



Office of Rural Health
NC Department of Health and Human Services
State Designated Rural Health Centers
Support - Request for Application
Information Session

March 15, 2023
10:00 a.m. – 11:00 a.m.

Welcome

- Please keep your lines muted during the presentation.
- Submit questions in the chat box or use the raise hand feature during designated Q&A section.
- Use the call-in feature if you have audio difficulties.
- Presentation will be recorded. Slides and recording will be made available.
- Please note there may be a delay on slide transition.



About the Office of Rural Health (ORH)

First state office (1973) in the nation created to focus on the needs of rural and underserved communities

ORH Mission Statement: The North Carolina Office of Rural Health (ORH) supports equitable access to health in rural and underserved communities.

- To achieve its mission, ORH works collaboratively to provide:
- Funding
- Training
- Technical assistance

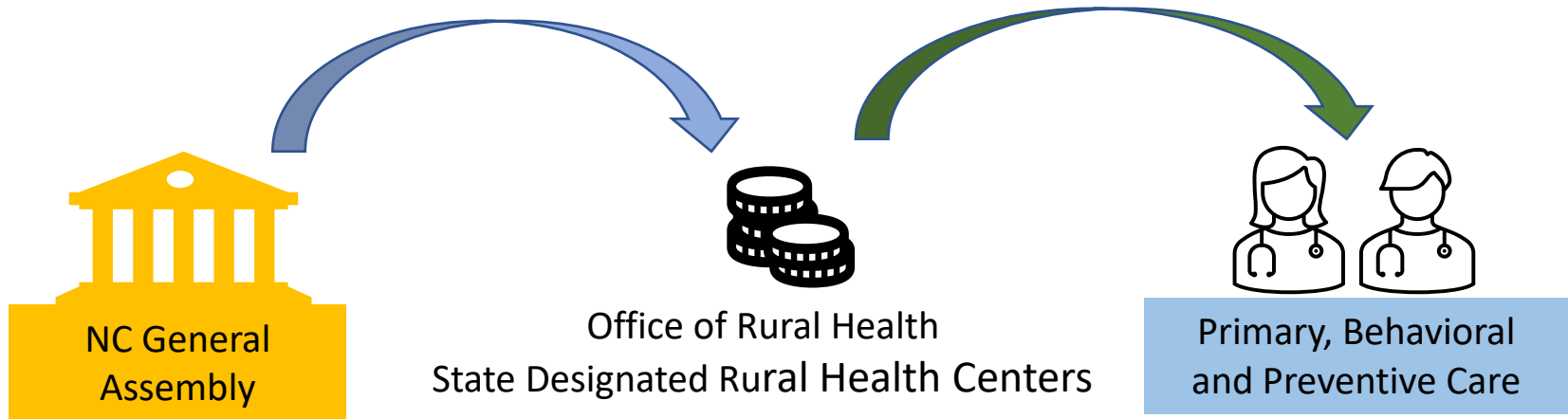
For high quality, innovative, accessible, cost-effective services that support the maintenance and growth of the State's safety net and rural communities.



State Fiscal Year 2022 Office Facts:

- Administered over 250 contracts
- Expended \$45.5 million from state, federal, and philanthropic sources (not including Community Health Worker contracts)
- Partnered with Division of Public Health to administer \$35.6M in contracts to support Community Health Workers
- Returned over 88% of its budget directly to NC communities
- Provided 4,168 technical assistance activities to outside Organizations/Stakeholders. These include 700 Communications disseminated to SafetyNet (Facebook, Constant Contact) and regional conferences.
- While we do not provide direct care, our programs support numerous health care safety net organizations throughout North Carolina.

Rural Health Centers Program



Purpose

The purpose of the state designation is to support primary health care access in locations that do not already receive support, with focus on low-income, uninsured and underserved rural populations.

State Designated Rural Health Center (SDRHC)

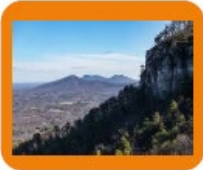


ORH definition:

- SDRHC is a health care safety net organization that is a 501(c)3 non-profit, community-owned organization with an active board that has as its primary mission to provide primary health care services to those residing in its community.
- SDRHCs must be located within communities that are both rural and underserved and must currently be delivering primary health care services in its proposed service area.

