or vacant key positions
- e) Copy of discounted/sliding fee scale and board approved policy to ensure services to those unable to pay
- f) Contractor estimate for clinic renovations, if applicable

DO NOT INCLUDE LETTERS OF SUPPORT.

10. Budget Template (Attachment XI):

Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

The anticipated Grant Agreement term is July 1, 2016 to June 30, 2018. The overall 24 month budget for the application shall not exceed \$300,000. Your budget needs to contain an Overall Summary in addition to a Summary with Budget Details for each year.

		Maximum Amounts
Overall Summary	July 1, 2016 to June 30, 2018	\$300,000
Year 1 Summary	July 1, 2016 to June 30, 2017	\$150,000
Year 2 Summary	July 1, 2017 to June 30, 2018	\$150,000

11. Budget Justification (Attachment XII):

The Budget Justification must be a narrative of the budget, by category, justifying budget requests and explaining in detail the method which was used to arrive at specific budget amounts. The Budget Justification must relate to the workplan objectives and activities (Section 4 above) to include:

- a) explanation of personnel expenses
- b) explanation and justification for equipment, supplies, and clinic renovations
- c) written estimates for equipment, supplies, and for any clinic renovations included in this project
- d) identification of consultants and contractors with written estimates

12. Budget Definitions:

- a) **Personnel:** The personnel section shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.
- b) **Consultant Services:** This budget category shall identify each consultant by classification, hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify each subcontractor to be utilized under this Grant. **If the subcontractor is not known at this time, please indicate by saying “To Be Determined” along with a description of work to be performed.**
- d) **Patient Services:** This budget category is not applicable to this RFA.
- e) **Equipment:** This budget category shall reflect the actual or projected cost of any medical equipment equal to or greater than \$5,000, needed to support this project. Justification for the purchase of any equipment must be included. Requested equipment must be directly related to the proposed project.
- f) **Supplies:** This budget category shall reflect expected costs for medical supplies, as well as for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project.
- g) **Travel:** This budget category shall only include anticipated expenditures for mileage between clinical sites included in this project for the provision of direct patient services.

- h) **Other:** This budget category shall be used to anticipate expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, office renovations, malpractice insurance and rental costs. Indirect costs are also listed in this category; however, they may not be paid for from Grant funding and therefore should not be included.

13. Allowable Use of Grant funds and Matching Commitment:

Requested funding and matching commitment must be **directly** related to the specified goal of the project which is to expand and improve health care access and services at community based health care clinics serving underserved populations. **Moreover, requested funding and matching commitment, as itemized in the Budget Justification, must relate directly to workplan objectives and activities (Section 4 above.)**

Grant funds and matching commitment may only be used for the following:

- a) Primary Health Care Practitioner, Project Administration and Support Salaries and Fringe Benefits:
- Physician Specialties: Obstetrics/Gynecology, General Pediatrics, Family Medicine, General Internal Medicine, Psychiatrist
 - Physician Assistant-Certified (PA-C)
 - Certified Registered Nurse Practitioner (CRNP)
 - Certified Nurse Midwife (CNM)
 - Registered Nurse (RN)
 - Licensed Practical Nurse (LPN)
 - Medical Assistants
 - Medical Interpreters
 - Psychologists (Licensed)
 - Licensed Professional Counselors
 - Licensed Clinical Social Workers
 - Marriage and Family Therapists (Licensed)
 - Project Director
 - Project Coordinator
 - Outreach or Education Coordinator
- b) Medical Equipment and Supplies (consistent with proposed expansion of prenatal, obstetric, postpartum and newborn care services)
- c) Other Costs Directly Related to the Provision of Services
- Travel-mileage between clinical sites for the provision of services detailed in the workplan
 - Public transportation expenses that enable patients to utilize community-based health care clinic services
 - Clinic renovations (modification of interior office space to accommodate more equipment or additional patient services or both)
 - Copier
 - Computer/Printer
 - Telephone/Fax Machine

Rental Costs
Office Supplies
Electronic medical record technology and equipment

In order to ensure the most appropriate use of funds, there are certain categories of **costs that cannot be funded by Grant funds or matching commitment:**

- a) Continuation of a project funded with state funds or from other Department of Health Grants or Contracts.
- b) Funding to supplant funds currently being used to support similar activities.
- c) 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.

Applicants may not use Grant funds or matching commitment for the following:

- a) Loan Repayment/Scholarships
- b) Real Estate purchases
- c) Construction of new buildings or additions to existing buildings
- d) Ambulance/ Medical Transportation services
- e) Advertising costs
- f) Costs for direct patient care, i.e. hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees, prosthodontic fees, etc.
- g) Vehicle purchases
- h) Attendance at conferences, symposiums, meetings
- i) Purchase of journals, magazines, other publications
- j) Provider recruitment costs

14. Matching Commitment Requirements:

- a) Matching funds and in-kind commitments must be used for costs directly incurred to support the proposed project.
- b) Matching commitment must be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and **shall not exceed this ratio.**
- c) Matching commitment may be in the form of cash or dollar equivalent in-kind services.
- d) **Matching commitment requirement applies to each budget year as well as the overall Grant period.**
- e) The source and amount of the matching commitment (including the dollar equivalent in-kind services) must be identified on the Budget Summary form for the overall Grant period and each budget year.
- f) **Fund raising may not be used for matching commitment.**
- g) **Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the Grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-**

kind services. Letters must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the Grant. If the matching commitment is in-kind services, a description of those services related to the proposed project must be included in the letter. Letters must also note any specific restrictions for the use of match funds in this Grant (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment).

- h) **If the applicant is the organization providing matching commitment the letter of commitment must be signed by an officer of the Board of Directors.**
- i) **Matching commitments may not be used to allocate existing expenses to this project.** For example, if the salary of the Executive Director will be funded at \$1,000 per year from matching funds, the \$1,000 must represent a sum of money being paid to the Director over and above the Executive Director's current salary and must correspond to work related to the project being funded.
- j) Federal, state, foundation or other Grant funds may be used **to meet the matching commitment requirement.** However, a letter from the entity supplying the other Grant funds approving the use of those funds for the matching commitment requirement of this Grant must be included in the Additional Appendices section of the application.

Category 4 Work Statement Format

Grant Category 4: The development of alternate health care delivery systems administered by community-based health care clinics to improve services and access to reduce hospital emergency room utilization.

The Work Statement may not exceed 20 single spaced pages, 12 font type, one inch margins, single sided, and numbered consecutively starting with Page #1 (the budget justification document and the documents in the Additional Appendices Section are not included in the 20 page limit of the Work Statement) . **Application must include all of the information as required in the sub-sections below. All information supplied must be separated according to topic, clearly labeled by topic, and submitted in the order identified in the RFA.**

1. Topic: Project Abstract (maximum of one page):

Summary of entire application must include:

- a) Succinct description of applicant organization
- b) Succinct description of population served
- c) Succinct description of proposed alternative health delivery system to be administered by the community-based health care clinic to reduce unnecessary hospital emergency room usage
- d) Succinct description of how state funds and matching commitment will be applied in the project
- e) Geographical location of health care clinic with either:
 - i. Identification of PC HPSA or MUA/P located in or serving, or
 - ii. Identification of significant low income population that health care clinic serves

2. Topic: Map of Service Area (maximum of one page):

A map of the clinic service area identifying the HPSA or MUA/P served (or the poverty levels of the population) must be included. Ensure that map is legible on all copies of the application.

