

Fiscal Year 2018

Office of Community Health Systems and Health Promotion Division of Primary Care

Community Health Center
Uncompensated Care
and
School-Based Health Center

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CHC Name:





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OBTIT	ICOTION
	- Carlott

CHC Name:				Number o	of Satellite Clir	nics:
DBA (If applicable):					Total Patie	
Street Address:					Total Vis	
Mailing Address (if						
different):			Number of	School-Base	ed Health Cent	
Organization Phone:					Total Patie	
Organization Fax:					Total Vi	sits:
City:			-	Total Patients	c ΔII Sitos:	
State: Zip:				Total Visit		
FEIN:				TOTAL VISIT	s All Sites.	
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RHC			Month ar	nd Year Statu	ıs Acquired:	
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Person completing Application						
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Send one copy of the most recolletter to: David Haden, Direct		-			recent indepe	naent
Division of Primary			udit and mana ivision of Cor	-		
350 Capitol Street, F			ne Davis Squ	-	_	
Charleston, WV 253			harleston. W		•	

Pharmacy Services

What was the Average Wholesale Price (AWP) value of all donated pharmaceuticals provided to patients?	
What was the Full-Time Equivalent (FTE) for work performed in directly assisting patients with indigent drug programs?	
340b Covered Entities	
Did the CHC have dispensing services in 2016?	
If yes, please provide the following information:	
1. Were dispensing services provided in-house?	
2. Were dispensing services provided by a contracted pharmacy?	
3. What was the cost of the 340b medications purchased during 2016?	
4. What was the amount of revenue received from patient purchased 340b medications?	
7. How many patients were served through the program?	
8. How many prescriptions were dispensed through the program?	

Zip Code	None Uninsured	Medicaid / CHIP / Other Public	Medicare	Private	Total Patients
			_		
			_		
Total					

Zip Code	None Uninsured	Medicaid / CHIP / Other Public	Medicare	Private	Total Patients
Tatal					
Total					

Zip Code	None Uninsured	Medicaid / CHIP / Other Public	Medicare	Private	Total Patients
Total					
ı otal					

Zip Code	None Uninsured	Medicaid / CHIP / Other Public	Medicare	Private	Total Patients
Total					

Zip Code	None Uninsured	Medicaid / CHIP / Other Public	Medicare	Private	Total Patients
Total					

Zip Code	None Uninsured	Medicaid / CHIP / Other Public	Medicare	Private	Total Patients
Total					

Zip Code	None Uninsured	Medicaid / CHIP / Other Public	Medicare	Private	Total Patients
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Total					

Zip Code	None Uninsured	Medicaid / CHIP / Other Public	Medicare	Private	Total Patients
Other 7in Codes					
Other Zip Codes Unknown Residence					
Total					
ıotaı					

Table 3A - Patients by Age and by Sex at Birth

	Age Groups	Male Patients	Female Patients	Total Patients
1	Under Age 1			
2	Age 1			
3	Age 2			
4	Age 3			
5	Age 4			
6	Age 5			
7	Age 6			
8	Age 7			
9	Age 8			
10	Age 9			
11	Age 10			
12	Age 11			
13	Age 12			
14	Age 13			
15	Age 14			
16	Age 15			
17	Age 16			
18	Age 17			
19	Age 18			
20	Age 19			
21	Age 20			
22	Age 21			
23	Age 22			
24	Age 23			
25	Age 24			
26	Ages 25-29			
27	Ages 30-34			
28	Ages 35-39			
29	Ages 40-44			
30	Ages 45-49			
31	Ages 50-54			
32	Ages 55-59			
33	Ages 60-64			
34	Ages 65-69			
35	Ages 70-74			
36	Ages 75-79			
37	Ages 80-84			
38	Age 85 and Over			
39	Total Patients			

Table 3B - Demographic Characteristics

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Patients by Hispanic or Latino Ethnicity

Line	Patients By Race	Hispanic/ Latino (a)	Non- Hispanic/ Latino (b)	Unreported/ Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1.	Asian				
2a.	Native Hawaiian				
2b.	Other Pacific Islander				
2.	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)				
3.	Black/African American				
4.	American Indian/Alaska Native				
5.	White				
6.	More than one race				
7.	Unreported/Refused to report race				
8.	Total Patients (Sum Lines 1+2 + 3 to 7)				

Line	Patients by Language	Number (a)
12.	Patients Best Served in a Language Other Than English	

Line	Patients by Sexual Orientation	Number (a)	Line	Patients by Gender Identity	Number (a)
13.	Lesbian or Gay		20.	Male	
14.	Straight (not lesbian or gay)		21.	Female	
15.	Bisexual		22.	Transgender Male/ Female-to- Male	
16.	Something else		23.	Transgender Female/ Male-to- Female	
17.	Don't know		24.	Other	
18.	Chose not to disclose		25.	Chose not to disclose	
19.	Total Patients (Sum Lines 13 to 18)		26.	Total Patients (Sum Lines 20 to 25)	

Table 4 - Selected Patient Characteristics

Characteristic	Number of Patients
Income as Percent of Poverty Level	Number of Patients (a)
100% and below	
101–150%	
151–200%	
Over 200%	
Unknown	
TOTAL (Sum Lines 1–5)	
	Income as Percent of Poverty Level 100% and below 101–150% 151–200% Over 200% Unknown

