

New Access Point application (2014)

Considering Need

The following selected excerpts on 'need' were taken from the most recent New Access Point (NAP) funding announcement. Although each new HRSA funding announcement will be different from previous announcements, the major components and purpose of the grant tend to be consistent. In planning a health center project, agencies can review details from recent past funding announcements, which may help prepare for future grant applications.

You will find that the major sections of the grant (NEED, RESPONSE, COLLABORATION, EVALUATIVE MEASURES, RESOURCES/CAPABILITIES, GOVERNANCE, SUPPORT REQUESTED) are tied back to 'need' and require an agency to demonstrate the community's need for services and their health center project as a response to their community's need.

These excerpts are organized by the following sections:

- Funding Opportunity Description
- The Project Narrative **NEED, RESPONSE, EVALUATIVE MEASURES, RESOURCES/CAPABILITIES, GOVERNANCE**
- Application Review Information
- Form 9 – Need for Assistance (NFA) worksheet (Also see separate PDF *NAP 2014 Form 9 Need for Assistance explained*)
- Clinical and Financial Performance Measures

Because these are only excerpts, the grantee will need to review the complete announcement and application requirements in full detail when an official funding announcement is made.

Funding Opportunity Description

Applications for NAP funding must demonstrate a high level of **unmet need** within their service area/target population, present a sound proposal to meet this need consistent with the requirements of the Health Center Program, and demonstrate collaborative and coordinated delivery systems for the provision of health care to the underserved.

Health Center Program grants support a variety of community-based and patient-directed public and private nonprofit organizations that serve an increasing number of the Nation's underserved. Individually, each health center plays an important role in the goal of ensuring access to services, and combined, they have had a critical impact on the health care status of medically underserved and vulnerable populations throughout the United States and its territories. Targeting the Nation's neediest populations and geographic areas, the Health Center Program currently funds 1,280 health centers that operate more than 9,300 service delivery sites in every state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin. In 2012, more than 21 million patients, including medically underserved and uninsured patients, received comprehensive, culturally competent, quality primary health care services through the Health Center Program.

A SATELLITE applicant is an organization that is currently receiving direct operational grant support under the Health Center Program (authorized by section 330(e), (g), (h), and/or (i) of the PHS Act). Satellite applicants must propose to establish a *new* service site that is not listed in the applicant's approved scope of project under the Health Center Program at the time of application. Satellite applicants may not request funding to support the expansion or addition of services, programs, or staff at any site listed as being a part of their approved scope of

project. A satellite application should address **ONLY** the service area and target population of the proposed new access point (i.e., only the new site and service area/target population proposed in the satellite application) **in terms of need**, population to be served, and the proposed new delivery system.

Applicants must demonstrate that the new access point(s) will increase access to comprehensive, culturally competent, quality primary health care services and improve the health status of underserved and vulnerable populations in the service area. In addition, **applicants must document a high level of need**, a sound plan to meet this need, and readiness to implement the proposed plan. Further, applicants must demonstrate that the plan maximizes established collaborative and coordinated delivery systems for the provision of health care to the underserved.

Applicants are expected to demonstrate:

- Evidence that the proposed new access point(s) will serve populations in **high need areas**. Applicants must **submit a completed Need for Assistance (NFA) Worksheet (Form 9)** to demonstrate the relative need for primary health care services.
- A sound and complete plan that demonstrates **responsiveness to the identified health care needs** of the target population(s), appropriate short- and long-term strategic planning, coordination with other providers of care, organizational capability to manage the proposed project, and cost-effectiveness in addressing the health care needs of the target population.

Include the following in the body of the abstract:

- A brief overview/history of the organization, the community to be served, and the target population.
- How the proposed project will address **the need for comprehensive primary health care services** in the community and target population.
- Number of proposed new patients, visits, and providers; service delivery sites and locations; and services to be provided.

The Project Narrative

The Project Narrative must be organized using the following section headers (NEED, RESPONSE, COLLABORATION, EVALUATIVE MEASURES, RESOURCES/CAPABILITIES, GOVERNANCE, SUPPORT REQUESTED).

NEED

Information provided in the Need Section must serve as the basis for, and align with, the proposed activities and goals described throughout the application.

1) Using current, relevant data, describe the characteristics of the target population within the proposed service area by:

- Completing Form 9: Need for Assistance Worksheet that quantitatively compares target population health care needs to national median and severe benchmark data.
- Describing the following factors in narrative format and how they impact access to primary health care, health care utilization, and health status, citing data resources, including local target population needs assessments when available:

a) Geographical/transportation barriers

- b) Unemployment, income level, and/or literacy.
- c) Lack of insurance coverage.
- d) Health disparities.
- e) Any unique health care needs of the target population (e.g., black lung disease, lyme disease).
- f) Cultural/ethnic factors, including language barriers.

2) **Applicants requesting special population funding** to serve migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing: Describe the specific health care needs and access issues of the proposed special population(s), using data specific to the proposed service area and target population.