3. Topic: Delivery of Primary Health Services:

A narrative description of the proposed project must include:

- a) Description of current primary health services provided by health care clinic
- b) Description of community needs to reduce unnecessary hospital emergency room usage
- c) Description of proposed alternative health delivery system to be added through proposed project, to include all locations at which services will be provided and any organizations (and their role) that will participate in the proposed alternative health delivery system.
- d) Description of how project will measure and report upon reduction of hospital emergency room usage in the community as a result of project implementation

- e) Description of the population served
- f) Description of how proposed project will increase access to care for the population served
- g) Description of how total budget request (Grant funds and matching commitment) will be used
- h) Identification of the proposed director for this project including a brief description of the director's competencies related to the project
- i) Description of other existing staff positions to be utilized in administering this project. Resumes of existing staff persons or position descriptions for vacant positions working directly on the proposed project must be included in the Additional Appendices section of the application
- j) Description of the job responsibilities of each new position proposed in the project as well as any specialized training or licenses or both required for the specific positions. Position descriptions of proposed staff positions must be included in the Additional Appendices section of the application

4. Topic: Workplan:

The workplan included in the application should be reflective of the proposed project for the entire Grant term from July 1, 2016, through June 30, 2018:

Use the following format for the project workplan.

- a) Identify Measurable Objectives
- b) Identify the Methodology of Measure for each Objective
- c) Identify activities to achieve each Objective
- d) Identify the person and the title of the position responsible for each activity

TIME PERIOD	MEASUREABLE OBJECTIVE (S)	METHOD OF MEASURE	ACTIVITIES TO ACHIEVE OBJECTIVES	RESPONSIBLE PERSON/POSITION (FOR EACH ACTIVITY)
July, Aug, Sept, 2016				
Oct, Nov, Dec 2016				
Jan, Feb, March 2017				
Apr, May, June 2017				
July, Aug, Sept 2017				
Oct, Nov, Dec 2017				
Jan, Feb, March 2018				
Apr, May, June 2018				

5. Topic: Access:

- a) The narrative must include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect must be included in the Additional Appendices section of the application.
- b) The narrative must include a statement that the organization is enrolled in (or will enroll) and remain enrolled throughout the Grant period in:
 - i. Medicare
 - ii. Medical Assistance (MA)
 - iii. Children’s Health Insurance Program (CHIP)
- c) A discounted/sliding fee scale and a Board approved policy to implement the discounted/sliding fee scale must be included in the Additional Appendices section of the application.
 - i. The discounted/sliding fee scale must be developed using current Federal poverty guidelines with discounts to those with income up to 200 percent of poverty.
 - ii. The Board approved policy must include a “no pay” or “\$0 fee” option for those unable to pay, provisions that assure no patient will be denied service based on inability to pay, a full discount or only a nominal charge for individuals or families at or below 100 percent of the poverty rate, the process for the Board review and update of the discounted/sliding fee scale and the policy and process of how patients are made aware of the discounted/sliding fee scale and the process for determining nominal fees.
 - iii. 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 a statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. A Board approved policy regarding the provision of primary health services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers must be included in the Additional Appendices Section of the application.

6. Topic: Project Impact:

Complete the tables below. Use definitions of “patient” and “patient visits” and instructions for counting both that are found in Appendix 7. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: Provide current number of unduplicated patients and projections of the total number of unduplicated patients during each year of the project period by coverage type in the following format. Provide a brief narrative of the methodology used to create projections of proposed patient

numbers.*If the location of the proposed site is not in a HPSA or MUA/P, then the total sum of Rows 2, 4, and 5, columns 1 and 2 must be at least 30percent of total patients served.

Coverage Type	Current # Patients (1/01/14-12/31/14)	Percent Patients Served (1/01/14-12/31/14)	Proposed # Patients (7/01/16-6/30/17)	Proposed # Patients (7/01/17-6/30/18)
Number of patients served with Medicare				
Number of patients served with Medical Assistance (MA)				
Number of patients served with Children’s Health Insurance Program (CHIP)				
Number of patients served not charged due to inability to pay*				
Number of patients served that could not pay full amount but paid something (discounted/sliding fee scale)*				
Number of patients with full pay/commercial insurance				
TOTAL Number of Patients				

TABLE 2 – PATIENT VISITS: Provide current number of patient visits and projections of the total number of patient visits during each year of the project period by coverage type in the following format. Provide a brief narrative of the methodology used to create projections of proposed patient visit numbers.

Coverage Type	Current # Patient Visits (1/01/14-12/31/14)	Proposed # Patient Visits (7/01/16-6/30/17)	Proposed # Patient Visits (7/01/17-6/30/18)
Number of visits for patients with Medicare			
Number of visits for patients with Medical Assistance (MA)			
Number of visits for patients served with Children’s Health Insurance Program (CHIP)			
Number of visits for patients not charged due to inability to pay			

Number of visits for patients that could not pay full amount but paid something (discounted/sliding fee scale)			
Number of visits for patients with full pay/commercial insurance			
TOTAL Number of Patient Visits			

7. Topic: Capacity to Implement:

Description of applicant’s capacity to implement project:

- a) Description of applicant’s governance structure
- b) Description of applicant’s organizational structure
- c) Description of current clinical staffing
- d) Description of current administrative and support staffing
- e) Description of applicant’s fiscal status demonstrating capacity to implement (Note: Grant funds provide reimbursement for expenditures; applicant must describe plan to pay for costs incurred prior to reimbursement.)
- f) Description of Project Director’s role in the supervision and administration of the project
- g) Description of the community-based health care clinic and any other sites or locations at which services will be provided to include:
 - i. Address of site(s)
 - ii. Ownership of property(s)
 - iii. Status of any lease agreement(s)
 - iv. Formal or informal agreements between the applicant and other organizations proposed for participation in the service delivery system
- h) Identification of clinic renovations required, if applicable. Provide contractor estimated cost, and proposed timeline for completion of clinic renovations (see Allowable Use of Funds on pages 46, 47 and 48 of this Attachment)
- i) Detailed plan for practitioner recruitment and retention

8. Topic: Sustainability Plans:

Description of plans to sustain project beyond the Grant period to include **detailed** plans for maintaining long-term operation of the project:

- a) Project growth projections (facilities, personnel, services)
- b) Funding sources
- c) Fiscal plan

9. Additional Appendices (Attachment X):

The following must be included:

- a) Letters of financial commitment for matching funds or dollar equivalent of in-kind services
- b) Letter of approval to use other Grant funds as matching funds, if applicable

- c) Resumes of key staff for the project
- d) Position description for new or vacant key positions
- e) Copy of discounted/sliding fee scale and board approved policy to ensure services to those unable to pay
- f) Contractor estimate for clinic renovations, if applicable

DO NOT INCLUDE LETTERS OF SUPPORT.

10. Budget Template (Attachment XI):

Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

The anticipated Grant Agreement term is July 1, 2016, to June 30, 2018. The overall 24 month budget for the application shall not exceed \$300,000. Your budget needs to contain an Overall Summary in addition to a Summary with Budget Details for each year.

