State Fiscal Year 2023

Community Based Primary Care Clinic (CBPCC)

Grant Application

Submission Instructions

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This document was created by the Office of Primary Care & Rural Health to guide new and returning CBPCC grantees through the process of completing the application.

SUBMISSION DEADLINE AND REQUIRED SUBMISSION COMPONENTS

ALL APPLICANTS must submit the SFY 2023 Community-based Primary Care Clinic (CBPCC) Aid-to- Local Grant application and all required attachments on Kansas Grant Management System website (KGMS). All questions in the CBPCC Grant application should be answered fully to receive the best possible score. Application scores are part of the funding formula and may affect your overall funding amount. All grant application materials (described in detail in this document) must be submitted by 12:00pm (CST), March 11, 2022. No late applications will be accepted.

Applications, grant signature page and all required attachments can be found on the Kansas Grant Management System website or on the Resource page for the Community Based Primary Care Providers.

ALL APPLICANTS must attend an application training hosted by Community Care Network of Kansas prior to submitting the Aid-to-Local Grant application. Contact kdhe.primarycare@ks.gov for more information on the application training.

ALL APPLICANTS must verify that they meet all 6 program criteria though submitted materials. Criteria is listed on page 11 of this guide. Please contact kdhe.primarycare@ks.gov with any questions on eligibility.

RETURNING CLINICS: In addition to the Aid-to-Local Application, submission of patient utilization and clinical and business measures is required through the online Quality Reporting System [QRS].

The following clinical measures are required:

Clinical Measures

- Diabetic Patients-Poor Control or No Testing
- Controlling High Blood Pressure
- Tobacco Use Screening and Cessation
- BMI Screening and Follow Up Plan
- Wt. Assessment and Counselling for nutrition and Physical Activity for Children and Adolescents

Dental Measures

- Emergency Services
- Oral Exams
- Prophylaxis
- Sealants
- Fluoride Treatment
- Oral Surgery
- Rehab Services
- Restorative Services
- Sealants (6-9-year old
  - The following patient utilization data is required:
  - Total, Unduplicated ALL Patients
  - Total, Unduplicated Medical Services Patients Total, Unduplicated Dental Patients

- Percent of ALL Unduplicated Patients with "Unknown Income Level" (If percent of unknown is more than 25%, clinics will be expected to provide explanation)
- Percent of ALL Unduplicated Patients with Income under 100% FPL Percent of ALL Unduplicated Patients with Income at/below 200% FPL
- Total Medical Services Visits
- Total Dental Visits

Returning Application Checklist

Due date	Item/Application Training
March 11, 2022 12:00 p.m.	Online application, including supplemental documents
March 11, 2022 12:00 p.m.	Grant signature page uploaded in KGMS
March 15, 2022 5:00 p.m.	Patient and Visit data in QRS

NEW APPLICANTS (Clinics who were not funded in the previous year): Intent to apply requests must be emailed to the Office at kdhe.primarycare@ks.gov no later than February 15, 2022. Entities must include the following information/items when submitting their intent to apply:

- Physical address of clinic
- Short description of the geographic area it services (no more than 2 to 3 sentences)
- Name and contact information (phone and email) of the clinic's administrator/director
- Primary and Secondary point of contact (name, title, phone and email)
- Proof of not-for-profit or publicly-funded status
- Copy of clinic's policy of non-discrimination in the provision of health care services, including but not limited to race, ethnicity, religion, or national origin.
- Copy of sliding fee scale policy and procedure.
- New clinics will receive a new applicant packet from the Office upon receipt of the organization's written request indicating their intent to apply.
- Complete and submit the CBPCC New Applicant Packet to the Office of Primary Care and Rural Health via email. The New Applicant Packet must be received by the Office no later than March 1, 2022.
- Upon receipt of the above items, the Office will review the documentation to ensure the new applicant meets qualifications to apply for the CBPCC Grant Program and will provide a response back within 3 to 4 business days. Qualified applicants will be provided with username and password to access Kansas Grant Management System (KGMS). All new administrators, please email Karen Kelley to receive information about accessing the Kansas Grant Management System (KGMS).
- After receiving KGMS access, new clinics must complete the online application and budget, including all required attachments. A list of required supplemental documentation can be found on page 9 of this document.
- Clinics must also submit patient and visit data via a survey tool supplied by the Office of Primary Care and Rural Health. Report the following aggregate Patient & Visit data reflecting calendar years 2019, 2020, and 2021:
  - Total, Unduplicated ALL Patients
  - Total, Unduplicated Medical Services Patients Total, Unduplicated Dental Patients
  - Percent of ALL Unduplicated Patients with "Unknown Income Level" (If percent of unknown is more than 25%, clinics will be expected to provide explanation)
  - Percent of ALL Unduplicated Patients with Income under 100% FPL Percent of ALL Unduplicated Patients with Income at/below 200% FPL
  - Total Medical Services Visits
  - Total Dental Visits

