# Community-Based Primary Care Clinic Grant Program Eligibility, Reporting, Compliance and Funding Requirements

The Kansas Legislature appropriates state general funds to assist in the development and operation of clinics that focus on improving access to quality health care with an emphasis on community-based services and reducing health disparities for underserved populations. The Community-Based Primary Care Clinic (CBPCC) Grant Program is a competitive funding opportunity, administered by the Kansas Department of Health and Environment (KDHE).

Grant funds are intended to make primary medical and dental care, prescription drugs, and preventative 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.

The legislatively-approved allocation of funds for the CBPCC Grant Program will be programmatically apportioned to include general primary care, dental, and/or prescription assistance activities. Geographic considerations may be taken into account when making award decisions.

## ELIGIBILITY REQUIREMENTS

Clinics applying for state CBPCC Grant Program funding are expected to serve as “safety net” clinics in their communities. A clinic must meet the following eligibility requirements:

1. Criteria 1: The clinic is a not-for-profit or publicly-funded primary care clinic that offers comprehensive primary care health services, or dental health services.
2. Criteria 2: 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.
3. Criteria 3: 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 or the Community Health Center website. Sliding Fee Schedule Policy must be documented and available upon request. The clinic has publicly posted signage and supports to communicate the availability of the sliding fee scale to eligible patients.
4. Criteria 4: Ten percent of the clinic’s total unduplicated patients at or below 200% of federal poverty guidelines receives a sliding fee scale discount.
5. Criteria 5: The total unduplicated patients of an eligible clinics must, at a minimum, mirror the disparities present in the county being served. The proportion of unduplicated patients served in 2018 at or below 200% FPL is equal to or greater than the proportion of county residents at or below 200% FPL. For example, 31.8% of Shawnee County residents are at or below 200% of FPL in the most recent census data. To meet this criterion, a clinic with the main location in Shawnee County must serve at least 31.8% of their unique patients at or below 200% FPL. Clinics must provide a summary of actual patient FPL counts based on documented individual income and family size. Please do not include estimates or samples.
6. Criteria 6: 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. Clinics receiving CBPCC grant funds apply annually during the Aid-to-Local application cycle, open during the first quarter of each calendar year. Applications are completed electronically through KDHE web-based

system, Kansas Grant Management System.

## REPORTING REQUIREMENTS

Clinics awarded the CBPCC Grant funding must follow the reporting requirements outlined below.

1. Submit quarterly financial status reports (FSR) according to the reporting schedule provided by KDHE.
2. Complete mid-year and year-end progress report deliverables as instructed by KDHE's Office of Primary Care and Rural Health.
3. Collect and report annual clinical data, business measure data, and necessary patient information and report patient counts by income level and payor type through the online Quality Reporting System (QRS).

## 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.

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

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.

## 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. Please report any changes in contact information promptly. To subscribe to the CBPCC mailing list contact kdhe.primarycare@ks.gov.

## 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 Patients
- Total, Unduplicated Medical Services Patients
- Total, Unduplicated Dental Patients
- Percent of unduplicated Patients with "Unknown Income Level" (if percent of unknown is more than 25%, clinics will be expected to provide explanation)
- Percent of Unduplicated Patients with income under 100% FPL
- Percent of 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 15. New applicants must submit data reflecting three calendar years. Returning clinics DO NOT have to re-enter previous year's data.

Clinics receiving funding for primary care services are required to report on the mandatory clinical measures for primary care. Clinics receiving funding for dental services are required to report on the mandatory measures for dental. The list of mandatory clinical measures for reporting are located on the KDHE website.

## CONTRACTUAL COMPLIANCE REQUIREMENTS

Clinics receiving state CBPCC Grant Program funding are expected to comply with the policies, protocols, and governance requirements outlined in KDHE's Aid-to-Local Universal and Community-Based Primary Care Clinic contract, including:

1. Have an annual fiscal report or audit performed by an outside fiscal entity, reviewing the clinic's internal fiscal and accounting procedures. A copy of this audit shall be submitted to KDHE within 12 months of the end of the clinic's fiscal year.

