



# **WELCOME TO THE CLINIC LIFELINE ACT OF 2017 WEBINAR III**

PRESENTED BY

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**

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# WELCOME AND INTRODUCTIONS

*FEBRUARY 13, 2018*

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# CLINIC LIFELINE ACT OF 2017 WEBINAR III

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# AGENDA FOR TODAY

- REVIEW
  - LIFELINE GRANT PROGRAM OVERVIEW
  - FEDERAL TRIGGER
  - ELIGIBILITY REQUIREMENTS
  - EVALUATION CRITERIA
  - ELIGIBLE USE OF GRANT FUNDS
- PROCESS
  - THE PROCESS & TIMELINE
  - GRANT APPLICATION
- POST AWARD
  - GRANT AGREEMENT
  - RELEASE OF GRANT FUNDS
  - REPORTING REQUIREMENTS

# REVIEW



# LIFELINE GRANT PROGRAM OVERVIEW

- ASSIST SMALL AND RURAL HEALTH FACILITIES, INCLUDING COMMUNITY-BASED CLINICS, THAT MAY:
  - Be financially affected by a reduction or elimination of federal government assistance
  - Have little to no access to working capital
- SUPPORT CORE OPERATIONS AS THE FACILITY DEVELOPS PLANS TO DEAL WITH A LOSS OF FEDERAL GOVERNMENT ASSISTANCE

**\$20 million grant program**

**Maximum Grant Award**

\$250,000 per health facility



# FEDERAL TRIGGER

- A FEDERAL TRIGGER IS ANY FEDERAL EXECUTIVE, ADMINISTRATIVE OR LEGISLATIVE ACTION OR INACTION THAT IMPACTS ANY REIMBURSEMENT OR ELIGIBILITY FOR PARTICIPATION IN ANY FEDERAL PROGRAM OR INITIATIVE.
  - Each Health Facility must identify and explain their facility's federal trigger on the application.



# ELIGIBILITY REQUIREMENTS

THE HEALTH FACILITY MUST MEET ONE OF THE FOLLOWING REQUIREMENTS UNDER THE ACT:

- Tax-exempt nonprofit corporation
  - California licensed health facility
  - Annual gross revenues not exceeding ten million dollars (\$10,000,000)
- Tax-exempt nonprofit corporation
  - California licensed health facility
  - Located in a rural medical service study area (“MSSA”)
- A clinic operated by a district hospital or health care district





# ADDITIONAL ELIGIBILITY REQUIREMENTS

THE HEALTH FACILITY MUST MEET ALL THREE OF THE FOLLOWING REQUIREMENTS:

- 1) Provide a minimum of two of the five medical health services listed in the definition below:

*Medical health services means the services provided by a health facility to persons for prevention, diagnosis, or treatment of illness or injury limited to:*

- *reproductive services;*
  - *family planning;*
  - *sexual health services such as testing and treatment for STD, AIDS and HIV, etc.;*
  - *geriatric services; or*
  - *chronic disease prevention, diagnosis and treatment.*
- 2) 50% or more of the persons served have income levels equal to or below 200% of the Federal Poverty Level.
  - 3) Populations served include vulnerable populations.

**NOTE: HEALTH FACILITIES IN RURAL MSSA's ONLY HAVE TO MEET REQUIREMENT #1**



# EVALUATION CRITERIA

- APPLICANTS SHALL BE SCORED ON THE FOLLOWING EVALUATION CRITERIA (50 POINTS POSSIBLE):
  - Financial Impact
  - Services Provided
  - Vulnerable Populations Served
  - Day-to-Day Operations

**An extra 5 points will be given to rural or frontier MSSA's. Additionally, an extra 5 points will be given to Federally Qualified Health Center ("FQHC") or FQHC Look-Alike facilities.**



# ELIGIBLE USE OF GRANT FUNDS

- CORE OPERATIONS SUPPORT
  - Working capital
    - Example: salaries/payroll, lease/rent or utility bills

*[“Working Capital” definition can be found in the CHFFA Act, Government Code Section 15432, subdivision (h)]*

# PROCESS



# THE PROCESS & TIMELINE

- EMERGENCY REGULATIONS
- APPLICATION WEBINAR
- APPLICATION WINDOW (30 days)
- APPLICATIONS EVALUATED AND SCORED (45 days)
- INITIAL ALLOCATION AND APPEAL PROCESS
- CHFFA APPROVAL
- DISBURSE GRANT AWARDS

|  |  |
|--|--|
| 1 Month                                | <b>Open application window - pending submittal of OAL approved regulations to the Secretary of State</b> |
| 2 Months                               | Evaluate/Score   |
| 1 Month                                | Initial Allocation and Appeal process  |
| 1 Month                                | CHFFA approval of Final Allocations  |
| TBD<br>(upon executed grant agreement) | Disbursements begin  |



# GRANT APPLICATION

- AVAILABLE AFTER THE REGULATIONS ARE FILED WITH SECRETARY OF STATE
- CHECK THE CHFFA WEBSITE FOR OPEN APPLICATION PERIOD
- APPLICATION CAN BE SUBMITTED VIA MAIL, EMAIL OR HAND DELIVERED
- APPLICATION WINDOW WILL BE OPEN FOR 30 DAYS
- MUST SUBMIT ONE ORIGINAL AND TWO COPIES
  - *For mail or hand delivered applications only*
- INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR REVIEWED
- ADDITIONAL DOCUMENTATION CANNOT BE SUBMITTED AFTER THE DEADLINE

**LIFELINE GRANT PROGRAM APPLICATION FORM**

**ELIGIBILITY**

**SECTION A**

The health facility "Facility" shall meet one of the following requirements. Please confirm eligibility by checking one that applies to your Facility:

- A tax-exempt nonprofit corporation, licensed to operate the Facility by the State of California, and an annual gross revenue not exceed ten million dollars (\$10,000,000).
- A tax-exempt nonprofit corporation, licensed to operate the Facility by the State of California, which is located in a rural medical service study area, as defined by the [California Healthcare Workforce Policy Commission](#).
- A clinic operated by a district hospital or health care district.