**NORTH CAROLINA
STATE DESIGNATED RURAL HEALTH
CENTERS OPERATIONS GUIDANCE**

North Carolina Department of Health and Human Services Office of
Rural Health



Eligibility

To determine eligibility to become an SDRHC, the applicant organization must first assess if the proposed location meets the following criteria:

- Proof that the organization is not owned, controlled, or operated by another entity and holds an active 501c3 status
- Rural determination
- Health Professional Shortage Area determination
- Demonstration of unmet healthcare need
- County Distress Ranking – Tier 1 or 2
- Commitment to provide primary health care services to all individuals in the defined service area regardless of ability to pay.
- Ability or plan to enroll eligible providers in Medicare and Medicaid reimbursement program.

Eligibility Clarification

The primary purpose of the state designation is to support new access points and stabilize current access at sites that do not already receive support through the Federally Qualified Health Center (FQHC) or FQHC Look a Like designation.

State Designated Rural Health Center funding supports and sustains access to care in rural areas that may face sufficient challenges otherwise.



Types of Applicants

Continuing Rural Health Centers

- A current State Designated Rural Health Center (SDRHC) that has received funds from the ORH and seeks to continue serving its current service area and target population.

New Rural Health Centers

- An organization that is not currently funded through the ORH State Designated Rural Health Center grant and seeks to serve an underserved area and uninsured target population with one or more permanent service delivery site(s).

Capacity Building Sites

- An organization not selected to be an SDRHC but will have an opportunity to receive capacity funding towards building a management system as well as programs. Funds can help an organization complete the process to bill Medicaid and Medicare, and improve community coordination and collaboration to strengthen its ability to become an SDRHC.

Types of Funding

Medical Access Plan (MAP)

- Funds available for primary health care coverage
- Visits are reimbursable at a rate of \$100 per encounter based on medically necessary face-to-face encounters
 - On-site x-rays
 - In-house labs
 - Surgical procedures
 - Services provided by practice providers
 - Annual physicals
 - Telemedicine visits

Behavioral Health (BH)

- Funds available for behavioral and mental health counseling services
- Visits are reimbursable at a rate of \$75 per encounter based on face-to-face behavioral health provider encounters
- Eligible providers*:
 - LCSWs
 - Advanced Practice RNs
 - Psychologists
 - Psychiatrists

Operating/Infrastructure Funds

- Funds available to support access to primary care in the service area.
- Create systems and processes that promote sustainability of the organization
- Supplement the primary care services provided through MAP and/or BH
- Support innovative strategies

**Refer to Medicaid/Medicare guidelines for a full list of eligible providers.*

Applicant Requirements

Applicant awardees will be awarded for a 1-year period with the option to renew for year 2 and must comply with participating in a site visit or desk review within 3 months of the awarded start date. All Applicants are required to sign an attestation statement.

Applicants are required to provide the following supporting documentation:

- Copy of Bylaws or documentation of 501c3 status
- Provider Documents (Conflict of Interest Acknowledgement and Policy, Conflict of Interest Verification, IRS Tax Exemption Form, State Grant Certification – No Overdue Tax Debts: must be notarized, State Certification)
- Weblink to the most recent county or regional community health needs assessment (CHNA)
- Organizational Chart and description of Quality Improvement Team
- Proof of sliding fee scale and payor mix, e.g., Medicare, Medicaid (Documentation of a completed Medicaid application and Provider enrollment before RFA submission is acceptable.)
- Completed Project Narrative
- Completed Budget Template and Narrative
- Signed attestation agreement

Applicant Requirements cont'd



- All Applicants are required to sign an Attestation Statement
- What is the purpose of an Attestation Statement?
 - The Attestation Statement provides transparency of expectations for both the State Designated Rural Health Center and the Office of Rural Health
- What is covered in the Attestation Statement?
 - Program Expectations – Scope of Work
 - Specific Expectations to the MAP & BH Programs
 - Meeting Requirements
 - Documentation & Reporting Requirements
 - Complete annual practice assessment, action plan and identify mutually agreed upon activities for execution with the NC AHEC Practice Support Coach

➔ [Attestation Statement Link](#) ←

Attestation



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARGARET L. SAUER MS, MHA • Director
NC OFFICE OF RURAL HEALTH



State Designated Rural Health Center Attestation

I, _____ the undersigned, agree to ensure the following obligations are met:

