

## Frequently Asked Questions about the RCHN CHF Request for Letters of Interest UPDATED JULY 7, 2017 Population Health Initiative 2017

### Initial Questions:

Question 1: How many projects does the Foundation expect to fund?

Answer 1: We anticipate making five (5) awards.

Question 2: What will be the amount of each grant award?

Answer 2: Approximately \$125,000 per award.

Question 3: Who can apply?

Answer 3: Those entities currently designated by HRSA's Bureau of Primary Health Care as Federally Qualified Health Centers or Look-Alikes, or state Primary Care Associations (PCAs) *that expressly plan to sub-grant a portion of the funds to FQHCs or Look-Alikes.*

Question 4: Who is eligible as a "look alike" health center?

Answer 4: FQHC "Look-Alike" status is a special designation conferred from HRSA's Bureau of Primary Health Care, through a rigorous application process, upon entities that operate and provide services consistent with all statutory, regulatory, and policy requirements that apply to health centers funded under Section 330 of the Public Health Service Act, but do not receive funding under Section 330. Any entity that has a current Look-Alike Designation Letter from HRSA's Bureau of Primary Health Care may apply for this funding opportunity as a Look-Alike. Entities that provide services to FQHC patients or to uninsured patients or others, but are not designated by HRSA as a FQHC, a Look-Alike, or are not a PCA are not eligible for this grant.

Question 5: What is the submission deadline?

Answer 5: The deadline for submission of all Letters of Interest (LOIs) is 5:00 pm eastern time on MONDAY JULY 24.

Question 6: How do I apply?

Answer 6: LOIs must be submitted through the Foundation's online grant portal, via this [link](#).

Question 7: When will determinations be announced?

Answer 7: The Foundation anticipates completing review of LOIs and notifying applicants by late August. Organizations whose LOI generates interest from the Foundation will be invited to submit a full, more detailed proposal. Invited organizations will have four weeks following notification to prepare and submit the full proposal.

Question 8: Are letters of support required?

Answer 8: Letters of support are not required for the LOI submission. Applicants invited to submit full proposals will be required to submit a letter of support or collaboration from each Identified Partner at a later date.

Question 9: Since collaborative proposals are allowed, can a project be developed among several community health centers to directly implement strategies at each of the participating health centers?

Answer 9: Yes, collaborative proposals that address implementation across several health centers will be considered. Applications should address the specific benefits of a shared implementation strategy and identify one eligible organization as the primary grantee.

Question 10: Will projects that are currently in a model or pilot phase be considered eligible for funding?

Answer 10: Yes, expansions of current pilots or models are eligible for consideration. Organizations applying to expand an existing model or pilot program should include a complete description of the current initiative, model or pilot, and explain how additional funding would be used to expand the scope of the existing project. If the existing project is supported by another funder, please include the funder's name/organization.

Question 11: Is this a one-year grant? Can awarded funds be used over 2-3 years?

Answer 11: The Foundation anticipates making these initial awards for single-year funding. Funded projects that demonstrate strong commitment/follow through in year one may be eligible for additional funding. Extensions of awards will be considered at the end of year one to bring ideas to scale or replicate in other locations, but no such extensions are guaranteed.

Question 12: We are working with a group of clinics on a collaborative initiative. One of those clinics is a public FQHC. Is that clinic eligible to be the lead applicant? Or, must we identify a private non-profit FQHC or PCA to be the lead?

Answer 12: To meet the Foundation's tax requirements, our grantees must be 501(c)(3) non-profit organizations. Assuming the public FQHC operates under the common model in which a 501(c)(3) entity has a Board of Directors meeting the FQHC requirements with oversight of the public entity for FQHC purposes, that 501(c)(3) nonprofit would be the entity to apply and could receive the grant from the RCHN Community Health Foundation. Alternatively, a partnered 501(c)(3) could serve as the project lead.

Question 13: Funding announcement references "health neighborhoods." Please define. Is there an advantage or disadvantage to including non-FQHC or PCA participating organizations? Is it similar to a "medical neighborhood?"

Answer 13: Often the term "medical neighborhood" is used to describe the medical organizations, such as hospitals as well as specialists and other providers, that in collaboration with primary care providers are necessary for an effective and efficient local system of care. The term is often used in

conjunction with patient-centered medical home (PCMH) because coordination with the “medical neighborhood” is necessary for a highly functioning PCMH. Since this grant opportunity focuses on health care as opposed to medical care and encourages the integration of interventions focused on the social determinants of health, the term “health neighborhood” is used to denote a broader set of potential collaborations. For example, this broader set of partnerships may include organizations devoted to housing, food security, safety, transportation, education or other important factors that help assure the health of individuals and communities.

Question 14: What outcomes are you expecting from projects? Is it to improve a particular indicator (e.g., a UDS indicator) or impact a utilization issue? Or is the outcome to establish a means of addressing population health through patient-centered practice transformation and partnerships?

Answer 14: Successful applicants will focus on industry-defined outcome measures (UDS, HEDIS, etc.), aligned with health center priorities and priorities in the local health care environment, which address a clinical or preventive issue or a utilization challenge. The processes to address the outcomes will require patient-centered transformation on the part of the health center and its partnerships, with an emphasis on identifying and addressing social determinants that impact most directly on the identified applicant aims and metrics.

Question 15: Do all of our partners need to have electronic medical records?

Answer 15: Partners need to have high-functioning partner relationships demonstrated by the timely sharing of information, including patient information. Although this can be achieved through effective health information technology, other approaches will be considered, given that some communities are in earlier stages of HIT capacity building, and that partnerships may include a range of organizations and organizational types.

Question 16: What role are you envisioning that partners take on? Are they to be actively involved in the intervention proposed? Or are they to provide technical assistance? What types of partners might be included?

Answer 16: We recommend that applicants involve potential partners in designing the aims, outcomes and interventions. In this way, the health center and/or PCA and its partners can establish which partners are necessary, what roles they should play, and which resources are necessary to leverage for successful implementation. Organizations might include a broad range of partners that comprise the health neighborhood for their population.

Question 17: Can we include partners to address social determinants (e.g., YMCA to address access to physical activity venues? Or the regional foodbank to address food access issues)?

Answer 17: Yes, highly competitive applicants will engage a range of organizations and seek to engage local and regional partnerships to address social determinants.

Question 18: Is the objective of the intervention to “address the role of multiple partners” or is the intervention to address a particular clinical condition, preventive or utilization issue? Would a practice transformation initiative to redesign primary care around a clinical condition be an intervention? A couple of examples of the types of interventions you are envisioning would be helpful.

Answer 18: The intervention should address a particular clinical condition, preventive care or utilization issue. A practice transformation initiative focused on a clinical condition might also include an associated utilization challenge and related identification and amelioration of important related social determinants. It is the applicant’s responsibility, given organizational strategies and priorities, to identify the focus and interventions that are a priority in their community. RCHN Community Health Foundation is interested in supporting interventions focused on major, locally-identified health issues.

Question 19: Are there certain health conditions RCHN CHF is particularly interested in funding projects for? Are any conditions off limits for funding?

Answer 19: The conditions should represent a major health burden for the patients and community served that is amenable to measurable improvement during the grant-funding period. We will consider all conditions and challenges presented; none are off limits.

Question 20: We are looking at a partnership with two other health care organizations and one local hospital, possibly two. Does that fit in with your guidelines? We, as the FQHC, would be the lead.

Answer 20: Yes, collaborative proposals across several health centers and associated provider organizations will be considered. Applications should address the specific benefits of a shared implementation strategy and identify one eligible organization as the primary grantee.

Question 21: The request for letter of interest states that only FQHCs, Look-Alikes and PCAs are eligible to apply for the population health initiative. Does this preclude HRSA-recognized health center controlled networks from applying? Is a Health Center Controlled Network working with FQHCs eligible to apply for this opportunity?

Answer 21: Eligibility for this opportunity is limited to FQHCs, Look-Alikes and state or regional PCAs. Health Center Controlled Networks are welcome to participate as partners with health centers as the project lead to develop projects that might be more broadly disseminated through the network.