Line	Principal Third Party Medical Insurance	0-17 years old (a)	18 and older (b)
7.	None/Uninsured		
8a.	Regular Medicaid (Title XIX)		
8b.	CHIP Medicaid		
8.	Total Medicaid (Line 8a + 8b)		
9a.	Dually Eligible (Medicare and Medicaid)		
9.	Medicare (Inclusive of dually eligible and		
Э.	other Title XVIII beneficiaries)		
10a.	Other Public Insurance Non-CHIP (specify:)		
10b.	Other Public Insurance CHIP		
10.	Total Public Insurance (Line 10a + 10b)		
11.	Private Insurance	•	
12.	TOTAL (Sum Lines 7 + 8 + 9 +10 +11)		

Line	Managed Care Utilization Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non- Medicaid CHIP (c)	Private (d)	TOTAL (e)
13a.	Capitated Member months					
13b.	Fee-for-service Member months					
13c.	Total Member months (Sum Lines 13a + 13b)					

Line	Special Populations	Number of Patients (a)
14.	Migratory (330g grantees only)	n/2
15.	Seasonal (330g grantees only)	11/ Cl
16.	Total Agricultural Workers or Dependents (All Health Centers Report This Line)	n/a n/a
17.	Homeless Shelter (330h grantees only)	n/a
18.	Transitional (330h grantees only)	
19.	Doubling Up (330h grantees only)	
20.	Street (330h grantees only)	
21.	Other (330h grantees only)	
22.	Unknown (330h grantees only)	
23.	Total Homeless (All Health Centers Report This Line)	
24.	Total School Based Health Center Patients	
	(All Health Centers Report This Line)	
25.	Total Veterans (All Health Centers report this line)	
26.	Total Public Housing Patients (All Health Centers Report This Line)	

Table 5 - Staffing and Utilization

Person	nel by Major Service Category	FTEs (a)	Clinic Visits	Patients (c)
1	Family Physicians	(•)	(*)	(0)
2	General Practitioners			
3	Internists			
4	Obstetrician/Gynecologists			
5	Pediatricians			
6				
7	Other Specialty Physicians			
8	Total Physicians (Lines 1 – 7)			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
10a	Total NP, PA, CNMs (Lines 9a - 10)			
11	Nurses			
12	Other Medical personnel			
13	Laboratory Personnel			
14	X-ray Personnel			
15	Total Medical (Lines 8 + 10a through 14)			
16	Dentists			
17	Dental Hygienists		+	
18	Dental Assistants, Aides, Techs			
19	Total Dental Services (Lines 16 – 18)			
20a	Psychiatrists			
20a1	Licensed Clinical Psychologists			
20a1 20a2	Licensed Clinical Psychologists Licensed Clinical Social Workers			
20a2 20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff			
200	Total Mental Health (Lines 20a-c)			
21	Substance Abuse Services			
22	Other Professional Services (specify)			
22a	Ophthalmologist			
22b	Optometrist			
22c	Other Vision Care Staff			
22d				
	Total Vision Services (Lines 22a-c)			
23	Pharmacy Personnel			
24	Case Managers			
25	Patient / Community Education Specialists Outreach Workers			
26				
27	Transportation Staff			
27a	Eligibility Assistance Workers			
27b	Interpretation Staff			
28	Other Enabling Services (specify)			
29	Total Enabling Services (Lines 24-28)			
29a	Other Programs / Services (specify)			
30a	Management and Support Staff			
30b	Fiscal and Billing Staff			
30c	IT Staff			
31	Facility Staff			
32	Patient Support Staff			
33	Total Facility and Non-Clinical Support Staff			
33	(Lines 30a-32)			
34	Total Lines 15+19+20+21+22+22d+23+29+29a+33)			

Table 5A - Tenure For Health Center Staff

		Full and	part time	Locum, Oi	n-call, etc
Health Center staff		Persons (a)	Total months (b)	Persons (c)	Total months (d)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
11	Nurses				
16	Dentists				
17	Dental Hygienists				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
22a	Ophthalmologist				
22b	Optometrist				
30a1	Chief Executive Officer				
30a2	Chief Medical Officer				
30a3	Chief Financial Officer				
30a4	Chief Information Officer				

Table 6A - Diagnoses and Services Rendered

Table 6A: Selected Diagnoses

	e 6A: Selected Diagnoses Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
	Selected Infectious and Parasitic Diseases			
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21		
3.	Tuberculosis	A15- through A19-		
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-		
4a.	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51		
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52		
	Selected Diseases of the Respiratory System			
5.	Asthma	J45-		
6.	Chronic obstructive pulmonary diseases	J40- through J44-, J47-		
	Selected Other Medical Conditions			
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, R92-		
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.810, R87.820		
9.	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)		
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I26- through I28-, I30- through I52-		
11.	Hypertension	I10- through I15-		
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L55- through L59- (exclude L57.0 through L57.4)		
13.	Dehydration	E86-		
14.	Exposure to heat or cold	T33.XXXX, T34.XXXX, T67.XXXX, T68.XXXX, T69.XXXX		
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)		

