

Community Based Primary Care Clinic (CBPCC) Grant Frequently Asked Questions (FAQ)

REPORTING PATIENT/VISIT DATA:

Deadline for reporting Patient/Visits Data is March 15, annually.

New Applicants must submit data for reflecting the previous three calendar years through the Primary Care-Rural Health Office's survey. (This form will be provided to New Applicants along with the New Applicant packet information.)

Returning applicants must submit data to the Quality Report System (QRS) [Log on to your QRS.kamuonline.org Account](https://www.kamuonline.org)) [QRS](#)

Data for the previous calendar years are already entered in QRS; therefore, returning clinics DO NOT have to re-enter data for previous years.

When entering the aggregated patient data by income level – if a clinic reports more than 25% of their patient population with “Unknown Income Levels,” the clinic will be asked to provide narrative/information explaining further the rationale for this higher percent and how the clinic is working to address it.

Clinics should email this narrative/information to kdhe.primarycare@ks.gov. Please use the following title in the subject line: Subject: Patient/visit data explanation - <Insert Clinic Name>

TIPS/RESOURCES & SMART OBJECTIVES:

Good public health practice requires strong objectives in order to monitor progress toward achieving goals and outcomes. Many programs and services are funded by grants that require developing, implementing and completing objectives to prove success for continued funding. Organizations often struggle to create objectives that accurately measure progress toward a goal and that are meaningful to other team members or stakeholders. By starting out with SMART objectives, a program or plan can systematically and meaningfully measure progress, show achievements, and identify opportunities for improvement.

Objectives should be **Specific Measureable Achievable Relevant Time-bound**.

Example Objective

Original Objective	How can we fix?	SMART Objective
Staff will be trained in Quality Improvement	We need to clarify the WHO and WHAT to make this objective “smarter”.	100% of XYZ Clinic staff will be offered Quality Improvement training opportunities in this grant year.

- The Minnesota Department of Health's website has guidance for how to write SMART objectives, examples, tips, and detailed instructions: [Minnesota State Health's Toolbox Website](#).
- The Centers for Disease Control and Prevention's (CDC's) resource kit has instructions, templates, and related resources: [CDC Online Resource Kit](#).
- KU's Community Toolbox details why, when, and how to create objectives: [KU's Community Toolbox \(online\)](#).

FUNDING REQUESTS:

Returning applicants may request any justifiable amount. However, the award amount will depend on the funding formula.

New Applicants may submit a budget request for no more than \$50,000.

SALARY SECTION IN KGMS:

The salary section in KGMS is set up for grantees to enter each employee with their total salary and then use a pull down menu in the budget's salary section to put them on the budget itself. It is requested that clinics use individual employee names and titles but it is NOT required. If the clinic prefers NOT to enter individual employee names and titles, please enter the employees by their title.

For example for clinical staff, use "Clinical" for the first name and "Title (such as Registered Nurse A)" for the last name. For clerical staff use "Clerical" for the first name and Title (such as "Front Desk Clerk") for the last name. For administrative personnel use "Administrative" for the first name and "Title (such as Clinic Manager)" as the last name.

BUDGET SECTION IN KGMS:

Clinics will enter budget information directly into KGMS. Additional budget documents to be uploaded to KGMS include an Operational Budget, a Local Match worksheet, and a Non-Cash In-Kind Contribution worksheet (non-cash In-kind form only required if non-cash donations are used as local match). Additional budget documents can be found in the [Budget Section of KGMS online](#).

LOCAL MATCH:

Clinics are encouraged to be strategic in the amount of local match reported for the CBPCC grant purposes. Total local match reported is not scored during the review process and funding preference is not given to higher match amounts.

IMPORTANT: The local match reported by your clinic for CBPCC grant program, should not be used by the clinic to count towards meeting local match requirements of another Aid-to-Local grant.

SOURCES of Cash Match CAN BE program incomes/fees, government funding or other grants/donations. Sources that CANNOT count as Cash Match include funds for capital improvement, funds from other grants awarded from KDHE programs, or funds committed as Local Match for other grant proposal/awards. See the table below for additional details of ALLOWABLE EXPENSES that can be used as Local Match (either Cash or Non-Cash Donations):

Use as Local Match

	Allowable	Not Allowable
Clinical personnel working in Outpatient/Ambulatory Care setting	YES	
Clinical personnel working in Inpatient Care Setting		NO
Clerical or Administrative Personnel	YES	
Fringe Benefits (including taxes, insurance, FICA, Worker's Compensation, unemployment insurance.)	YES	
Pharmaceuticals	YES	

	Allowable	Not Allowable
340B discounts	YES	
Lab & X-Ray Services	YES	
Laboratory Materials	YES	
Specialty Referrals	YES	
Other Health Services (e.g. Diabetes Education)	YES	
In-State Travel for training/continuing education.		NO
Out-of-State Travel		NO
Other Care-Related Supplies	YES	
Office/Clerical Supplies	YES	
Utilities	YES	
Equipment		NO
Capital Expenditures		NO