

COMMUNITY HEALTH SERVICES
COMMUNITY HEALTH CARE COLLABORATIVE
(CHCC)

GRANT APPLICATION
SFY 2009-11 Cycle

General Information and Instructions

Prepared By:

Community Health Services
Washington State Health Care Authority
PO Box 42721
Olympia, Washington 98504-2721

Phone: (360) 923-2777
Fax: (360) 923-2835
E-mail: hcachcc107@hca.wa.gov
Web site: www.chs.hca.wa.gov

October 21, 2009

General Information

The CHCC grant is established under SSB 5360, Chapter 299, Laws of 2009 **to further the efforts of community based coalitions to increase access to appropriate, affordable health care for Washington residents**, particularly employed low-income persons and children in school, who are uninsured and underinsured, through local programs addressing one or more of the following:

- (a) access to medical treatment;
- (b) the efficient use of health care resources; and
- (c) quality of care.

The purpose of the CHCC grant program is to enhance and support the development of collaborative community based organizations in developing innovative health care delivery models that can be replicated throughout the state and increase access to health care for Washington residents. Eligible organizations include non-profit organizations and tribal and governmental entities.

Funding Opportunity

The Washington State Health Care Authority (HCA) is authorized to provide competitive grant awards to eligible community based organizations. Community Health Services (CHS) is responsible for implementing and administering the grant program.

The 2009-11 grant process will prioritize grant award selection to sustain programs that increase access to medical treatment, with a focus on continuity of care and establishing medical homes. Program efforts must demonstrate efficient use of resources and quality of care.

Program and Award Information

The total CHCC program funding for the biennium is \$500,000 for grant awards and administrative costs. This includes funding for statewide administrative activities to facilitate program policy regarding best practices and standardized performance measures.

- Competitive grants of up to \$100,000 for the biennium
- \$2 in matching funds for every \$1 awarded by the grant program are required.
- Funding runs from December 2009 through June 30, 2011.

Successful Applicants

Successful applicants will be notified of their potential award by December 7, 2009. Pre-award site visits will be conducted between December 8 and December 10, 2009 to ensure applicant's ability to achieve the CHCC grant objectives. Contracts will be established with successful applicants in December 2009.

Disbursement of Funds

Disbursement of funds will be made on a quarterly basis. Half of the award will be distributed in SFY 2010 and the other half will be disbursed in SFY 2011 on a quarterly basis. The first year disbursements will begin December 2009, pending site visit review and contract completion. Funding for the second year is dependent on a performance review and satisfactory determination

by the HCA. Performance reviews will take place in July 2010. Disbursement of funds for SFY 2011 will begin in July 2010 and will continue on a quarterly basis through the end of the grant cycle, June 30, 2011.

Key Dates

- Applications due November 18, 2009 at 4 p.m. PST
- Letters of potential awards distributed by December 7, 2009.
- Site visits will take place between December 8 and 10, 2009.
- Funds will be disbursed in December 2009 depending on completion of site visit and contract.
- Quarterly reports begin April 15, 2010.
- Program performance reviews will be conducted in July 2010.
- Disbursement of second half of funds begins July 2010 dependent on performance review.
- Grant cycle completed on June 30, 2011.

Eligibility Criteria

Applicants must show:

1. Evidence of private, non-profit, tax-exempt status incorporated in Washington State, or public agency status under the jurisdiction of a local, county, or tribal government;
2. Evidence of a formal collaborative governance structure and decision making process that includes representation by the following health care providers: hospitals, public health, behavioral health, community health centers, rural health clinics, and private practitioners that serve low-income persons in the region, unless there are no such providers within the region, or providers decline or refuse to participate or place unreasonable conditions on their participation;
3. Evidence of the specific geographical region served, and a formal collaborative governing structure and decision-making process that demonstrates structure, operation, and accountability to that region;
4. Amount of funds requested and how the dollars will be spent; and
5. Data to evaluate program progress and grant objectives.

Application Criteria

Applications will be evaluated competitively on the following:

1. Clear description of the size of the organization, program objectives, target population, and region;
2. Ability to meet the documented health care access and quality improvement goals aligned with state policy priorities and health care needs in the specific region served;
3. Engagement of local community, including but not limited to local governmental entities, school districts, large and small businesses, nonprofit organizations, tribal governments, carriers, private health care providers, public health agencies, and community public health and safety networks;
4. Program plan to meet grant objectives, implementation, evaluation, and quality improvement, including integration of cultural competency practices;
5. Methods to streamline administrative practices and utilization of innovative models affecting health care delivery;
6. Long-term sustainability and viability of the program;

7. Performance data must be sufficient to evaluate program and meet the requirements of the authority. The measures must:
 - a. Address the CHCC grant objectives;
 - b. Address the documented health care needs specific to identified region;
 - c. Be qualitative and quantitative;
 - d. Be meaningful and measurable; and
 - e. Serve as a means to determine successful program progress.
8. Matching funds of \$2.00 for each \$1.00 requested are required. Emphasis will be placed on fund contributions from the local community to show the level of commitment from the community for local programs. For the purposes of this grant opportunity, matching funds must be a direct match, not duplication or matched to other funds. Additionally, matching funds may include:
 1. Both new and existing funds.
 2. Funding from local governments and the federal government earmarked for programs aligned with the CHCC's objectives (access to medical treatment; efficient use of resources; or improve quality of care).
 3. Local grants such as corporate, community, family or private foundations, and other charitable organizations.
 4. Donations of professional medical services (e.g. primary and specialty care).