Table 6A - Diagnoses and Services Rendered

	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
	Selected Childhood Conditions (limited to ages 0 through 17)			
15.	Otitis media and Eustachian tube disorders	H65- through H69-		
16.	Selected perinatal medical conditions	A33-, P22- through P29- (exclude P22.0, P29.3), P35- through P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89		
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3		
	Selected Mental Health			
	and Substance Abuse Conditions			
18.	Alcohol related disorders	F10-, G62.1		
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-		
19a.	Tobacco use disorder	F17-		
20a.	Depression and other mood disorders	F30- through F39-		
20b.	Anxiety disorders including PTSD	F40- through F42-, F43.0, F43.1-		
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-		
20d.	Other mental disorders, excluding drug or alcohol dependence	F01- through F09-, F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F59- (exclude F55-), F60- through F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0		

Table 6A: Selected Services Rendered

	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
	Selected Diagnostic Tests/ Screening/Preventive Services			
21.	HIV test	CPT-4 : 86689; 86701 through 86703; 87390 through 87391		

Table 6A - Diagnoses and Services Rendered

	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
21a.	Hepatitis B test	CPT-4 : 86704, 86706, 87515 through 87517		
21b.	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522		
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-10: Z12.31		
23.	Pap test	CPT-4 : 88141 through 88155, 88164 through 88167, 88174, 88175 OR ICD-10 : Z01.41-, Z01.42, Z12.4		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633, 90634, 90645 through 90648, 90670, 90696 through 90702, 90704 through 90716, 90718 through 90723, 90743, 90744, 90748		
24a.	Seasonal Flu vaccine	CPT-4 : 90654 through 90662, 90672, 90673, 90685 through 90688		
25.	Contraceptive management	ICD-10: Z30-		
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4 : 99381 through 99383, 99391 through 99393		
26a.	Childhood lead test screening (9 to 72 months)	CPT-4 : 83655		
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409		
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F		
26d.	Comprehensive and intermediate eye exams	CPT-4 : 92002, 92004, 92012, 92014		

	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
	Selected Dental Services			
27.	I. Emergency Services	ADA : D9110		
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180		
29.	Prophylaxis – adult or child	ADA: D1110, D1120		
30.	Sealants	ADA : D1351		
31.	Fluoride treatment – adult or child	ADA: D1206, D1208		
32.	III. Restorative Services	ADA: D21xx through D29xx		
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290 through D7294		
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx		

Section A - Age Categories for Prenatal Care Patients:

Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)
1	Less than 15 years	
2	Ages 15-19	
3	Ages 20-24	
4	Ages 25-44	
5	Ages 45 and over	
6	Total Patients (Sum lines 1-5)	

Section B - Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		

Section C - Childhood Immunization Status

Line	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2 nd birthday			

Section D - Cervical Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer			

Section E - Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents

Addiescents					
	Weight Assessment and	Total Patients	Number Charts	Number of Patients	
1 :	Counseling for Nutrition and	Aged 3 through	Sampled or	with Counseling	
Line	Physical Activity for Children	17	EHR Total	and BMI	
	and Adolescents	(a)	(b)	Documented (c)	

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile, and counseling on nutrition and physical activity documented			

Section F - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

Line	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients aged 18 and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters			

Section G – Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts sampled or EHR Total (b)	Number of patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a	MEASURE: Percentage of patients aged 18 years and older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention			

Section H - Use of Appropriate Medications for Asthma

Line	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16	MEASURE: Percentage of patients aged 5 through 64 years of age identified as having persistent asthma and were appropriately prescribed medication during the measurement period			

Section I - Coronary Artery Disease (CAD): Lipid Therapy

Line	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients Aged 18 And Older With CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17	MEASURE: Percentage of patients aged 18 and older with a diagnosis of CAD who were prescribed a lipid lowering therapy			

Section J - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Total Patients Aged 18 And Older With IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients With Documentation of Aspirin or Other Antithrombotic Therapy (c)
18	MEASURE: Percentage of patients aged 18 and older with a diagnosis of IVD or AMI,CABG, or PCI procedure with aspirin or another antithrombotic therapy			

Section K - Colorectal Cancer Screening

	00000111	Coloroctal Callool		
Line	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Charts Sampled or EHR Total (b)	Number of Patients With Appropriate Screening For Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer			

Section L - HIV Linkage to Care

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis			

Section M – Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

Line	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients aged 12 and older who were (1) screened for depression with a standardized tool <i>and</i> , if screening was positive, (2) had a follow-up plan documented			

Section N - Dental Sealants for Children between 6-9 Years

Line	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22	MEASURE: Percentage of children aged 6 through 9 years, at moderate to high risk of caries who received a sealant on a first permanent molar			

Table 7 - Health Outcomes and Disparities Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

0	HIV Positive Pregnant Women								
2	Deliveries Performed by Health Center's Providers								
Line #	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500-2499 grams (1c)	Live Births: =>2500 grams (1d)				
Hispa	anic/Latino								
1a	Asian								
1b1	Native Hawaiian								
1b2	Pacific Islander								
1c	Black/African American								
1d	American Indian/Alaska Native								
1e	White								
1f	More than One Race								
1g	Unreported/Refused to Report Race								
	Subtotal Hispanic/Latino								
Non	-Hispanic/Latino								
2a	Asian								
2b1	Native Hawaiian								
2b2	Pacific Islander								
2c	Black/African American								
2d	American Indian/Alaska Native								
2e	White								
2f	More than One Race								
2g	Unreported/Refused to Report Race								
	Subtotal Non-Hispanic/Latino								
Unre	eported/Refused to Report Ethnicity								
h	Unreported/Refused to Report Race and Ethnicity								
i	Total								