- b) People Experiencing Homelessness needs/access issues, such as the number of providers treating people experiencing homelessness and availability of homeless shelters and affordable housing.

3) Describe other primary health care services currently available in the service area including whether they also serve the applicant's target population. Specifically list existing Health Center Program grantees, look-alikes, rural health clinics, critical access hospitals, and other major primary care providers serving the proposed zip codes, including the location and proximity to the proposed new access point(s). Justify the need for Health Center Program support by highlighting service gaps that the proposed new access point(s) will fill.

4) Describe the health care environment and any significant changes that have affected the availability of health care services, including:

- Changes in insurance coverage, including Medicaid, Medicare, and Children's Health Insurance Program (CHIP). Specifically discuss changes that have resulted from Affordable Care Act implementation.
- Changes in state/local/private uncompensated care programs.
- Economic or demographic shifts (e.g., influx of immigrant/refugee population; closing of local hospitals, community health care providers, or major local employers).
- Natural disasters or emergencies (e.g., hurricanes, flooding).
- Changes affecting special populations.

RESPONSE

2) Describe the service delivery model(s) proposed to address health care needs identified in **NEED** section and how these model(s) are appropriate and responsive to identified health care needs, including specific needs of any special populations for which funding is sought (migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing). The description must address the following:

- Site(s)/location(s) and service area where services will be provided.
- Service site type (e.g., permanent, seasonal) for each site.
- Hours of operation, **including how scheduled hours will assure services are accessible and available at times that meet target population's needs**, with at least one delivery site operating 40 or more hours per week.
- Professional after-hours care/coverage during hours when service sites or locations are closed.

3) Describe how proposed primary health care services and other activities are appropriate for the target population's needs. Description must include:

- Provision of required and additional clinical and non-clinical services, including whether these are provided directly or through established written arrangements and referrals.
- How services will be culturally and linguistically appropriate.
- Method by which enabling services such as case management, outreach, and transportation are integrated into the primary health care delivery system, as well as any translation services for serving limited English proficiency population(s). Highlight enabling services designed to increase access for targeted special populations, if any.

Note: Health Care for the Homeless (HCH) applicants must document how substance abuse services will be made available either directly or via a formal written referral arrangement. Migrant Health Center (MHC) applicants must document how they will address any occupational health or environmental health hazards or conditions identified in the **NEED** section. Public Housing Primary Care (PHPC) applicants must document that the service plan was developed in consultation with residents of the targeted public housing.

4) Describe how the service delivery model(s) assures continuity of care and access to a continuum of care. The description must address:

- a) Continuity of care, including arrangements for admitting privileges for health center physicians at one or more hospitals. In cases where hospital privileges are not possible, include formal arrangement(s) with one or more hospitals to ensure continuity of care.
- b) A seamless continuum of care, including discharge planning, post-hospitalization tracking, patient tracking (e.g., shared electronic health records), and referral relationships for specialty care (including relationships with one or more hospitals), with an emphasis on working collaboratively to meet local needs.

8) Describe the organization's quality improvement/quality assurance (QI/QA) and risk management plan(s) including:

- e) Monitoring the impact of the provision and efficiency of clinical services on the assessed health needs of the target population (e.g., clinical and financial performance measures).

EVALUATIVE MEASURES

1) Within the Clinical Performance Measures form, outline time-framed and realistic goals that are responsive to the needs identified in the **NEED** section.

NOTE: *If baselines are not yet available, state when data will be available.* Goals should be limited to the proposed two-year project period.

- b) Goals relevant to the needs of migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing for applicants seeking targeted special population funding. An applicant that is not requesting targeted funding but currently serves or plans to serve special population(s) is encouraged to include **relevant goals reflecting the needs of these populations.**

3) Describe the organization's ongoing strategic planning process, including:

- e) How often and when health care needs of the target population were last assessed
- f) How the target population's health care needs and the related program evaluation results have been or will be incorporated into the organization's ongoing strategic planning process

RESOURCES/CAPABILITIES

- 6) Describe expertise in the following areas: a) Working with the NAP target population.
- b) Developing and implementing systems and services appropriate for addressing the NAP target population's identified health care needs.

GOVERNANCE

Note: An applicant requesting funding to serve general community (CHC) AND special populations (MHC, HCH, and/or PHPC) must have appropriate board representation. At minimum, there must be at least one representative from/for each of the special population groups for which funding is requested. Board members representing a special population should be **individuals that can clearly communicate the needs/concerns of the target populations to the board** (e.g., advocate for migratory and seasonal agricultural workers, formerly homeless individual, current resident of public housing).

Application Review Information

Procedures for assessing the technical merit of grant applications have been instituted to provide an objective review of applications and assist applicants in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information and provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points. Reviewers will reference the Health Center Program requirements to assess the applicant's compliance and readiness to implement a NAP. Reviewers will also use the HRSA Scoring Rubric as a guideline when assigning scores for each criterion.

