

2001-04

DATE: February 12, 2001

DOCUMENT TITLE: Requirements for New
Access Points for Healthy Schools, Healthy
Communities Program

TO: Healthy Schools, Healthy Communities

Attached are the supplemental guidance and instructions for use with PHS 5161-1 application form and review criteria for the Healthy Schools, Healthy Communities (HSHC) Program new access points for fiscal year (FY) 2001. Only currently funded and operational HSHC grantees, who completed 1 full year budget period by September 1, 1999, (FY 1999) are eligible to apply.

Applications are due March 30, 2001, and awards will be made with effective dates of July 1, 2001. An original application including all required attachments plus 2 copies must be submitted to:

Health Resources and Services Administration
Grants Application Center
1815 Fort Myer Drive, