



December 5, 2019

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) #67-90.

A pre-application conference will be held on Thursday, Dec. 19, 2019 at 9:30-11:30 AM in **Room 525**, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120-0701. 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 (**Room #1031**), Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701, or by e-mail at **RA-DHCBHCP@pa.gov**, no later than Dec. 13, 2019. 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 original and nine complete 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 Jan. 7, 2020.

RFA #67-90
Director, Division of Public Health Procurement
Bureau of Procurement and Contract Management
Shared Services for Health and Human Services
Room 832, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701

LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.

Please write "APPLICATION ENCLOSED RFA #67-90 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 blue ink, appearing to read "Lori Diehl".

Lori Diehl
Director
Division of Public Health Procurement

Enclosure

Request for Application

Community-Based Health Care Program

RFA Number

67-90

Date of Issuance

December 5, 2019

Issuing Office:

Pennsylvania Department of Health
Bureau of Procurement and Contract Management
Shared Services for Health and Human Services
Division of Public Health Procurement
Room 832, 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 1031, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
Email address: daspero@pa.gov

PART ONE

Community-Based Health Care Program

General Information

Community-Based Health Care Program

CONTENTS

| | |
|---|----|
| Part One: General Information | 1 |
| A. Information for Applicants..... | 4 |
| 1. Introduction..... | 4 |
| 2. Availability of Funds | 6 |
| 3. Grant Eligibility | 7 |
| B. Application Procedures | 8 |
| 1. General..... | 8 |
| 2. Evaluation of Applications | 8 |
| 3. Awards..... | 9 |
| 4. Reporting Requirements..... | 10 |
| C. Application Instructions and Required Format..... | 10 |
| 1. Application Instructions..... | 10 |
| 2. Application Format..... | 10 |
| D. Appendices..... | 13 |
| 1. Category 1 Work Statement Format..... | 14 |
| 2. Category 2 Work Statement Format..... | 23 |
| 3. Category 3 Work Statement Format..... | 33 |
| 4. Category 4 Work Statement Format..... | 42 |
| 5. Category 5 Work Statement Format..... | 52 |
| 6. Bureau of Health Planning Discounted Sliding Fee Scale Requirements..... | 62 |
| 7. Community-Based Health Care Program Patient and Patient Visit Instructions..... | 63 |
| Part Two: Title of Application | |

Application Forms and Attachments

- I. Mailing Label
- II. Cover Page - Applicant Information Form
- III. Certifications
- IV. Work Statement Categories 1-5
- V. 501(c)(3) Form
- VI. Additional Appendices
- VII. Budget Template is downloadable and is attached for completion of the budget request.
- VIII. Budget Justification

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)
- Program Specific Provisions
- Standard Terms and Conditions (Rev. 2/15)
- Audit Requirements (Rev. 7/13)
- Commonwealth Travel and Subsistence Rates (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, Community-Based Health Care Act, 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 provide funding to community-based health care clinics to:

- a) Expand and improve health care access and services such as preventive care, chronic care and disease management; prenatal, obstetric, postpartum and newborn care; dental treatment, behavioral health and pharmacy services
- b) Reduce unnecessary utilization of hospital emergency services by providing an effective alternative health care delivery system, and
- c) Encourage collaborative relationships among community-based health care clinics, hospitals and other health care providers

The Department solicits applications for this Program through the Request for Applications (RFA) procurement process for 24-month Grant periods. The anticipated Grant Agreement term for this RFA is July 1, 2020 through June 30, 2022.

Through this RFA, the Department is soliciting Program applications for Grant funding in the following categories:

- a) **Grant Category 1:** The development of a new community-based health care clinic. Maximum funding available is \$300,000 for the entire 24-month project period
- b) **Grant Category 2:** The expansion or improvement of the delivery of primary health services at an existing community-based health care clinic. Maximum funding available is \$250,000 for the entire 24-month project period
- c) **Grant Category 3:** The addition, expansion or improvement of the delivery of prenatal, obstetric, postpartum and newborn care services at an existing community-based health care clinic. Maximum funding available is \$250,000 for the entire 24-month project period
- d) **Grant Category 4:** The development of alternate health care delivery systems administered by community-based health care clinics to improve the delivery of services and access to reduce hospital emergency room utilization. Maximum funding available is \$250,000 for the entire 24-month project period
- e) **Grant Category 5:** The implementation of collaborative relationships among community-based health care clinics, hospitals and other health care providers. Maximum funding available is \$50,000 for the entire 24-month project period

The overall goal of this funding is to increase access to comprehensive primary health care services for the uninsured, underinsured and underserved populations of the Commonwealth of Pennsylvania.

For the purposes of this RFA, comprehensive primary health services are defined as basic

primary and preventive health care services provided by physicians, and where appropriate, physician assistants, nurse practitioners, and nurse midwives practicing in family medicine, internal medicine, pediatrics, obstetrics and gynecology.

Services proposed for this Program 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 are considered comprehensive primary health care 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).

Only organizations and clinics that provide comprehensive primary and preventive health care services furnished by physicians (and other health care providers named above) practicing in family medicine, internal medicine, pediatrics, obstetrics and gynecology are eligible to apply through this RFA. Organizations and clinics that only provide general dentistry services, behavioral and mental health services, medical specialty services, dental specialty services and social and human services are not eligible to apply.

Funding through this Program is for initial implementation or service expansion that will be sustained by the Grant awarded applicant(s) beyond the Grant period. Funding may not be used to sustain existing operations.

Applicants are encouraged to focus on population health improvement by proposing new, evidence-based, innovative models of service delivery which will measurably demonstrate improved health outcomes for the population(s) served by the clinic (or a for a defined sub-population of clinic patients, for example homeless patients, and patients with diabetes). These innovative models may focus on the social determinants of health, as well as collaborative, intersectoral partnerships to improve health and access to health care services.

Applicants may submit more than one application for this RFA cycle. Each application must be submitted for one project at one clinic site location. Only one award shall be made per applicant organization, including those with multiple health clinic sites, regardless of the number of applications submitted. Awards will be made in accordance with Act 10 of 2013, Subchapter B, Section 111, paragraph b5.

A current Category 1 Grantee with a Grant ending June 30, 2020 may not apply in Categories 2, 3, 4 or 5 for the same health clinic site in response to this RFA, but may submit a Category 1 application for another health clinic site location.

A current Grantee with a Grant ending June 30, 2020 in Categories 2, 3, 4 and 5 may apply for the same health clinic site for a new and separate project.

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 Dec. 13, 2019. 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, providers are required to enroll 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

All Grant awards are subject to availability of funds.

All Grants issued pursuant to this RFA shall include a requirement for a matching commitment of 25% 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% 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 A1 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 (HRSA) as a Primary Care (PC) Health Professional Shortage Area (HPSA); a Medically Underserved Area/Population (MUA/P) designation; a FQHC/FQHC-Look Alike or (RHC) with a "facility PC HPSA designation", or,
 - ii. Served a minimum of 30% low income patients at the location from January 1, 2018 to December 31, 2018. 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).

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. If, due to inclement weather, natural disaster, or any other cause, the Commonwealth office location to which applications are to be returned is closed on the application response date, the deadline for submission will be automatically extended until the next Commonwealth business day on which the office is open, unless the Department otherwise notifies Applicants. The hour for submission of applications shall remain the same. The Department will reject, unopened, any late applications.
- b) If it becomes necessary to revise any part of the application guidelines, an amendment will be posted on the DGS website.
- c) 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.
- d) Grant Awarded applicants 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.
- e) 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.

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 Public Health Procurement will schedule an oral presentation and/or assign a due date for the submission of a written clarification.

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.