		Maximum Amounts
Overall Summary	July 1, 2016 to June 30, 2018	\$300,000
Year 1 Summary	July 1, 2016 to June 30, 2017	\$150,000
Year 2 Summary	July 1, 2017 to June 30, 2018	\$150,000

11. Budget Justification (Attachment XII):

The Budget Justification must be a narrative of the budget, by category, justifying budget requests and explaining in detail the method which was used to arrive at specific budget amounts. The Budget Justification must relate to the workplan objectives and activities (Section 4 above) to include:

- a) explanation of personnel expenses
- b) explanation and justification for equipment, supplies, and clinic renovations
- c) written estimates for equipment, supplies, and for any clinic renovations included in this project
- d) identification of consultants and contractors with written estimates

12. Budget Definitions:

- a) **Personnel:** The personnel section shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.
- b) **Consultant Services:** This budget category shall identify each consultant by classification, hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify each subcontractor to be utilized under this Grant. **If the subcontractor is not known at this time, please indicate by saying “To Be Determined” along with a description of work to be performed.**

- d) **Patient Services:** This budget category is not applicable to this RFA.
- e) **Equipment:** This budget category shall reflect the actual or projected cost of any medical or dental equipment or both equal to or greater than \$5,000, needed to support this project. Justification for the purchase of any equipment must be included. Requested equipment must be directly related to the proposed project.
- f) **Supplies:** This budget category shall reflect expected costs for medical or dental supplies or both, as well as for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project.
- g) **Travel:** This budget category shall only include anticipated expenditures for mileage between clinical sites included in this project for the provision of direct patient services.
- h) **Other:** This budget category shall be used to anticipate expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, office renovations, malpractice insurance and rental costs. Indirect costs are also listed in this category; however, they may not be paid for from Grant funding and therefore should not be included.

13. Allowable Use of Grant funds and Matching Commitment:

Requested funding and matching commitment must be **directly** related to the specified goal of the project which is to expand and improve health care access and services at community based health care clinics serving underserved populations. **Moreover, requested funding and matching commitment, as itemized in the Budget Justification, must relate directly to workplan objectives and activities (Section 4 above.)**

Grant funds and matching commitment may only be used for the following:

- a) Primary Health Care Practitioner, Project Administration and Support Salaries and Fringe Benefits:
 - Physician Specialties: Family Medicine, General Internal Medicine, General Pediatrics, Psychiatrist, Obstetrics/Gynecology
 - Physician Assistant-Certified (PA-C)
 - Certified Registered Nurse Practitioner (CRNP)
 - Certified Nurse Midwife (CNM)
 - Registered Nurse (RN)
 - Licensed Practical Nurse (LPN)
 - Dentist
 - Registered Dental Hygienist (RDH)
 - Expanded Function Dental Assistant (EFDA)
 - Public Health Dental Hygiene Practitioner
 - Dental Assistants
 - Psychologists (Licensed)
 - Licensed Professional Counselors
 - Licensed Clinical Social Workers

- Marriage and Family Therapists (Licensed)
- Pharmacists (Licensed)
- Pharmacy Technicians
- Medical Assistants
- Medical Interpreters
- Project Director
- Project Coordinator
- Outreach or Education Coordinator
- b) Patient transportation services to support access to alternative health care delivery system to reduce hospital emergency room usage
- c) Medical, Dental, Pharmacy, Behavioral Health Equipment and Supplies (consistent with proposed alternate health care delivery system to reduce unnecessary hospital emergency room usage)
- d) Other Costs Directly Related to the Provision of Services
 - Travel-mileage between clinical sites for the provision of services detailed in the workplan
 - Public transportation expenses that enable patients to utilize community-based health care clinic services
 - Clinic renovations (modification of interior office space to accommodate more equipment or additional patient services or both)
 - Copier
 - Computer/Printer
 - Telephone/Fax Machine
 - Rental Costs
 - Clinic Supplies
 - Electronic medical record technology and equipment

In order to ensure the most appropriate use of funds, there are certain categories of **costs that cannot be funded by Grant funds or matching commitment:**

- a) Continuation of a project funded with state funds or from other Department of Health Grants or Contracts.
- b) Funding to supplant funds currently being used to support similar activities.
- c) 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.

Applicants may not use Grant funds or matching commitment for the following:

- a) Loan Repayment/Scholarships
- b) Real Estate purchases
- c) Construction of new buildings
- d) Ambulance/ Medical Transportation services
- e) Advertising costs
- f) Costs for direct patient care, i.e. hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees, prosthodontic fees, etc.
- g) Vehicle purchases

- h) Attendance at conferences, symposiums, meetings
- i) Purchase of journals, magazines, other publications
- j) Provider recruitment costs

14. Matching Commitment Requirements:

- a) Matching funds and in-kind commitments must be used for costs directly incurred to support the proposed project.
- b) Matching commitment must be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and **shall not exceed this ratio.**
- c) Matching commitment may be in the form of cash or dollar equivalent in-kind services.
- d) **Matching commitment requirement applies to each budget year as well as the overall Grant period.**
- e) The source and amount of the matching commitment (including the dollar equivalent in-kind services) must be identified on the Budget Summary form for the overall Grant period and each budget year.
- f) **Fund raising may not be used for matching commitment.**
- g) **Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the Grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-kind services. Letters must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the Grant. If the matching commitment is in-kind services, a description of those services related to the proposed project must be included in the letter.** Letters must also note any specific restrictions for the use of match funds in this Grant (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment).
- h) **If the applicant is the organization providing matching commitment the letter of commitment must be signed by an officer of the Board of Directors.**
- i) **Matching commitments may not be used to allocate existing expenses to this project.** For example, if the salary of the Executive Director will be funded at \$1,000 per year from matching funds, the \$1,000 must represent a sum of money being paid to the Director over and above the Executive Director's current salary and must correspond to work related to the project being funded.
- j) Federal, state, foundation or other Grant funds may be used **to meet the matching commitment requirement.** However, a letter from the entity supplying the other Grant funds approving the use of those funds for the matching commitment requirement of this Grant must be included in the Additional Appendices section of the application.

Category 5 Work Statement Format

Grant Category 5: The implementation of collaborative relationships to enhance transitions of care for patients to ensure timely follow up care for health care clinic patients seen in or admitted to hospital and to develop referral mechanisms to establish a health clinic medical home for patients seen in the hospital and specialty clinics.

The Work Statement may not exceed 20 single spaced pages, 12 font type, one inch margins, single sided, and numbered consecutively starting with Page #1 (the budget justification document and the documents in the Additional Appendices Section are not included in the 20 page limit of the Work Statement) . **Application must include all of the information as required in the sub-sections below. All information supplied must be separated according to topic, clearly labeled by topic, and submitted in the order identified in the RFA.**

1. Topic: Project Abstract (maximum of one page):

Summary of entire application must include:

- a) Succinct description of applicant organization
- b) Succinct description of population served
- c) Succinct description of proposed collaborations with the hospital and health providers to enhance transitions of care for patients to ensure timely follow up care for health care clinic patients seen in or admitted to hospital and to develop referral mechanisms to establish a health clinic medical home for patients seen in the hospital and specialty clinics
- d) Succinct description of how state funds and matching commitment will be applied in the project
- e) Geographical location of health care clinic with either:
 - i. Identification of PC HPSA or MUA/P located in or serving, or
 - ii. Identification of significant low income population that health care clinic serves

2. Topic: Map of Service Area (maximum of one page):

A map of the clinic service area identifying the HPSA or MUA/P served (or the poverty levels of the population) must be included. Ensure that map is legible on all copies of the application.