New Applicant Checklist

Due date	Item/Application Training
February 15, 2022 5:00 p.m.	Intent to apply
March 1, 2022 5:00 p.m.	New applicant packet
March 11, 2022 12:00 p.m.	Online application, including supplemental documents
March 11, 2022 12:00 p.m.	Grant signature page uploaded in KGMS
March 11, 2022 5:00 p.m.	Patient and Visit data

APPLICATION

A grant signature page is required to be uploaded within KGMS, separately from the application. This document must be signed by the clinic administrator/director, and the president/chairmen of the local board of health or board of directors. The grant signature page is required for all applications.

Section 1: Local Community Data

Section 1 of the application covers local community data. This section focuses on the clinic's involvement in providing care to the most underserved and vulnerable population in the community. All applicants must complete this section.

Application Group: Applicants are asked to select the options that apply to them in filling out the application, including new or returning applicant and which services the clinic is requesting funding for (primary care and/or dental).

Introduction: This is the clinic's opportunity to provide the selection committee a full vision of your clinic, including location, history, mission, and services.

Question 1 – Clinic CEO name and email

Question 2 – Clinic CBPCC Grant Administrator name and email

Question 3 – Clinic in rural or frontier county

Question 4 – How many clinic visits were provided to patients at or below 200% FPL during the 2021 calendar year?

Question 5 – What was the total value of services provided at no, or reduced cost, in calendar year 2021 based on costs of reasonable and customary care for your area?

Question 6 – What was the total value of charitable care write-off in the calendar year 2021? Charitable care write-offs include financial assistance _not including_ sliding fee scale. (See glossary)

Question 7 – What criteria does your clinic use to determine charitable care eligibility? If available, please upload your policy under the "Upload" tab along with your response. *This should not be a description of the clinic's sliding fee scale. The clinic's policy on charitable care and sliding fee scale should both be uploaded to the "upload" tab.*

Question 8 – Describe how your clinic promotes and informs clinic patients about your sliding fee scale policy. (See glossary)

Question 9 – What was the total dollar value of bad debt write-off in the calendar year 2021? Bad

debt write-offs are balances that you chose to write-off and not pursue further.

Question 10 – Select all pharmacy programs offered by the Clinic. (Such as 340B Program, Unused Medication Repository, In-House Contracted, In-House Owned, Contract with Outside agency, Pharmaceutical Prescription Assistance Program (PPAP), None, Other(s) with explanation)

Question 11 – What services does your clinic offer? (Such as Behavioral Health Services (mental health/SUD), Dental Care, Pharmacy, Primary Medical Care, Language Interpreter, Transportation, Vision, None, Other(s) with explanation)

Question 12 – What services does your clinic offer outside of the clinic? (Such as Public Housing services, School-based services, food bank, Title X, legal services, utility assistance, WIC, Homeless Shelter, Nursing Homes, Medicaid Eligibility, None, Other(s) with explanation)

Question 13 – What services does your clinic makes referrals to? (Community agencies, Specialty Services, Veterans Affairs, Medicaid Eligibility, Domestic Violence/Sexual Assault, Title X, Legal Services, Dental, Primary, Behavioral Health, Nursing Facilities, None, Other(s) with explanation)

Question 14 – Describe any circumstances that may have impacted your clinic in conducting activities or reporting accurate, applicable clinical and financial measures. *This is your clinic's opportunity to share with the selection committee any unexpected barriers **or** successes that occurred in the previous FY that affected any numbers or activities*.

Section 2: Primary Medical Care Funding Request

Applicants requesting funds to support <u>general primary care services</u> must complete this section.

Question 1 – Describe clinic's activities/efforts related to care coordination and/or patient- centered medical home. (See glossary)

Question 2 – Identify clinic's medical services and patient reach trends over past 3 years and the factors which affect clinic's trend in the number of visits complete and patients seen. Please include data to reflect the trend.

