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## Office of the California State Treasurer, CHFFA

Presents:

Lifeline Grant Program Stakeholders' Webinar III

Tuesday, February 13, 2018

10:00 a.m. – 11:30 a.m. PST

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[Webinar begins 10:00 a.m.]

>> RONALD WASHINGTON: Good morning, everyone. This is Ronald Washington, and I wanted to welcome you to the Clinic Lifeline Act of 2017 Webinar. This is our third webinar for the program. Many of you have participated or listened in on the previous two. So I just wanted to welcome everyone to this webinar.

So we'll start just briefly on page 2 of your slide. We'll just say a brief introduction of those that will be participating today. Again, this is Ronald Washington. I'm the

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executive director. And then I'm joined in this webinar by Rosalind Brewer, who also manages the program. And thirdly, Erin Lane, she's our program analyst, who many of you have also spoken to. But she is not here today, but I wanted to at least acknowledge her because of the work she's done on this program.

So again, thank you for participating in the webinar. And I would just briefly mention, as we turn to page 3, that this item was approved by the CHFFA board at our January 25th board meeting.

So turning to slide 3, I'll just start with a couple of things. You can see there on your slide that it talks about referencing you to a website for technical help. And then there's a description of the live captioning that is also available to you briefly, I wanted to touch base with you on housekeeping items that I want to make sure you have before we move forward. You should have available to you a number of handouts.

Firstly, there's a package that includes the staff report that was approved by our board at the January 25th meeting. Secondly, there is the statute for the Clinic Lifeline Act which you've seen also in previous webinars. There's also a copy of the regulations that we'll briefly touch on in this presentation. Part of that package also includes a sampling of the application. It is for the most part what the application will look like once it's available. And again, we will also touch on when that would be available to you.

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Then you also have as part of that package a request for disbursement, which we'll talk about how to actually get the grant funds. And then lastly, you have a copy of the CHFFA statute. So that's basically what you should have available to you.

And then lastly, obviously, you have a copy of the slides. And I think that's really sort of the housekeeping items. One thing I want to briefly mention is that this webinar also includes any comments we receive from stake holders since the October 2017 webinar, and it also includes input from our board members prior to and then during the January CHFFA board meeting. So I think that's really it on page 3. And then we'll go to page 4. And then really talk about the agenda for today.

So the agenda is really broken up into three sections. The first section is a review section, which I will cover those five bullet items. And then secondly, I will then turn it over to Roz, who will cover the last two sections on the process of how you get a grant. And then the post award as to what happens after your grant has been awarded and approved by the board. So that's really what's covered on page 4.

So let's just get started turning to page 5. Again, the review section follows page 5, you have page 6, which is an outline of some of what you've already seen before, again, in previous webinars. But we wanted to really go back and reemphasize just a couple of things on this page. One, it is for those small, rural health facility, including the community-based clinics, and that the support is really for core operations, as outlined

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in our statute. So as you know, this is a \$20 million grant award. \$250,000 per facility, and that's consistent with what is reflected in the statute for this program.

So really, what would happen in sort of a perfect world, if we were to provide everyone with a maximum grant award of \$250,000, that would equate to a total of 80 grants. So obviously, if there were awards in the amount less than \$250,000 per, we can do more than 80, but just wanted to point that out just so you're aware that at the maximum level, we would have the ability to issue 80 separate grants.

So that was page 6. Page 7 is really a focus on this federal trigger. We have received a lot of great inputs from stakeholders. If you attended any of our CHFFA board meetings where the stakeholder or where the federal trigger was discussed, we have a lot of discussion around this item. Because it could be different for every health facility and every clinic, how you are affected by the federal trigger, some have expressed to us in fact that you have already been affected by this federal trigger. Others have expressed that you will be affected down the road, but there's a certainty, today, that you will be affected.

So what we will ask that you do as a part of your application is that for every applicant, you'll be asked to define for you how you will be affected by this federal trigger. So it will be different, obviously, for different organizations, but we're going to

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ask you to express to us as part of your application how you will be affected. So that's really page 7.

