



**WELCOME TO THE  
CLINIC LIFELINE ACT OF 2017  
WEBINAR V  
OCTOBER 31, 2018**

PRESENTED BY

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**

915 CAPITOL MALL, ROOM 435

SACRAMENTO, CA 95814

PHONE: 916-653-2799



# WELCOME AND INTRODUCTIONS

**OPERATIONS MANAGER**  
MARTHA MALDONADO

**PROGRAM MANAGER**  
ROSALIND BREWER

**PROGRAM ANALYST**  
ERIN LANE



# CLINIC LIFELINE ACT OF 2017 WEBINAR V

- For technical issues, contact GoToWebinar (GoToMeeting) at (877) 582-7011 or <https://support.logmeininc.com/gotowebinar>
- Presentation slides and the application are available in the Handouts section of your control panel.
- Live captioning is available at <https://www.streamtext.net/player?event=CDIAC>



# AGENDA FOR TODAY

- GENERAL INSTRUCTIONS
- HOW TO FILL OUT THE APPLICATION
- TOOLS AND RESOURCES
- WHAT'S NEXT?

# GENERAL INSTRUCTIONS

- HOW TO SUBMIT
- FEDERAL TRIGGER
- ITEMS TO NOTE



# GENERAL INSTRUCTIONS

## HOW TO SUBMIT

How to submit	Where to submit	What to submit
<b>Mail or Person</b>	California Health Facilities Financing Authority 915 Capitol Mall, Suite 435 Sacramento, California 95814 Attn: Operations Manager	1 original & 2 copies of completed application
<b>Email</b>	<a href="mailto:chffa@treasurer.ca.gov">chffa@treasurer.ca.gov</a>	1 PDF attachment of completed application

- Applications are due the first business day of each month. Exceptions are:
  - October, applications are due on October 7.
  - No applications are accepted in November.
- Each eligible Health Facility must submit a separate application.



# GENERAL INSTRUCTIONS

## *FEDERAL TRIGGER*

- Each Health Facility must provide documentation that:
  - Substantiates the Federal Trigger;
  - Indicates the Federal Trigger has occurred prior to application submission and no earlier than July 10, 2017; and
  - Shows the financial impact of the Federal Trigger on the Health Facility (i.e. operating budgets, patient utilization statistics, internal memos, etc.).
- Applications can only be submitted once a Federal Trigger has occurred.



# GENERAL INSTRUCTIONS

## *ITEMS TO NOTE*



- Incomplete or illegible applications will not be accepted for consideration and will be returned to the Applicant.
- The Authority is not responsible for email transmittal delays or failures of any kind.
- The font size must not be smaller than 10 pt.



# HOW TO FILL OUT THE APPLICATION

- ELIGIBILITY & CERTIFICATION
- APPLICANT, FEDERAL TRIGGER & GRANT INFORMATION
- HEALTH FACILITY INFORMATION
- EVALUATION CRITERIA: PART A
- EVALUATION CRITERIA: PART B

## LIFELINE GRANT PROGRAM APPLICATION FORM

ELIGIBILITY					
<b>SECTION A</b>					
The Health Facility shall meet <u>one</u> of the following requirements. Please confirm eligibility by checking one that applies to your Facility:					
<input type="checkbox"/>	A tax-exempt nonprofit corporation, licensed to operate the Health Facility by the State of California, and an annual gross revenue not exceed ten million dollars (\$10,000,000).				
<input type="checkbox"/>	A tax-exempt nonprofit corporation, licensed to operate the Health Facility by the State of California, which is located in a Rural Medical Service Study Area, as defined in Section 7213 subdivision (w) of the regulations.				
<input type="checkbox"/>	A clinic operated by a district hospital or health care district.				
<b>SECTION B</b>					
The Health Facility must meet <u>all</u> of the following conditions.* Please confirm eligibility by checking all that apply:					
<input type="checkbox"/>	The Health Facility must provide a minimum of two (2) of the five (5) Medical Health Services as defined for purposes of this program.				
<input type="checkbox"/>	50% or more of the persons served must be equal to or below 200% of the Federal Poverty Level.				
<input type="checkbox"/>	The Health Facility serves persons identified as the vulnerable populations which includes the indigent, underinsured, uninsured, underserved, and undocumented immigrant populations.				
*Notwithstanding the above requirements, a Health Facility located in a Rural Medical Service Study Area shall meet the requirements of Section 7214, subdivision (c) of Title 4, California Code of Regulations.					
	<b>If one or more of these requirements cannot be met, the Health Facility is not eligible to participate in this Grant program.</b>				
<b>CERTIFICATION</b>					
The Executive Director of the Health Facility, Board Chairperson, or other individual with the authority to commit the Health Facility to contract must complete the following certification:					
<i>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.</i>					
<table border="1"><tr><td>By (Print Name) _____</td><td>Signature _____</td></tr><tr><td>Title _____</td><td>Date _____</td></tr></table>		By (Print Name) _____	Signature _____	Title _____	Date _____
By (Print Name) _____	Signature _____				
Title _____	Date _____				

Select the eligibility requirement that applies to your Health Facility.