Following technical review of applications, Grant awards will be made in accordance with Act 10 of 2013, Subchapter B, Section 111, paragraph 1 following general limitations and conditions, except that the Department may reallocate funds among the Grant categories if sufficient qualified Grant applications in each category are not received:

- a) Not more than 50% of available funding will be awarded for expansion or service delivery system improvements at existing community-based health care clinics and the development of new community-based health care clinics. The Department anticipates awarding approximately six Grants for expansion at existing community-based health care clinics and the development of new community-based health care clinics.
- b) Not more than 25% of available funding will be awarded for expansion or improvements in the delivery of prenatal, obstetric, postpartum and newborn care services. The Department anticipates awarding four Grants in this category.
- c) Not more than 20% of available funding will be awarded for service delivery system improvements, to increase access to care and to reduce utilization of hospital emergency room services. The Department anticipates awarding three Grants in this category.
- d) Not more than five % of available funding will be awarded for the establishment of collaborative relationships among community-based health care clinics, hospitals and other health care providers to improve transitions of care for patients. The Department anticipates awarding three Grants in this category.
- e) Not more than 15% of available funding will be awarded to applicants within any one city, town, borough or township of this Commonwealth, and not more than 25% of the Grants awarded pursuant to this RFA may go to FQHCs or FQHC-Look Alikes.

The number of Grants awarded in each category is an estimate and is subject to change.

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 individually 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 overall summary of the project, and shall include the total number of new 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 one original (clearly labeled as “original”) and nine complete copies (each clearly labeled as “copy”) of the application (Part Two of this RFA). Original application and each copy must be bound individually by some method such as binder clips, staples, spiral fasteners or some other method that ensures the original and copies cannot be co-mingled. For example, original and copies should not be loose and separated only by colored sheets of paper.
- 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 Public Health Procurement 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) **Cover Page-Applicant Information Form – Be sure to complete the form in its entirety.** This form is used to provide identifying information, to ensure completeness of the application and to confirm applicant’s eligibility. 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 Cover Page - 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
- e) **Budget and Budget Justification** – 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 overall 24-month budget amount shall not exceed the maximum amounts for each category stated on page 4 of this RFA. Your budget must contain an Overall Summary in addition to a Summary with Budget Details for each fiscal year.

The Budget Justification is a narrative for expenses entered in the budget details for each fiscal year. Budget details should relate directly to the proposed project and explain the need for the budget items requested. .

Budget Definitions are included in each Work Statement Format, Appendices 1-5.

- f) **Additional Appendices** – All supporting documentation requested in the work statement for each category must be included with the application.

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. Community-Based Health Care Program
Patient and Patient Visit Instructions**

Category 1 Work Statement Format

Grant Category 1: The development of a new community-based health care clinic to increase access to care for the uninsured, underinsured and underserved populations in the community.

1. Topic: Project Overview (maximum half page)

Please provide a brief overview of the proposed project describing the target population to be served, proposed services to be offered, how the Grant funding will be utilized and how the proposed project will increase access to primary health care for the uninsured, underinsured or underserved populations in the community.

2. Topic: Project Description

A narrative description of the proposed project must include:

- a) Description of applicant organization.
- b) Identification of the HPSA or MUA/P of the proposed new community-based health care clinic.
- c) Description of proposed site including address, ownership of the property, status of any lease agreement, if applicable, conditions for the site to be operational and proposed opening date. Identify and explain the need for renovations or modifications to be completed and provide a signed copy of the contractor's cost proposal.
- d) Description of the community need for the new community-based health care clinic. Provide data and sources to support your proposal.
- e) Description of target population to be served by the new community-based health care clinic including minority and low income populations. Provide data and sources to support your proposal.
- f) Description of comprehensive primary health care services to be provided
- g) Description of how the services will increase access to primary health care for the target populations described in 2.e. above **during the project period.**
- h) Brief description of how Grant funds will be used and matching commitment will be applied in the project.
- i) Identification of the proposed director for this project including a brief description of the director's competencies and role in managing the project.
- j) Description of new and existing (if any) staff positions to be utilized in implementing this project as well as any specialized training or licenses or both required for the specific positions.
- k) 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.

3. Topic: Logic Model

Complete the logic model template below to describe the quarterly inputs, activities, outputs and overall expected outcome(s) for the proposed project for the entire Grant term July 1, 2020 through June 30, 2022.

Inputs: Describes/lists the resources, money, staff time, volunteers, facilities, equipment, etc. needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

Activities: Explains what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

Outputs: Describes what is produced as a result of the activities, explaining how the program uses its inputs to implement the proposed project which lead to the desired outcomes. Outputs measure what the program does and who the program reaches. Some examples include the number of workshops held, the number of counseling sessions conducted, the number of community outreach programs contacted.

Outcomes: Describes the results, changes or benefits for patients as a result of the program activities. Outcomes can be short term, medium term or long term.

| Project Period | Inputs | Activities | Outputs | Outcomes |
|-------------------------------|--------|------------|---------|----------|
| July 1, 2020 - Sept. 30, 2020 | | | | |
| Oct. 1, 2020 – Dec. 31, 2020 | | | | |
| Jan. 1, 2021 – March 31, 2021 | | | | |
| April 1, 2021 – June 30, 2021 | | | | |
| July 1, 2021 – Sept. 30, 2021 | | | | |
| Oct. 1, 2021 - Dec. 31, 2021 | | | | |
| Jan.1, 2022 – March 31, 2022 | | | | |
| April 1, 2022 – June 30, 2022 | | | | |

4. 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. Medicaid (MA)
 - iii. Children's Health Insurance Program (CHIP)
- c) A discounted sliding fee scale and an approved policy by applicant's Board of Directors (Board) 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 % of poverty level. Please refer to Appendix 6 Bureau of Health Planning Discounted Sliding Fee Scale Requirements.
 - ii. The applicant's 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 % of the poverty level, the process for the applicant's Board to review and update 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 care services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. Applicant's Board approved policy regarding the provision of primary health care 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.

5. Topic: Project Impact

To complete the tables below, refer to Appendix 7 Community-Based Health Care Program Patient and Patient Visit Instructions which defines "patient" and "patient visits" and provides instructions for counting both.

TABLE 1 – PATIENT NUMBERS: Provide realistic and supportable projections of the total number of unduplicated **new** patients during each year of the project period by coverage type in the following format. Explain how these projections were determined **describing the methodology used to create these projections.**

| Coverage Type | Proposed # New Patients (7/1/2020 - 6/30/2021) | Proposed # New Patients (7/01/21- 6/30/22) |
|--|--|--|
| Number of patients served with Medicare | | |
| Number of patients served with Medicaid (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 realistic and supportable projections of the total number of patient visits during each year of the project period by coverage type in the following format. **Provide a description of the methodology used to create these projections.**

| Coverage Type | Proposed # Patient Visits (7/01/20- 6/30/21) | Proposed # Patient Visits (7/01/21- 6/30/22) |
|--|--|--|
| Number of visits for patients with Medicare | | |
| Number of visits for patients with Medicaid (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 | | |

6. 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) Detailed plan for provider retention and recruitment
- f) 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.)

7. 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

8. Additional Appendices (Attachment VI)

The following must be included:

- a) Signed letters of financial commitment for matching requirement (cash or dollar equivalent in-kind services)
- b) Signed letter of approval to use other Grant funds as matching funds, if applicable
- c) Resumes of the Director and staff proposed for the project, if available. Please see reference in 2. i and j.
- d) Position description for new or vacant positions referenced in 2. k.
- e) Copy of discounted sliding fee scale and applicant’s Board approved policy to ensure services to those unable to pay
- f) Contractor description and estimate for office renovations, if applicable

DO NOT INCLUDE LETTERS OF SUPPORT.