So then the next slide, again, a little bit of review for many of you. It's just eligibility requirements. You can see obviously it's for tax exempt health facility. I believe there are 19 different types under the CHFFA statute. You have to be a licensed facility located in a rural medical services study area. So I will also mention that the MSSA is defined by the California Health Workforce Policy Commission, so they have a defined definition of what in fact is a MSSA area. Generally, as you well know, it's a population density of less than 250 persons per square mile and that the population center does not exceed 50,000 individuals to be defined as an MSSA area. So that's what I wanted to point out to you on slide 8.

Then turning to slide 9, again, it focuses on the additional eligibility requirements, really three separate areas under where it's all health facilities, all clinics, will have to meet these three requirements.

The first one is that you'll have to provide at least two of the five medical health services listed below. So you have five bulleted areas there. So for every health facility, you will have to qualify for at least two.

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The second requirement would be that your health facility or your clinic would have to be one in which 50 percent or more of the persons you serve are at income levels that are below the 200 percent of the poverty level.

So we've had this before as a discussion item on our previous webinar, so I just wanted to point that out to you.

And then lastly, the population that you serve would include also vulnerable populations. Again, the vulnerable populations would include, obviously, the indigent, underinsured, uninsured, undocumented immigrants, all of these would be eligible under that third item.

So that is then slide 9. Again, this is a review for many of you. And then just an overview for some of you that have not yet participated in the previous two webinars.

So then page 10 really goes into a little more detail about the evaluation criteria. There are 50 points possible under that criteria. And then an additional five points will be given to those who are in a rural or from the MSSA area. And then on top of that five points, an additional five points will be given to FQHCs or FQHC look-alikes. So obviously, the FQHCs are those that would qualify for Medi-Cal or Medicare reimbursements. The look-alikes follow that same criteria as the FQHC but for one reason or another, did not receive funding under the FQHC program.

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One of the things I want to mention quickly, which is a change from our October webinar, we changed the evaluation criteria such that there's a total of 50 points possible. I believe the previous webinar, we indicated 100 points. Now, we've simplified the process, we've simplified the application so that now, it will be 50 points instead of 100. Those are the two criteria that are listed. You'll have to completely fill out the criteria under each category. Some of what you'll have to do is describe the funds, how it will be used in each facility, explain the items are related to how a reduction or elimination of the federal assistance has impacted your programs. So you'll have to provide us some narrative as to how you, at your facility, are specifically affected. And in fact, there are some categories of the application in which there is no change or you have not been affected. You'll need to simply say, we have not been affected.

So we'll touch briefly on a few parts of the application in the next two sections. But before I turn this over to Roz, I want to cover just one more item on page 11.

And that is really just a core operations of support. So we have -- within the CHFFA statute, a broad definition of working capital. This program is, again, because of the federal trigger and how a health facility has to be impacted, we are focusing solely on working capital and the reimbursement of such under the program.

So examples would be if your salary is affected, if your payroll has been cut off in some way, shape, or fashion by a decrease in federal funding, for instance, these are the

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items that under working capital, we will work to see on your application. But we want to really focus on how, in fact, each of the health facilities or clinics in particular have been affected and things that are vital to keeping your doors open, keeping your clinics in a state of operation. Those are the items that we're going to look to see as a part of your application.

So that's primarily these slides. The first 11 are just an overview of what has occurred over the last two webinars. It also includes the input that we have received from each of you as stake holders and then it also incorporates some of the interests of what our board members had a desire to see as a part of this program. So that's really the first section.

And so now, I will turn this over to Roz, who will cover on page 12, starting with the process of this program.

>> ROSALIND BREWER: Thank you, Ronald. So the process and the timeline. Let's talk about what's going on right now.

So the emergency regulations were approved by our board on January 25th and had to be posted to our website for five days, which ends today. Then we will submit the regulations to the Office of Administrative Law for a ten day comment period.

Once OAL, Office of Administrative Law, approves the regulations and submit them to the Secretary of State for recording, we will then open a 30 day application window.



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Once the window has closed, then staff will evaluate and score the applications.

That's a 45 day window.