3. Topic: Delivery of Primary Health Services:

A narrative description of the proposed project must include:

- a) Description of current primary health services provided by health care clinic
- b) Description of other community health service providers to include other primary care clinics, hospitals and specialty care clinics in applicant health clinic service area
- c) Description of proposed implementation of collaborative relationships to enhance transitions of care for patients to:

- i. ensure timely follow up care for health care clinic patients seen in or admitted to hospitals, and
- ii. develop referral mechanisms to establish a health clinic medical home for patients seen in the hospitals and specialty clinics.
- d) Description of the population served
- e) Description of how proposed project will increase access to care for the population served
- f) Description of how total budget request (Grant funds and matching commitment) will be used
- g) Identification of the proposed director for this project including a brief description of the director's competencies related to the project
- h) Description of other existing staff positions to be utilized in administering this project. Resumes of existing staff persons or position descriptions for vacant positions working directly on the proposed project must be included in the Additional Appendices section of the application
- i) Description of the job responsibilities of each new position proposed in the project as well as any specialized training or licenses or both required for the specific positions. Position descriptions of proposed staff positions must be included in the Additional Appendices section of the application

4. Topic: Workplan:

The workplan included in the application should be reflective of the proposed project for the entire Grant term from July 1, 2016, through June 30, 2018:

Use the following format for the project workplan.

- a) Identify Measurable Objectives
- b) Identify the Methodology of Measure for each Objective
- c) Identify activities to achieve each Objective
- d) Identify the person and the title of the position responsible for each activity

TIME PERIOD	MEASUREABLE OBJECTIVE (S)	METHOD OF MEASURE	ACTIVITIES TO ACHIEVE OBJECTIVES	RESPONSIBLE PERSON/POSITION (FOR EACH ACTIVITY)
July, Aug, Sept, 2016				
Oct, Nov, Dec 2016				
Jan, Feb, March 2017				
Apr, May, June 2017				
July, Aug, Sept 2017				
Oct, Nov, Dec 2017				
Jan, Feb, March 2018				
April, May, June 2018				

5. Topic: Access:

- a) The narrative must include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect must be included in the Additional Appendices section of the application.
- b) The narrative must include a statement that the organization is enrolled in (or will enroll) and remain enrolled throughout the Grant period in:
 - i. Medicare
 - ii. Medical Assistance (MA)
 - iii. Children’s Health Insurance Program (CHIP)
- c) A discounted/sliding fee scale and a Board approved policy to implement the discounted/sliding fee scale must be included in the Additional Appendices section of the application.
 - i. The discounted/sliding fee scale must be developed using current Federal poverty guidelines with discounts to those with income up to 200 percent of poverty.
 - ii. The Board approved policy must include a “no pay” or “\$0 fee” option for those unable to pay, provisions that assure no patient will be denied service based on inability to pay, a full discount or only a nominal charge for individuals or families at or below 100 percent of the poverty rate, the process for the Board review and update of the discounted/sliding fee scale and the policy and process of how patients are made aware of the discounted/sliding fee scale and the process for determining nominal fees.
 - iii. 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 a statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. A Board approved policy regarding the provision of primary health services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers must be included in the Additional Appendices Section of the application .

6. Topic: Project Impact:

Complete the tables below. Use definitions of “patient” and “patient visits” and instructions for counting both that are found in Appendix 7. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: Provide current number of unduplicated patients and projections of the total number of unduplicated patients during each

year of the project period by coverage type in the following format. Provide a brief narrative of the methodology used to create projections of proposed patient numbers.*If the location of the proposed site is not in a HPSA or MUA/P, then the total sum of Rows 2, 4, and 5, columns 1 and 2 must be at least 30 percent of total patients served.

Coverage Type	Current # Patients (1/01/14-12/31/14)	Percent Patients Served (1/01/14-12/31/14)	Proposed # Patients (7/01/16-6/30/17)	Proposed # Patients (7/01/17-6/30/18)
Number of patients served with Medicare				
Number of patients served with Medical Assistance (MA)*				
Number of patients served with Children’s Health Insurance Program (CHIP)				
Number of patients served not charged due to inability to pay*				
Number of patients served that could not pay full amount but paid something (discounted/sliding fee scale)*				
Number of patients with full pay/commercial insurance				
TOTAL Number of Patients				

TABLE 2 – PATIENT VISITS: Provide current number of patient visits and projections of the total number of patient visits during each year of the project period by coverage type in the following format. Provide a brief narrative of the methodology used to create projections of proposed patient visit numbers.

Coverage Type	Current # Patient Visits (1/01/14-12/31/14)	Proposed # Patient Visits (7/01/16-6/30/17)	Proposed # Patient Visits (7/01/17-6/30/18)
Number of visits for patients with Medicare			
Number of visits for patients with Medical Assistance (MA)			
Number of visits for patients served with Children’s Health Insurance Program (CHIP)			

Number of visits for patients not charged due to inability to pay			
Number of visits for patients that could not pay full amount but paid something (discounted/sliding fee scale)			
Number of visits for patients with full pay/commercial insurance			
TOTAL Number of Patient Visits			

7. Topic: Capacity to Implement:

Description of applicant's capacity to implement project:

- a) Description of applicant's governance structure
- b) Description of applicant's organizational structure
- c) Description of current clinical staffing
- d) Description of current administrative and support staffing
- e) Description of applicant's fiscal status demonstrating capacity to implement (Note: Grant funds provide reimbursement for expenditures; applicant must describe plan to pay for costs incurred prior to reimbursement.)
- f) Description of Project Director's role in the supervision and administration of the project
- g) Description of site to include:
 - i. Address of site
 - ii. Ownership of property
 - iii. Status of any lease agreement
- h) Detailed plan for practitioner recruitment and retention

8. Topic: Sustainability Plans:

Description of plans to sustain project beyond the Grant period to include **detailed** plans for maintaining long-term operation of the project:

- a) Project growth projections (facilities, personnel, services)
- b) Funding sources
- c) Fiscal plan

9. Additional Appendices (Attachment X):

The following must be included:

- a) Letters of financial commitment for matching funds or dollar equivalent of in-kind services
- b) Letter of approval to use other Grant funds as matching funds, if applicable
- c) Resumes of key staff for the project
- d) Position description for new or vacant key positions
- e) Copy of discounted/sliding fee scale and board approved policy to ensure services to those unable to pay

DO NOT INCLUDE LETTERS OF SUPPORT.

10. Budget Template (Attachment XI):

Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

The anticipated Grant Agreement term is July 1, 2016, to June 30, 2018. The overall 24 month budget for the application shall not exceed \$100,000. Your budget needs to contain an Overall Summary in addition to a Summary with Budget Details for each year.