Table 7 - Health Outcomes and Disparities Section B: Hypertension by Race and Hispanic/Latino Ethnicity

#	Race and Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
His	panic/Latino			
1a	Asian			
1b1	Native Hawaiian			
1b2	Pacific Islander			
1c	Black/African American			
1d	American Indian/Alaska Native			
1e	White			
1f	More than One Race			
1g	Unreported/Refused to Report Race			
	Subtotal Hispanic/Latino			
Nor	n-Hispanic/Latino			
2a	Asian			
2b1	Native Hawaiian			
2b2	Pacific Islander			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Refused to Report Race			
	Subtotal Non-Hispanic/Latino			
Unr	eported/Refused to Report Ethnicity			
h	Unreported/Refused to Report Race and Ethnicity			
i	Total			

Table 7 - Health Outcomes and Disparities Section C: Diabetes by Race and Hispanic/Latino Ethnicity

#	Race and Ethnicity	Total Patients with Diabetes	Charts Sampled or EHR Total	Patients with Hba1c <8%	Patients with 8%<= Hba1c <=9%	Hba1c >9% Or No Test During Year
		(3a)	(3b)	(3d1)	(3e)	(3f)
His	panic/Latino					
1a	Asian					
1b1	Native Hawaiian					
1b2	Pacific Islander					
1c	Black/African American					
1d	American Indian/Alaska Native					
1e	White					
1f	More than One Race					
1g	Unreported/Refused to Report Race					
	Subtotal Hispanic/Latino					
No	n-Hispanic/Latino					
2a	Asian					
2b1	Native Hawaiian					
2b2	Pacific Islander					
2c	Black/African American					
2d	American Indian/Alaska Native					
2e	White					
2f	More than One Race					
2g	Unreported/Refused to Report Race					
	Subtotal Non-Hispanic/Latino					
Un	reported/Refused to Report Ethnicity					
h	Unreported/Refused to Report Race and Ethnicity					
i	Total					

Table 8A - Financial Costs

		ī	A	T 0 1
		ACCRUED	ALLOCATION OF FACILITY AND	TOTAL COST AFTER ALLOCATION OF
		Cost	Non-Clinical	FACILITY AND NON-
		333.	SUPPORT	CLINICAL SUPPORT
			SERVICES	SERVICES
	O M O	(a)	(b)	(c)
	ICIAL COSTS FOR MEDICAL CARE	1	T	
1.	Medical Staff			
2.	Lab and X-ray			
3.	Medical/Other Direct			
4.	TOTAL MEDICAL CARE SERVICES (SUM LINES 1 THROUGH 3)			
FINAN	ICIAL COSTS FOR OTHER CLINICAL SERVICES	T	_	
5.	Dental			
6.	Mental Health			
7.	Substance Abuse			
8a.	Pharmacy not including pharmaceuticals			
8b.	Pharmaceuticals			
9.	Other Professional (Specify)			
9a	Vision			
10.	TOTAL OTHER CLINICAL SERVICES			
	(Sum Lines 5 through 9a)	LATER CERVICE		
	ICIAL COSTS OF ENABLING AND OTHER PROGRAM RE	LATED SERVICES	5	Τ
11a.	Case Management			
11b.	Transportation			
11c.	Outreach			
11d.	Patient and Community Education			
11e.	Eligibility Assistance			
11 f.	Interpretation Services			
11g.	Other Enabling Services (specify:)			
11.	Total Enabling Services Cost (SUM LINES 11A THROUGH 11G)			
12.	Other Related Services (specify:)			
13.	TOTAL ENABLING AND OTHER SERVICES (Sum Lines 11 and 12)			
FACIL	ITY AND NON-CLINICAL SUPPORT SERVICES AND TOTAL	ALS		
14.	Facility			
15.	Non Clinical Support Services			
16.	TOTAL FACILITY AND NON CLINICAL SUPPORT SERVICES (SUM LINES 14 AND 15)			
17.	TOTAL ACCRUED COSTS (SUM LINES 4 + 10 + 13 + 16)			
18.	Value of Donated Facilities, Services, and Supplies (specify:)			
19.	TOTAL WITH DONATIONS (SUM LINES 17 AND 18)			

Table 9D - (Part I of II) Patient Related Revenue

(Scope of Project Only)

PAYOR CATEGORY		FULL CHARGES THIS PERIOD (a)	AMOUNT COLLECTED THIS PERIOD (b)	RETRO	ACTIVE SETTLEMEN	TS, RECEIPTS, AND PAY (C) COLLECTION OF	BACKS PENALTY	ALLOWANCES (d)	SLIDING DISCOUNTS (e)	BAD DEBT WRITE OFF (f)
				RECONCILIATIO N/WRAP AROUND CURRENT YEAR (C1)	RECONCILIATIO N/WRAP AROUND PREVIOUS YEARS (C2)	OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/ WITHHOLD (c3)	PAYBACK (c4)			
1.	Medicaid Non-Managed Care								N/A	N/A
2a.	Medicaid Managed Care (capitated)									N/A
2b.	Medicaid Managed Care (fee-for-service)									N/A
3.	TOTAL MEDICAID (LINES 1+ 2A + 2B)								N/A	N/A
4.	Medicare Non-Managed Care									N/A
5a.	Medicare Managed Care (capitated)									N/A
5b.	Medicare Managed Care (fee-for-service)									N/A
6.	Total Medicare (Lines 4 + 5A+ 5B)								N/A	N/A
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)								N/A	N/A
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)								N/A	N/A