Staff will notify potential grantees by email or regular mail of the initial allocations, which is then followed by an appeal process.

Once the appeal process has ended, CHFFA board will approve final allocations. After the final allocations have been approved, then grant agreements are executed, and then the disbursements can begin.

>> RONALD WASHINGTON: So I want to add just a few things if you're sort of tracking what Roz just described. So if you look at the first two bullets, emergency regulations, so that has actually already occurred. We're in the process of filing that now with the Office of Administrative Law. That will be either today or tomorrow, depending upon how the office counts the days. So obviously, we're on the second bullet where we're having our webinar today. And then that really then begins that ten day period.

So in a perfect world, in a perfect scenario, one in which we do not get any public comments back, we could then start the application process at the close of that ten day period, which would be -- I don't have a calendar in front of me, but somewhere around the --

>> ROSALIND BREWER: Around the first week in March?

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>> RONALD WASHINGTON: The first week in March. Thank you. I would add, though, if we do in fact get comments back in that ten day window, we obviously would then have to shift this schedule out based on the exercises that occurs under that ten day window, public comment period.

But if there are no comments, we expect that disbursement, that very last box where it talks about where disbursements may begin, if there are no comments back that we have to really address and conform to, we expect that to be somewhere in early summer, I think. Roz, is that correct?

>> ROSALIND BREWER: Correct.

>> RONALD WASHINGTON: So we're looking at disbursements probably July, somewhere about there, give or take, a couple weeks. If you're sort of tracking as to when funds might be available, that to be determined date would fall somewhere in early to midsummer.

>> ROSALIND BREWER: Thank you, Ronald. So let's move on to slide 14, which is basically talking a little bit more about the application, which you'll see a snap shot of it in a couple slides ahead. But basically, once the regulations are approved, we'll make available the application and we'll announce on our website when that open application period will begin. So if you have not signed up to receive notices on our website

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regarding our programs, please do sign up to receive notifications. Then you'll be automatically notified.

Once the applications are available, then you can submit them via mail, email or you can hand deliver them and our address and contact information is on the application as well as in the regulations. As mentioned before, the period will be open for 30 days and you must submit one original and two copies if you're submitting the application by mail or hand delivering them.

I want to emphasize incomplete applications will not be accepted or reviewed and any additional documentation cannot be submitted after the deadline.

>> RONALD WASHINGTON: I have one more thing for emphasis. Because of what we talked about in the process dealing with OAL and then any public comment period, the second bullet on this slide it says to check the CHFFA website for the open application period. So, because we don't have a date right now, it is subject to whatever comments may come in. We do encourage you to check back periodically on the website, and that will then allow you to see when the application will be available. We don't know, obviously, today, and we will not know until the completion of that public comment period. So I would encourage you to check back periodically so that you can have a sense on when it does open.

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We will also post on the website an announcement when it does open just so that you're aware of it. We will try to put it on service as well. But do check periodically for that application.

>> ROSALIND BREWER: Okay. Next slide. So this is what the application will look like. As mentioned earlier, Ronald mentioned it will highlight eligibility. You must confirm how you're eligible. You must meet the additional eligibility requirements. And then you're going to certify that everything is complete. Next slide.

And this is how the evaluation criteria looks like on the application. We want you to provide narrative on your facility. You want to describe your facility, how it currently is, your geographical area you serve, the vulnerable populations you serve, services provided, and the day-to-day operations. This is required, but no points will be awarded to the section.

The next --

>> RONALD WASHINGTON: Before we go, just to touch on each of the areas. It's a little blurry. In the event you can't read it, Roz will describe each section.

>> ROSALIND BREWER: Sure. Section B, use of grant funds. Here's the section where we want you to address the four criteria areas that have impacted you in some way due to the reimbursement -- excuse me -- the reduction or loss of federal government assistance. The first section is a financial impact. So here, we're looking to see how the

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reduction of government assistance has affected you financially. Like you have a loss in revenue and expenses or your operating budget has been affected in some way, and we want you to send supporting documentation for each of these sections.

