

## **KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT NOTICE OF GRANT AWARD AMOUNT & SUMMARY OF PROGRAM OBJECTIVES**

**PROGRAM NAME:** Community Based Primary Care (#27)

**LOCAL AGENCY NAME:** «Agency\_Name»

**PROGRAM PERIOD:** July 1, 2021 - June 30, 2022

**AWARD FOR THE PERIOD:** \$«Total\_Award»

*This document is incorporated by reference into Contract Attachment No. 27. Acceptance of the first payment constitutes Local Agency's agreement to the amount of the grant, the program objectives set out below, and the terms of Contract Attachment No. 27. In addition to the general program provisions and objectives set forth in Contract Attachment No. 27, Local Agency agrees to the following Fiscal Year/Local Agency-specific requirements:*

It is agreed that in the Contract Attachment No. 27, Kansas Agency for Medically Underserved (KAMU) has been replaced in paragraph 9 with Community Care Network of Kansas.

1. Comply with federal and state policies and regulations, including:
  - a. documentation of current State professional license for all clinical staff (employed and volunteer);
  - b. (if laboratory service provided) current Clinical Laboratory Improvement Amendments (CLIA) certification;
  - c. written OSHA compliant protocols for blood borne pathogens (29 CFR 1910.1030), including employer's exposure control plan, annual employee training and documentation;
  - d. protocols and training for required staff in universal precautions for body fluid contamination;
  - e. current copy of communicable disease manual and updated procedures from the State Agency are available to all care providers;
  - f. written policy and enforced plans addressing workplace tobacco and illegal drugs use by personnel; and
  - g. all applicable city/county/health codes and inspections up-to-date and on file.
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.
3. Have a financial assistance policy that addresses the:
  - a. (if billing for services) Use a schedule of fees or payments for services consistent with locally prevailing rates or charges and designed to cover the site's reasonable costs of operation. Making every reasonable effort to secure payment in accordance with the fee schedule or sliding fee discount schedule from the patient and/or any other third party;
  - b. Use a sliding fee discount program to ensure that no one who is unable to pay will be denied

- access to services. Patients below 100 percent of the federal poverty level should be charged either a nominal fee or receive care at no cost. No person will be denied services due to inability to pay. Clinic's sliding fee discount shall be reviewed/updated annually;
- c. Clinic's operating procedures and guidelines for determining patient's eligibility for discounted or charitable care. This policy should include the clinic's schedule of fees for services and a corresponding schedule of discounts for eligible patients based on the patient's ability to pay;
  - d. Free clinics are exempt from submitting Sliding Fee Discount Program documents, since they typically do not charge or bill for services. In such cases, the clinic must have a documented financial assistance policy indicating that charitable care is provided with no charge to patient;
  - e. Displaying of a sliding fee scale statement in common areas and on clinic's website (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay; and (ii) there is a sliding fee discount program or charitable care available.
4. Have an annual 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.
  5. Submit an expenditure report according to the quarterly reporting schedule listed below:
    - a. October 15, 2021 for expenditures incurring from July 1 to September 30, 2021;
    - b. January 15, 2022 for expenditures incurring from October 1 to December 31, 2021;
    - c. April 15, 2022 for expenditures incurring from January 1 to March 31, 2022;
    - d. July 15, 2022 for expenditures incurring from April 1 to June 30, 2022.
  6. Submit a progress work plan report according to the schedule listed below:
    - a. November 15, 2021;
    - b. July 15, 2022.
  7. 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, and cleanliness of the clinic.
  8. Submit data through the online Quality Reporting System (QRS) according to QRS standards and definitions by set deadline, as outlined below:
    - a. Collect necessary patient information and report aggregated patient counts by income level and payor type;
    - b. Collect and report all applicable clinical and financial measures available through QRS.
  9. 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.
  10. Maintain a governing/advisory board consisting of no less than five community stakeholders and convene at minimum quarterly meetings to engage in the following activities:
    - a. Set and review priorities for the clinic through periodic review of local unmet community health need;

- b. Establish a plan with goals and objectives reflective of the clinic's priorities;
  - c. Examine clinic utilization and performance data, including quality data;
  - d. Approve clinic's operating budget and external fiscal management review/audit; and
  - e. Monitor/evaluate performance of clinic's leadership (i.e. director, administrator).
11. Payments to the Community Primary Based Clinic Grantee hereunder are solely contingent upon availability of funds in the state treasury and authorization to expend those funds. In addition to provisions of the DA-146a (attached to the Universal Contract), should state appropriations become insufficient to fund this Agreement received, KDHE may unilaterally terminate without penalty this Agreement upon thirty (30) days written notice to the Community Based Primary Clinic Grantee, and there shall be no further obligation upon any Party.

July 1, 2021