9. Budget Template (Attachment VII)

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, 2020 to June 30, 2022. The overall 24-month budget for the application shall not exceed \$300,000. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each fiscal year.

| | | |
|-----------------|-------------------------------|----------------------------|
| | | Maximum Amounts |
| Overall Summary | July 1, 2020 to June 30, 2022 | \$300,000 |

| | | |
|----------------|-------------------------------|-----------|
| Year 1 Summary | July 1, 2020 to June 30, 2021 | \$150,000 |
| Year 2 Summary | July 1, 2021 to June 30, 2022 | \$150,000 |

10. Budget Justification (Attachment VIII)

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 logic model inputs, activities, outputs and outcomes (Section 3 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

11. Budget Definitions:

- a) **Personnel:** This budget category 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 the services to be provided by each consultant including hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify the services to be provided by each subcontractor under this Grant.
- 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 \$5,000 or greater. Justification for the purchase of any equipment must be included. Purchase of equipment is not a priority of the Department.
- 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 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 from Grant funding and therefore should not be included.

12. 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 logic model inputs, activities, outputs and outcomes (Section 3 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
Community Health Worker
Case Manager, Nurse Case Manager
Registered Dietician, Nutritionist
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 Purchase
Computer/Printer Purchase
Telephone/Fax Machine Purchase
Rental Costs for Office Equipment
Office Supplies
Electronic medical record technology and equipment
Leasing of building space
Malpractice Insurance
Patient Education Materials

Total infrastructure expenditures including renovations, office equipment and office supplies may not exceed 50% of the total award amount.

- a) To ensure the most appropriate use of funds, Applicants may not use Grant funds or matching commitment for the following: Continuation of a project funded with state funds or from other Department 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.
- d) Loan Repayment /Scholarships
- e) Real Estate purchases
- f) Construction of new buildings
- g) Ambulance/ Medical Transportation services
- h) Advertising costs
- i) Costs for direct patient care, including, but not limited to hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees and prosthodontic fees
- j) Vehicle purchases or vehicle maintenance
- k) Attendance at conferences, symposiums, meetings
- l) Purchase of journals, magazines, other publications
- m) Provider recruitment costs

13. 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**. It is highly recommended the 1:4 ratio be entered in the budget by line item in each budget category in which funding is requested.
- 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 name of 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 and value 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 proposed project to be funded.
- j) Federal, state, foundation or other Grant funds may be used **to meet the matching commitment requirement.** However, a signed 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 or improvement of the delivery of primary health services at an existing community-based health care clinic.

1. Topic: Project Overview (maximum half page)

Please provide a brief overview of the proposed project describing the target population to be served, proposed services to be offered, how the Grant funding will be utilized and how the proposed project will increase access to primary care for the uninsured, underinsured and underserved populations in the community.

2. Topic: Delivery of Primary Health Services

A narrative description of the proposed project must include:

- a) Description of the applicant organization
- b) Geographical location of health care clinic including:
 - i. Identification of PC HPSA or MUA/P located in; or identification of significant low income population the health care clinic will serve;
 - ii. Description of the site including address, building ownership, status of any lease agreement, if applicable;
 - iii. Description of any site renovations or modifications with a signed copy of the contractor's cost proposal; and
 - iv. Conditions to be met and date for additional or expanded services to begin.
- c) Description of current primary health services provided by the health care clinic;
- d) Description of the population currently served by the health care clinic, including population health data such as health status, demographic, socio-economic and geographic. Include sources of data described;
- e) Description of community need for expanded health care access and improved services. Include data and sources to support need.
- f) Description of proposed health care service improvement or expansion to include:
 - i. Defined health care clinic population targeted for proposed project (including population health data and sources)
 - ii. Description of proposed new, innovative or expanded services proposed in this project
 - iii. Evidence base supporting proposed new, innovative or expanded services, including sources.
 - iv. Expected measurable population health outcomes to be addressed by new, innovative or expanded services (including baseline and target data and method that will be used to measure population health outcomes).
- 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.

3. Topic: Logic Model

Complete the logic model template below to describe the quarterly inputs, activities, outputs and overall expected outcome(s) for the proposed project for the entire Grant term July 1, 2020 through June 30, 2022.

Inputs: Describes/lists the resources, money, staff time, volunteers, facilities, equipment, etc. needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

Activities: Explains what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

Outputs: Describes what is produced as a result of the activities, explaining how the program uses its inputs to implement the proposed project which lead to the desired outcomes. Outputs measure what the program does and who the program reaches. Some examples include the number of workshops held, the number of counseling sessions conducted, the number of community outreach programs contacted.

Outcomes: Describes the results, changes or benefits for patients as a result of the program activities. Outcomes can be short term, medium term or long term.

| Project Period | Inputs | Activities | Outputs | Outcomes |
|--------------------------------------|---------------|-------------------|----------------|-----------------|
| July 1, 2020 - Sept. 30, 2020 | | | | |
| Oct. 1, 2020 – Dec. 31, 2020 | | | | |
| Jan. 1, 2021 – March 31, 2021 | | | | |
| April 1, 2021 – June 30, 2021 | | | | |
| July 1, 2021 – | | | | |

| | | | | |
|----------------------------------|--|--|--|--|
| Sept. 30, 2021 | | | | |
| Oct. 1, 2021 - Dec. 31, 2021 | | | | |
| Jan.1, 2022 – March 31, 2022 | | | | |
| April 1, 2022 – June 30, 2022 | | | | |

4. 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. Medicaid (MA)
 - iii. Children’s Health Insurance Program (CHIP)
- c) A discounted sliding fee scale and an approved policy by applicant’s Board of Directors (Board) 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 % of poverty level. Please refer to Appendix 6 Bureau of Health Planning Discounted Sliding Fee Scale Requirements.
 - ii. The applicant’s 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% of the poverty level, the process for the applicant’s 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 care services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. Applicant’s Board approved policy regarding the provision of primary health care 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.

5. Topic: Project Impact

To complete the tables below, refer to Appendix 7 Community-Based Health Care Program Patient and Patient Visit Instructions which defines “patient” and “patient visits” and provides instructions for counting both. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: Provide realistic and supportable projections of unduplicated new patients during each year of the project period by coverage type in the format below. **Explain how these projections were determined describing 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% of total patients served.

| Coverage Type | Current # Patients (1/01/18-12/31/18) | Percent Patients Served (1/01/18-12/31/18) | Proposed # New Patients (7/01/20-6/30/21) | Proposed # New Patients (7/01/21-6/30/22) |
|---|---------------------------------------|--|---|---|
| Number of patients served with Medicare | | | | |
| Number of patients served with Medicaid (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 realistic and supportable projections of the total number of patient visits during each year of the project period by coverage type in the following format. Explain how these projections were determined describing the methodology used to create projections of proposed patient visit numbers.

| Coverage Type | Current # Patient Visits (1/01/18-12/31/18) | Proposed # Patient Visits (7/01/20-6/30/219) | Proposed # Patient Visits (7/01/21-6/30/22) |
|--|---|--|---|
| Number of visits for patients with Medicare | | | |
| Number of visits for patients with Medicaid (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 | | | |

6. 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) Detailed plan for provider retention and recruitment
- f) 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)

7. 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

8. Additional Appendices (Attachment VI)

The following must be included:

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

- c) Resumes of the Director and staff proposed for the project, if available. Please see reference 2. h and i.
- d) Position description for new or vacant key positions. Please see reference 2. j.
- 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.

9. Budget Template (Attachment VII)

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, 2020, to June 30, 2022. The overall 24-month budget for the application shall not exceed \$250,000. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each fiscal year.

| | | Maximum Amounts |
|-----------------|-------------------------------|----------------------------|
| Overall Summary | July1, 2020 to June 30, 2021 | \$250,000 |
| Year 1 Summary | July 1, 2021 to June 30, 2021 | \$125,000 |
| Year 2 Summary | July 1, 2021 to June 30, 2022 | \$125,000 |

10. Budget Justification (Attachment VIII)

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 logic model inputs, activities, outputs and outcomes (Section 3 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

11. Budget Definitions

- a) **Personnel:** This budget category 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 the services to be provided by each consultant, including hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify the services to be provided by each subcontractor under this Grant.