		Maximum Amounts
Overall Summary	July 1, 2016 to June 30, 2018	\$ 100,000
Year 1 Summary	July 1, 2016 to June 30, 2017	\$ 50,000
Year 2 Summary	July 1, 2017 to June 30, 2018	\$ 50,000

11. Budget Justification (Attachment XII):

The Budget Justification must be a narrative of the budget, by category, justifying budget requests and explaining in detail the method which was used to arrive at specific budget amounts. The Budget Justification must relate to the workplan objectives and activities (Section (4) above) to include:

- a) explanation of personnel expenses
- b) explanation and justification for equipment, supplies, and clinic renovations
- c) written estimates for equipment, supplies, and for any clinic renovations included in this project
- d) identification of consultants and contractors with written estimates

12. Budget Definitions:

- a) **Personnel:** The personnel section shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.
- b) **Consultant Services:** This budget category shall identify each consultant by classification, hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify each subcontractor to be utilized under this Grant. **If the subcontractor is not known at this time, please indicate by saying "To Be Determined" along with a description of work to be performed.**
- d) **Patient Services:** This budget category is not applicable to this RFA.
- e) **Equipment:** This budget category shall reflect the actual or projected cost of any medical or dental equipment or both equal to or greater than \$5,000, needed to support this project. Justification for the purchase of any equipment

must be included. Requested equipment must be directly related to the proposed project.

- f) **Supplies:** This budget category shall reflect expected costs for medical or dental supplies or both, as well as for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project.
- g) **Travel:** This budget category shall only include anticipated expenditures for mileage between clinical sites included in this project for the provision of direct patient services.
- h) **Other:** This budget category shall be used to anticipate expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, office renovations, malpractice insurance and rental costs. Indirect costs are also listed in this category; however, they may not be paid for from Grant funding and therefore should not be included.

13. Allowable Use of Grant funds and Matching Commitment:

Requested funding and matching commitment must be **directly** related to the specified goal of the project which is to expand and improve health care access and services at community based health care clinics serving underserved populations. **Moreover, requested funding and matching commitment, as itemized in the Budget Justification, must relate directly to workplan objectives and activities (Section 4 above.)**

Grant funds and matching commitment may only be used for the following:

- a) Primary Health Care Practitioner, Project Administration and Support Salaries and Fringe Benefits:
 - Physician Specialties: Family Medicine, General Internal Medicine, General Pediatrics, Psychiatrist, Obstetrics/Gynecology
 - Physician Assistant-Certified (PA-C)
 - Certified Registered Nurse Practitioner (CRNP)
 - Certified Nurse Midwife (CNM)
 - Registered Nurse (RN)
 - Licensed Practical Nurse (LPN)
 - Dentist
 - Registered Dental Hygienist (RDH)
 - Expanded Function Dental Assistant (EFDA)
 - Public Health Dental Hygiene Practitioner
 - Dental Assistants
 - Psychologists (Licensed)
 - Licensed Professional Counselors
 - Licensed Clinical Social Workers
 - Marriage and Family Therapists (Licensed)
 - Pharmacists (Licensed)
 - Pharmacy Technicians

- Medical Assistants
- Medical Interpreters
- Project Director
- Project Coordinator
- Outreach or Education Coordinator
- b) Patient transportation services to support access to other providers of care
- c) Other Costs Directly Related to the Provision of Services
 - Travel-mileage between clinical sites for the provision of services detailed in the workplan
 - Public transportation expenses that enable patients to utilize community-based health care clinic services
 - Copier
 - Computer/Printer
 - Telephone/Fax Machine
 - Office Supplies
 - Electronic medical record technology and equipment

In order to ensure the most appropriate use of funds, there are certain categories of **costs that cannot be funded by Grant funding or matching commitment:**

- a) Continuation of a project funded with state funds or from other Department of Health Grants or Contracts.
- b) Funding to supplant funds currently being used to support similar activities.
- c) 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.

Applicants may not use Grant funds or matching commitment for the following:

- a) Loan Repayment/Scholarships
- b) Real Estate purchases
- c) Construction of new buildings
- d) Clinic renovations
- e) Ambulance/ Medical Transportation services
- f) Advertising costs
- g) Costs for direct patient care, i.e. hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees, prosthodontic fees, etc.
- h) Vehicle purchases
- i) Attendance at conferences, symposiums, meetings
- j) Purchase of journals, magazines, other publications
- k) Provider recruitment costs

14. Matching Commitment Requirements:

- a) Matching funds and in-kind commitments must be used for costs directly incurred to support the proposed project.

- b) Matching commitment must be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and **shall not exceed this ratio.**
- c) Matching commitment may be in the form of cash or dollar equivalent in-kind services.
- d) **Matching commitment requirement applies to each budget year as well as the overall Grant period.**
- e) The source and amount of the matching commitment (including the dollar equivalent in-kind services) must be identified on the Budget Summary form for the overall Grant period and each budget year.
- f) **Fund raising may not be used for matching commitment.**
- g) **Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the Grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-kind services. Letters must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the Grant. If the matching commitment is in-kind services, a description of those services related to the proposed project must be included in the letter.** Letters must also note any specific restrictions for the use of match funds in this Grant (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment).
- h) **If the applicant is the organization providing matching commitment the letter of commitment must be signed by an officer of the Board of Directors.**
- i) **Matching commitments may not be used to allocate existing expenses to this project.** For example, if the salary of the Executive Director will be funded at \$1,000 per year from matching funds, the \$1,000 must represent a sum of money being paid to the Director over and above the Executive Director's current salary and must correspond to work related to the project being funded.
- j) Federal, state, foundation or other Grant funds may be used **to meet the matching commitment requirement.** However, a letter from the entity supplying the other Grant funds approving the use of those funds for the matching commitment requirement of this grant must be included in the Additional Appendices section of the application.

**PENNSYLVANIA DEPARTMENT OF HEALTH
BUREAU OF HEALTH PLANNING
DISCOUNTED/SLIDING FEE SCALE REQUIREMENTS**

The Bureau of Health Planning administers the following programs with the goal of providing a safety-net for access to health care for low income populations, including those without health insurance: Community-based Health Care Grant Program, Community Primary Challenge Grant Program, Health Practitioner Loan Repayment Program, Conrad 30 J-1 Visa and National Interest Waiver Programs. As such, the Bureau requires organizations wishing to participate in these programs comply with the following requirements:

- Use of a **discounted/sliding fee scale** based upon **current** Federal Poverty Guidelines to ensure that no financial barriers to care exist for those who meet certain financial eligibility criteria;
- Posting a **statement indicating that no one who is unable to pay will be denied access** to services;
- Having a **policy of non-discrimination** in the delivery of health care services.

What is a discounted/sliding fee schedule?

Discounted/sliding fee schedules are locally driven mechanisms (discounts) to address how to equitably charge patients for services rendered. The mechanism must be in writing. Fees are set based upon current, annual federal poverty guidelines; patient eligibility is determined by annual income and family size. Schedules are established and implemented to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied, on a routine basis. For patients whose income and family size place them below poverty, a “typical” nominal fee is often between \$7 and \$15; patients between 101-200percent of poverty are expected to pay some percentage of the full fee. **Patients who document no ability to pay should be treated without charge.** A discounted/sliding fee schedule applies only to amounts assessed to patients. Billing for third party coverage, i.e. Medicare, Medicaid, private insurance carriers, etc., is set at the usual and customary full charge.

Why have a discounted/sliding fee schedule??