The next section will be for services provided. How has the services you provided been affected? Have you eliminated certain services? You provided all kinds of medical services but now, you can only provide a couple of types of services. Vulnerable population served. You need to describe the types of population you serve and how the loss of government reduction or elimination of funding has affected the vulnerable populations you serve like the undocumented and the indigent. And then the day-to-day operations. We want to see how the federal government reduction or eliminations has affected your day-to-day operations, such as maybe you had to reduce your staff or you reduced the number of hours you operated, things like that.

And also, if there are no changes, then we want to see that as well. And you want to say that, for instance, day-to-day operations, we're not affected by a federal trigger and therefore would not be impacted by grant funding. You want to add anything?

>> RONALD WASHINGTON: Yeah. Just lastly, I want to emphasize for every applicant that you really have two sections there. The first one is the facility profile. So we really want to have a sense on what your facility looks like and operations as it really currently

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existing, meaning how it existed prior to its impact. And then how does, obviously, this federal trigger will now affect you.

But more importantly, there are no points in that section. However, you do need to complete it in order for your application to be considered. In the process of simplifying this application at the direction of our CHFFA board, we did so in that section B, use of grant funds. But you do need to fully complete section A, that facility profile, in order to be considered. So we do want to see a really full and robust description of your facility. But we want you also to know that there are no points that are going to be evaluated under that section. So just be mindful of that and know that it is a part of the requirements. Because it has 0 points, I don't want you to under emphasize that as you complete your application process. Thanks.

>> ROSALIND BREWER: Okay. Now we're going to move to post award. So this is after our board has approved the final allocations. And we will execute a grant agreement with the grantee, and the information that will be included in that grant agreement will include the amount, the description of how the grant funds will be used, and the disbursement procedures. And also, we would require a resolution from your governing board that says that you can enter into a grant agreement with us, and it also delegates authority to an officer to act on its behalf.

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On slide 19, the reimbursement process, in order to release the grant funds, you must have an executed grant agreement submitted to the authority. We'll get those out quickly as possible once the final allocations have been approved. We don't have one to show you right now today, but it's a pretty standard grant agreement.

And then also, you'd have to submit a request for disbursement, which is included in the application as well as included in the grant agreement. And you have to show us proof of expenditure, such as in your contracts or payroll reports or purchase orders to substantiate the request for disbursement.

Next page.

So once all disbursements have been made -- let's say you got a grant for \$250,000, you could request one disbursement of \$250,000 or you could request multiple disbursements equaling up to \$250,000. Once all the disbursements have been made, then you have to submit a final report to us within 45 days, describing how you used the grant funds and any explanation of any variances.

As Ronald had mentioned before, the grant funds can only be used for working capital. Next page.

So that takes us to the conclusion of this presentation. Ronald, do you have anything else you want to add before we ask our audience if they have any questions?

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>> RONALD WASHINGTON: No. No, I think we're okay moving to questions. And if -- before we open this up to questions, if there are any questions that we do not sufficiently answer for you, you have on the last page an email address. So if for some reason our answers are not clear for you or if you have additional questions that you do come up with at the conclusion of this webinar, feel free to send them to our website, and we're happy to follow up with you separately, away from the webinar.

And so what we will do with the questions, for those questions that we think are general, we will try to answer them if we think they apply to the larger group of participants. If there are questions that appear to be really specific to a particular clinic or health facility that is probably less unique to the group, we will probably defer on that question as a part of the webinar, but we will also get back to you and give you a call or email you to answer your questions specifically.

So if we don't answer your question now, it's because we sort of segregated it and we can have a more specific conversation about your specific question away from the webinar.

So if you would just give us just a moment, bear with us, and we'll be right back with you. We want to take a quick look at the questions before we begin to answer them. So please just stand by.

[Audio on hold. Standing by].



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>> RONALD WASHINGTON: All right. Thank you, everyone, for your patience. We wanted to just take a quick look at the questions. So we're going to go through probably most, if not all, of these questions. And again, if you do not hear your question being responded to, just know that we will get back to you separately with your question.

And so Nicole Weaver on our staff, she will read the questions aloud so everyone can hear what we're responding to. First question.

