

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: September 20, 2017

SUBJECT: Budget Amendment - Department of Public Health
NC DHHS Community Health Medical Access Program Grant

PRESENTER: Steve Smith, Health Director

ATTACHMENTS: 1. NC DHHS Notice of Funding Availability & Project Description
2. Budget Amendment

SUMMARY OF REQUEST:

The Henderson County Board of Health was informed of the Community Health Program Grant opportunity at their August 8, 2017 meeting. The board subsequently approved the Department of Public Health to move forward with an application for funding to support and sustain medical care capacity for uninsured populations. The Department of Public Health has received an award notification in the amount of \$20,000 and requests that the Board of Commissioners consider acceptance of these one time grant funds for the stated purpose.

BOARD ACTION REQUESTED:

The Board is requested to approve acceptance of the grant funds and the attached budget amendment, which would provide the resources necessary to support medical care for uninsured patients.

SUGGESTED MOTION:

I move that the Board of Commissioners approve the attached budget amendment to accept the Community Health Medical Access Program Grant funds in the amount of \$20,000 to support medical care for uninsured patients.



NC DHHS Notice of Funding Availability

Reporting Form

DHHS Division/Office issuing this notice: Office of Rural Health

Date of this notice: July 26, 2017

Working Title of the funding program: Community Health Medical Access Program Grants

Purpose- description of function of the program and reason why it was created:

The North Carolina General Assembly increased funding for the Community Health Grant Programs in the 2018 state fiscal year budget. Therefore, the Office of Rural Health is pleased to announce the availability of funds for a one-time grant period of ten (10) months.

The purpose of grants awarded under this program is to assure access to primary care and preventive care for vulnerable, underserved and medically indigent patients in the state. Primary care safety-net organizations are eligible to apply for this one-time grant funding to pay for patient care through a medical access plan grant.

Under the Medical Access Plan (MAP), uninsured and underinsured residents are afforded access to care. MAP is a program that helps residents of North Carolina access primary health care services they could otherwise not afford. Patient visits are reimbursable through MAP for medically necessary, on-site, face-to-face provider encounters at \$100 per visit.

Funding Availability:

Requested funding will depend on available funds.

Maximum Award Amount:

Applicants may request up to \$150,000 for 10 months of funding.

Proposed Project Period or Contract Term

September 1, 2017 – June 30, 2018

Eligibility:

All primary care safety-net organizations that provide direct patient care are eligible to apply. This includes: AHEC clinics, federally qualified health centers and look-alikes (FQHCs), free and charitable clinics, health departments, hospital-owned primary care clinics, rural health centers,

school based and school linked health centers, and other community organizations that provide direct patient care to medically vulnerable populations, including the uninsured. In addition to direct medical care, primary care may include any of the following: care coordination/care management by a primary care entity, behavioral health, oral health, women's health, maternal and child health that supports health care services in a primary care setting.

Applicants for this one-time funding that have the following characteristics will be given preference:

- Organizations that do not currently have an SFY 2018 Community Health Grant
- Public Health Departments
- Organizations that submit a grant in collaboration with a public health department

As a condition of receiving a grant award, successful applicants must agree to:

- Submit a monthly expense report in a specified format for reimbursement of \$100 per patient visit
- Submit performance reports quarterly throughout the grant term

How to Apply:

Applicants must submit the following:

1. Organizational Information and Signature Sheet
2. Organizational Profile
3. Summary of Evaluation Criteria and Baseline Data
4. Grant Narrative

Deadline for Submission:

Grant applications must be received electronically by the Office of Rural Health by 5:00 p.m. Friday, August 11, 2017. Only electronic copies will be accepted. Emailed application documents should be sent to david.howard@dhhs.nc.gov

How to Obtain Further Information:

Funding Agency Contact/Inquiry Information: Ginny Ingram, 919-527-6440, ginny.ingram@dhhs.nc.gov