2. Provide culturally competent, comprehensive primary care services and proof of access/referral arrangements for ancillary, inpatient, and specialty care that is not available on-site (e.g. MOUs, MOA, contracts, inter-agency agreements). If formal referral arrangements do not exist, the applicant site must describe fully how it assures patient access to this care. Culturally competent, comprehensive primary care services include diagnostic and therapeutic services and supplies commonly furnished by a health care delivery system; basic services by physicians, nurse practitioners, and/or physician assistants; basic laboratory and radiologic services essential to diagnosis and treatment of the patient; preventive health services or coordination of such services with local agencies or health departments; dental services or referral; vision services or referral; pharmaceutical services; and health education services.
3. Assess, at least annually, client/patient experience by conducting a satisfaction survey among clinic patient/users, including at minimum questions regarding communication with the primary care provider, responsiveness of clinic staff, patient's perception of the quality of care received, and cleanliness of the clinic.
4. Collect necessary patient utilization information, including but not limited to number of patient visits by type of care (i.e. dental, medical, enabling services), and number of unduplicated patients by income level and payor type.
5. Prepare for an annual site visit, an opportunity to assess program compliance, share experiences and discuss issues. Provide KDHE staff with documentation supporting sliding fee scale utilization and patient income.
6. Maintain a governing/advisory board consisting of no less than five community stakeholders that convene at a minimum, quarterly, to engage in setting and reviewing priorities for the clinic through periodic review of local unmet community health needs; establishing a plan with goals and objectives reflective of the clinic's priorities; examining clinic utilization & performance data, including quality data; approving clinic's operating budget and external fiscal management review/audit; and monitoring/evaluating performance of clinic's leadership (i.e. director).

A sample CBPCC Aid-to-Local contract is available to review for full explanation of contractual requirements.

## FUNDING REQUIREMENTS

### Local Match

Applicants for the CBPCC Grant Program are required to provide support that meets the match requirement of one dollar for each one dollar of state funding awarded through this program.

This match may come from non-cash donations, in-kind services, donated sample medications, or clinic expenses. The value of health services provided at no or reduced cost can be used to meet the match requirement. Non-cash contributions, such as personnel time, space, commodities, or services used as local match should be stated at an amount agreed upon as the market value and documented in the applicant's accounting records.

### Funding Guidelines

This application is for funding to support the following three areas:

- **General Primary Care—**funding may be used to provide access to medical or other health-

related services for clinic patients (not including dental or prescription assistance).

- **Dental Assistance—**funding may be used to provide access to dental services for clinic patients.

- **Prescription Assistance—**funding may be used to provide access to pharmaceuticals, pharmaceutical services, and pharmaceutical supplies for clinic patients.

Each applicant will request one total dollar amount which can be allocated, at the applicant's discretion and reflected in the budget, for any of the three areas.

## Allowable Expenses:

| | USE AS LOCAL MATCH | | USE OF GRANT FUNDS | |
|---|---|---|---|---|
| | **Allowable** | **Not Allowable** | **Allowable** | **Not Allowable** |
| Clinical personnel working in Outpatient/Ambulatory Care setting | **YES** | | **YES** | |
| Clinical personnel working in Inpatient Care Setting | | **NO** | | **NO** |
| Clerical or Administrative Personnel | **YES** | | **YES** | |
| Fringe Benefits (including taxes, insurance, FICA, Worker's Compensation, unemployment insurance.) | **YES** | | **YES** | |
| Pharmaceuticals | **YES** | | **YES** | |
| 340B discounts | **YES** | | **YES** | |
| Lab & X-ray Services | **YES** | | **YES** | |
| Laboratory Materials | **YES** | | **YES** | |
| Specialty Referrals | **YES** | | **YES** | |
| Other Health Services (e.g., Diabetes Education) | **YES** | | **YES** | |
| In-State Travel for training/continuing education | | **NO** | **YES** | |
| Out-of-State Travel | | **NO** | | **NO** |
| Other care-related supplies | **YES** | | **YES** | |
| Office/clerical supplies | **YES** | | | **NO** |
| Utilities | **YES** | | | **NO** |
| Equipment | | **NO** | | **NO** |
| Capital Expenditures | | **NO** | | **NO** |