 **NC DHHS Notice of Funding Availability**

Reporting Form

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

**Date of this notice:** **June 1, 2021**

**Grant Applications will be accepted beginning June 1, 2021**

**Deadline to Receive Applications: June 18, 2021**

**Working Title of the funding program:** Medication Assistance Program

**Purpose: Description of function of the program and reason why it was created:**

The Office of Rural Health (ORH) announces the availability of grant funding to identify and fund community organizations in North Carolina that will help uninsured, low-income citizens of all ages evaluate their optimal prescription drug choices and apply for free, discounted and low-cost drugs through public and private medication assistance programs

These grant funds, supported through the North Carolina General Assembly, are for helping uninsured, low-income North Carolinians gain access to free and low-cost medications. Safety net organizations who care for underserved and medically indigent patients including community health centers, free and charitable clinics, rural health centers, and health departments offering medication assistance to the uninsured in their community are eligible to apply for this funding.

Requested funding must be commensurate with the size and scope of the proposed project and will depend on available funds. Applicants must demonstrate their potential to implement the following requirements:

* Provide services of a Prescription Assistance Coordinator (PAC) defined as an individual who assists all uninsured, low-income North Carolinians with identifying their optimal prescription drug options from amongst public and private programs, and then providing direct assistance in obtaining medication using a web-based application that is capable of reporting the following mandatory data:
	+ Dollar value of medications received for patients
	+ Number of medications received for patients
	+ Total number of unduplicated patients served

MAP grantees must use *The Pharmacy Connection* web-based application to determine eligibility for free or low-cost prescription drug programs offered through pharmaceutical companies. *The Pharmacy Connection* user and license fees are supported by this grant at no charge to the grantee.

All applicants must specify a dispensing plan that will ensure their patients will receive the medications that are procured on their behalf and is compliant with the NC Board of Pharmacy policies.

Grant funds must be used exclusively to support the approved project and spent in accordance with the grant agreement and approved project budget.

Based on the limited amount of funding available, grant funds may be used for salaries of PACs, project-related travel, supplies, limited amounts of equipment, and other direct project expenses essential to supporting the PAC. These expenses must be budgeted to the categories and line items identified in the Budget. Salary for staff not directly involved in providing prescription assistance services should not be included.

**Funding Availability:**

ORH expects to receive more requests than can be funded. Therefore, submission of a grant application does not guarantee receipt of an award. Furthermore, grants that are awarded may not be funded at the requested amount.

Final awards will be commensurate with the size and scope of the proposed activities. ORH reserves the right to conduct pre-award interviews or on-site assessments.

**Proposed Project Period or Contract Term**

August 1, 2021 – July 31, 2022

**Eligibility:**

All safety net organizations that provide or will provide medication assistance programs for uninsured, low-income patients are eligible to apply. This includes:

 ᵒ Federally qualified health centers and look-alikes (FQHCs),

 ᵒ Free and charitable clinics,

 ᵒ Health departments,

 ᵒ Hospital-owned primary care clinics,

 ᵒ Rural health centers,

 ᵒ School-based and school-linked health centers,

 ᵒ AHEC

 Other

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

* Submit a monthly expense report in a specified format for reimbursement
* Submit performance reports quarterly or biannually throughout the grant term
* Use an electronic financial software application (EXCEL spreadsheets are not acceptable formats)
* Dispense prescription drugs according to NC Board of Pharmacy dispensing policies

Connect to NC HealthConnex (*To meet the state’s mandate, a provider is “****connected****” when its clinical and demographic information are being sent to NC HealthConnex at least twice daily.” For further information, please see the HIEA website*:  <https://hiea.nc.gov>

**How to Apply:**

Applicants must submit the following information electronically through the on-line application tool.

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

**Deadline for Submission:**

Grant applications must be received electronically by the Office of Rural Health by June 18,2021.

Only electronic applications will be accepted. Access to the electronic application is a two-step process:

You must submit your organization name and contact information through the following link which opens June 1, 2021 and closes on June 18, 2021: [*https://ncruralhealth.az1.qualtrics.com/jfe/form/SV\_8oVUw0Tu5bKhxOK*](https://ncruralhealth.az1.qualtrics.com/jfe/form/SV_8oVUw0Tu5bKhxOK)

1. *Please begin the application process in time to have it completed by June 18, 2021, as no new application links will be open on that day.*
2. Once you submit your contact information in the link above, you will receive an email with a personalized link specific to your organization. The link in the e-mail will give you access to the electronic application. The application closes June 18, 2021.

**How to Obtain Further Information:** Funding Agency Contact/Inquiry Information: **Ginny Ingram at** **ginny.ingram@dhhs.nc.gov**

**For assistance with the application link: Contact Lola Omolodun,** **lola.omolodun@dhhs.nc.gov**

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| **Section** | **Description** |
| **General Information**  | RFA Title: **Medication Assistance Program Grant SFY 2022** **Opening Date: 06/01/2021****Closing Date: 06/18/2021**Funding Agency Name: Office of Rural HealthFunding Agency Address: 311 Ashe Avenue, Raleigh, NC, 27606Funding Agency Contact/Inquiry Information: Ginny Ingram, ginny.ingram@dhhs.nc.gov **Submission Instruction:** Grant applications must be received electronically to the Office of Rural Health by June 18, 2021. Only electronic applications submitted through the process listed below will be accepted: **1**.You must submit your organization name and contact information through the following link which opens June 1**,** 2021 and closes on June 18, 2021: [*https://ncruralhealth.az1.qualtrics.com/jfe/form/SV\_8oVUw0Tu5bKhxOK*](https://ncruralhealth.az1.qualtrics.com/jfe/form/SV_8oVUw0Tu5bKhxOK)*Please begin the application process in time to have it completed by June 18, 2021, as no new application links will be open on that day.***2**.Once you submit your contact information to the link above, you will receive an email with a personalized link specific to your organization. The link in the email will give you access to the electronic application. The application period closes June 18, 2021. **Proposed Project Period or Contract Term: August 1, 2021 – July 31, 2022**Incomplete applications and applications not completed in accordance with the following instructions will not be reviewed. Questions regarding the grant application may be directed to Ginny Ingram at ginny.ingram@dhhs.nc.gov Questions about the application link may be directed to Lola Omolodun at lola.omolodun@dhhs.nc.gov |
| **RFA Description****Eligibility** | The purpose of grants awarded under this program is to provide access to free and/or low-cost prescription medications to uninsured, low-income patients.Grants will be awarded on a competitive basis to safety net organizations that:* Provide services of a Prescription Assistance Coordinator (PAC) defined as an individual who assists all uninsured, low-income North Carolinians with identifying their optimal prescription drug options from amongst public and private programs, and then providing direct assistance in obtaining medication using a web-based application that is capable of reporting the following mandatory data:
	+ Dollar value of medications received for patients
	+ Number of medications received for patients
	+ Total number of unduplicated patients served

MAP grantees must use *The Pharmacy Connection* web-based application to determine eligibility for free or low-cost prescription drug programs offered through pharmaceutical companies. *The Pharmacy Connection* user and license fees are supported by this grant at no charge to the grantee.All applicants must specify, and attest to, a dispensing plan that will ensure their patients will receive the medications that are procured on their behalf and is compliant with the NC Board of Pharmacy policies.Applications submitted in response to this RFA will be evaluated by ORH staff. During the review of the application, ORH may consider who will benefit from the grant, how many will benefit from the grant, cost of administering the grant, capacity building and sustainability of the grant application. ORH may consider the applicants’ past performance of grants and publicly funded projects when awarding grants. All safety net organizations that provide or will provide medication assistance programs to uninsured and low-income individuals in their communities are eligible to apply. This includes:  ᵒ Federally qualified health centers and look-alikes (FQHCs),  ᵒ Free and charitable clinics,  ᵒ Health departments,  ᵒ Hospital-owned primary care clinics,  ᵒ Rural health centers,  ᵒ School-based and school-linked health centers,  ᵒ AHEC  Other **Note that under Session Law 2015-241,** each provider of Medicaid and state-funded services will be required to connect to the NC HIE (now called NC HealthConnex) to receive state funds. |
| **Allowable Costs** | Grant funds must be used exclusively to support the approved project and spent in accordance with the grant agreement and approved project budget. Based on the limited amount of funding available, grant funds may be used for salaries of Prescription Assistance Coordinators (PACs), project-related travel, supplies, limited amounts of equipment, and other direct project expenses essential to supporting the PAC. These expenses must be budgeted to the categories and line items identified in the Budget. Salary for staff not directly involved in providing prescription assistance services should not be included. |
| **Other Contractor Requirements for successful award recipients** | In addition to the contents within this RFA, the contractor shall also adhere to the following: Submit Performance Reports (quarterly and as requested)  Submit Monthly Expenditure Reports (MERs) to request reimbursement (due by the 10th of each month)  Utilize an electronic financial software application (Excel is not an acceptable format) Use *The Pharmacy Connection* web-based application to determine eligibility for free or low-cost prescription drug programs offered through pharmaceutical companies. *The Pharmacy Connection* user and license fees are supported by this grant at no charge to the grantee. Specify and attest to a dispensing plan that will ensure their patients will receive the medications that are procured on their behalf and is compliant with the NC Board of Pharmacy policies.  |