>> NICOLE WEAVER: First question is: What defines a small clinic?

>> RONALD WASHINGTON: So a clinic or a small clinic is part of the definition of a health facility in the CHFFA statute. So if we turn to -- I think it's slide 8. So slide 8 really references a California licensed health facility, and that is the definition of a clinic. So whether it's small or large, what CHFFA defines small health facility are those that really meet this revenue requirement. So this \$10 million revenue requirement or below are those in practice are what we define as some of the smaller health facilities. So that's sort of a general definition of a small health facility, but there is no formal definition of a small health facility.

>> NICOLE WEAVER: Please explain further what this eligibility requirement means. Annual gross revenue not exceeding \$10 million. Would that includes grants or just earned patient income?

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>> RONALD WASHINGTON: So the gross income, the \$10 million cap is defined by your financials. So it is your revenue string, and it includes however you define your gross revenues. If you have federal funds or do you have local funds or if you have patient fees that are a part of your revenue string , that is what we use to determine that. But more importantly, we will look at your financial statements, and under your revenue section, it is what we will look at to determine your \$10 million revenue cap. So we don't define it separately from what is reflected on your income statement and balance sheet.

>> NICOLE WEAVER: How many characters are permitted for each narrative? Are characters counted with or without spaces?

>> ROSALIND BREWER: So the application is a Word document that can be downloaded. And we are just requiring that the total narrative is no more than two pages.

>> RONALD WASHINGTON: Yeah, so if the application doesn't allow for that, you're free to certainly add additional pages to supplement any, I would say, space requirements you have on the application, as long as you're within the limits of ~~, I would say,~~ space requirements~~s~~ you have on the application.

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>> NICOLE WEAVER: It looks like someone would like us to revisit what the federal trigger is.

>> ROSALIND BREWER: Okay. So that would be --

>> RONALD WASHINGTON: We're going to turn to one of the slides here.

>> ROSALIND BREWER: Slide 7.

>> RONALD WASHINGTON: So slide 7 it really defines this federal trigger. I'm going to just read the definition. So it says, a federal trigger is any federal executive, administrative or legislative action or inaction that may impact any reimbursement or eligibility for participation in any federal program or initiative. So that's a fairly long and, in some cases, ambiguous definition.

This definition actually came from -- or we put it together as a result of the responses that we received from stakeholders. So this is not a definition that we as CHFFA staff came up with. It is not a definition that our board came up with, but it is in fact based on the feedback that we got from each of you as stakeholders, how we're able to define a trigger.

One of the things that I mentioned previously on this slide was that if your organization -- if you feel that you've been impacted by a federal trigger, we ask that you then define how you were impacted.

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In sort of a general sense, there is really no -- excuse me -- no definition for a one size fits all sort of trigger. But we know many of you have been affected in different ways. So that we don't restrict the definition in a way that would cause you to be eliminated or excluded, we asked you to then define for us in your application what the federal trigger is for you and then how it then impacts your operational or core situation.

So that's really the intent behind the broad federal trigger definition. So we ask that you each, again, define it separately for your organizational unit. So I hope that answers that question. But I will also say that if you have further questions or you need some more clarity around the federal trigger for your health facility, feel free to email us, and we will call you separately and have the more extensive discussion with you. Next question.

>> NICOLE WEAVER: If an organization operates many health centers but only some are in a rural MSSA, is the organization able to apply?

>> ROSALIND BREWER: Let's go back to the eligibility page on page 8. So under the act, you must meet one of the following requirements. You have to be a health facility with less than \$10 million in gross revenue, or you can be a health facility that's located in a rural medical service study area, or you can be a clinic operating by a district hospital or health care district. So to answer your question, you do not -- all clinics do

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not have to be in rural areas. As long as you meet one of these requirements, you're eligible for the program.

And then on slide 9, we have an additional requirement that you must meet all three of the following requirements. You must meet two of the five medical services. 50 percent or more of the patients served must have income less than federal poverty level of 200 percent and populations you serve must include vulnerable populations. I want you to know that health facility in rural areas, they only have to meet the first requirement. They have to provide at least two of the five medical services. I hope that answers your question. If that doesn't, please email us and we can answer your specific question.