Excluded from matching funds are:

1. In-kind resources.
2. Washington State Health Care Authority or other state programs.
3. Revenues generated through third-party payers.

Reporting Requirements

Reports will consist of narrative summaries on program progress, updates on performance measures, and demographic data.

Monitoring/site visits

- Pre-award site visits will take place December 8-10, 2009.
- Periodic site visits will take place for the purpose of technical assistance and contract monitoring.

INSTRUCTIONS

THIS IS A COMPETITIVE GRANT PROCESS: APPLICATIONS MUST MEET CONTENT AND FORMAT REQUIREMENTS TO BE ELIGIBLE FOR FUNDING CONSIDERATION. ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED RESPONSIVE.

FORMAT

1. Please use Garamond 11 point font, single-spaced
2. Responses must be within the character limit as indicated.

COVER PAGE

1. Provide organization name, program name, amount of funds requested, and submission date.

AGENCY INFORMATION AND SIGNATURE PAGE

1. Provide all information requested on information sheet.
2. Supplemental documentation must be submitted with the original application.

3. Original signature of the Executive Director or Chair/President is required.

NARRATIVE SECTION

1. Follow the guidelines in the application to complete Part 1 and 2, addressing all elements.
2. Application should reflect the two year duration of the grant in the narrative descriptions.
3. Do not exceed space limits provided.

PERFORMANCE MEASURES & OUTCOMES

Table 1 Program Goals, Objectives, and Indicators.

1. Goals should be a broad based statement of the ultimate result.
 - Example: All Washington residents will have access to quality affordable health care.
2. Objectives should be specific, measurable, achievable, realistic and within a timeframe.
 - Example: To increase coordination for fifty patients needing specialty care treatment within six months. (Objectives generally start with wording that suggests a purpose: to reduce, to increase, to decrease, to impact, etc.).
3. Indicators should reflect the data that will be collected to measure the outcome. (Baseline data will be required with the first quarterly report).

BUDGET

1. The budget sheets should include **financial information for the organization (or total agency) as well as the program.**
2. As you enter data, the totals will be automatically calculated.
3. Tables are self-explanatory.

RATING OF APPLICATIONS

PART 1

- I. Organizational Structure Narrative (50 points)
 - A. Describe the organization history, mission, and program objectives.
 - B. List coalition partners
 - C. Describe governance structure and decision making process that demonstrates structure, operation, and accountability to region served.
- II. Problem statement (50 points)
 - A. Describe documented health care access issues in the region.
 - B. Describe geographic region served.
 - C. Describe target population.
 - D. Describe socioeconomic and health factors; including demographics
- III. Program Design Narrative (125 points):
 - A. Describe how the program will increase access to medical treatment, address continuity of care, and establish medical homes.
 - B. Describe how at risk population will benefit from the program.
 - C. Describe program implementation and quality improvement goals.
 - D. Describe level of participation of key community partners and their role.
 - E. Describe integration of cultural competent practices.
- IV. Evaluation Narrative (50 points)
 - A. Describe method to evaluate program efficiencies and quality of care.
 - B. Describe methods to streamline administrative practices (administrative simplification) affecting health care delivery (e.g., eliminating steps for patient to find specialty care).
 - C. Describe how the program is creating or utilizing innovative methods and the potential for replication to other parts of the state.
- V. Sustainability (50)
 - A. Describe plan for long-term sustainability of program.

TABLE I: Program Goals, Objectives, and Indicators (25 points)

PART 2

Budget: Tables 1-5 (25 points)

APPLICATION SUBMISSION

Non-responsive applications will not be considered for funding.

A completed application must include the following:

- One original paper application held together by clips, not bound in any other way.
- One copy of the application on CD.
- One copy of all supplemental documents.
- Applications submitted after **November 18, 2009 at 4:00 pm PST** will be late and considered non-responsive.
- Request for funding in amounts **greater than \$100,000** will be considered non-responsive.
- **Incomplete applications** will be considered non-responsive.

Completed applications must be received no later than November 18, 2009 at 4:00 pm PST.

Send to either:

US Postal Service:

Health Care Authority
Community Health Services
P.O. Box 42721
Olympia, WA 98504-2721

FedEx:

Health Care Authority
Community Health Services
676 Woodland Square Loop, SE
Lacey, WA 98506

For additional information contact:

Jan Ward Olmstead, Program Manager
Washington State Health Care Authority
hcachcc107@hca.wa.gov
(360) 923-2803