Program Expectations

- Provide the following services: primary care, diagnostic x-ray, diagnostic laboratory, wellness and preventive care, health screening, and behavioral health services.
- Attest that my organization is a non-profit 501 (C)(3) organization.
- Utilize a formal arrangement for hospitalization, discharge planning, and post discharge follow up to ensure continuity of care and the timely transfer of information between the clinic and the hospital.
- Have operating procedures to respond to patient medical emergencies during regularly scheduled hours of operation.
- Utilize a sliding fee discount scale based on income and family size for those within 200% of Federal Poverty Guidelines to determine the co-payment for services.
- Ensure that all non-licensed staff funded by ORH to provide support patient services have been initially credentialed according to my agency's policies and participating in ORH supportive programs.
- Ensure that all licensed personnel providing care, including licensed independent providers and other licensed or certified providers, have been credentialed and privileged according to my agency's credentialing and privileging policies and in accordance with applicable federal, state, and local laws. This must include verification of provider licensure, certification, or registration.
- Ensure that privileging is a recurring process and includes routine assessment of fitness for duty and clinical competence to perform the duties that they have been privileged to perform.
- Maintain individual medical records for each Medical Access Plan (MAP)/Behavioral Health (BH) patient and perform at least quarterly peer review of these charts to inform privileging of providers and assessing their clinical competence.

Specific to the Medical Access and Behavioral Access Programs

- Conduct a yearly medical chart review as requested by ORH.

Attestation

- Have a continuous quality improvement (CQI) team which conducts regular clinical CQI related to MAP/BH and other high need patients in an organizational level CQI committee.
- Use a SDOH screening tool at each medical visit for every patient with two or more documented high risk medical conditions and/or identified social support needs.



Meeting Requirements

- At least one agency administrator will attend the annual Kick Off Meeting.
- Participate in regular meetings with NCAHEC Practice Support coach for annual practice assessment, action plan development and execution of agreed upon activities. Ensure appropriate personnel are engaged where needed.
- Participate in quarterly desk reviews which may include onsite or virtual; where the following may be assessed: charts, clinical protocols and policies, identification of MAP/BAH patients, and verification that agency is compliant with ORH contract expectations.
- Positions funded by SDRHC program must participate in quarterly desk reviews which may include onsite or virtual.

Documentation and Reporting Requirements

- Utilize ORH SDRHC's program forms as specified, including the Monthly Expense Report, AHEC Practice Assessment, Action Plan, Patient Eligibility, Quarterly Reports, and associated forms.
- Complete annual practice assessment, action plan and identify mutually agreed upon activities for execution with the NC AHEC Practice Support coach. Ensure activities prioritize identified operational performance needs, quality of care gaps, HIT optimization (EHR, telehealth, HIE), clinical and administrative workflow redesign, community health worker optimization, behavioral health integration development, etc. where applicable.
- Submit annual certification documents associated with receipt of funds from state agency.
- Maintain compliance with HIPAA regulations, including adherence to a privacy and security policy that references unique risks associated with outreach.