Table 9D - (Part II of II) Patient Related Revenue

(Scope of Project Only)

Payo	Payor Category		AMOUNT COLLECTED THIS PERIOD (b)	Retro	RETROACTIVE SETTLEMENTS, RECEIPTS, AND PAYBACKS (C)				SLIDING DISCOUNTS (e)	BAD DEBT WRITE OFF
				COLLECTION OF RECONCILIATIO N/WRAP AROUND CURRENT YEAR (c1)	COLLECTION OF RECONCILIATIO N/WRAP AROUND PREVIOUS YEARS (C2)	COLLECTION OF OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/WITHHOLD (c3)	PENALTY/ PAYBACK (C4)			
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for- service)									
9.	TOTAL OTHER PUBLIC (LINES 7+ 8A +8B)									
10.	Private Non-Managed Care									
11a.	Private Managed Care (capitated)									
11b.	Private Managed Care (fee-for-service)									
12.	TOTAL PRIVATE (LINES 10 + 11A + 11B)									
13.	Self Pay									
14.	TOTAL (LINES 3 + 6 + 9 + 12 + 13)									

Table 9E - Other Revenue

Sour	RCE	Amount (a)				
BPHC GRANTS (ENTER AMOUNT DRAWN DOWN - CONSISTENT WITH PMS-272)						
1a.	Migrant Health Center					
1b.	Community Health Center					
1c.	Health Care for the Homeless					
1e.	Public Housing Primary Care					
1g.	TOTAL HEALTH CENTER (SUM LINES 1A THROUGH 1E)					
1j.	Capital Improvement Program Grants (excluding ARRA)					
1k.	Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants					
1.	Total BPHC Grants (SUM LINES 1G + 1J + 1K)					
Отне	R FEDERAL GRANTS					
2.	Ryan White Part C HIV Early Intervention					
3.	Other Federal Grants (specify:)					
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers					
5.	TOTAL OTHER FEDERAL GRANTS (SUM LINES 2 - 4A)					
Non-	FEDERAL GRANTS OR CONTRACTS					
6.	State Government Grants and Contracts (specify:)					
6a.	State/Local Indigent Care Programs (specify:)					
7.	Local Government Grants and Contracts (specify:)					
8.	Foundation/Private Grants and Contracts (specify:)					
9.	Total Non-Federal Grants and Contracts (Sum Lines 6 +6A + 7+8)					
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (specify:)					
11.	TOTAL REVENUE (LINES 1+5+9+10)					

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Budget Projections

		Data CY2016	Projected CY2017	Difference
1.	Total Accrued Costs			
2.	Total Patient Revenues			
3.	Total Patient Collections			
4.	Total Patients (All Sites)			
5.	Total Visits (All Sites)			
6.	Total Uncompensated Cost			

General Narrative

Please report changes in patient services, new site(s)/location, specialty programs, loss of services, etc. during CY 201 . List new services and ones planning to be implemented during CY 201 .				

Financial Change Narrative

pacted by increases or decreases in costs and/or revenue.					

Data Entry Narrative

Application Signatures

Fiscal Year 2018

West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Community Health Systems and Health Promotion
Division of Primary Care
Community Health Center Uncompensated Care and Equipment and Capital Cost Funding

(Please sign in blue ink)

Administrator Name	CEO Signature	Date
Board President Name	Board President Signature	Date
Application Preparer	Preparer Signature	Date

Satellite Sites



Name:		Site Visits:
Address:		Site Patients:
City:	State Zip	
Phone:	Fax:]
	Full-Time	
	Part-Time	
	Evening Hours	
	Weekend Hours	
	Total Hours per week site is staffed by a physician or mid-le	evel provider
List your site	e's scheduled days and specific hours of operation:	
Monday	to	
Tuesday	y to	
Wednesday	y to	
Thursday		
Friday		
Saturday		
Sunday	to	
Counties Ser	ved	

	<u> </u>
Service Type	Delivery Method
Not All Centers Will Provide All Services	More than one may apply for a given service
	Provided By By
	By Referral/ Referral/
	Grantee Grantee Grantee
	Doesn't Pa

Primary Medical Care Services

General Primary Medical Care (other than listed below)

Diagnostic Laboratory (technical component)

Diagnostic X-ray procedure (technical component)

Diagnostic Tests/Screenings (professional component)