- 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 \$5,000. or greater. Justification for the purchase of any equipment must be included. Requested equipment must be directly related to the proposed project. Purchase of any equipment is not a priority of the Department.
- 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 from Grant funding and therefore should not be included.

12. 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 logic model inputs, activities, outputs and outcomes (Section 3 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
- Community Health Worker
- Case Manager, Nurse Case Manager
- Registered Dietician, Nutritionist
- 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 Primary Care 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 Purchase
 - Computer/Printer Purchase
 - Telephone/Fax Machine Purchase
 - Rental Costs of Office Equipment
 - Office Supplies
 - Electronic medical record technology and equipment
 - Leasing of building space
 - Malpractice Insurance
 - Patient Education Materials
 - Mobile Clinic Equipment

Total infrastructure expenditures including renovations, office equipment and office supplies may not exceed 30% of total award amount.

To ensure the most appropriate use of funds, Applicants may not use Grant funds or matching commitment for the following:

- a) Continuation of a project funded with state funds or from other Department 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
- d) Loan Repayment/Scholarships
- e) Real Estate purchases
- f) Construction of new buildings
- g) Ambulance/ Medical Transportation services

- h) Advertising Costs
- i) Costs for direct patient care, including, but not limited to, hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees and prosthodontic fees.
- j) Vehicle purchases or vehicle maintenance
- k) Attendance at conferences, symposiums, meetings
- l) Purchase of journals, magazines, other publication
- m) Provider recruitment costs

13. 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**. It is highly recommended the 1:4 ratio be entered in the budget by line item in each budget category in which funding is requested.
- 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 name of 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 and value 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 signed 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, expansion or improvement of the delivery of prenatal, obstetric, postpartum and newborn care services at an existing community-based health care clinic.

1. Topic: Project Overview (maximum of half page)

Please provide a brief overview of the proposed project describing the target population to be served, proposed services to be offered, how the Grant funding will be utilized and how the proposed project will increase access to primary care for the uninsured, underinsured and underserved populations in the community.

2. Topic: Project Description

A narrative description of the proposed project must include:

- a) Description of the applicant organization
- b) Geographical location of health care clinic with either:
 - i. Identification of PC HPSA or MUA/P located in; or identification of a significant low income population the health clinic will serve;
 - ii. Description of the site including address, building ownership, and status of any lease agreement, if applicable;
 - iii. Description of any site renovations or modifications with signed copy of the contractor's cost proposal; and
 - iv. Conditions to be met and date for additional or expanded services to begin.
- c) Description of current primary health services provided by the health care clinic.
- d) Description of the population currently served by the health care clinic, including population health data such as health status, demographic, socio-economic and geographic. Include sources of data described.
- e) Description of community need for expanded prenatal, obstetric, postpartum and newborn care services, or improved delivery of services. Include sources of data to support the need.
- f) Description of proposed health care service improvement or expansion to include:
 - i. Defined health care clinic population targeted for proposed project (including population health data and sources);
 - ii. Description of proposed new, innovative or expanded services proposed in this project;
 - iii. Evidence base supporting proposed new, innovative or expanded services, including sources; and
 - iv. Expected measureable population health outcomes to be addressed by new, innovative or expanded services (including baseline and target data and method that will be used to measure population health outcomes).
- 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.

3. Topic: Logic Model

Complete the logic model template below to describe the quarterly inputs, activities, outputs and overall expected outcome(s) for the proposed project for the entire Grant term July 1, 2020 through June 30, 2022.

Inputs: Describes/lists the resources, money, staff time, volunteers, facilities, equipment, etc. needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

Activities: Explains what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

Outputs: Describes what is produced as a result of the activities, explaining how the program uses its inputs to implement the proposed project which lead to the desired outcomes. Outputs measure what the program does and who the program reaches. Some examples include the number of workshops held, the number of counseling sessions conducted, the number of community outreach programs contacted.

Outcomes: Describes the results, changes or benefits for patients as a result of the program activities. Outcomes can be short term, medium term or long term.

| Project Period | Inputs | Activities | Outputs | Outcomes |
|-------------------------------|--------|------------|---------|----------|
| July 1, 2020 - Sept. 30, 2020 | | | | |
| Oct. 1, 2020 – Dec. 31, 2020 | | | | |
| Jan. 1, 2021 – March 31, 2021 | | | | |
| April 1, 2021 – June 30, 2021 | | | | |

| | | | | |
|--|--|--|--|--|
| July 1, 2021 – Sept. 30, 2021 | | | | |
| Oct. 1, 2021 - Dec. 31, 2021 | | | | |
| Jan.1, 2022 – March 31, 2022 | | | | |
| April 1, 2022 – June 30, 2022 | | | | |

4. 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. Medicaid (MA)
 - iii. Children’s Health Insurance Program (CHIP)
- c) A discounted sliding fee scale and an approved policy by Applicant’s Board of Directors (Board) 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% of poverty level. Please refer to Appendix 6 Bureau of Health Planning Discounted Sliding Fee Scale.
 - ii. The applicant’s 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% of the poverty level, the process for the applicant’s 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 care services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. Applicant’s Board approved policy regarding the provision of primary health care 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.

5. Topic: Project Impact

To complete the tables below, refer to Appendix 7 Community-Based Health Care Program Patient and Patient Visit Instructions which defines “patient” and “patient visits” and provides instructions for counting both. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: Provide realistic and supportable projections of the total number of unduplicated new patients during each year of the project period by coverage type in the format. Explain how these projections were determined describing **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% of total patients served.

| Coverage Type | Current # Patients (1/01/18-12/31/18) | Percent Patients Served (1/01 18-12/31/18) | Proposed # new Patients (7/01/20-6/30/21) | Proposed # new Patients (7/01/21-6/30/22) |
|---|---------------------------------------|--|---|---|
| Number of patients served with Medicare | | | | |
| Number of patients served with Medicaid (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. **Explain how these projections were determined describing the methodology used to create projections of proposed patient visit numbers.**

| Coverage Type | Current # Patient Visits (1/01/18-12/31/18) | Proposed # Patient Visits (7/01/20-6/30/21) | Proposed # Patient Visits (7/01/21-6/30/22) |
|--|---|---|---|
| Number of visits for patients with Medicare | | | |
| Number of visits for patients with Medicaid (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 | | | |

6. 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) Detailed plan for provider retention and recruitment
- f) 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)

7. 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

8. Additional Appendices (Attachment VI)

The following must be included:

- a) Signed letters of financial commitment for matching funds or dollar equivalent of in-kind services

- b) Signed letter of approval to use other Grant funds as matching funds, if applicable
- c) Resumes of the Director and staff proposed for the project. Please see references in 2. h and i.
- d) Position description for new or vacant key positions referenced in 2. j.
- e) Copy of discounted sliding fee scale and applicant's 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.

9. Budget Template (Attachment VII)

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, 2020 to June 30, 2022. The overall 24-month budget for the application shall not exceed \$250,000. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each year.

| | | Maximum Amounts |
|-----------------|-------------------------------|----------------------------|
| Overall Summary | July 1, 2020 to June 30, 2022 | \$250,000 |
| Year 1 Summary | July 1, 2020 to June 30, 2021 | \$125,000 |
| Year 2 Summary | July 1, 2021 to June 30, 2022 | \$125,000 |

10. Budget Justification (Attachment VIII)

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 logic model inputs, activities, outputs and outcomes (Section 3 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

11. Budget Definitions

- a) **Personnel:** This budget category 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 the services to be provided by each consultant including hourly rate and number of hours to be utilized under this Grant.

- c) **Subcontractor Services:** This budget category shall identify the services to be provided by each subcontractor under this Grant.
- 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 or greater. Justification for the purchase of any equipment must be included. Purchase of equipment is not a priority of the Department.
- 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.