Executive Director,

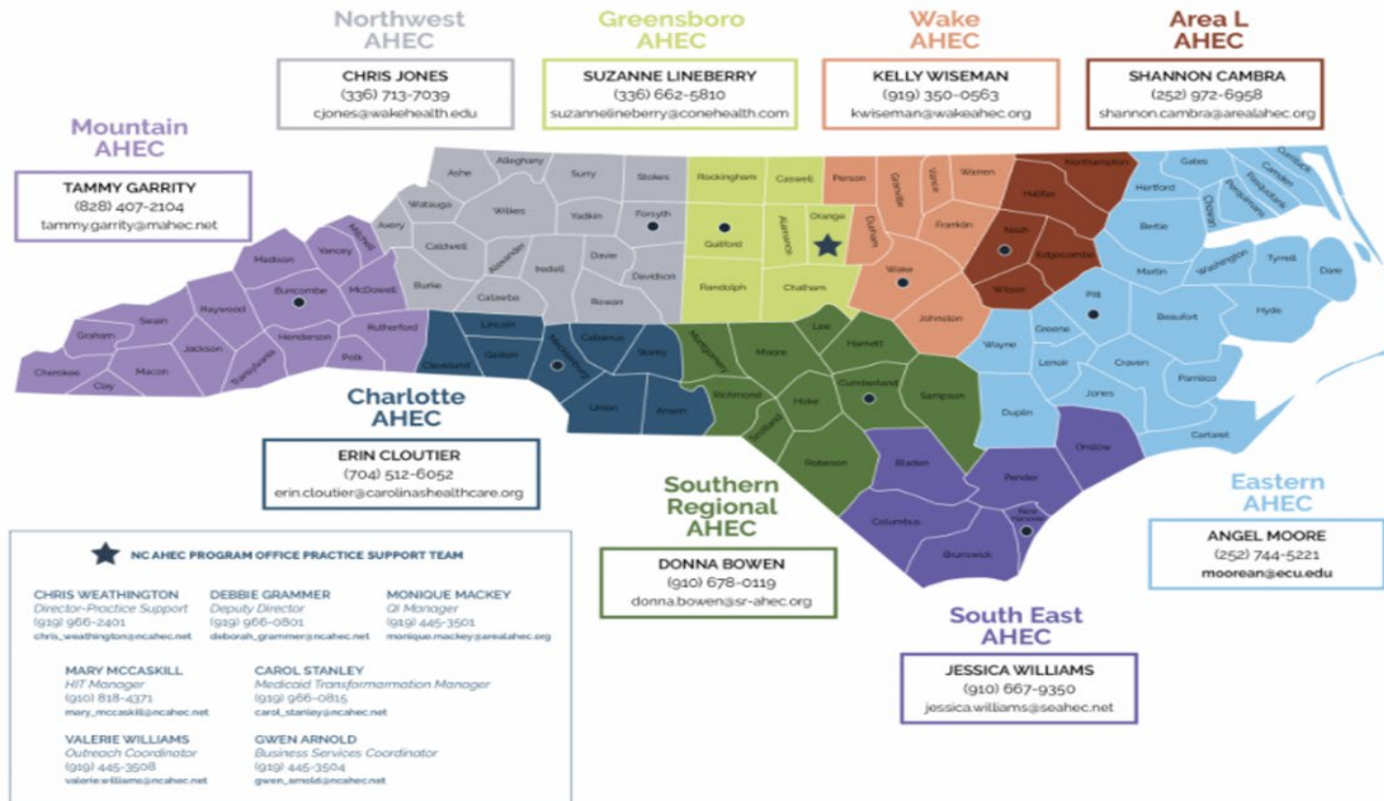
Applicant Agency Date

AHEC Practice Assessment & Action Plan Development

- AHEC practice support coaches are trained to work with you to transform the way care is delivered in your practice. To date, coaches have helped more than 6,000 providers at 1,400 practices move toward promoting interoperability (formerly meaningful use) of their electronic health records; nearly 600 practices with Medicaid Transformation education and issue resolution; over 500 practices improve office systems for better care; and more than 300 practices achieve patient-centered medical home recognition
- **Help your practice navigate through a time of great transition in health care**
- **Administer the AHEC Practice Assessment & create a collaborative Action Plan**

AHEC Practice Assessment & Action Plan Development

NORTH CAROLINA AHEC REGIONAL PRACTICE SUPPORT CONTACTS



One grant application per organization will be reviewed. Grantees must provide direct primary and preventive care and serve as a medical home.

Application
Deadline

**5:00 PM on Friday,
March 24, 2023**

Instructions
and Budget
Template

[Instructions & Required
Documents](#)

Anticipated
Notice of
Awards

April 15, 2023

Request
Unique
Application
Link

[Application Link](#)

Maximum
Award

Dependent on
availability of funds
and number of
applications

Contract
Period

July 1, 2023 -
June 30, 2024

Primary care is defined as that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern. There are providers of health care other than physicians who render some primary care services. Such providers may include nurse practitioners, physician assistants and some other health care providers. Medical home is a team-based health care delivery model led by a health care provider to provide comprehensive and continuous medical care to patients with a goal to obtain maximal health outcomes. **American Association of Family Practice: <http://www.aafp.org>*.

Two-Step Application Process

Request Unique
Application Link

- Submit your organization name and contact information
- <https://ncorh.ncdhhs.gov/redcap/surveys/?s=TPYL3PK3CRYHNRHR>

Application
Deadline

- Submit application electronically using the link unique to your email address and organization **by 5:00 pm March 24, 2023**



Scoring Criteria

Grant awards will be based on the below criteria. Failure to fully complete all sections will impact the funding amount, up to disqualification. Applications will be reviewed and scored according to all the criteria regardless of the funding categories requested.