Question 3 – Describe the vulnerable and underserved population that the clinic serves and the clinic's outreach activities to engage these populations and promote the use of its services. What tools does your clinic utilize to assess community need?

Question 4 – Describe clinic's patient educational and health promotion activities that focus on vulnerable and underserved population.

Questions 5 – Define at least one goal/objective for the grant year. Each objective should be SMART. (See glossary)

Question 6 – Describe the clinic's planned activities to accomplish the objective(s) listed in question 5. (See glossary)

Questions 7 – Describe how the clinic will measure progress **and** results/outcomes of the activities in question 6. *How do you know when you are there?*

Questions 8 – Describe a QRS Measures-related quality improvement (QI) activity that was implemented by the clinic in the past calendar year. This should be one of the 14 measures listed (see the Glossary and Resources section of this document).

Question 9 – Describe, with measurable data, what QRS quality improvement measures were improved in the past calendar year.

Questions 10 – Describe a QRS Measures-related quality improvement (QI) activity planned by the clinic in the next calendar year.

Question 11 – Describe any participation in statewide quality improvement activities. Please include Accountable Care Organization (ACO), statewide, or national initiatives such Kansas Healthcare Collaborative (KHC)/ Hospital Improvement Innovation Network (HIIN) and Kansas Clinical Improvement Collaborative.

Question 12 – Describe how access to these grant funds will improve patient outcomes and affect your clinic and patient population.

Section 3: Dental Assistance Funding Request

Applicants requesting funds to support <u>dental/oral health services</u> must complete this section.

Question 1 – Describe clinic activities and/or efforts to integrate primary care and dental health services.

Question 2 – Identify clinic's dental services and patient reach trends over the past 3 years and the factors which affect clinic's trend in the number of visits completed and patients seen. Please include data to reflect the trend.

Question 3 – Describe the vulnerable and underserved population that your clinic serves and your clinic's outreach activities to engage these populations and promote the use of your clinic's services. What tools does your clinic utilize to assess community need?

Question 4 – Describe clinic's patient education and dental/oral health promotion activities.

Questions 5 – Define at least one goal/objective for the grant year. Each objective should be SMART. (See glossary)

Question 6 – Describe your clinic's planned activities to accomplish the objective(s) listed in question 5. (See glossary)

Questions 7 – Describe how the clinic will measure progress **and** results/outcomes of the activities in question 6. *How do you know when you are there?*

Questions 8 – Describe what QRS Measures-related quality improvement (QI) activity was implemented by the clinic in the past calendar year. This should be one of the 14 measures listed (see glossary).

Question 9 – Describe, with measurable data, what QRS quality improvement measures were improved in the past calendar year.

Questions 10 – Describe a QRS Measures-related quality improvement (QI) activity planned by your clinic in the next calendar year.

Question 11 – Describe any participation in quality improvement activities. Please include working groups, Accountable Care Organization (ACO), statewide, or national initiatives such Kansas Healthcare Collaborative (KHC)/ Hospital Improvement Innovation Network (HIIN) and Kansas Clinical Improvement Collaborative, or Kansas Mission of Mercy.

Question 12 – Describe how access to these grant funds will improve patient dental outcomes and affect your clinic and patient population.

Section 4: Appointment Data

Question 1-2: Wait-time (in calendar days) for new and returning *medical* patient to be seen for a routine, non-urgent appointment.

Question 3-4: Wait-time (in calendar days) for new and returning *dental* patient to be seen for a routine, non-urgent appointment.

Comments- Please share any information/activities to support/clarify wait-times.

Section 5: QRS Measures Reporting Requirements

All clinics are required to report all mandatory medical and dental clinical measures regardless of the funding amount. Free-standing dental clinics are exempt from reporting medical measures and clinics with no dental funding are exempt from reporting dental measures.

Question 1– Select the QRS Measures Collected in Previous Year

Question 2 – Select all the applicable QRS Measures to be collected this year.