Confirm that your Health Facility meets all three conditions.

Must certify that all of the information provided in the application is true and accurate.

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	

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

Must state Federal Trigger and provide documentation

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

Grant request cannot exceed the federal government assistance reduction or elimination. Maximum grant request is \$250,000 per Health Facility.

ELIGIBLE AND INELIGIBLE USE OF GRANT FUNDS
<p><b>Eligible use of Grant funds:</b></p> <p>“Working capital” for core operating support.</p> <p><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><b>Ineligible use of Grant funds:</b></p> <ul style="list-style-type: none"> <li>To pay the costs associated with inflation of programs and/or services.</li> <li>To provide any services or programs unrelated to those services or programs provided prior to the reduction or elimination of the federal government assistance.</li> <li>For any service, program or expenditure beyond what was specified in the Application.</li> </ul>
USE OF GRANT FUNDS: <i>[Please describe what the Grant funds will be used for according to eligible uses.]</i>

Must describe how grant funds will be utilized



# FEDERAL TRIGGER DEFINITION

Any federal executive, administrative or legislative action or inaction that impacts any reimbursement or eligibility for participation in any federal program or initiative.

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.”*



# 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)]*

HEALTH FACILITY TYPE	
Check the one that applies (if applicable).	
<input type="checkbox"/>	Federally Qualified Health Center
<input type="checkbox"/>	Federally Qualified Health Center Look-Alike
SERVICE AREA	
Check the one that applies (if applicable).	
<input type="checkbox"/>	Rural Medical Service Study Area
<input type="checkbox"/>	Frontier Medical Service Study Area

**Opportunity for extra points.**  
 2 points for FQHC or FQHC Look-Alike  
 3 points for Rural or Frontier Medical Service Study Area

POPULATION SERVED	
Check all that apply.	
	Percent of Total Population Served
<input type="checkbox"/>	Indigent Populations _____%
<input type="checkbox"/>	Underinsured Populations _____%
<input type="checkbox"/>	Uninsured Populations _____%
<input type="checkbox"/>	Underserved Populations _____%
<input type="checkbox"/>	Undocumented Immigrant Populations _____%
SERVICES PROVIDED	
Check all that apply. To be eligible, the Health Facility must currently provide a minimum of two (2) of the five (5) Medical Health Services listed below:	
	Percentage of Patients Accessing the Service
<input type="checkbox"/>	Reproductive Services _____%
<input type="checkbox"/>	Family Planning _____%
<input type="checkbox"/>	Sexual Health Services _____%
<input type="checkbox"/>	Geriatric Services _____%
<input type="checkbox"/>	Chronic Disease Prevention, Diagnosis and Treatment _____%
Distance of closest Health Facility providing like services _____ miles	

**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)**

Health Facility's profile as it currently exists.

**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)

**MINIMUM SCORE OF 25 POINTS REQUIRED.**

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.

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

b. **Services Provided.** May include elimination of one or more of the Medical Health 7213 subdivision (u) of the regulations.

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

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."

elimination of federal government assistance and the effects of a federal government reduction or



# TOOLS & RESOURCES

- CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY WEBSITE
- GRANT APPLICATION CHECKLISTS



# CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY WEBSITE

<https://www.treasurer.ca.gov/chffa/clg/index.asp>

California State Treasurer  
**John Chiang**

Home | Open Government | Careers | Contact

Search

Home | CHFFA Home | Contacts | Publications

Home ->> CHFFA ->> Lifeline Grant Program

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**

**Quick Links**

- [Frequently Asked Questions](#)
- [Sign Up to Receive CHFFA Information](#)

**Lifeline Grant Program**

The Clinic Lifeline Act of 2017 (the "Act"), signed into law by Governor Jerry Brown on July 10, 2017, established the Lifeline Grant Program (the "Program"). The Program, authorized by Senate Bill 97, and codified in Government Code Section 15438.11, assists small and rural health facilities, including community based clinics, that may be adversely affected financially by a reduction or elimination of federal government assistance and that have little to no access to working capital.

- [Statute](#)

The Legislature appropriated \$20 million for the Program. The Act allows the California Health Facilities Financing Authority (the "Authority") to develop the Program's selection criteria, the process for awarding grants, and the adoption of emergency regulations for implementation and administration.

**Readoption of Regulations (Effective August 22, 2018)**

The Authority readopted the emergency regulations for the Lifeline Grant Program. The current readopted emergency regulations are effective as of August 22, 2018.