>> NICOLE WEAVER: Can we utilize the funding to expand services that have been postponed due to financial uncertainty?

>> RONALD WASHINGTON: So you can use the grant funds, again -- a little redundant, but as they're laid out under the grant agreement, they're solely for core operations. So if you have core operations for instance that have been impacted by a federal trigger, I think then you could be eligible to use those funds for that purpose. But again, your impact and more specifically, your impact on working capital, is really what those funds can be used towards. And so again, if you look at slide 11, it talks about working capital for salaries, payroll, lease, rent or utilities. There are other areas outside of that. So if

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you look at our CHFFA government code section, it will also describe more specifically working capital. But if it were a revenue string for instance that has been cut off as a result of a federal trigger, I think that certainly could be eligible.

>> NICOLE WEAVER: Does the reduction in federal funding need to have already happened and the facility already be affected?

>> RONALD WASHINGTON: So you have to demonstrate impact. So if you can demonstrate that a federal trigger has occurred and your revenue, for instance, for a funding that you may have received in the spring or in the summer has been discontinued, then you can then qualify. So you do not have to have been necessarily affected already. But if you have a revenue stream that is slated to be cut off and you can demonstrate that with some level of certainty, that it will discontinue, then the funding stream or revenue stream can then be eligible.

Did you want to add something, Roz?

>> ROSALIND BREWER: I would just refer to slide 16 again. What we're looking at is, you know, how it will impact you, and you have to demonstrate it in these four areas. Financially, or the services provided, the vulnerable population served or the day-to-day operations. And if you already know what type of funding will be affected that will be eliminated or decreased, then you have to demonstrate to us how that will affect you, either now or in the future.

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>> NICOLE WEAVER: Are CAH's eligible for this grant?

>> ROSALIND BREWER: Again, we refer you back to the eligibility on slide 8. You have to meet one of these following requirements. So you'd have to, again, be able to meet one of these. Either you have annual gross revenues less than \$10 million or you're a health facility in a rural area or you're a clinic operated by a district hospital or health care district. That's the statute.

>> NICOLE WEAVER: Does the \$10 million threshold apply to the entire organization or to the site for which we're applying for funding.

>> ROSALIND BREWER: It's per health facility per site.

>> NICOLE WEAVER: Can we use the funding for facility renovation and expansion that will help improve access, safety and cleanliness of the facility?

>> RONALD WASHINGTON: So the funds for this program are for working capital. So they're not intended to be for renovation or expansion or any of the brick and mortars sort of effort. So it has to be for working capital and not for renovation purposes.

>> NICOLE WEAVER: If we're a health provider with smaller full sites, can we submit an application for each facility or can we only submit one application.

>> ROSALIND BREWER: Each facility must submit an application.

>> RONALD WASHINGTON: I would even add there, too, because you have this \$10 million revenue cap, for many organizations, if you are to submit financials at the

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organizational level, you likely may not qualify because you would already exceed that \$10 million revenue cap. So because we expect that that revenue number to be lower at the specific facility level, we are going to measure, not the organizational revenue cap, but the facility specific revenue cap, and we think that would then allow many more facilities to qualify.

>> ROSALIND BREWER: And then I would also add, if you're in an organization with multiple sites, you would have to demonstrate to us how each site has gross revenues less than \$10 million, either financials or some other type of reporting.

>> RONALD WASHINGTON: Uh-huh, thank you.

>> NICOLE WEAVER: You mentioned some reporting documentation must be sent with the application that demonstrate the affects of a federal trigger, such as financial impact, vulnerable populations. What would you prefer to see?

>> RONALD WASHINGTON: So I'm going to probably give pause to asking what we would prefer to see. But I think more importantly, I would recommend that documents that, for instance, reflect a discontinuing of some revenue stream is what we would expect to see. However, you can really best describe or best show and demonstrate that the federal trigger has discontinued some of your funding streams in whatever documentation that you have that demonstrate this reduction or elimination of funding



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and it really best tells the story for your organization. That is what we would also prefer to see. But we don't have a preference as to what you send us necessarily.