12. 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 logic model inputs, activities, outputs and outcomes (Section 3 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
- Community Health Worker
- Case Manager, Nurse Case Manager
- Registered Dietician, Nutritionist
- b) Medical, Pharmacy and Behavioral Health 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 for Office Equipment
 - Office Supplies
 - Electronic medical record technology and equipment
 - Leasing of building space
 - Malpractice Insurance
 - Patient Education Materials
 - Mobile Clinic Equipment

Total infrastructure expenditures including renovations, office equipment and office supplies may not exceed 30% of total award amount.

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 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
Ambulance/ Medical Transportation services
- d) Advertising costs
- e) Costs for direct patient care, including but not limited to, hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees and prosthodontic fees

- f) Vehicle purchases
- g) Attendance at conferences, symposiums, meetings
- h) Purchase of journals, magazines, other publications
- i) Provider recruitment costs

13. 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**. It is highly recommended the 1:4 ratio be entered in the budget by line item in each budget category in which funding is requested.
- 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 name of 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 and value 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 signed 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 the delivery of services and access to reduce hospital emergency room utilization.

1. Topic: Project Overview (maximum of half page)

Please provide a brief overview of the proposed project describing the target population to be served, proposed services to be offered, how the Grant funds will be utilized and how the proposed project will increase access to primary health care for the uninsured, underinsured and underserved populations in the community.

2. Topic: Delivery of Primary Health Services

- a) Description of the applicant organization
- b) Geographical location of health care clinic with either:
 - i. Identification of PC HPSA or MUA/P located in, or;
 - ii. Identification of significant low income population that health care clinic serves;
 - iii. Description of the clinic site including address, building ownership, status of any lease agreement, if applicable;
 - iv. Description of any site renovations or modifications with a signed copy of the contractor's cost proposal; and
 - v. Conditions to be met and date for additional or expanded services to begin.
- c) Description of the population currently served by the health care clinic, including population health data such as health status, demographic, socio-economic and geographic. Include sources of data described.
- d) Description of community need for the development of an alternative health care delivery system to increase patient access to care and to reduce unnecessary hospital emergency room usage. Include data and sources to support the need.
- e) Description of proposed alternative health delivery system to be added through proposed project, to include:
 - i. Defined population to be targeted for proposed project (including population health data and sources).
 - ii. Description of new, innovative or expanded services proposed in this project.
 - iii. Evidence base supporting proposed new, innovative or expanded services, including sources.
 - iv. Expected measurable population health outcomes to be addressed by new, innovative or expanded services (including baseline and target data and method that will be used to measure population health outcomes).
 - v. Description of how project will measure and report upon reduction of hospital emergency room usage because of the project.

- vi. Description of all locations at which services will be provided and any organizations (and their role) that will participate in the proposed alternative health delivery system.
- 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. Include a description of his/her role in supervising and administering 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.

3. Topic: Logic Model

Complete the logic model template below to describe the quarterly inputs, activities, outputs and overall expected outcome(s) for the proposed project for the entire Grant term July 1, 2020 through June 30, 2022.

Inputs: Describes/lists the resources, money, staff time, volunteers, facilities, equipment, etc. needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

Activities: Explains what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

Outputs: Describes what is produced as a result of the activities, explaining how the program uses its inputs to implement the proposed project which lead to the desired outcomes. Outputs measure what the program does and who the program reaches. Some examples include the number of workshops held, the number of counseling sessions conducted, the number of community outreach programs contacted.

Outcomes: Describes the results, changes or benefits for patients as a result of the program activities. Outcomes can be short term, medium term or long term.

| Project Period | Inputs | Activities | Outputs | Outcomes |
|-------------------------------|--------|------------|---------|----------|
| July 1, 2020 - Sept. 30, 2020 | | | | |
| Oct. 1, 2020 – Dec. 31, 2020 | | | | |

| | | | | |
|--|--|--|--|--|
| Jan. 1, 2021 – March 31, 2021 | | | | |
| April 1, 2021 – June 30, 2021 | | | | |
| July 1, 2021 – Sept. 30, 2021 | | | | |
| Oct. 1, 2021 - Dec. 31, 2021 | | | | |
| Jan.1, 2022 – March 31, 2022 | | | | |
| April 1, 2022 – June 30, 2022 | | | | |

4. 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. Medicaid (MA)
 - iii. Children’s Health Insurance Program (CHIP)
- c) A discounted sliding fee scale and an approved policy by Applicant’s Board of Directors (Board) 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% of poverty level. Please refer to Appendix 6 Bureau of Health Planning Discounted Sliding Fee Scale Requirements.
 - ii. The applicant’s 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% of the poverty level, the process for the applicant’s 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 care services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. Applicant’s Board approved policy regarding the provision of primary health care 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.

5. Topic: Project Impact

To complete the tables below, refer to Appendix 7 Community-Based Health Care Program Patient and Patient Visit Instruction which defines “patient” and “patient visits” and provides instructions for counting both. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: Provide current number of unduplicated patients and realistic and supportable projections of unduplicated new patients during each year of the project period by coverage type in the format below. **Explain how these projections were determined describing 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% of total patients served.

| Coverage Type | Current # Patients (1/01/18-12/31/18) | Percent Patients Served (1/01/18-12/31/18) | Proposed # new Patients (7/01/20-6/30/21) | Proposed # new Patients (7/01/21-6/30/22) |
|---|---------------------------------------|--|---|---|
| Number of patients served with Medicare | | | | |
| Number of patients served with Medicaid (MA) (Medicaid) | | | | |
| 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 realistic and supportable projections of the total number of patient visits during each year of the project period by coverage type in the following format. **Explain how these projections were determined describing the methodology used to create projections of proposed patient visit numbers.**

| Coverage Type | Current # Patient Visits (1/01/18-12/31/18) | Proposed # Patient Visits (7/01/20-6/30/21) | Proposed # Patient Visits (7/01/21-6/30/22) |
|--|---|---|---|
| Number of visits for patients with Medicare | | | |
| Number of visits for patients with Medicaid (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 | | | |

6. 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) Detailed plan for practitioner recruitment and retention
- f) 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.)

7. 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

8. Additional Appendices (Attachment VI)

The following must be included:

- a) Signed letters of financial commitment for matching funds or dollar equivalent of in-kind services
- b) Signed letter of approval to use other Grant funds as matching funds, if applicable
- c) Resumes of the Director and staff proposed for the project. Please reference 2. g and h.
- d) Position description for new or vacant positions referenced in 2. i.
- 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.

9. Budget Template (Attachment VII)

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, 2020, to June 30, 2022. The overall 24-month budget for the application shall not exceed \$250,000. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each year.

| | | Maximum Amounts |
|-----------------|-------------------------------|----------------------------|
| Overall Summary | July 1, 2020 to June 30, 2022 | \$250,000 |
| Year 1 Summary | July 1, 2020 to June 30, 2021 | \$125,000 |
| Year 2 Summary | July 1, 2021 to June 30, 2022 | \$125,000 |

10. Budget Justification (Attachment VIII)

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 logic model inputs, activities, outputs and outcomes (Section 3 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.

11. Budget Definitions

- a) **Personnel:** This budget category 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 the services to be provided by each consultant including to hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify the services to be provided by each subcontractor under this Grant.
- 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 \$5,000. or greater. Justification for the purchase of any equipment must be included. Purchase of equipment is not a priority of the Department.
- 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 from Grant funding and therefore should not be included.

