



**WELCOME TO THE
CLINIC LIFELINE ACT OF 2017
WEBINAR IV
AUGUST 23, 2018**

PRESENTED BY

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

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WELCOME AND INTRODUCTIONS

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CLINIC LIFELINE ACT OF 2017 WEBINAR IV

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AGENDA FOR TODAY

- REVIEW
- PROCESS
- POST AWARD

REVIEW

- LIFELINE GRANT PROGRAM OVERVIEW
- FEDERAL TRIGGER
- ELIGIBILITY REQUIREMENTS
- EVALUATION CRITERIA
- ELIGIBLE USE OF GRANT FUNDS
- SIGNIFICANT CHANGES TO THE PROGRAM



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

- 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 its facility's Federal Trigger on the application.
 - Each Health Facility can not apply until a Federal Trigger has occurred.

Per CHFFA Act, Government Code Section 15438.11, subdivision (b)(5):

"It is the intent of the Legislature to assist those small or rural health facilities that may be adversely financially affected by a reduction or elimination of federal government assistance and that have little to no access to working capital."



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 MSSAs 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 3 points will be given to rural or frontier MSSAs.

Additionally, an extra 2 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
 - Utility bills

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



MOST SIGNIFICANT CHANGES TO THE LIFELINE GRANT PROGRAM

APPLICATIONS:

- Filed on a continuous basis
- Accepted after Federal Trigger has occurred
- Reviewed and evaluated within 60 days of receipt
- Due on 1ST of each month
- Grant funds requested in application cannot exceed the federal government assistance reduction or elimination

FEDERAL TRIGGER:

- May not be earlier than July 10, 2017 (*Effective date of Act*)



MOST SIGNIFICANT CHANGES TO THE LIFELINE GRANT PROGRAM

SCORING:

- Extra points have been changed:
 - Health Facilities located in a rural or frontier medical service study area (originally 5 points reduced to 3 points)
 - Federally Qualified Health Center ("FQHC") or FQHC Look-Alikes (originally 5 points reduced to 2 points)
- **Applications must have minimum score of 25 points to be considered for an Initial Allocation**

MAXIMUM GRANT AMOUNT:

- If funds remain after June 30, 2019, maximum Grant amounts per region will no longer be applicable and Grant Awards will be made on a statewide basis

PROCESS

- THE PROCESS & TIMELINE
- GRANT APPLICATION



THE PROCESS & TIMELINE

- Re-Adoption of Emergency Regulations
- Application Webinar
- Applications Accepted on a Continuous Monthly Basis
- Applications Evaluated and Scored (*60 days*)
- Initial Allocation and Appeal Process
- CHFFA Board Approval
- Disbursement of Grant Awards



THE PROCESS & TIMELINE

1 Month	Open continuous filing of applications - <i>pending submittal of OAL approved regulations to the Secretary of State</i>
2 Months	Evaluate/Score
1 Month	Initial Allocation and Appeal Process
1 Month	CHFFA Board approval of Final Allocations
TBD (upon executed grant agreement)	Disbursements begin



GRANT APPLICATION

- Will be available after the re-adoption of emergency regulations are:
 - Approved by the Office of Administrative Law
- AND**
- Filed with the Secretary of State
- Check the CHFFA website for the announcement of accepting applications
- Applications can be submitted via:
 - Mail
 - Email
 - Hand delivery



GRANT APPLICATION

- Submit one original and two copies
 - For mail or hand delivered applications only
- Incomplete applications will not be accepted or reviewed
 - Application will be returned to requesting Health Facility
- Due on the 1st of each month
- Will be reviewed and evaluated within 60 days of receipt

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

APPLICANT INFORMATION			
Health Facility Name			
Parent Health Facility Name <i>[If different from above]</i>			
Street Address		City, State & Zip	
County	Federal Tax I.D. Number	Contact Person / Title	
Telephone Number	E-mail Address		

MUST STATE FEDERAL TRIGGER AND PROVIDE DOCUMENTATION

FEDERAL TRIGGER INFORMATION
FEDERAL TRIGGER EXPERIENCED: <i>[Please explain the Federal Trigger below]</i>

GRANT INFORMATION
AMOUNT REQUESTED: <i>[Max. \$250,000 per Health Facility]</i> Request cannot exceed the federal government assistance reduction or elimination.
\$

MUST DESCRIBE HOW GRANT FUNDS WILL BE UTILIZED

ELIGIBLE AND INELIGIBLE USE OF GRANT FUNDS
<p>Eligible use of Grant funds:</p> <p>“Working capital” for core operating support. <i>Government Code Section 15432, subdivision (h), “working capital” means moneys to be used by, or on behalf of, a participating health institution to pay or prepay maintenance or operation expenses or any other costs that would be treated as an expense item, under generally accepted accounting principles, in connection with the ownership or operation of a health facility, including, but not limited to, reserves for maintenance or operation expenses, interest for not to exceed one year on any loan for working capital made pursuant to this part, and reserves for debt service with respect to, and any costs necessary or incidental to, that financing.</i></p> <p>Ineligible use of Grant funds:</p> <ul style="list-style-type: none"> • To pay the costs associated with inflation of programs and/or services. • To provide any services or programs unrelated to those services or programs provided prior to the reduction or elimination of the federal government assistance. • For any service, program or expenditure beyond what was specified in the Application.
USE OF GRANT FUNDS: <i>[Please describe what the Grant funds will be used for according to eligible uses.]</i>

EVALUATION CRITERIA

(NO MORE THAN ONE (1) SINGLE SIDED PAGE FOR SECTION A; FONT SIZE NO SMALLER THAN 10PT)

A. HEALTH FACILITY PROFILE

1. Describe your Health 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 Health Facility has been in operations, and sources of current revenue. (Required, zero points)

B. USE OF GRANT FUNDS

(NO MORE THAN A TOTAL OF THREE (3) SINGLE SIDED PAGES FOR SECTION B; FONT SIZE NO SMALLER THAN 10PT)

Applications shall be scored on the following question addressing all four (4) criteria below (50 points possible):

2. Describe the effects to your Health 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 Health Facility and a projection of how long the Grant funds will sustain the Health 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.
Example: Effects may include, but are not limited to, a reduction in operations, staff, and vulnerable population(s) served. (50 points)
 - a. **Financial Impact.** 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.

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 the financial impact 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.

→ 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."

→ Same questions to answer for all four (4) Evaluation Criteria's (*Financial Impact, Services Provided, Vulnerable Populations Served, Day-to-Day Operations*).

POST AWARD

- GRANT AGREEMENT
- RELEASE OF GRANT FUNDS
- REPORTING REQUIREMENTS



GRANT AGREEMENT

- GRANTEES WILL BE REQUIRED TO EXECUTE A 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
 - 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

- FINAL REPORTS DUE WITHIN 45 DAYS OF FULL 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

***FOR COMMENTS OR QUESTIONS REGARDING THE
PRESENTATION, PLEASE:***

EMAIL: CHFFA@TREASURER.CA.GOV

OR

CALL: [\(916\) 653-2799](tel:(916)653-2799)