Emergency Medical Services

Urgent Medical Care

24-Hour Coverage

Family Planning

HIV Testing and Counseling

Testing for Blood Lead Levels

Immunizations

Obstetrical and Gynecological Care

Following hospitalized patients

Gynecological Care

Prenatal Care

Antepartum fetal assessment

Ultrasound

Genetic counseling and testing

Amniocentesis

Labor and delivery professional care

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Specialty Medical Care

Directly Observed TB Therapy

Respite Care

Other Specialty Care

Dental Care Services

Dental Care – Preventive

Dental Care - Restorative

Dental Care - Rehabilitative

Mental Health/Substance Abuse Services

Mental Health Treatment/Counseling

Developmental Screening

24-Hour Crisis Intervention/Counseling

Other Mental Health Services

Substance Abuse Treatment/Counseling

Other Substance Abuse Services

Comprehensive Mental Health/Substance Abuse Screening

Other Professional Services

Hearing Screening

Nutrition Services Other Than WIC

Occupational or Vocational Therapy

Physical Therapy

Pharmacy – Licensed Pharmacy staff by Registered

Pharmacist

Pharmacy - Provider Dispensing

Vision Screening

Podiatry

Optometry

Enabling Services

Case Management

Child Care (during visit to center)

Discharge Planning

Eligibility Assistance

Environmental Health Risk Reduction (via

detection/alleviation)

Health Education

Interpretation/Translation Services

Nursing Home and Assisted-Living Placement

Parenting Education

Special Education Program

Other (specify:)

Preventive Services Related to Target Clinical Areas

Cancer

Pap Smear

Fecal Occult Blood Test

Sigmoidoscopy

Colonoscopy

Mammograms

Smoking Cessation Program

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Glycosylated Hemoglobin Measurement for People with

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Blood Pressure Monitoring

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Blood Cholesterol Screening

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Address:		Site Patients:
City:	State Zip	
Phone:	Fax:]
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Address:			Site Patients:
City:	State	Zip	
Phone:	Fax:		
Full-Time			
Part-Time			
Evening Hou	rs		
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Tuesday	to	\dashv	
Wednesday	to		
Thursday	to		
Friday	to		
Saturday	to		
Sunday	to		
	<u> </u>		
Counties Served			1

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Address:				Site Patients:
City:	State	e Zip		
Phone:		Fax:		
Full-Time				
Part-Time	e			
Evening I	Hours			
Weekend	l Hours			
Tota	l Hours per week s	site is staffed b	y a physician or mid	l-level provider
List your site's scheduled	l days and specific	hours of opera	tion:	
Monday	to			
Tuesday	to			
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Thursday	to			
Friday	to			
Saturday	to			
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Counties Served				

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Monday	to	
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Sunday	to	
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•				
Service Type	Delivery Method			
Not All Centers Will Provide All Services	More than one may apply for a given service			
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	By Referral/ Referral/			
	Grantee Grantee Grantee			
	Doesn't Pa			

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Name:				Site Visits:	
Address:				Site Patients:	
City:	State	Zip			
Phone:	Fax:			İ	
] Tax.				
Full-Time					
Part-Time					
Evening Hours					
Weekend Hours					
Total Hours per v	week site is staf	fed hy a nhysid	cian or mid-l	evel provider	
Total Hours per v	week site is star	ica by a physic		ever provider	
List your site's scheduled days and sp	ecific hours of o	peration:			
Monday to		7			
Tuesday to					
Wednesday to					
Thursday to					
Friday to					
Saturday to					
Sunday to					
Counties Served					

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Service Type	Delivery Method
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WIC Services

Head Start Services

Food Banks/Delivered Meals

Employment/Educational Counseling

Name:				Site Visits:
Address:				Site Patients:
City:	State	e Zip		
Phone:		Fax:		
Full-Time				
Part-Time	e			
Evening I	Hours			
Weekend	l Hours			
Tota	l Hours per week s	site is staffed b	y a physician or mid	l-level provider
List your site's scheduled	l days and specific	hours of opera	tion:	
Monday	to			
Tuesday	to			
Wednesday	to			
Thursday	to			
Friday	to			
Saturday	to			
Sunday	to			
Counties Served				

Coming Time				
Service Type	Delivery iviet	Delivery Method		
Not All Centers Will Provide All Services	More than one ma	More than one may apply for a given service		
	Provided	Ву	Ву	
	Ву	Referral/	Referral/	
	Grantee	Grantee	Grantee	
			Doesn't Pay	

Primary Medical Care Services

General Primary Medical Care (other than listed below)

Diagnostic Laboratory (technical component)

Diagnostic X-ray procedure (technical component)

Diagnostic Tests/Screenings (professional component)

Emergency Medical Services

Urgent Medical Care

24-Hour Coverage

Family Planning

HIV Testing and Counseling

Testing for Blood Lead Levels

Immunizations

Obstetrical and Gynecological Care

Following hospitalized patients

Gynecological Care

Prenatal Care

Antepartum fetal assessment

Ultrasound

Genetic counseling and testing

Amniocentesis

Labor and delivery professional care

Postpartum care

Specialty Medical Care

Directly Observed TB Therapy

Respite Care

Other Specialty Care

Dental Care Services

Dental Care – Preventive

Dental Care - Restorative

Dental Care - Rehabilitative

Mental Health/Substance Abuse Services

Mental Health Treatment/Counseling

Developmental Screening

24-Hour Crisis Intervention/Counseling

Other Mental Health Services

Substance Abuse Treatment/Counseling

Other Substance Abuse Services

Comprehensive Mental Health/Substance Abuse Screening

Other Professional Services

Hearing Screening

Nutrition Services Other Than WIC

Occupational or Vocational Therapy

Physical Therapy

Pharmacy – Licensed Pharmacy staff by Registered

Pharmacist

Pharmacy - Provider Dispensing

Vision Screening

Podiatry

Optometry

Enabling Services

Case Management

Child Care (during visit to center)