12. 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 logic model inputs, activities, outputs and outcomes. (Section 3 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
 Community Health Worker
 Case Manager, Nurse Case Manager
 Registered Dietician, Nutritionist

- b) Public transportation expenses that enable patients to utilize community-based health care clinic services
- 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
 - Clinic renovations (modification of interior office space to accommodate more equipment or additional patient services or both)
 - Copier Purchase
 - Computer/Printer Purchase
 - Telephone/Fax Machine Purchase
 - Rental Costs of Office Equipment
 - Clinic Supplies
 - Electronic medical record technology and equipment
 - Lease of building space
 - Malpractice Insurance
 - Patient Education Materials
 - Mobile Clinic Equipment

Total infrastructure expenditures including renovations, office equipment and office supplies may not exceed 30% of the total award amount.

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 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.
- d) Loan Repayment/Scholarships
- e) Real Estate purchases
- f) Construction of new buildings
- g) Ambulance/ Medical Transportation services
- h) Advertising costs
- i) Costs for direct patient care, including but not limited to hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees and prosthodontic fees
- j) Vehicle purchases and maintenance
- k) Attendance at conferences, symposiums, meetings
- l) Purchase of journals, magazines, other publications
- m) Provider recruitment costs

13. 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**. It is highly recommended the 1:4 ratio be entered in the budget by line item in each budget category in which funding is requested.
- 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 name of 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 and value 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 among community-based health care clinics, hospitals and other health care providers to improve transitions of care for 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 or specialty clinics or both.

1. Topic: Project Overview (maximum of half page)

Please provide a brief overview of the proposed project describing the target population to be served, proposed services to be offered, how the Grant funding will be utilized and how the proposed project will increase access to health care for the uninsured, underinsured and underserved populations in the community.

2. Topic: Project Description

A narrative description of the proposed project must include:

- a) Description of applicant organization
- b) Geographical location of health care clinic with:
 - 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
 - iii. Description of the site including address, building ownership, status of any lease agreement, if applicable
 - iv. Conditions to be met and date for additional or expanded services to begin
- c) Description of population currently served including population health data such as health status, demographic, socio-economic and geographic. Include sources of data described
- d) Description of current primary health services provided by health care clinic
- e) Description of other community health service providers including primary care clinics, hospitals and specialty care clinics in applicant health clinic service area
- f) Description of community need (including population health data and sources) for the development of collaborative relationships to enhance transitions of care for health care clinic patients seen in or admitted to hospitals and to develop referral mechanisms to establish a health clinic medical home for patients seen in the hospitals and specialty clinics
- g) Description of proposed project to include:
 - i. Defined patient population to be targeted for proposed project. Include population health data and sources
 - ii. Description of proposed new, innovative or expanded services proposed in this project.
 - iii. Evidence base supporting proposed new, innovative or expanded services including sources
 - iv. Other community health service providers that will collaborate in this project, the roles each provider will assume and the method that will be utilized to

- formally establish collaborative agreements between the applicant and other community health service providers
- v. Expected population health outcomes to be addressed by new, innovative or expanded services (including baseline and target data and method that will be used to measure population health outcomes).
 - h) Description of how total budget request (Grant funds and matching commitment) will be used.
 - i) Identification of the proposed director for this project including a brief description of the director's competencies related to the project. Include a description of his/her role in supervising and administering the project.
 - j) 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.
 - k) 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.

3. Topic: Logic Model

Complete the logic model template below to describe the quarterly inputs, activities, outputs and overall expected outcome(s) for the proposed project for the entire Grant term July 1, 2020 through June 30, 2022.

Inputs: Describes/lists the resources, money, staff time, volunteers, facilities, equipment, etc. needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

Activities: Explains what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

Outputs: Describes what is produced as a result of the activities, explaining how the program uses its inputs to implement the proposed project which lead to the desired outcomes. Outputs measure what the program does and who the program reaches. Some examples include the number of workshops held, the number of counseling sessions conducted, the number of community outreach programs contacted.

Outcomes: Describe the results, changes or benefits for patients as a result of the program activities. Outcomes can be short, medium or long term.

| Project Period | Inputs | Activities | Outputs | Outcomes |
|-------------------------------|--------|------------|---------|----------|
| July 1, 2020 - Sept. 30, 2020 | | | | |
| Oct. 1, 2020 – Dec. 31, 2020 | | | | |
| Jan. 1, 2021 – March 31, 2021 | | | | |
| April 1, 2021 – June 30, 2021 | | | | |
| July 1, 2021 – Sept. 30, 2021 | | | | |
| Oct. 1, 2021 - Dec. 31, 2021 | | | | |
| Jan.1, 2022 – March 31, 2022 | | | | |
| April 1, 2022 – June 30, 2022 | | | | |

4. 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. Medicaid (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% of poverty level. Please refer to Appendix 6 Bureau of Health Planning Discounted Sliding Fee Scale Requirements.
 - ii. The applicant’s 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% of the poverty level, the process for the applicant’s 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.

5. Topic: Project Impact

To complete the tables below, refer to Appendix 7 Community-Based Health Care Program Patient and Patient Visit Instructions which defines “patient” and “patient visits” and provides instructions for counting both.

TABLE 1 – PATIENT NUMBERS: Provide realistic and supportable projections of the total number of unduplicated **new** patients during each year of the project period by coverage type in the following format. Explain how these projections were determined describing the **methodology used to create these projections.*** 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% of total patients served.

| Coverage Type | Current # Patients (1/01/18-12/31/18) | Percent Patients Served (1/01/18-12/31/18) | Proposed # new Patients (7/01/20-6/30/21) | Proposed # new Patients (7/01/21-6/30/22) |
|---|---------------------------------------|--|---|---|
| Number of patients served with Medicare | | | | |
| Number of patients served with Medicaid (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 description of the methodology used to create these projections.

| Coverage Type | Current # Patient Visits (1/01/18-12/31/18) | Proposed # Patient Visits (7/01/20-6/30/21) | Proposed # Patient Visits (7/01/21-6/30/22) |
|--|---|---|---|
| Number of visits for patients with Medicare | | | |
| Number of visits for patients with Medicaid (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 | | | |

6. 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) Detailed plan for provider retention and recruitment
- f) 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.)

7. 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

8. Additional Appendices (Attachment VI)

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 the Director and staff proposed for the project. Please see reference 2. i and j.
- d) Position description for new or vacant positions referenced in 2. k.
- 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.

9. Budget Template (Attachment VII)

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, 2020, to June 30, 2022. The overall 24-month budget for the application shall not exceed \$50,000. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each year.

| | | Maximum Amounts |
|-----------------|-------------------------------|----------------------------|
| Overall Summary | July 1, 2020 to June 30, 2022 | \$ 50,000 |
| Year 1 Summary | July 1, 2020 to June 30, 2021 | \$ 25,000 |
| Year 2 Summary | July 1, 2021 to June 30, 2022 | \$ 25,000 |

10. Budget Justification (Attachment VIII)

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 logic model inputs, activities, outputs and outcomes (Section (3) above) to include:

- a) explanation of personnel expenses.
- b) explanation and justification for equipment and supplies.
- c) written estimates for equipment and supplies
- d) identification of consultants and contractors with written estimates.

11. Budget Definitions

- a) **Personnel:** This budget category 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 the services to be provided by each consultant including hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify the services to be provided by each subcontractor under this Grant.
- 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 \$5,000 or greater. Justification for the purchase of any equipment must be included. Purchase of equipment is not a priority of the Department.
- 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 from Grant funding and therefore should not be included.