**SECTION B**

Facility must meet all of the following conditions. Please confirm eligibility by checking all that apply:

- The Facility must provide a minimum of two (2) of the five (5) Medical Health Services as defined for purposes of this program.
- 50% or more of the persons served must be equal to or below 200% of the Federal Poverty Level.
- The Facility serves persons identified as the vulnerable populations which includes the indigent, underinsured, uninsured, underserved, and undocumented immigrant populations.

**A Facility located in a rural medical service study area ("MSSA") only has to meet the requirement for the provision of Medical Health Services in Section B. Section A requirements must be met for all Facilities.**



**If one or more of these requirements cannot be met, the Facility is not eligible to participate in this Grant program.**



**CERTIFICATION**

The Executive Director of the Facility, Board Chairperson, or other individual with the authority to commit the Facility to contract must complete the following certification:

*I certify that to the best of my knowledge, the information contained in this Application and the accompanying supplemental materials is true and accurate. I understand that misrepresentation may result in the cancellation of the Grant and other actions which the Authority is authorized to take.*

|                 |           |
|-----------------|-----------|
| By (Print Name) | Signature |
| Title           | Date      |

| EVALUATION CRITERIA (NO MORE THAN TWO (2) PAGES)   |  |
|--|--|
| <b>A. FACILITY PROFILE</b>   |  |
| 1. Describe your Facility and its operation as it currently exists. Description must include, at a minimum, the geographical area served, the vulnerable populations served, services provided, day-to-day operations including hours/days of operation, staff qualifications and number of staff, how long the Facility has been in operations, and sources of current revenue. <b>(Required, zero points)</b>  |  |
| <b>B. USE OF GRANT FUNDS</b>   |  |
| <i>Applications shall be scored on the following question addressing all four (4) criteria below (50 points possible):</i>   |  |
| 2. Describe the effects to your Facility and its operation as a result of any federal government reduction or elimination of funds that impact any reimbursement or eligibility for participation in any federal program or initiative. Describe how the Grant funds will be used to maintain the operation of the Facility and a projection of how long the Grant funds will sustain the Facility. Describe each of the items below as it relates to the reduction or elimination of federal government assistance and how the Grant funds will be utilized to positively impact the effects of a federal government reduction or elimination of funds.<br><i>Example: Affects could include, but are not limited to, a reduction in operations, staff, vulnerable population(s) served, etc. (50 points)</i> |  |
| a. <b>Financial Impact.</b> Provide specifics; i.e., the current amount of federal government assistance received, the amount of reduction or elimination, and the percent of the revenue and expenses this reduction or elimination represents to the total operating budget. <i>(substantiate with supporting documentation)</i>   |  |

|  |
|--|
| b. <b>Services Provided.</b> May include elimination of one or more of the Medical Health Services as specified in Section 7213 subdivision (u) of the regulations. <i>(substantiate with supporting documentation)</i>  |
| c. <b>Vulnerable Populations Served.</b> If the federal government reduction or elimination affects the populations defined as vulnerable, specify the vulnerable population(s) affected; i.e., the specific effects to that population, percentage of Facility patients impacted, and the impact on the community. <i>(substantiate with supporting documentation)</i>                |
| d. <b>Day-to-Day Operations.</b> If the federal government reduction or elimination affects the day-to-day operations, specify that effect; i.e., number of staff impacted (may include staff layoffs, classification and duties of impacted staff; salary/hourly rate cuts) and decrease in days and hours of Facility operation. <i>(substantiate with supporting documentation)</i> |

- Must substantiate with supporting documentation. i.e. financial statements, eviction notices, internal memos, etc.

- If there are no changes, then it should be stated. i.e. "Day-to-day operations were not affected by a federal trigger, and; therefore, would not be impacted by grant funding."



# POST AWARD



# GRANT AGREEMENT

- GRANTEES WILL BE REQUIRED TO EXECUTE THE GRANT AGREEMENT WHICH WILL INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING:
  - Grant amount
  - Description of how the funds will be used
  - Disbursement (reimbursement) procedures
  - Resolution of the Grantee's governing board



# RELEASE OF GRANT FUNDS

- REIMBURSEMENT PROCESS
  - IN ORDER TO RELEASE GRANT FUNDS, THE FOLLOWING REQUIREMENTS MUST BE MET:
    - Executed Grant Agreement submitted to Authority
    - Grantee must also submit the following in order to process a reimbursement:
      - Request for Disbursement
      - Proof of expenditure such as contracts, payroll reports, purchase orders, etc.



# REPORTING REQUIREMENTS

- SUBMIT FINAL REPORT WITHIN 45 DAYS OF DISBURSEMENT OF GRANT FUNDS
  - Final Report shall include:
    - Narrative description of how the Grant funds were used
    - An explanation of any variances from the application on Grant fund uses



QUESTIONS?



# CONTACT INFORMATION

***TO EMAIL COMMENTS OR QUESTIONS REGARDING THE  
PRESENTATION, PLEASE GO TO:***

**[CHFFA@TREASURER.CA.GOV](mailto:CHFFA@TREASURER.CA.GOV)**