Overview of the Organization	5 Points
Community Need	20 Points
Improved Access to Care	25 Points
Community Collaboration (e.g., health departments, departments of social services, housing authority, etc.)	15 Points
Performance Measures	20 Points
Budget	15 Points
Total Points Awarded	100 Points

Overview of Organization 5 Points

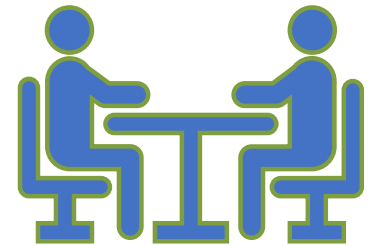
Tell us about
your
organization!

Include the following:

- Location and where the grant will be utilized
- Organization history and mission
- Description of your organization's primary care services or experience in primary care including hours of operation
- Services provided
- Data collection of social risk factors or SDOH

On the excel attachment, include the following:

- Patient insurance status
- Patients by race and ethnicity



Community Need 20 points

Why are grants funds needed?

Provide a description of the proposed service area, including the following:

- Population demographics
- Other safety net services in the area
- Challenges
- Poverty levels
- Percent uninsured

*Reference your county/region community health needs assessment to provide information in this section. **Data referenced should be less than three (3) years old.***

Will this grant align with the CHNA? Provide citations/reference sources for all community demographics and health-status data.

Provide a description of how the services will be communicated in the community and to stakeholders.



Improved Access to Care 25 Points

Will your
organization
make a difference
in the
community?

- Describe how your organization is positioned to effectively use the requested funds to increase access to care for underserved residents
- Indicate MAP and BH funding request
- Describe plan to reach 100% expenditure of requested funds
- How will your organization educate the target population?
- Describe your approach to building racial equity and inclusion
- Describe how you use or plan to use telehealth to reduce barriers to care



Community Collaboration 15 Points

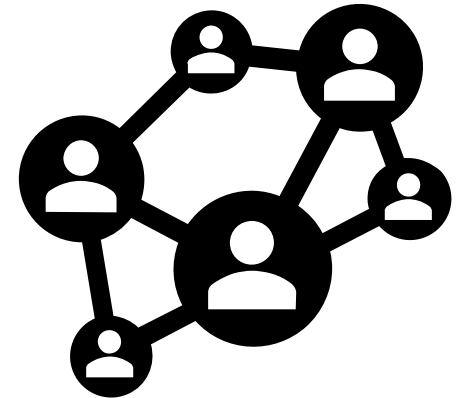
Is your
organization
partnering with
others in the
community?

Describe how your organization has built partnerships or anticipates collaborative partnerships with community organizations that serve under- and uninsured individuals.

- Include traditional and non-traditional examples
- Include partnerships directly related to your funding requests
- Provide at least 3 examples

Describe how your organization will provide/support continuity of care with community providers.

- List agencies who refer to you
- List agencies to whom you refer when unable to provide services



Performance Measures 20 Points

Medical Access Plan Targets and Performance Measure Narrative

- Describe how many MAP patients and total patients your organization will serve.
- Use the county or regional community health needs assessment data for the uninsured/underinsured population identified for your area.
- Include how you plan to collect quarterly survey data and make improvements over time.



Performance Measures Cont'd

Our performance measures align with measures in the Healthcare Effectiveness Data & Information Set, a standardized reporting system that federally qualified health centers use to submit data.



- BMI
- High Blood Pressure
- Diabetes – HbA1c
- Tobacco Use
- Screening for Clinical Depression and follow-up plan

“If I don't have faith that the data obtained is meaningful and accurate, it doesn't make me want to put time into it.” – Clinic Manager

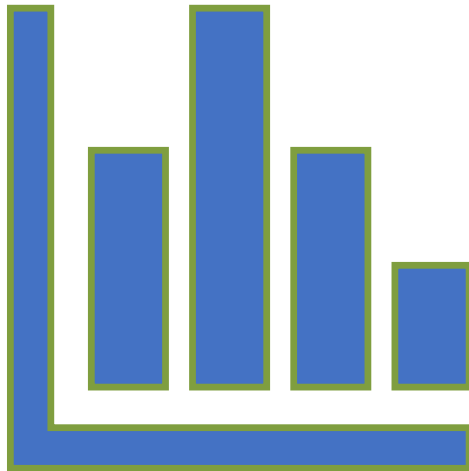
Performance Measures Cont'd

For each measure, you will need to include the following information:

Data Source: where will you obtain the information you report for your performance measures?