12. 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 logic model 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
- Community Health Worker
- Case Manager, Nurse Case Manager
- Registered Dietician, Nutritionist
- b) Public transportation expenses that enable patients to utilize community-based health care clinic 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
 - Copier Purchase
 - Computer/Printer Purchase
 - Telephone/Fax Machine Purchase
 - Office Supplies
 - Electronic medical record technology and equipment

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.
- d) Loan Repayment/Scholarships
- e) Real Estate purchases
- f) Construction of new buildings
- g) Clinic renovations
- h) Ambulance/ Medical Transportation services
- i) Advertising costs
- j) Costs for direct patient care, including but not limited to hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees and prosthodontic fees
- k) Vehicle purchases and maintenance

- l) Attendance at conferences, symposiums, meetings
- m) Purchase of journals, magazines, other publications
- n) Provider recruitment costs

13. 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**. It is highly recommended the 1:4 ratio be entered in the budget by line item in each budget category in which funding is requested.
- 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 name of 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 and value 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 (Bureau) 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 101-200% 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 such as Medicare, Medicaid and private insurance carriers., 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 **specific practice site address** proposed in the application. 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-Certified (PA-C)

Certified Registered Nurse Practitioner (CRNP)

Certified Nurse Midwife (CNM)

Registered Nurse (RN)

General Dentist

Registered Dental Hygienist (RDH)

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 such as Medicare, Medicaid,, CHIP or Commercial Insurance
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 Program

Request for Applications (RFA) #67-90



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# 67-90

BID

TO: PA DEPARTMENT OF HEALTH
DIRECTOR, DIVISION OF PUBLIC HEALTH PROCUREMENT
BUREAU OF PROCUREMENT AND CONTRACT MANAGEMENT
SHARED SERVICES FOR HEALTH AND HUMAN SERVICES
ROOM 832, HEALTH AND WELFARE BUILDING
625 FORSTER STREET
HARRISBURG, PA 17120-0701

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 #67-90.

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

Directions for Category 1 can be found in Appendix 1, page 14.

Directions for Category 2 can be found in Appendix 2, page 23.

Directions for Category 3 can be found in Appendix 3, page 33.

Directions for Category 4 can be found in Appendix 4, page 42.

Directions for Category 5 can be found in Appendix 5, page 52.

RFA# 67-90
Attachment V

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 8, page 18.

Directions for Category 2-See Appendix 2, section 8, pages 27-28.

Directions for Category 3-See Appendix 3, section 8, pages 37-38.

Directions for Category 4-See Appendix 4, section 8, page 47.

Directions for Category 5-See Appendix 5, section 8, page 57.

BUDGET TEMPLATE

Directions for Category 1-See Appendix 1, section 9, page 18.

Directions for Category 2-See Appendix 2, section 9, page 28.

Directions for Category 3-See Appendix 3, section 9, page 38.

Directions for Category 4-See Appendix 4, section 9, page 47.

Directions for Category 5-See Appendix 5, section 9, page 57.

OVERALL BUDGET SUMMARY

(Insert Vendor Name)

(Insert SAP #)

July 1, 2020 - June 30, 2022

| 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 |

BUDGET SUMMARY

(Insert Vendor Name)

(Insert SAP #)

July 1, 2020 - June 30, 2021

| 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 | - | - | - | - | - |

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

RFA #67-90

(Insert Vendor Name)

(Insert SAP #)

July 1, 2020 - June 30, 2021

| Categories | Original Budget | Amendment Type & Number | Matching Funds | Full Project Costs |
|------------|-----------------|-------------------------|----------------|--------------------|
| | DOH | (Enter Funding Source) | | |

II. CONSULTANT SERVICES

| Consultants | Hourly Rate | Number of Hours | | | | |
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| Total | | | | | - | - |

III. SUBCONTRACT SERVICES

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| Total | | | | | - | - |

RFA #67-90

(Insert Vendor Name)

(Insert SAP #)

July 1, 2020 - June 30, 2021

| Categories | Original Budget | Amendment Type & Number | Matching Funds | Full Project Costs |
|------------|-----------------|----------------------------|----------------|-----------------------|
| | DOH | (Enter Funding Source) | | |

IV. PATIENT SERVICES

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| Total | - | - | - | - |

V. EQUIPMENT

| | Quantity | Unit Cost | | |
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VI. SUPPLIES

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| Total | | | - | - |

**RFA #67-90
BUDGET SUMMARY**

(Insert Vendor Name)
(Insert SAP #)
July 1, 2021 - June 30, 2022

| 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 | - | - | - | - | - |

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

RFA #67-90

(Insert Vendor Name)

(Insert SAP #)

July 1, 2021 - June 30, 2022

| Categories | Original Budget | Amendment Type & Number | Matching Funds | Full Project Costs |
|------------|-----------------|-------------------------|----------------|--------------------|
| | DOH | (Enter Funding Source) | | |

II. CONSULTANT SERVICES

| Consultants | Hourly Rate | Number of Hours | Original Budget | Amendment Type & Number | Matching Funds | Full Project Costs |
|--------------|-------------|-----------------|-----------------|-------------------------|----------------|--------------------|
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III. SUBCONTRACT SERVICES

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| Total | | | - | - | - | - |

RFA #67-90

(Insert Vendor Name)

(Insert SAP #)

July 1, 2021 - June 30, 2022

| Categories | Original Budget | Amendment Type & Number | Matching Funds | Full Project Costs |
|-----------------------------|-----------------|-------------------------|----------------|--------------------|
| | DOH | (Enter Funding Source) | | |
| IV. PATIENT SERVICES | | | | |
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| Total | - | - | - | - |

V. EQUIPMENT

| | Quantity | Unit Cost | | | |
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VI. SUPPLIES

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RFA #67-90
 (Insert Vendor Name)
 (Insert SAP #)
 July 1, 2021 - June 30, 2022

| Categories | Original Budget | Amendment Type & Number | Matching Funds | Full Project Costs |
|--------------------|-----------------|----------------------------|----------------|-----------------------|
| | DOH | (Enter Funding Source) | | |
| VII. TRAVEL | | | | |
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| VIII. OTHER COSTS | | | | |
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| TOTAL | - | - | - | - |
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BUDGET JUSTIFICATION

Directions for Category 1-See Appendix 1, section 10, page 19.

Directions for Category 2-See Appendix 2, section 10, page 28.

Directions for Category 3-See Appendix 3, section 10, page 38.

Directions for Category 4-See Appendix 4, section 10, page 47.

Directions for Category 5-See Appendix 5, section 10, page 57.

RFA # 67-90

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.

PROGRAM SPECIFIC PROVISIONS

I. NONDISCRIMINATION/SEXUAL HARASSMENT CLAUSE.

The following language replaces Paragraph 35 of the Standard General Terms and Conditions (Rev. 2/15) in its entirety:

The Grantee agrees:

- A. In the hiring of any employee(s) for the manufacture of supplies, performance of work, or any other activity required under the Grant Agreement or any subgrant Agreement, Contract, or subcontract, the Grantee, a subgrantee, a Contractor, a subcontractor, or any person acting on behalf of the Grantee shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the *Pennsylvania Human Relations Act* (PHRA) and applicable Federal laws, against any citizen of this Commonwealth who is qualified and available to perform the work to which the employment relates.
- B. The Grantee, any subgrantee, Contractor or any subcontractor or any person on their behalf shall not in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable Federal laws, against or intimidate any of its employees.
- C. Neither the Grantee nor any subgrantee nor any Contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable Federal laws, in the provision of services under the Grant Agreement, subgrant Agreement, Contract or subcontract.
- D. Neither the Grantee nor any subgrantee nor any Contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate against employees by reason of participation in or decision to refrain from participating in labor activities protected under the *Public Employee Relations Act*, *Pennsylvania Labor Relations Act* or *National Labor Relations Act*, as applicable and to the extent determined by entities charged with such Acts' enforcement, and shall comply with any provision of law establishing organizations as employees' exclusive representatives.
- E. The Grantee, any subgrantee, Contractor or any subcontractor shall establish and maintain a written nondiscrimination and sexual harassment policy and shall inform their employees in writing of the policy. The policy must contain a provision that sexual harassment will not be tolerated and employees who practice it will be disciplined. Posting this Nondiscrimination/Sexual Harassment Clause conspicuously in easily-accessible and well-lighted places customarily frequented by employees and at or near where the Grant services are performed shall satisfy this requirement for employees with an established work site.
- F. The Grantee, any subgrantee, Contractor or any subcontractor shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable Federal laws, against any subgrantee, Contractor, subcontractor or supplier who is qualified to perform the work to which the Grant relates.
- G. The Grantee and each subgrantee, Contractor and subcontractor represents that it is presently in compliance with and will maintain compliance with all applicable Federal, state, and local laws and regulations relating to nondiscrimination and sexual harassment. The Grantee and each subgrantee, Contractor and subcontractor further represents that it has filed a Standard Form 100 Employer Information Report ("EEO-1") with the U.S. Equal Employment Opportunity Commission ("EEOC") and shall file an annual EEO-1 report with the EEOC as required for employers' subject to *Title VII* of the *Civil Rights Act of 1964*, as amended, that have 100 or more employees and employers that have Federal government Contracts of first-tier subcontracts and have 50 or more employees. The Grantee, any subgrantee, any Contractor or any

