

## **COMMUNITY-BASED PRIMARY CARE CLINIC GRANT PROGRAM**

The Community-based Primary Care Clinic (CBPCC) program assists clinics in improving access to quality health care with an emphasis on community-based services and reducing health disparities for underserved populations. Grant funds are intended to make primary medical and dental care, prescription drugs, and preventive health care services accessible and affordable to underserved Kansas residents, including uninsured individuals and those enrolled in public insurance programs that are operated by the State of Kansas and/or federal government with eligibility based on income (KanCare).

### **REPORTING REQUIREMENTS**

The PCO reserves the right to review any documentation relevant to the award, including organization bylaws, clinic policies, strategic plan, Board of Directors' minutes and other information. Awarded clinics are expected to meet the following reporting requirements in a timely manner:

#### **Fiscal Requirements:**

- Fiscal control and accounting procedures must exist to assure the proper disbursement and accounting of funds.
- Bookkeeping accounts should be established and maintained reflecting all services, charges, receipts, obligations, and revenue, including non-cash contributions and disbursement of grants and local funds.
- Grantees are fully responsible for providing workers' compensation, unemployment insurance, and Social Security coverage for paid employees.
- The grantee is also responsible for income tax deductions and for providing any benefits required by law for those employees who are paid using these funds.
- All clinics receiving state funds must, at minimum, have a fiscal report performed by an outside fiscal entity at the end of each grant year.
- Clinics must submit a copy of this fiscal report or audit with auditor's management letter and clinic response to KDHE within 12 months of the end of the fiscal year.
- Additional program and/or revised budget information may be requested after funds are awarded and prior to issuance of the contract to ensure that all KDHE requirements are met.

### **Expenditure/Financial Reporting:**

Grantees are required to submit Financial Status Reports according to the KDHE quarterly reporting schedule. Grant payments will not occur until the quarterly financial status reports have been received and approved by KDHE.

- 1<sup>st</sup> Quarter (July 1 to September 30) FSR Report **DUE October 15**
- 2<sup>nd</sup> Quarter (October 1 to December 31) FSR Report **DUE January 15**
- 3<sup>rd</sup> Quarter (January 1 to March 31) FSR Report **DUE April 15**
- 4<sup>th</sup> Quarter (April 1 to June 30) FSR Report **DUE July 15**

### **Progress Reporting:**

Grantees are required to submit Progress Reports according to the KDHE reporting schedule. Failure to deliver progress reports will result in delay of grant payments:

Progress Report (1) **DUE by November 15**

Progress Report (2) **DUE by March 15** (the annual grant application will count as this progress report)

Progress Report (3) **DUE by July 15**

Details on progress report requirements will be released via CBPCC list serve and email blasts around the first of the month prior to the month the progress report is due (e.g. details will be released around October 1 for the November 15 progress report). Please report any changes in contact information promptly. To subscribe to the CBPCC mailing list, [click here](#) or contact [kdhe.primarycare@ks.gov](mailto:kdhe.primarycare@ks.gov).

### **Patient Satisfaction Survey:**

All grantees are required to assess, at least annually, client/patient satisfaction by providing clinic users with a satisfaction survey that can be completed anonymously.

### **Quality/Data Reporting:**

Grantees must submit aggregated patient and visit data and quality reporting measures through the online QRS tool managed by CCNK in order to be in compliance with their grant. Patient and visit data should include:

- 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 Service Visits
- Total Dental Visits
- Total number of patients that received a slide of costs using the Sliding Fee Discount Scale
- Percent of Total Patients Receiving Sliding Fee Discount
- Sliding Fee Discount Total

The deadline for reporting Patient/Visits Data is **March 31**. New applicants must submit data reflecting three calendar years. Returning clinics DO NOT have to re-enter previous year’s data.

Clinics receiving CBPCC funds for “dental assistance” services are required to report the dental clinic measures. The list of mandatory clinical measures for reporting are located on [KDHE](#) website.