- [Form 400 \(Approved on August 22, 2018\)](#)
- [Emergency Regulations \(Effective August 22, 2018\)](#)

On Thursday, August 23, 2018, the Authority hosted a webinar with stakeholders to discuss the changes to the program and the application process for the Lifeline

**Currently Accepting Applications**

[Lifeline Grant Program Application form \(Word\)](#)

- Applications are due the 1st of each month.
- Applicants can apply to the Program only after a Federal Trigger has occurred.
- Applications will be accepted on a continuous basis and can be submitted via mail, email or hand delivery.
  - For applications that are submitted via mail or hand delivery, please be sure to provide one original and two copies.
- Applications will be evaluated and scored within 60 days of receipt.

Approximately \$11.2 million remains available for funding as of September 1, 2018

The California Health Facilities Financing Authority website is full of helpful information such as Frequently Asked Questions, Statute, Program Regulations, and the Application.



# APPLICATION CHECKLISTS

There are 2 checklists at the back of the application for the applicant's utilization.

Provide the following as attachments:

## Attachment A – Financial Information

- Provide a copy of your most current audited financial statement.  
*This information will be used to verify that the Health Facility's annual gross revenue does not exceed ten million dollars (\$10,000,000), with exception to Health Facilities located in a Rural Medical Service Study Area, where this requirement does not apply.*

*Note: the most current audited financial statement must be within six months of the most current fiscal year end.*

*"Audited Financial Statements" means an examination and report of an independent accounting firm on the financial activities of a public agency or private nonprofit corporation.*

*Note: audited financials must be free of going concern language.*

*"Going Concern" means an opinion of an independent accounting firm auditor that there is substantial doubt regarding the entity's ability to continue into the future, generally defined as the following year.*

## Attachment B – Background

- Provide a copy of your Health Facility's mission and history (i.e. brochure, website literature).

## Attachment C – Management/Facility Information

- Provide a copy of the State of California operating license for the Health Facility.
- Provide copies of Health Facility's certified Articles of Incorporation and Bylaws, and any Amendments.

## Checklist - Grant Application

Please use this checklist to determine if the application is complete. *Incomplete or illegible applications will not be considered and will be returned to the Applicant.*

### Eligibility & Certification

(Page 1)  - Complete Sections A & B re: eligibility and sign the certification section

### Applicant, Federal Trigger & Grant Information

(Page 2)  - Complete Applicant Information  
 - Complete Federal Trigger Information  
 - Complete Grant Information

### Health Facility Type & Service Area

(Page 3)  - Complete Health Facility Type (if applicable)  
 - Complete Service Area (if applicable)

### Population Served & Services Provided

(Page 3)  - Complete Population Served Information  
 - Complete Services Provided

### Evaluation Criteria

(Page 4)  - Complete Health Facility Profile, question 1\*  
 (Page 5)  - Complete Use of Grant funds, question 2a (Financial Impact)\*\*  
 - Complete Use of Grant funds, question 2b (Services Provided)\*\*  
 (Page 6)  - Complete Use of Grant funds, question 2c (Vulnerable Populations Served)\*\*  
 - Complete Use of Grant funds, question 2d (Day-to-Day Operations)\*\*

### Legal Status Questionnaire

(Page 7)  - Complete Legal Status Questionnaire (with an explanation for all "yes" answers)

### Religious Affiliation Due Diligence

(Page 8-9)  - Complete Religious Affiliation Due Diligence

### Attachment A – Financial Information

- Provide a copy of most current audited financial statement

### Attachment B – Background

- Provide Health Facility's background information

### Attachment C – Management/Health Facility Information

- Provided operating license for the Health Facility requesting funding  
 - Provided copies of certified Articles of Incorporation, Bylaws, and any Amendments

\*NO MORE THAN ONE (1) SINGLE SIDED PAGE FOR QUESTION 1, FONT SIZE NO SMALLER THAN 10PT.

\*\*NO MORE THAN A TOTAL OF THREE (3) SINGLE SIDED PAGES FOR QUESTIONS 2A-2D, FONT SIZE NO SMALLER THAN 10PT.

# WHAT'S NEXT

- THE PROCESS
- TIMELINE



# THE PROCESS

- Applications Accepted on a Continuous Monthly Basis
- Applications Evaluated and Scored (60 days)
- Initial Allocation and Appeal Process
- CHFFA Board Approval
- Execution of Grant Agreement
- Disbursement of Grant Award



# TIMELINE

Now	<b>Continuous filing of applications open</b>
2 Months	Evaluate/Score applications
1 Month	Initial Allocation and Appeal Process
1 Month	CHFFA Board approval of Final Allocations
TBD <i>(upon executed grant agreement)</i>	Disbursements begin



QUESTIONS?



# CONTACT INFORMATION

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

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

**OR**

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