subcontractor shall, upon request and within the time periods requested by the Commonwealth, furnish all necessary employment documents and records, including EEO-1 reports, and permit access to their books, records, and accounts by the granting agency and the Bureau of Diversity, Inclusion and Small Business Opportunities for purpose of ascertaining compliance with the provisions of this Nondiscrimination/Sexual Harassment Clause.

- H. The Grantee, any subgrantee, Contractor or any subcontractor shall include the provisions of this Nondiscrimination/Sexual Harassment Clause in every subgrant Agreement, Contract or subcontract so that those provisions applicable to subgrantees, Contractors or subcontractors will be binding upon each subgrantee, Contractor or subcontractor.
- I. The Granter's and each subgrantee's, Contractor's and subcontractor's obligations pursuant to these provisions are ongoing from and after the effective date of the Grant Agreement through the termination date thereof. Accordingly, the Grantee and each subgrantee, Contractor and subcontractor shall have an obligation to inform the Commonwealth if, at any time during the term of the Grant Agreement, it becomes aware of any actions or occurrences that would result in violation of these provisions.
- J. The Commonwealth may cancel or terminate the Grant Agreement and all money due or to become due under the Grant Agreement may be forfeited for a violation of the terms and conditions of this Nondiscrimination/Sexual Harassment Clause. In addition, the granting agency may proceed with debarment or suspension and may place the Grantee, subgrantee, Contractor, or subcontractor in the Contractor Responsibility File.

II. ADDITIONAL PROVISIONS RELATING TO NONDISCRIMINATION/SEXUAL HARASSMENT.

The following language replaces Paragraph 36 of the Standard General Terms and Conditions (Rev. 2/15) in its entirety:

The Grantee agrees:

- A. In the hiring of any employee(s) for the manufacture of supplies, performance of work, or any other activity required under the Contract or any subcontract, the Contractor, each subcontractor, or any person acting on behalf of the Contractor or subcontractor shall not discriminate by reason of religion, age, handicap or national origin, against any citizen of this Commonwealth who is qualified and available to perform the work to which the employment relates.
- B. Neither the Contractor nor any subcontractor or any person on their behalf shall in any manner discriminate against or intimidate any of its employees on account of religion, age, handicap or national origin.
- C. The Grantee, any subgrantee, Contractor or any subcontractor shall not discriminate by reason of religion, age, handicap or national origin against any subgrantee, contractor, subcontractor or supplier who is qualified to perform the work to which the contracts relates.
- D. The Contractor and any subcontractors shall ensure that any services or benefits available to the public or other third parties by way of this Contract shall not be denied or restricted for such persons due to race, creed, color, religion, gender, sexual orientation, gender identity or expression, age, handicap, or national origin (national origin protections include persons who are limited English proficient) consistent with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, The Age Discrimination Act of 1975, applicable provisions of the Omnibus Reconciliation Act of 1981 and Pennsylvania Management Directive 215.16.
- E. The Contractor and each subcontractor shall furnish all necessary employment

documents and records to and permit access to its books, records, and accounts by the contracting officer and the Department of General Services' Bureau of Diversity, Inclusion and Small Business Opportunities for purposes of investigation to ascertain compliance with the provisions of this Additional Provisions relating to Nondiscrimination/Sexual Harassment Clause. If the Contractor or any subcontractor does not possess documents or records reflecting the necessary information requested, it shall furnish such information on reporting forms supplied by the contracting officer or the Bureau of Diversity, Inclusion and Small Business Opportunities.

- F. The Commonwealth may cancel or terminate the Grant Agreement and all money due or to become due under the Grant Agreement may be forfeited for a violation of the terms and conditions of this Section II, Additional Provisions Relating To Nondiscrimination/Sexual Harassment Clause. In addition, the granting agency may proceed with debarment or suspension and may place the Grantee, subgrantee, Contractor, or subcontractor in the Contractor Responsibility File.

III. MINIMUM PERSONAL COMPUTER HARDWARE, SOFTWARE, AND PERIPHERALS REQUIREMENTS (REV. 1/19)

In accordance with the Department's Bureau of Informatics and Information Technology standards:

- A. The Contractor shall adhere to the minimum specifications for all personal Computer purchases or leases made with funds involved with this Contract. The Department's standards are specifically addressed in paragraph D below.
- B. If the Contractor has an exclusive vendor, obtained through a competitive bidding process, from whom all office equipment and related items are purchased, the Contractor shall utilize said vendor. If such exclusive vendor is not used by the Contractor, then three competitive price estimates shall be procured and documented by the Contractor before the personal computer hardware and software shall be purchased. A letter stating which of the above methods is used to satisfy this requirement shall be forwarded to the program staff at the Department within 30 days of the aforementioned purchase. This section supersedes Paragraph 37A of the incorporated document entitled, "Standard General Terms and Conditions" (Grant Agreement) or Paragraph 24A of the incorporated document entitled, "Additional Contract Terms and Conditions" (Contract Agreement).
- C. The Contractor shall be responsible for returning any personal computer hardware, software, and peripherals to the Department within 120 days of the Contract's termination. Should the parties agree to extend the Contract term, or enter into a new Contract, either of which shall only be evidenced by further written agreement, the Contractor may be allowed to continue to maintain possession of said equipment at the Department's discretion.
- D. The parties agree that during the Contract term, the minimum computer configurations shall be in accordance with the current Commonwealth minimum personal computer configurations in effect at the time of the computer purchase to ensure compatibility with the Commonwealth network. The minimum personal computer configurations are as follows:

- Intel Core i7-7700 Processor (8M Cache, up to 4.20 GHz)
- 8 Gigabytes (GB) of RAM
- 256 Gigabytes (GB) Solid State Drive
- 23" FP Monitor
- Intel Gigabit LAN 10/100/1000 Network Interface Card (NIC)
- USB Windows keyboard
- USB Optical mouse
- Sound bar

Windows 10
64-bit Operating System

- E. Contractor shall use Industry Best Practices to secure and protect personal computer systems including but not limited to the use of virus protection, firewall, spyware and intrusion detection software and keep such software up to date with current recommended updates.
- F. Contractor shall keep all Personal Computer Operating Systems and third (3rd) Party Personal Computer Software patched with manufacturer recommended critical security patches.
- G. Contractor shall use Industry Best Practices to backup, secure and protect all data collected on personal computer systems on behalf of the Commonwealth. Contractor shall ensure that for all confidential or protected data that the Commonwealth requirements for encryption of data are met. Refer to Commonwealth Information Technology Policies Bulletins for Security at:

<https://itcentral.pa.gov/Pages/IT-Policies.aspx>

- H. Personal Computers under this Contract that connect with Commonwealth Information Technology systems or that may during their lifecycles connect with those systems must comply with applicable standards published by the Commonwealth in their Information Technology Bulletins (IFBs) which can be found at the following location:

<https://itcentral.pa.gov/Pages/IT-Policies.aspx>

If there is a need to deviate from these standards/policies, Contractor seeking a waiver must contact the Project Officer.