SFY 2022 Medication Assistance Program (MAP)

 **ORGANIZATION INFORMATION & SIGNATURE SHEET**

|  |  |
| --- | --- |
| Organization Name: |  |
| Organization EIN: |   |
| Organization NPI (if applicable): |  |
| DUNS (if applicable): |  |
| Mailing Address: |  |
| Organization Fiscal Year: |  |
| Organization Type: (check one) | 🞎 FQHC 🞎 Free and Charitable Clinic 🞎 Health Department 🞎 AHEC Program🞎 Critical Access Hospital 🞎 Rural Health Clinic 🞎 SBHC 🞎 Small/Rural Hospital 🞎 Dental Provider 🞎 Other (specify): |

Do you currently have a Medication Assistance Program in operation? 🞎 Yes 🞎 No

Do you have a current Medication Assistance Program Grant? 🞎 Yes 🞎 No

Does this request include technology (computers, software, hardware or IT related services)? 🞎 Yes 🞎 No

**Summary of Request** – *Provide a brief, one to two sentences, description of your request*. (500-character limit)

|  |
| --- |
| Total Amount of Grant Request: $ |
| Primary County Served (where the grant will be utilized): |  |
| Other Counties Served (if applicable):  |  |

|  |  |
| --- | --- |
| Grant Contact Person:  |  |
| Email:  |  | Phone Number:  |  |
| Fax Number:  |  |
| Finance Contact Person |  |
| Email: |  | Phone Number: |
| Print Signatory Name: |  |
| Signature  |  | Date: |  |
| Title: |  |
| Email: |  | Phone Number: |  |  |

**The grant signatory information and signature will be the last item requested in the online application.**

FY 2022 Medication Assistance Program (MAP)

**Overview of Organization**

***Overview of Organization \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_***

1. Provide a brief description of your organization (750-character limit; character limit is inclusive of space and punctuation)
2. Do you provide medication assistance services at your location?

 Yes

 No

If yes, approximately how many hours per week do you offer these services?

 0 hours/week

₀ 1-11 hours/week

o 11-20 hours/week

o 21-30 hours/week

o 31-40 hours/week

o 41-50 hours/week

o >50 hours/week

1. Describe staff experience and training in working with medication assistance services for uninsured and low-income patients.

1. Are you connected to the Health Information Exchange?

 Yes

 No

1. If Yes, are data being submitted to NC HealthConnex?

 Yes

 No

1. Does your organization have a need for additional technical assistance regarding NC HealthConnex (ex. Report generation options, other potential opportunities for use of HIE data)?

 Yes

 No

1. If your organization is not currently connected, is your organization actively working with the Health Information Exchange Authority (HIEA) to execute a participation agreement?

 Yes

 No

1. Is your organization currently connected to NCARE360?

 Yes

 No

Please list any additional funding received from Office of Rural Health (if applicable).

 Community Health Grant: Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Medication Assistance Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Medical Access Plan (MAP) Funding: Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 North Carolina Farmworker: Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 None

***Grant Narrative***

 ***Why are grant funds needed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 30 Points***

Describe the population served by this grant proposal (1,000-character limit, inclusive of spaces and punctuation).

Include the population’s healthcare needs, service area needs, information on the incidence of poverty, and unemployment in the targeted community, and other pertinent demographic data that support the necessity for grant funding and how these funds will directly meet the needs of the community.

Please refrain from using bullets or tables in your essay.

***How will these funds be used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 Points***

Describe the purpose of the grant (1,000-character limit, inclusive of spaces and punctuation) to provide medication assistance.

Include proposed activities, timelines to implement grant activities, any project partners and their roles, and anticipated outcomes. The project description should be specific on what medication assistance related services you plan to fund by this grant.

Will your dispensing plan be compliant with the NC Board of Pharmacy?

 Yes No

Please refrain from using bullets or tables in your essay.