Program requirements prescribe that a locally determined discounted/sliding fee schedule be used, and that services be provided either at no fee or a nominal fee, as determined by the provider to ensure access to health care for those who cannot afford full charges. The reasonableness of fees, and the percent of a full fee that is assessed, may be subject to review/challenge by the Department during the program application process or during routine programmatic reviews by Department project officers or program administrators.

To which patients does a discounted/sliding fee schedule apply?

By participating in any of the Department programs requiring a discounted/sliding fee schedule, you are agreeing to apply the schedule equally, consistently, on a continuous basis, to all recipients of services in the entirety of the site/location, without regard to the particular practitioner that treats them.

Where can I find more information on developing a discounted/sliding fee schedule and policy?

The National Health Service Corps has developed a Discounted/Sliding Fee Schedule Information Package which can be accessed at: <http://nhsc.hrsa.gov/downloads/discountfeeschedule.pdf>

Where can I find more information on Federal Poverty Guidelines?

Federal Poverty Guidelines are updated and published annually in the Federal Register. They can be accessed through the Department of Health and Human Services at: <http://aspe.hhs.gov/poverty/15poverty.cfm>

**COMMUNITY-BASED HEALTH CARE PROGRAM
Patient & Patient Visit Instructions**

For Community-Based Health Care Program patient data reporting, report data only from the **location** (i.e. the **specific practice site address**). Follow specific definitions and instructions below when reporting **patient** and **patient visit** data.

DEFINITIONS

Patient – An individual who has received at least one visit with a Provider during the reporting year. An individual patient may be counted only once. People who only receive services from large-scale efforts such as immunization programs, screening programs, and health fairs are not counted as patients.

Provider – A **licensed** medical professional who assumes primary responsibility for assessing the patient, exercises independent judgment as to the services that are rendered and is responsible for documenting the patient’s record.

Providers of patient visits for the Community-Based Health Care Program may be:

Physicians with specialties of:
Family Practice, Osteopathic General Practice, Ob/Gyn, General Pediatrics,
General Practitioner, General Internal Medicine, Psychiatry
Physician Assistant
Nurse Practitioner
Nurse Midwife
Registered Nurse
General Dentist
Dental Hygienist

Patient Visit – A **face-to-face contact between a Patient and a Provider**, when the Provider exercises independent professional judgment **in the provision of services** to the Patient. To be included as a visit, services rendered **must be documented in a Patient Record** possessed by the clinical practice site.

INSTRUCTIONS

A. Counting Patients:

1. Do not count the same patient in more than one category (i.e. Medicare, Medical Assistance, CHIP, Commercial Insurance, etc.)
2. Count an individual patient only once in a given year

B. Counting Visits:

1. A visit may take place only at the Community -Based Health Care Program site.
2. If there is more than one Provider involved in the visit (for example, a dental hygienist and dentist seeing same patient for same purpose) it counts as one visit.
3. Count only one visit per Patient per Provider per day. If a patient has multiple procedures on a single day it counts as one visit only. For example, if a patient was seen by a dental hygienist for a cleaning and a dentist for a filling on the same day, this would count as a single patient visit.

PART TWO

Pennsylvania Department of Health
Bureau of Health Planning
Division of Health Professions Development

Community-Based Health Care Grant

Request for Applications (RFA) # 67-46



Mailing Label:

THIS LABEL MAY BE USED FOR MAILING THE APPLICATION. THIS LABEL MAY BE CUT OUT AND FIRMLY AFFIXED TO THE APPLICATION PACKAGE, OR COPY THIS EXACT FORMAT FOR THE MAILING LABEL.

FROM:

APPLICATION ENCLOSED RFA 67-46

BID

TO: PA DEPARTMENT OF HEALTH
DIRECTOR
DIVISION OF CONTRACTS
ROOM 824, HEALTH AND WELFARE BUILDING
625 FORSTER STREET
HARRISBURG, PA 17120-0701

APPLICANT INFORMATION FORM
Community-Based Health Care Program
RFA # 67-46

APPLICATION TYPE:

Category 1 Category 2 Category 3 Category 4 Category 5

Organization Submitting Application: _____

Applicant Address: _____
& Street Address City Zip Code

Federal EIN #: _____ SAP Vendor #: _____

Proposed Project Site Address: _____
& Street Address City Zip Code

County of Proposed Project Site _____

City/ Borough/Township of Proposed Project Site _____

Primary Care HPSA Name and # (if applicable) _____

MUA/P Name and # (if applicable) _____

Project Director: _____

Mailing Address: _____
& Street Address City Zip Code

Telephone # _____ Fax #: _____ E-Mail: _____

- Organization Submitting Application Type (check applicable):
 FQHC or FQHC Look-alike
 Hospital Health Clinic
 Certified Rural Health Clinic (Not for Profit)
 Free Clinic
 Nurse Managed Health Care Clinic

As an individual with signatory authority of (Fill in your Organization Name), I certify that the information provided in this application and all of its attachments are true and correct as of the date set forth opposite my signature. I also understand that any intentional or negligent misrepresentation (s) of the information contained in this application may result in forfeiture or penalty or both of any grant awarded based on the information provided.

Signature Title

Print Name Date Telephone Number

CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

- a. The Contractor certifies, in writing, for itself and all its subcontractors required to be disclosed or approved by the Commonwealth, that as of the date of its execution of this Bid/Contract, that neither the Contractor, nor any such subcontractors, are under suspension or debarment by the Commonwealth or any governmental entity, instrumentality, or authority and, if the Contractor cannot so certify, then it agrees to submit, along with its Bid/Contract, a written explanation of why such certification cannot be made.
- b. The Contractor also certifies, in writing, that as of the date of its execution of this Bid/Contract it has no tax liabilities or other Commonwealth obligations, or has filed a timely administrative or judicial appeal if such liabilities or obligations exist, or is subject to a duly approved deferred payment plan if such liabilities exist.
- c. The Contractor's obligations pursuant to these provisions are ongoing from and after the effective date of the Contract through the termination date thereof. Accordingly, the Contractor shall have an obligation to inform the Commonwealth if, at any time during the term of the Contract, it becomes delinquent in the payment of taxes, or other Commonwealth obligations, or if it or, to the best knowledge of the Contractor, any of its subcontractors are suspended or debarred by the Commonwealth, the Federal government, or any other state or governmental entity. Such notification shall be made within 15 days of the date of suspension or debarment.
- d. The failure of the Contractor to notify the Commonwealth of its suspension or debarment by the Commonwealth, any other state, or the Federal government shall constitute an event of default of the Contract with the Commonwealth.
- e. The Contractor agrees to reimburse the Commonwealth for the reasonable costs of investigation incurred by the Office of State Inspector General for investigations of the Contractor's compliance with the terms of this or any other Agreement between the Contractor and the Commonwealth that results in the suspension or debarment of the Contractor. Such costs shall include, but shall not be limited to, salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The Contractor shall not be responsible for investigative costs for investigations that do not result in the Contractor's suspension or debarment.
- f. The Contractor may obtain a current list of suspended and debarred Commonwealth Contractors by either searching the Internet at <http://www.dgs.state.pa.us/> or contacting the:

Department of General Services
Office of Chief Counsel
603 North Office Building
Harrisburg, PA 17125
Telephone No: (717) 783-6472
FAX No: (717) 787-9138

IF THE CONTRACTOR INTENDS TO USE ANY SUBCONTRACTORS, LIST THEIR NAMES(S), ADDRESS(ES), AND FEDERAL IDENTIFICATION OR SOCIAL SECURITY NUMBER(S) IN THE SPACE BELOW.