Criterion 1: **NEED** (30 Points of which 20 points are determined by the NFA Worksheet calculations and 10 points are determined by the objective review process)

Note: 20 of the 30 available points in this section will be awarded based on the Need for Assistance (NFA) Score. The NFA score will be calculated automatically by the HRSA EHB system. Although reviewers do not score the NFA, they will look for consistency between the NFA and other parts of the application. The remaining 10 points will be based on the criteria outlined below.

1. How well the applicant demonstrates the current health care needs in the service area/target population (including any targeted special populations) described in Item 1 of the **NEED** section of the Project Narrative, consistent with the quantitative and qualitative data provided in the Need for Assistance Worksheet.
2. For applicants requesting funding to serve migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing, how well the applicant demonstrates, with consistent and complete information, the specific health care needs and access issues of each proposed special population as documented by quantitative and qualitative data, using data sources with the greatest specificity available for the proposed service area and target population of the NAP, provided in the Need for Assistance Worksheet, and listed in Item 2 of the **NEED** section of the Project Narrative.
3. How well the applicant describes, with consistent and complete information, existing primary health care

services and service gaps in the service area, as well as factors affecting the broader health care environment, as documented in Items 3 and 4 of the **NEED** section of the Project Narrative.

Criterion 2: **RESPONSE** (20 Points)

2. How well the applicant demonstrates, with consistent and complete information, that the proposed service delivery model(s), sites, services, staffing plan, and coordination with other providers/institutions in the community will provide continuity of care while ensuring that the target population's continuum of health care needs outlined in the **NEED** section and related application materials are met, as documented by quantitative and qualitative descriptions, and Items 2, 3, 4, and 5 of the **RESPONSE** section of the Project Narrative.

Criterion 4: **EVALUATIVE MEASURES** (5 points)

1. How well the applicant establishes Clinical and Financial Performance Measures (goals) appropriate to the proposed project and two-year project period, including realistic contributing and restricting factors, effective plans for addressing such factors, as well as unique special population measures corresponding to the identified special population needs, as evidenced in the Clinical and Financial Performance Measures forms, and consistent with the **NEED** section of the Project Narrative.

Criterion 5: **RESOURCES/CAPABILITIES** (15 points)

2. How well the applicant establishes, with consistent and complete information, that its experience and expertise working with and addressing needs of the target population(s) have positioned the applicant organization to successfully implement the proposed project in the proposed timeframe, with a particular focus on experience and expertise regarding addressing primary and preventive health care needs through information provided in Items 2, 3, and 6 of the **RESOURCES/CAPABILITIES** section of the Project Narrative.

Criterion 6: **GOVERNANCE** (10 points)

3. How well the applicant demonstrates, with consistent and complete information, that the project has an independent, patient/community-driven governing board that assumes full authority and responsibility for the health center, is responsive to the needs of patients, and ensures patient participation in the organization, direction, and ongoing governance of the center as documented in Item 2 of the **GOVERNANCE** section of the Project Narrative.

The NFA Worksheet will be scored automatically within EHB using the NFA Worksheet scoring criteria and will determine 20 of the 30 total points for the **NEED** section. The Objective Review Committee will evaluate the technical merits of each proposal using the review criteria presented in this FOA, up to a maximum of 80 points. The NFA plus the objective review process findings will be summed for a total score, up to a maximum of 100 points.

Form 9 – Need for Assistance (NFA) worksheet

The worksheet is presented in three sections: Core Barriers, Core Health Indicators, and Other Health and Access Indicators. Refer to the Data Resource Guide (available at <http://www.hrsa.gov/grants/apply/assistance/NAP>) for recommended data sources and methodology. To ensure data consistency and validity, applicants must adhere to the following instructions when completing the form. Applicants will be asked to verify the validity of NFA data on the Summary Page Form.

Also see separate PDF *NAP 2014 Form 9 Need for Assistance explained*

Clinical and Financial Performance Measures

The Clinical and Financial Performance Measures set the clinical and financial goals for the two-year project period. The goals and performance measures should be responsive to the proposed target population, identified community health and organizational needs, and key service delivery activities discussed in the project narrative. For more information on the Clinical and Financial Performance Measures, see <http://bphc.hrsa.gov/policiesregulations/performance/and> and <http://www.hrsa.gov/data-statistics/health-center-data/reporting> (refer to the UDS Reporting Manual for specific measurement details such as exclusionary criteria).

Important Details about the Performance Measures Forms

- If applying for funds to target one or more special populations (i.e., migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing) in addition to the general community, applicants *must include* at least one additional Clinical Performance Measure that addresses the **unique health care needs of each of the special populations**. In providing additional performance measures specific to a special population, applicants must reference the target group in the performance measure. For example, if an applicant seeks funds to serve migratory and seasonal agricultural workers, then the applicant must propose to measure *“the percentage of migratory and seasonal agricultural workers who...”* **rather than** simply *“the percentage of patients who...”*
- If applicants have identified unique health issues or described populations/lifestages targeted for services in the **NEED** section of the project narrative, they are encouraged to include additional related performance measures. To add a performance measure of your choice, click on “Add Other Performance Measure” in EHB.