***Why is the proposed funding a good use of State dollars?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 30 Points***

Describe the process you will use to evaluate how the proposed use of funds affects the population and/or community need (1,000-character limit, including spaces).

Please refrain from using bullets or tables in your essay.

**Budget\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ *20 points***

Complete Line Item Budget and Budget Narrative Template Attached

**General Instructions for Budget and Budget Narrative**:

Budget narratives must show calculations for all budget line items and must clearly justify/explain the need for these items. Calculations should be easy to follow/recreate. Each budgeted line item should explain:

What is it?

 How many?

 How much?

 For what purpose?

Do not add new line items to the budget. All budget expenses must fit into one of the line items listed in the budget template.

**Please use the guidelines below to place your project expense in the proper budget category.**

|  |  |
| --- | --- |
| Project Expenses | Description |
| Staffing |
| Employee Salary | Include separate descriptions of each position, including position title, name of staff person, position duties relative to project activities, & part/full-time status. Include the total annual salary for each staff person in the project. List only staff members that will work on project activities. Only include hours worked (regular and overtime). Do not include bonuses of any kind. |
| Employee Fringe Benefits | Include the employer part of health, dental & vision insurance, FICA (Social Security & Medicare tax) and 401k employer match. Indicate cost per category per staff person. Fringe shall not exceed 30% of total line item for salary allocated to the grant.  |
| Contracted Staff | Temporary workers or subcontractor staff. Include hours to be worked and hourly rate. |
| Facility Expenses |
| Rent | Office space, program meeting space |
| Rented Equipment | Rented or leased equipment, such as copier machine or phone system |
| Utilities (If not included in the rent) | Gas/Electric/Water monthly expenses |
| Telephone/Internet | Monthly phone and/or internet |
| Security | Security services in the form of personnel such as security guard, retained by the Contractor. (Purchase of a security system belongs under Equipment – Other). |
| Repair and Maintenance | Custodial services or basic repair/maintenance not billed in the Professional Service Area line item |
| General Supplies (Not Capital Equipment): |
| Office Supplies | Business cards, printer ink, paper, etc. |
| Medical Supplies | List out individual supplies |
| Patient Education Materials | Training manuals, handouts, one-pagers, information cards. List out specific materials. |
| Postage and Delivery |  |
| Other Operating Expenses (Not Capital Equipment) |
| Travel | Include purpose of travel (e.g. travel to visit patients, travel to conferences). Note that reimbursement should not exceed current State rates as defined by the NC Office of State Budget and Management. |
| Staff Development | Conferences and conference registration, trainings |
| Marketing/Community Awareness | Advertising, publications, PSAs, websites, and web materials. Marketing expenses shall not exceed 10% of the grant total |
| Professional Services | Legal services, IT related technical services, accounting, bookkeeping, payroll |
|  |  |
| Capital Equipment | Any item purchased outright exceeding $500.00 is considered capital equipment and will be deducted from Year 2 and 3 grant award amounts  |

**Evaluation Criteria**

Complete these mandatory performance measures required for all applicants. These measures will be reported monthly, quarterly, or biannually as indicated. You will complete the Baseline Values and Target to Be Reached. The Measure Type, Collection Frequency, Data Source, Collection Process and Calculation and Data Limitations are provided.

|  |  |  |
| --- | --- | --- |
| **Evaluation Criteria for Medication Assistance Program** | **Baseline Values/Measures as of 08/01/2021** | **Target to Be Reached****by 07/31/2022** |
|  | *This is a projected value* | *This is a projected target* |
| **REQUIRED: Output Measure**Number of unduplicated patients served. Patients are individuals who have at least one visit during the reporting period. |  |  |
| Measure Type | Output |
| Collection Frequency | Quarterly (at 3,6,9 and 12 months) |
| Data Source | The Pharmacy Connection  |
| Collection Process and Calculation | Reports from The Pharmacy Connection  |
| Data Limitations | Any unforeseen issue with The Pharmacy Connection  |

|  |  |  |
| --- | --- | --- |
| **Measure**  | Baseline Value as of **08/01/2021** | Target to be reached by **07/31/2022** |
| Value of Medications Received |  |  |
| Measure Type | Outcome |
| Collection Frequency | Biannually (at six and 12 months) |
| Data Source | The Pharmacy Connection |
| Collection Process and Calculation | Reports from The Pharmacy Connection |
| Data Limitations | Unforeseen issues with The Pharmacy Connection |