2. Certification Regarding Application/Proposal/Bid Validity

This application/proposal/bid shall be valid for a period of 60 days following the time and date designated for bid opening of applications/proposals/bids received in response to this Request for Application/Request for Proposal/Invitation for Bid #67-46.

BY SIGNING BELOW, THE APPLICANT, BY ITS AUTHORIZED SIGNATORY, IS BINDING ITSELF TO THE ABOVE TWO CERTIFICATIONS.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	ADDRESS OF ORGANIZATION
DATE SUBMITTED	CONTRACTOR'S FEDERAL I.D. OR S.S. NUMBER

Work Statement

Category 1

Directions for Category 1 can be found in Appendix 1, page 13.

Work Statement

Category 2

Directions for Category 2 can be found in Appendix 2, page 22.

Work Statement

Category 3

Directions for Category 3 can be found in Appendix 3, page 31.

Work Statement

Category 4

Directions for Category 4 can be found in Appendix 4, page 40.

Work Statement

Category 5

Directions for Category 5 can be found in Appendix 5, page 49.

501(c)(3) Form

See Part One, General Information; Section C, Application Format; Subsection 2c for instructions.

ADDITIONAL APPENDICES

Directions for Category 1-See Appendix 1, section 9, page 17

Directions for Category 2-See Appendix 2, section 9, page 26

Directions for Category 3-See Appendix 3, section 9, page 35

Directions for Category 4-See Appendix 4, section 9, page 44

Directions for Category 5-See Appendix 5, section 9, page 53

BUDGET TEMPLATE

Directions for Category 1-See Appendix 1, section 10, page 17

Directions for Category 2-See Appendix 2, section 10, page 26-27

Directions for Category 3-See Appendix 3, section 10, page 35-36

Directions for Category 4-See Appendix 4, section 10, page 45

Directions for Category 5-See Appendix 5, section 10, page 54

OVERALL BUDGET SUMMARY

(Insert Vendor Name)

RFA 67-46

July 1, 2016 - June 30, 2018

CATEGORIES	Total	Amendment (If Applicable)	New Total DOH Funds	Matching Funds	Full Project Costs
I. PERSONNEL SERVICES	-	-	-	-	-
II. CONSULTANT SERVICES	-	-	-	-	-
III. SUBCONTRACT SERVICES	-	-	-	-	-
IV. PATIENT SERVICES	-	-	-	-	-
V. EQUIPMENT	-	-	-	-	-
VI. SUPPLIES	-	-	-	-	-
VII. TRAVEL	-	-	-	-	-
VIII. OTHER COSTS	-	-	-	-	-
TOTAL	-	-	-	-	-

Composition of Matching Funds (If Applicable):	
_____	_____
_____	_____
_____	_____
_____	_____
Total	0.00

Attachment XI
BUDGET SUMMARY

(Insert Vendor Name)
 RFA 67-46
 July 1, 2016 - June 30, 2017

CATEGORIES	Total	Amendment Type & Number	New Total DOH Funds	Matching Funds	Full Project Costs
I. PERSONNEL SERVICES	-	-	-	-	-
II. CONSULTANT SERVICES	-	-	-	-	-
III. SUBCONTRACT SERVICES	-	-	-	-	-
IV. PATIENT SERVICES	-	-	-	-	-
V. EQUIPMENT	-	-	-	-	-
VI. SUPPLIES	-	-	-	-	-
VII. TRAVEL	-	-	-	-	-
VIII. OTHER COSTS	-	-	-	-	-
TOTAL	-	-	-	-	-

Composition of Matching Funds (If Applicable):	
Total	0.00

**Attachment XI
BUDGET SUMMARY**

(Insert Vendor Name)
RFA 67-46
July 1, 2017 - June 30, 2018

CATEGORIES	Total	Amendment Type & Number	New Total DOH Funds	Matching Funds	Full Project Costs
I. PERSONNEL SERVICES	-	-	-	-	-
II. CONSULTANT SERVICES	-	-	-	-	-
III. SUBCONTRACT SERVICES	-	-	-	-	-
IV. PATIENT SERVICES	-	-	-	-	-
V. EQUIPMENT	-	-	-	-	-
VI. SUPPLIES	-	-	-	-	-
VII. TRAVEL	-	-	-	-	-
VIII. OTHER COSTS	-	-	-	-	-
TOTAL	-	-	-	-	-

Composition of Matching Funds (If Applicable):	
_____	_____
_____	_____
_____	_____
_____	_____
Total	0.00

BUDGET JUSTIFICATION

Directions for Category 1-See Appendix 1, section 11, page 18

Directions for Category 2-See Appendix 2, section 11, page 27

Directions for Category 3-See Appendix 3, section 11, page 36

Directions for Category 4-See Appendix 4, section 11, page 45

Directions for Category 5-See Appendix 5, section 11, page 54

W-9 Form

Provide a copy of the completed Internal Revenue Service form W-9. The W-9 form and instructions for completing the form are available at the website <http://www.irs.gov>.

PROGRAM SPECIFIC PROVISIONS

Equipment. Notwithstanding section 37 (Disposition of Equipment and Other Materials) (Standard General Terms and Conditions Rev. 2/15), equipment purchased through Community-Based Health Care Program funds may remain the property of the Community-Based Health Care Program recipient as long as it continues to be used for the original intent and purpose stated in the approved application.

Building renovations, additions or modifications. The Pennsylvania Prevailing Wage Act (43 P.S. § 165-1 et seq.; 34 Pa. Code § 9.101 et seq.) may be applicable to the Community-based Health Care Grant Program if applicant proposes building renovations, additions or modifications. If applicable, an RFA #67-46 applicant who is selected for an award will be responsible for including prevailing wage rates in all bid documents, specifications, and construction contracts pertaining to the awarded project. The Pennsylvania Department of Labor and Industry has final authority to make all prevailing wage applicability determinations. Please note: Prevailing Wage requirements are generally applicable to grants for construction, demolition, reconstruction, alteration, repair work, renovations, build-out, and installation of machinery and equipment in excess of \$25,000. For information on the Pennsylvania Prevailing Wage Act or to determine applicant and grantee obligations under this Act, contact the Pennsylvania Department of Labor and Industry, Bureau of Labor Law Compliance at (717) 705-7256.