Discharge Planning

Eligibility Assistance

Environmental Health Risk Reduction (via

detection/alleviation)

Health Education

Interpretation/Translation Services

Nursing Home and Assisted-Living Placement

Parenting Education

Special Education Program

Other (specify:)

Preventive Services Related to Target Clinical Areas

Cancer

Pap Smear

Fecal Occult Blood Test

Sigmoidoscopy

Colonoscopy

Mammograms

Smoking Cessation Program

II. Diabetes

Glycosylated Hemoglobin Measurement for People with

Diabetes

Urinary Microalbumin Measurement for People with Diabetes

Dialated Eye Exam for People with Diabetes

III. Cardiovascular Disease

Blood Pressure Monitoring

Weight Reduction Program

Blood Cholesterol Screening

IV. Infant Mortality

Follow-up Testing and Related for Abnormal Newborn Bloodspot

Other Services

WIC Services

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Name:				Site Visits:
Address:				Site Patients:
City:	State	e Zip		
Phone:		Fax:		
Full-Time				
Part-Time	e			
Evening I	Hours			
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Saturday	to			
Sunday	to			
Counties Served				

Service Type	Delivery Method
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	Provided By By
	By Referral/ Referral/
	Grantee Grantee Grantee
	Doesn't Pa

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Full-Time		
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City:	State Zip	
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Full-Time		
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Counties Served		

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City:	State Zip	
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Full-Time		
Part-Time		
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Other Substance Abuse Services

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Other Professional Services

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Nutrition Services Other Than WIC

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Pharmacist

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Enabling Services

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Employment/Educational Counseling

Name					Cita Misita	
Name:					Site Visits:	
Address:					Site Patients:	
City:	State		ip			
City.	State		p			
Phone:		Fax:]	
Full-Time						
Part-Time						
Evening Hours						
Weekend Hours						
Total Hours	per week sit	e is staffe	d by a phys	ician or mid-l	evel provider	
List your site's scheduled days a	nd specific h	ours of op	eration:			
Monday	to					
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Wednesday	to					
Thursday	to					
Friday	to					
Saturday	to					
Sunday	to					
Counties Served						

	•			
Service Type	Delivery Method			
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Other Substance Abuse Services

Comprehensive Mental Health/Substance Abuse Screening

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Nutrition Services Other Than WIC

Occupational or Vocational Therapy

Physical Therapy

Pharmacy – Licensed Pharmacy staff by Registered

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Pharmacy - Provider Dispensing

Vision Screening

Podiatry

Optometry

Enabling Services

Case Management

Child Care (during visit to center)

Discharge Planning

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Environmental Health Risk Reduction (via

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Name					Cita Misita	
Name:					Site Visits:	
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City.	State		p			
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Full-Time						
Part-Time						
Evening Hours						
Weekend Hours						
Total Hours	per week sit	e is staffe	d by a phys	ician or mid-l	evel provider	
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Immunizations

Obstetrical and Gynecological Care

Following hospitalized patients

Gynecological Care

Prenatal Care

Antepartum fetal assessment

Ultrasound

Genetic counseling and testing

Amniocentesis

Labor and delivery professional care

Postpartum care

Specialty Medical Care

Directly Observed TB Therapy

Respite Care

Other Specialty Care

Dental Care Services

Dental Care – Preventive

Dental Care - Restorative

Dental Care - Rehabilitative

Dental Care – Emergency

Mental Health/Substance Abuse Services

Mental Health Treatment/Counseling

Developmental Screening

24-Hour Crisis Intervention/Counseling

Other Mental Health Services

Substance Abuse Treatment/Counseling

Other Substance Abuse Services

Comprehensive Mental Health/Substance Abuse Screening

Other Professional Services

Hearing Screening

Nutrition Services Other Than WIC

Occupational or Vocational Therapy

Physical Therapy

Pharmacy – Licensed Pharmacy staff by Registered

Pharmacist

Pharmacy - Provider Dispensing

Vision Screening

Podiatry

Optometry

Enabling Services

Case Management

Child Care (during visit to center)

Discharge Planning

Eligibility Assistance

Environmental Health Risk Reduction (via

detection/alleviation)

Health Education

Interpretation/Translation Services

Nursing Home and Assisted-Living Placement

Parenting Education

Special Education Program

Other (specify:)

Preventive Services Related to Target Clinical Areas

Cancer

Pap Smear

Fecal Occult Blood Test

Sigmoidoscopy

Colonoscopy

Mammograms

Smoking Cessation Program

II. Diabetes

Glycosylated Hemoglobin Measurement for People with

Diabetes

Urinary Microalbumin Measurement for People with Diabetes

Dialated Eye Exam for People with Diabetes

III. Cardiovascular Disease

Blood Pressure Monitoring

Weight Reduction Program

Blood Cholesterol Screening

IV. Infant Mortality

Follow-up Testing and Related for Abnormal Newborn Bloodspot

Other Services

WIC Services

Head Start Services

Food Banks/Delivered Meals

Employment/Educational Counseling

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City	State		Zip		_		
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Service Type	Delivery Method			
Not All Centers Will Provide All Services	More than one may apply for a given service			
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	Grantee Grantee Grantee			
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Primary Medical Care Services