Required QRS Measures

Clinical Measures

- Diabetic Patients-Poor Control or No Testing
- Controlling High Blood Pressure
- Tobacco Use Screening and Cessation
- BMI Screening and Follow Up Plan
- Wt. Assessment and Counselling for nutrition and Physical Activity for Children and Adolescents

Dental Measures

- Emergency Services
- Oral Exams
- Prophylaxis
- Sealants
- Fluoride Treatment
- Oral Surgery
- Rehab Services
- Restorative Services
- Sealants (6-9-year old)

Section 6: Attachments

All applicants are required to upload the documents requested in the attachments section. The documents are available for download on the Help tab in KGMS and the [resources webpage for CBPCC](). Please upload each file using "file title_Your Clinic Name," such as *"CommunityEngagementExamples_KDHE."*

- *In-Kind Contributions:* This form is only applicable to applicants reporting non- cash/in- kind donations to meet the 1:1 local match requirement.
- *Community Engagement Examples:* Please upload examples of your clinic's community engagement projects supporting questions 3 & 4, not to exceed 5 pages.
- *Sliding fee scale policy and procedure.* Images of this posted should also be included.
- Proof of not-for-profit or publicly funded status Images of this posted and any additional supporting documents.
- *Operating Budget:* This form requests total program revenue and expenses.
- Local Match Worksheet: This form requests match fund sources.
- *Clinic Site Table:* This form requests demographic information on all clinics in your organization.
- *Charitable Care Policy:* if not applicable please upload a document stating as such.
- *Bad Debt Policy:* Policy regarding collection of bad debt.

Glossary and Resources

Care Coordination – The deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services. (Section 2, question 1)

- [Care Coordination in Rural Communities, RUPRI Health Panel]()
- [HRSA integration of Oral Health and Primary Care Practice Resource Guide]()

Patient-Centered Medical Home – A care delivery model whereby patient treatment is coordinated through their primary care physician/provider to ensure they receive the necessary care when and where they need it, in a manner they can understand. (Section 2, question 1)

- [Patient-Centered Primary Care Collaborative, Defining the Medical Home]() [Overview of the Patient-Centered Medical Home, KU Center for Children]() [& Families]()

Quality Improvement (QI) – consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. Section 1, question 14; Section 2, questions 8, 9, 10; Section 3, questions 8, 9, 10)

Sliding Fee Discount – Discount applied to fee schedule, which adjusts fees based on patient's ability to pay, as based on their income. (Section 1, questions 6, 7, 8)

SMART objective – objectives that are specific, measurable, achievable, realistic, and timely. (Section 2, question 5; Section 3, question 5).

- Develop SMART Objectives, CDC Creating Objectives, Community Toolbox SMART Objectives, Minnesota Department of Health

Eligibility Criteria and Quality Rating System (QRS) Measures

Eligibility Criteria

- The clinic is a not-for-profit or publicly-funded primary care clinic that offers comprehensive primary care health services, or dental health services.

- The clinic serves any person regardless of the ability to pay. Review your policies and make sure that your staff are facilitating patients into care regardless of the ability to pay.

- The clinic offers a sliding fee discount based upon household income and family size. For more information on Sliding Fee Scale Policies consult the HRSA National Health Service Corps website https://nhsc.hrsa.gov/downloads/nhsc-sites/nhsc-sliding-fee-discount-program.pdf or the Community Health Center website https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-9.html#titletop. Sliding Fee Schedule Policy must be documented and available upon request. Clinic has publicly posted signage and supports to communicate the availability of the sliding fee scale to eligible patients.

- Ten percent of the clinic's total unduplicated patients at or below 200% of federal poverty level (FPL) receives a sliding fee scale discount.

- The total unduplicated patients of an eligible clinic must, at a minimum, mirror the disparities present in the county being served. The proportion of unduplicated patients served during the grant period at or below 200% FPL is equal to or greater than the proportion of county residents at or below 200% FPL.

- Submission of accurate and complete QRS data for the previous calendar year. Grantees must also sign a data release with Community Care Network of Kansas so that KDHE can access and utilize the QRS data in the funding formula.

INFORMATION

Primary Care Office: **kdhe.primarycare@ks.gov**

- Vacant, Program Analyst, vacant
- Caroline Wroczynski, Primary Care and Rural Health Coordinator, Caroline.Wroczynski@ks.gov
- Amy Swanson, Director, Community Health Access Section Director, Amy.S.Swanson@ks.gov
- Kevin Shaughnessy, Budgeting Technical Assistance, Kevin.Shaughnessy@ks.gov
- Karen Kelley- KGMS Technical Assistance, Karen.Kelley@ks.gov