RFA # 67-46

PAYMENT PROVISIONS

The Department agrees to pay the Contractor for services rendered pursuant to this Contract as follows:

- A. Subject to the availability of state and Federal funds and the other terms and conditions of this Contract, the Department will reimburse Contractor in accordance with Appendix C, and any subsequent amendments thereto, for the costs incurred in providing the services described in this Contract.
- B. This Contract may span several state fiscal periods; therefore, the Department is obligated to pay no more than the dollar amounts for each state fiscal year (SFY), for the periods of time indicated on the Budget, Appendix C. This shall not prohibit the Department from exercising its discretion to move funds unspent at the end of the SFY from one SFY to another to pay for services provided with separate written Department approval and in accordance with this Contract.
- C. Payment to the Contractor shall be made in accordance with the Budget set forth in Appendix C, and any subsequent amendments thereto, as follows:
 - 1. The Department shall have the right to disapprove any expenditure made by the Contractor that is not in accordance with the terms of this Contract and adjust any payment to the Contractor accordingly.
 - 2. Payments will be made monthly upon submission of an itemized invoice for services rendered pursuant to this Contract using the invoice format in Attachment 1 to this Appendix.
 - 3. An original invoice shall be sent by the Contractor directly to the address as listed in Attachment 1 to this Appendix. Documentation supporting that expenditures were made in accordance with the Contract Budget shall be sent by the Contractor to the Department's Project Officer.
 - 4. The Contractor has the option to reallocate funds between and within budget categories (Budget Revision), subject to the following criteria:
 - a. General Conditions for Budget Revisions
 - i. *Budget Revisions At or Exceeding 20%.*
 - A. The Contractor shall not reallocate funds between budget categories in an amount at or exceeding 20% of the total amount of the Contract per budget year as set forth in Appendix C Budget, and any subsequent amendments thereto, without prior written approval of the Department's Project Officer.
 - B. The Contractor shall request prior written approval from the Department's Project Officer when the cumulative total of all prior Budget revisions in the budget year is 20% or greater of the total amount of the Contract per budget year.
 - C. Reallocations at or exceeding 20% of the total amount of the Contract per budget year may not occur more than once per budget year unless the Department's Project Officer finds that there is good cause for approving one additional request. The Project Officer's determination of good cause shall be final.
 - ii. *Budget Revisions Under 20%.* The Contractor shall notify the Department's Project Officer of any Budget Revision under 20% of the total amount of the Contract per budget year in writing, but need not request Department approval, except as provided for in Paragraph 4(a)(i)(B) above.
 - iii. The Contractor shall obtain written approval from the Department's Project Officer prior to

reallocating funding into a previously unfunded budget category or prior to eliminating all funding from an existing budget category, regardless of the percentage amount.

- iv. The Contractor shall provide the Department's Project Officer with notice or make a request for approval prior to the submission of the next invoice based on these changes.
 - v. At no time can Administrative/Indirect cost rates be increased via a Budget Revision.
- b. Budget Revisions Relating to Personnel
- i. Any change to funds in the Personnel Category requires the approval of the Department's Project Officer, and any such change at 20% or over as set forth in Paragraph 4(a) shall be counted as one Budget Revision under that paragraph.
 - ii. The Contractor may not reallocate funds to, or move funds within, the Personnel Services Category of the Budget (Appendix C), and any subsequent amendments thereto, to increase staff personnel or fringe benefit line items unless one of the following circumstances apply:
 - A. The Contractor is subject to a collective bargaining agreement or other union agreement and, during the term of this Contract, salaries, hourly wages, or fringe benefits under this Contract are increased because of a renegotiation of that collective bargaining agreement or other union agreement. The Contractor shall submit to the Department's Project Officer written documentation of the new collective bargaining or other union agreement, which necessitates such reallocation.
 - B. The Contractor is unable to fill a position that is vacant or becomes vacant at or after the effective date of this Contract. The Contractor shall submit to the Department's Project Officer written justification for the request to increase rates and reallocation of funds in connection with filling such a position in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the Contract, as well as the Contractor's inability to fill the position at the existing rates. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area. No increase relating to a position may exceed 10% of the original rate.
 - C. The Contractor is unable to perform the work of the Contract with the existing positions, titles or classifications of staff. The Contractor may add or change a position, title or classification in order to perform work that is already required. The Contractor shall submit to the Department's Project Officer for his or her approval written justification for the request to increase rates and reallocation of funds in connection with changing or adding a position, title or classification, in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the contract, as well as the Contractor's inability to fill current position. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area. No increase relating to an addition or change may exceed 10% of the rate for the original position.
 - iii. The Department's determination regarding the validity of any justification is final.
 - iv. All increases are subject to the availability of funds awarded under this Contract. The Commonwealth is not obligated to increase the amount of award.
 - v. This paragraph is not intended to restrict any employee from receiving an increase in salary based on the employer's fee schedule for the job classification.
5. Unless otherwise specified elsewhere in this Contract, the following shall apply. Contractor shall submit monthly invoices within 30 days from the last day of the month within which the work is performed. The final invoice shall be submitted within 45 days of the Contract's termination date. The Department will neither honor nor be liable for invoices not submitted in compliance with the time

requirements in this paragraph unless the Department agrees to an extension of these requirements in writing. The Contractor shall be reimbursed only for services acceptable to the Department.

6. The Department, at its option, may withhold the last 20 percent of reimbursement due under this Contract, until the Project Officer has determined that all work and services required under this Contract have been performed or delivered in a manner acceptable to the Department.
7. The Commonwealth will make payments through the Automated Clearing House (ACH) Network. The Pennsylvania Electronic Payment Program (PEPP) establishes the Automated Clearing House Network as the preferred method of payment in lieu of issuing checks. The PEPP enrollment form may be obtained at: www.vendorregistration.state.pa.us/cvmu/paper/Forms/ACH-EFTenrollmentform.pdf and can be completed online, as applicable.
 - a. Within 10 days of award of the Contract or Purchase Order, the Contractor must submit or must have submitted its ACH information within its user profile in the Commonwealth's procurement system (SRM). At the time of submitting ACH information, the Contractor will also be able to enroll to receive remittances via electronic addenda. Within 10 days of award of the Grant Agreement, the Contractor must submit or must have already submitted its ACH information and electronic addenda information, if desired, to the Commonwealth's Payable Service Center, Vendor Data Management Unit at 717-214-0140 (FAX) or by mail to the Office of Comptroller Operations, Bureau of Payable Services, Payable Service Center, Vendor Data Management Unit, 555 Walnut Street – 9th Floor, Harrisburg, PA 17101.
 - b. The Contractor must submit a unique invoice number with each invoice submitted. The unique invoice number will be listed on the Commonwealth of Pennsylvania's ACH remittance advice to enable the Contractor to properly apply the state agency's payment to the invoice submitted.
 - c. It is the responsibility of the Contractor to ensure that the ACH information contained in SRM (for Contracts or Purchase Orders) or in the Commonwealth's Central Vendor Master File (for Grant Agreements) is accurate and complete. Failure to maintain accurate and complete information may result in delays in payments.
 - d. In the event this language conflicts with language contained elsewhere in this agreement, the language contained herein shall control.

Invoices should be sent to:

Department of Health

ORGANIZATION NAME

LOCATION CODE

PO Box 69183

Harrisburg, PA 17106

INVOICE

Payee Name and Address			Date		
			Current Billing Period		
SAP Vendor Number			Invoice Number		
Telephone Number			SAP Document Number		
Category	Budget Amount	Expenditures to Date for Prior Periods	Balance to Date from Prior Periods	Invoice Amount for Current Period	Cumulative Expenditures through Current Period
I. Personnel Services			0.00		0.00
II. Consultant Services			0.00		0.00
III. Subcontract Services			0.00		0.00
IV. Patient Services			0.00		0.00
V. Equipment			0.00		0.00
VI. Supplies			0.00		0.00
VII. Travel			0.00		0.00
VIII. Other Costs			0.00		0.00
Total Costs	0.00	0.00	0.00	0.00	0.00

Contractor's Authorized Signature

Date