

**West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Community Health Systems and Health Promotion
Division of Primary Care**

Fiscal Year 2020

**Health Right/Free Clinic Application
Uncompensated Care Funding**

INSTRUCTIONS

Grant Application is due by 5/22/19

Data are reported from 01/01/2018 – 12/31/2018

**Upon completion of the grant application and selecting the submit button,
applications are automatically sent to the appropriate individuals.**

Information Systems Manager

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Division of Primary Care

**David S. Haden
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The **Instruction** for Free Clinic grantee preparations of the **FY 2020 Free Clinic Application for Uncompensated Care Funding** is from the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Public Health (BPH), Office of Community Health Systems and Health Promotion (OCHSHP), Division of Primary Care (DPC).

Defined in West Virginia Legislative Rule 64 §CSR-70-3.10, a primary health care service is a service including medical care, which emphasizes first contact patient care and assumes overall and on-going responsibility for the patient in both health maintenance and treatment of illness. Primary care involves a unique interaction between patient and primary care physician or a multi-disciplinary team under the supervision of a physician or both. The appropriate use of referrals and community resources is an important part of effective primary care. The care is generally provided by a physician but may be provided by other members of a multi-disciplinary team such as registered nurses, nurse practitioners, physician assistants and nurse mid-wives. The purpose of this interaction is to achieve comprehensive coordination of health care including educational, behavioral, biological, and social aspects of care. It is a patient care-oriented approach which emphasizes the continuity of care over the full spectrum of health services. It begins with patient assessment, wellness, and prevention through medical management, lifestyle modification and health education. The primary care provider is the patient's advocate through the complex system of health care delivery.

FUNDING PURPOSE

The funding is designated (upon availability) by the West Virginia Legislature to the West Virginia Bureau for Public Health. The funding is to help off-set financial deficits caused when annual revenue is exceeded by expense. The grants are reviewed by OCHSHP, DPC and awarded by the Commissioner of the WVBPH.

APPLICATION QUESTIONS AND DUE DATE

- Russell Hicks, Information Systems Manager is Program Designer. He may be contacted for questions at: russell.e.hicks@wv.gov or by telephone at 304.356.4314, or if you are unable to reach Russell, you may contact Courtney Stanley at: courtney.a.stanley@wv.gov or by telephone at 304.356.4099.
- David Haden, Director, Division of Primary Care. He may be contacted at: david.s.haden@wv.gov or by telephone at 304.356.4234.
- **The completed grant is due May 22, 2019.**

Tables

- Table A – Patients by Age and Gender
- Table B – Patient Characteristics
- Table C – Counties Served
- Table D – Staffing and Utilization
- Table E – Projections
- Table F_ Chronic Diseases
- Table G –Selected Services Provided
- Table H – Financial Costs
- Table I – Revenue

Narratives

- 1 General
- 2 Opiate influence
- 3 Data Entry
- 4 Financial Change

The space for discussing each narrative will extend the whole page.

Table A – Patients by Age and Gender

List patients, by age and gender who receive at least one (1) face-to-face visit during the calendar year. All columns will calculate.

Table B – Patient Characteristics

This table asks for patient income as percent of poverty level, special populations, and patients by race.

Migrant Workers: Defined in the Public Health Services Act, are migrant agricultural workers whose principal employment is in agriculture on a seasonal basis and who established a temporary home for the purposes of such employment. Migrant agricultural workers are usually hired laborers and are paid piecework, hourly or daily wages. Their dependent family members may also be patients of the clinic.

Homeless: Patients who lack housing (without regard to whether the individual is a member of a family), including individuals whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and individuals who reside in transitional housing. Report the total number of patients, known to have been homeless at the time of any service provided during the reporting period.

Veterans: Patients who report they have served and have been discharged from the uniformed services of the United States are veterans.

Table C - Counties Served

This table asks for counties served by your clinic.

Table D - Staffing and Utilization

This table provides a profile of FTE staff (Column a), the number of clinic visits they render (Column b) and the number of patients reported treated (Column c). Each column is automatically totaled. Line 32 Totals FTE's, visits and patients. A column has been added to estimate the number of volunteers serving your site.

Full-Time Equivalent (FTE): are all free clinic employees, those contracted volunteers are listed in the appropriate category in Column a.

Calculating FTEs: The FTE is equivalent to one (1) person working full-time for one (1) year. Providers: are based on employment contracts, on hours paid including vacation, sick, continuing education, etc. Calculate FTE for persons working part-time of part-year (6 months full-time = 0.50 FTE). A column has been added to estimate the number of volunteers serving your site.

Clinic Visit defined in (Column b) is face-to-face contact between patient and a provider. If a patient sees two (2) providers during the same visit, it is counted as two (2) visits but one (1) patient. Totals on Table D are programmed to automatically total in each category.

Volunteers: A column has been added to estimate volunteers working in the calendar year.

Table E - Projections

Projections are based on the following:

Actual Data – CY 2018 (01/01/2018 – 12/31/2018) are reported for Total Patients, Visits, Accrued Costs and Uncompensated Cost. The second column data are reported as a Projection for FY – 2020 (07/01/2019 – 06/30/2020) The Difference column has allowed these actual and projected data to be captured.

Table F - Chronic Diseases

List the top six most frequently diagnosed chronic diseases. Choose from those that are clinically managed.

Table G - Selected Services Provided

The table lists Diagnostic, Dental, and Other Professional services. Two columns, Grantee Provided and Grantee Referral require the **number** of patients receiving each of the listed services and how these were provided.

Table H- Financial Costs

The table requires personnel costs and operational expenses. The costs column will calculate.

Table I – Revenue

Revenue to be reported is: Federal Grants, Third Party Payors, Grants or Contracts, and Other Revenue non-patient related and not reported elsewhere. Totals will calculate.

ATTACHMENTS

These documents **must be emailed to all three:**

1. russell.e.hicks@wv.gov
2. courtney.a.stanley@wv.gov
denise.f.young@wv.gov

- Sliding fee schedule (if applicable)
- Organizational Chart
- Board of Directors Membership List
- Corporation By-Laws

Documents to be **sent by US mail are:**

- One complete printed copy of the grant
- One copy of the most recent Independent Audit and Management Letter
- Grant application Signature Page (**signed in blue ink**)

David Haden, Director
Division of Primary Care
350 Capitol Street, Room 515
Charleston, West Virginia 25301

In addition, send ONE copy of the most recent Independent Audit and Management Letter to:

Division of Compliance and Monitoring
One Davis Square, Suite 401
Charleston, West Virginia 25301