Question 22: Can funds be used to pay for staff at FQHCs and other partner organizations to implement the grantee’s proposed strategies?

Answer 22: While the types of costs will vary depending upon the nature of the proposal, allowable costs may include, but are not limited to: direct costs such as project personnel; communications, travel, meeting expenses; and purchased services including consulting costs. Creative proposals that are informed by community needs and leverage available resources are encouraged. As noted, construction costs are not allowable.

Question 23: Is there a specific percentage of funds that must be passed through, for example by the PCA, to local partners (i.e., FQHCs, public health entities, etc.)?

Answer 23: There is no specified percentage or dollar amount that must be set aside for partners. PCA applicants should include direct work to be undertaken by a member health center or centers in conjunction with the PCA and *will be required to sub-grant a portion of the project award to FQHC or Look-alike partners*. Applicants invited to submit a full proposal will be required to provide a full budget and budget narrative that specifies the amounts intended to flow from the PCA to each health center sub-grantee and for what purpose.

Question 24: I see that you require an upload of the 503(c)(3) tax determination letter. Although our organization operates the FQHC/CHC, we are not a 501(c)(3) organization. Is a non-profit government entity eligible to apply for this grant opportunity?

Answer 24: To meet the Foundation's tax requirements, our grantees must be 501(c)(3) non-profit organizations. Assuming the public FQHC operates under the common model in which a 501(c)(3) entity has a Board of Directors meeting the FQHC requirements with oversight of the public entity for FQHC purposes, that 501(c)(3) nonprofit would be the entity to apply and could receive the grant from the RCHN Community Health Foundation. Alternatively, a partnered 501(c)(3) may serve as the project lead.

Question 25: For partnerships—does that require our organization sharing funds with another organization or agency, or can we just work with them in some project-related capacity?

Answer 25: See #23 above.

Question 26: Does the foundation have a particular regional focus or would this opportunity be available to all FQHCs (and Look-Alikes) in urban and rural areas.

Answer 26: Eligibility is not limited to any particular state or geographic area. As indicated in the LOI announcement, any entity currently designated as a FQHC or FQHC Look-Alike, or state or regional PCAs (if the PCAs are specifically proposing in the application to sub-grant to FQHCs or FQHC Look-Alikes for a portion of the project) are welcome to submit proposals for funding consideration.

Question 27: We have two great ideas for the program. May we submit two LOIs for consideration?

Answer 27: Please submit one LOI representing your single best idea.

Question 28: What if I have additional questions?

Answer 28: Additional questions regarding the Request for Letters of Interest may be posed to the Foundation via email to [grants@rchnfoundation.org](mailto:grants@rchnfoundation.org), with the subject line "POP HEALTH17 LOI QUESTION" and the NAME of your organization. The deadline for submission of all questions about the Request for Letters of Interest is: 12:00 pm (noon) eastern time on FRIDAY JUNE 30. Note that no individual responses will be provided. Rather, responses will be posted in the form of additional FAQs. The Foundation expects to post all responses by COB FRIDAY JULY 7.

### **Additional Questions:**

Question 29: Can funds be used in part to support patient care-related costs for an intervention that is currently not reimbursable by health plans, but has the potential for improving health outcomes and cost savings?

Answer 29: Funds may be used to support patient care-related costs consistent with the health center's scope of practice and regulatory requirements.

Question 30: Please clarify what you define as a "health neighborhood." Is it a zip code or location with similar demographics and one which we have health outcome data for? Are all the zip codes that are serviced by one location considered a "health neighborhood" given their similar demographics and similar health outcomes?

Answer 30: Rather than denoting a specific geographic area, the term "health neighborhood" is used here to refer to the range of organizations and services that might be part of a comprehensive program to ensure improved population health outcomes. Please see #13 above.

Question 31: We are a recognized Health Center Controlled Network (HCCN). Are we eligible for this grant opportunity?

Answer 31: This grant opportunity is open to FQHCs, Look-Alikes and state or regional PCAs. Health Center Controlled Networks may participate in partnership with health centers as the project lead. Please see #21 above.