General Primary Medical Care (other than listed below)

Diagnostic Laboratory (technical component)

Diagnostic X-ray procedure (technical component)

Diagnostic Tests/Screenings (professional component)

Emergency Medical Services

Urgent Medical Care

24-Hour Coverage

Family Planning

HIV Testing and Counseling

Testing for Blood Lead Levels

Immunizations

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Name:		Site Visits:
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Nutrition Services Other Than WIC

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Physical Therapy

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Pharmacy - Provider Dispensing

Vision Screening

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Case Management

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Discharge Planning

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Address: Site Patients:	
City: Zip Zip	
Phone: Fax:	
Full-Time	
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Evening Hours	
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Total Hours per week site is staffed by a physician or mid-level provider	
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Counties Served	

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Parenting Education

Special Education Program

Other (specify:)

Preventive Services Related to Target Clinical Areas

Cancer

Pap Smear

Fecal Occult Blood Test

Sigmoidoscopy

Colonoscopy

Mammograms

Smoking Cessation Program

II. Diabetes

Glycosylated Hemoglobin Measurement for People with

Diabetes

Urinary Microalbumin Measurement for People with Diabetes

Dialated Eye Exam for People with Diabetes

III. Cardiovascular Disease

Blood Pressure Monitoring

Weight Reduction Program

Blood Cholesterol Screening

IV. Infant Mortality

Follow-up Testing and Related for Abnormal Newborn Bloodspot

Other Services

WIC Services

Head Start Services

Food Banks/Delivered Meals

Employment/Educational Counseling

Name					\neg	Cita Misita.	
Name:						Site Visits:	
Address:						Site Patients:	
City	State		Zip		_		
City:	State		Zip [
Phone:		Fax:					
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Part-Time							
Evening Hours							
Weekend Hours							
Total Hours	per week site	e is staffe	ed by a	physician (or mid-le	evel provider	
List your site's scheduled days a	nd specific ho	ours of o	peratio	on:			
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Friday	to						
Saturday	to						
Sunday	to						
Counties Served							
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Service Type	Delivery Method			
Not All Centers Will Provide All Services	More than one may apply for a given service			
	Provided By By			
	By Referral/ Referral/			
	Grantee Grantee Grantee			
	Doesn't Pay			

Primary Medical Care Services

General Primary Medical Care (other than listed below)

Diagnostic Laboratory (technical component)

Diagnostic X-ray procedure (technical component)

Diagnostic Tests/Screenings (professional component)

Emergency Medical Services

Urgent Medical Care

24-Hour Coverage

Family Planning

HIV Testing and Counseling

Testing for Blood Lead Levels

Immunizations

Obstetrical and Gynecological Care

Following hospitalized patients

Gynecological Care

Prenatal Care

Antepartum fetal assessment

Ultrasound

Genetic counseling and testing

Amniocentesis

Labor and delivery professional care

Postpartum care

Specialty Medical Care

Directly Observed TB Therapy

Respite Care

Other Specialty Care

Dental Care Services

Dental Care – Preventive

Dental Care - Restorative

Dental Care - Rehabilitative

Mental Health/Substance Abuse Services

Mental Health Treatment/Counseling

Developmental Screening

24-Hour Crisis Intervention/Counseling

Other Mental Health Services

Substance Abuse Treatment/Counseling

Other Substance Abuse Services

Comprehensive Mental Health/Substance Abuse Screening

Other Professional Services

Hearing Screening

Nutrition Services Other Than WIC

Occupational or Vocational Therapy

Physical Therapy

Pharmacy – Licensed Pharmacy staff by Registered

Pharmacist

Pharmacy - Provider Dispensing

Vision Screening

Podiatry

Optometry

Enabling Services

Case Management

Child Care (during visit to center)

Discharge Planning

Eligibility Assistance

Environmental Health Risk Reduction (via

detection/alleviation)

Health Education

Interpretation/Translation Services

Nursing Home and Assisted-Living Placement

Parenting Education

Special Education Program

Other (specify:)

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Employment/Educational Counseling

Address: Site Patients:	
City: Zip Zip	
Phone: Fax:	
Full-Time	
Part-Time	
Evening Hours	
Weekend Hours	
Total Hours per week site is staffed by a physician or mid-level provider	
List your site's scheduled days and specific hours of operation:	
Monday to	
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Counties Served	

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Assistance in obtaining housing

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Address:	Site Patients:
City: State Zip	
Phone: Fax:	
Full-Time	
Part-Time	
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City:	State	Zip	
Phone:	Fax:		
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Weekend Ho	ours		
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Assistance in obtaining housing

School-Based Sites



Site Information			
Site Name:			
Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:			
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Site Information		
Site Name:		
Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:		
Total number of patients for this site: Total of each of patient types for this site: Total Number of Visits for this site: Number of schools served by this site:	Students: Faculty:	General Public:
School O this Site		
School O this Site		
School Name	Address	City Zip Code
Site Posted Hours of Operation		
List your site's scheduled days and spec Monday to Tuesday to Wednesday to Thursday to Friday to Saturday to Sunday to	ific hours of operation:	