	<p>Note that under Session Law 2015-241, each provider that provides Medicaid services and has an electronic health record system, will be required to connect to the NC HIE by June 1, 2018 in order to receive state funds. All other providers of Medicaid and state-funded services will be required to connect to the NC HIE by June 1, 2019.</p>												
Allowable Costs	<p>Patient visits are reimbursable through MAP for medically necessary, on-site, face-to-face provider encounters at \$100 per visit.</p> <p>Applicants may request and receive up to \$150,000 for this one-time funding.</p> <p>Proposed Project Period or Contract Term: 9/1/2017 – 6/30/2018</p>												
Application	<p>Applications will be reviewed and scored based on the following:</p> <table border="1"> <tr> <td>Grant Narrative: Overview of the Organization</td><td>10 Points</td></tr> <tr> <td>Grant Narrative: Community Need, Project Description, and Improved Access to Care</td><td>30 Points</td></tr> <tr> <td>Grant Narrative: Project Evaluation and Return on Investment</td><td>30 Points</td></tr> <tr> <td>Budget</td><td>10 Points</td></tr> <tr> <td>Preference for no current CHG grant, public health department, or collaboration with a public health department</td><td>20 Points</td></tr> <tr> <td>Total Points Awarded</td><td>100 Points</td></tr> </table> <p>The grant application should include the documents below in the order provided. You do not need to include the above instructions in your submission:</p> <ol style="list-style-type: none"> 5. <i>Organizational Information and Signature Sheet</i> 6. <i>Organizational Profile</i> 7. <i>Summary of Evaluation Criteria and Baseline Data</i> 8. <i>Grant Narrative</i> 	Grant Narrative: Overview of the Organization	10 Points	Grant Narrative: Community Need, Project Description, and Improved Access to Care	30 Points	Grant Narrative: Project Evaluation and Return on Investment	30 Points	Budget	10 Points	Preference for no current CHG grant, public health department, or collaboration with a public health department	20 Points	Total Points Awarded	100 Points
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Budget	10 Points												
Preference for no current CHG grant, public health department, or collaboration with a public health department	20 Points												
Total Points Awarded	100 Points												
Other Contractor Requirements	<p>In addition to the contents within this RFA, the contractor shall also adhere to the following:</p> <p>Reports (quarterly and as requested)</p> <p>Monthly Reimbursements/Invoices (due by the 10th of each month)</p>												

Describe how you will evaluate *your organization's* influence on access to care. At least one criterion should evaluate how the proposed use of MAP funds affects the population and/or community need. Discuss potential factors that could negatively affect your organization's ability to reach your evaluation targets and describe how these factors might be mitigated.

Explain why the proposed funding is a good use of State funds. Detail any anticipated cost savings to either your organization or other health care providers (for example: reduced use of the ER).

The Department of Public Health serves over a third of all pregnant women in the county through the Maternal Health program. That is the case because almost all of these women are uninsured and also have a variety of risk factors that create barriers for care in traditional OB/GYN practices. We serve as the hub of care for this population and underwrite the majority of cost through our sliding scale fees (we turn no one away due to inability to pay) so that women in difficult financial circumstances can access the prenatal care they need to achieve healthy birth outcomes. Those early investments save extraordinary amounts of unnecessary healthcare costs by supporting healthy pregnancies and assuring appropriate medical oversight for risk factors. If they are entered into our OB Continuity of Care clinic, we care for them through their entire pregnancy and utilize MAHEC residents (we are a teaching center for the residency program) for delivery. If they are high risk or desire other delivery options, we coordinate that care transition (typically at 36 weeks) to other partners in the community and region. This relationship with such a large portion of local pregnant women also advances a connection with our care management programs (PCM and CC4C) for the pregnant mother and subsequently the newborn which generates additional positive outcomes for maintaining health and avoiding emergency or crisis care.

Our core measure will be the expectation that we increase the number of unduplicated uninsured patients served and the related amount of visits for uninsured patients. This funding would provide for additional capacity (200 visits for uninsured patients) to support access to care for critical health services.

For MAP Funding (Only):

Complete the following statement:

“Approximately 200 (enter number) MAP encounters x \$100 per encounter = \$20,000 [TOTAL AMOUNT OF AWARD]”

This is the only Budget requirement for the MAP program.

**LINE-ITEM TRANSFER REQUEST
HENDERSON COUNTY**



Department: Health

Please make the following line-item transfers:

What expense line-item is to be increased?

Account	Line-Item Description	Amount
115510 523900	MEDICAL SUPPLIES AND EQUIPMENT	\$ 1,283
114510 452013	CH STATE	\$ 18,717

What expense line-item is to be decreased? Or what additional revenue is now expected?

Account	Line-Item Description	Amount
114510 452012	MH STATE	\$ 20,000

Justification: Please provide a brief justification for this line-item transfer request.

Community Health Medical Access grant for \$20,000 will offset the reduction of \$18,717 experienced in the Maternal & Child Health Block grant funds dedicated to Child Health.

Authorized by Department Head

Date

Authorized by Budget Office

Date

Authorized by County Manager

Date

<i>For Budget Use Only</i>	
Batch #	_____
BA #	_____
Batch Date	_____