Collection Process and Calculation: what method will you use to collect the information?

Data Limitations: what may prevent you from obtaining data for your performance measures?





Measure Description	Screening for Clinical Depression and Follow-Up Plan Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool AND, if screening was positive, had a follow-up plan documented on the date of the visit.
Guidance	<ul style="list-style-type: none">• Use the most recent screening results.• The follow-up plan must be related to a positive depression screening.• Documentation of a follow-up plan “on the date of the visit” can refer to any countable visit, NOT only a medical visit.• The depression screening must be completed on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool and must be reviewed and addressed in the office of the provider on the date of the visit.• If the screening result is positive, a follow-up plan must be documented on the date of the visit. A follow-up plan could be additional evaluation, referral, treatment, pharmacological intervention, or other interventions.• Document the screening tool used in the patient health record. Each standardized screening tool provides guidance on whether a particular score is considered positive for depression.• Follow-up for a positive depression screening must include one or more of the following: 1) Additional interventions designed to treat depression, such as behavioral health evaluation, psychotherapy, or additional treatment. 2) Referral to a provider for further evaluation for depression. Or 3) Pharmacological interventions, when appropriate.• DO NOT count patients who are re-screened as meeting the numerator criteria as a follow-up plan to a positive screen.• DO NOT count a PHQ-9 screening that follows a positive PHQ-2 screening during the measurement period as meeting the numerator criteria for a follow-up plan to a positive depression screening.• A suicide risk assessment does not qualify for the numerator as a follow-up plan.

Budget & Budget Narrative

15 Points

Three tabs to complete:

- SDRHC Budget
- Budget Narrative
- Personnel (only required for applicants requesting funds to cover salaries)
 - NOTE: Personnel must work directly with MAP/BH programming and/or assist in increasing access to care. Personnel should be present at site visits/desk reviews.

Budget Categories	SFY 2024 State Designated Rural Health Center RFA 07/01/2023 - 06/30/2024
Medical Access Plan \$100 x patient encounter (ex: 750 encounters x \$100 = \$75,000)	
Behavioral Health Plan \$75 x patient encounter (ex: 750 encounters x \$75 = \$56,250)	
Operating Expenses Total Operating Expenses as calculated on line 55	
TOTAL PROJECT EXPENSES	0

Note: Do not add line items to the budget spreadsheet. All budget expenses must fit into one of the existing line items.

Budget & Budget Narrative

cont.

Budget narrative must show the calculations for all budget line items and must clearly justify/explain the need for these items. **Please ensure all line items from the budget tab are included in the budget narrative.** Calculations should be easy to follow/recreate, and justifications should be specific. Each budgeted line item should explain:

- What is it?
- How much?
- For what purpose?

REMINDER - Per the Free Clinics Federal Tort Claims Act (FTCA) Program Policy Guide, grant funding that applies to reimbursement, payment, or compensation for the delivery of health services to patients falls within the statutory prohibition, while grant funding that is not intended for or applied to this purpose does not. Free clinics who are FTCA recipients that choose a “per encounter” reimbursement methodology may void their FTCA liability protection.

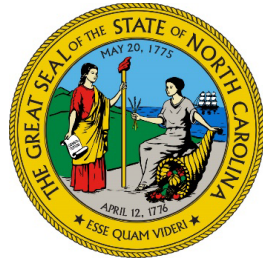


Questions?

What's Next?

- RFA Closes at 5:00 PM on March 24th, 2023
- July 1, 2023 – SFY 2024 Contracts Start
- August 2023
 - SDRHC Kick Off Meeting (location/time/date TBD)
 - Regional In Person Meeting (location/time/date TBD)
 - MAP/BH Training (location/time/date TBD)
- September 2023 - First Quarter Site Visits
- November 16th, 2023 – NC Office of Rural Health 50th Anniversary & National Rural Health Day!

Thank you!








NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Office of Rural Health

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