>> ROSALIND BREWER: An example would be your financials or your operating budget, let's say, financially, you've been affected. Here's your budget before the federal reduction or elimination and here's the budget after the federal elimination or reduction.

>> NICOLE WEAVER: Is the final report due 45 days after one year of the award or 45 days after the award has been executed?

>> RONALD WASHINGTON: I believe it's in the regulations, if you have them. I believe it's 45 days. Tell me if I'm wrong, Roz. 45 days after the use and full disbursement and --

>> ROSALIND BREWER: Full disbursement of grant funds. So after the complete disbursement of grant funds, correct.

>> RONALD WASHINGTON: So 45 days after the complete disbursement of grant funds.

>> NICOLE WEAVER: How do you define no access to working capital? Would that mean the organization has no reserve?

>> ROSALIND BREWER: Well, working capital as it's defined in our statute is very broad. And it covers core operations. So those are your operating expenses. So you'd have to tell us how it's affected.

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>> RONALD WASHINGTON: And it does not also mean that you have tapped and utilized all your reserves. That's not a requirement for your need for working capital. It is not a complete exhaustion of all funds that you have on hand, all your day's cash on hand. It is not a requirement. So no is the answer to your question. You do not have to have exhausted yours in order to meet that requirement.

>> NICOLE WEAVER: Can you go into more detail of how we can demonstrate a negative impact to vulnerable populations?

>> ROSALIND BREWER: Sure. I'm thinking of an example. So vulnerable population. You once served so many types of populations, vulnerable populations, and now, you can't because your federal funding has been eliminated for that type of population. For instance, undocumented. You once were able to serve the undocumented population, but you lost funding for it, so now you no longer can serve that type of population.

>> RONALD WASHINGTON: Or if you served as a second example, the immigrant population, and those immigrant populations that you serve, you saw a significant decrease in those who have applied to your programs for whatever reasons and you can demonstrate that either at discontinuing of serving that population or a significant decrease because some federal funds or immigrant populations were not renewed, that could also be reflected in what you share with us.

Maybe let's just do two more, Nicole.

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>> NICOLE WEAVER: Okay. What is the health care district one of the requirements?

>> ROSALIND BREWER: So that's probably statute.

>> RONALD WASHINGTON: I'm just going to -- I don't know if we can define that. I

don't see it in the regs.

>> ROSALIND BREWER: It's not defined in the regs. We're going to have to follow up on that.

>> RONALD WASHINGTON: Yeah, we'll follow up on that one.

>> NICOLE WEAVER: Okay. If we anticipate a federal trigger and the trigger ends up not occurring, do we return the grant funds?

>> RONALD WASHINGTON: So the short answer is yes. But I would also add that if you expect that trigger to occur then you'll have to demonstrate that to us. And of course, at the end of this process, you'll have to provide a report demonstrating how you utilized those funds. If you're unable to demonstrate how you utilized the funds as a result of this trigger, then that would then require you to return the funds. So the answer would be yes. Maybe one more question.

>> NICOLE WEAVER: Okay. Where do we find a list of California MSSA's?

>> ROSALIND BREWER: So on the OSHPD website, the office of state wide health and planning and development website, OSHPD.ca.gov.

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>> RONALD WASHINGTON: And we do have some repetitive nature of some of the questions that we received, so we hope that we did answer most of the general questions. But if we did not answer your questions specifically, we will either email you or call you to answer any further questions that we didn't cover on this webinar.

So lastly, again, our contact information is there on page 22 of the slide. If you have further questions, we are happy to answer them for you. So we encourage you to submit them to us. We thank you so much for your participation in the webinar. On behalf of the treasurer and the CHFFA board and the CHFFA staff, Roz and I really thank you for your participation, for your interest. And we are happy to walk with you through this process.

And lastly, again, keep checking the CHFFA website for that application process in the coming weeks. And we look forward to working with you on this grant program.

So thank you so much for your participation. Bye now.

[End of webinar 10:57 a.m. PST]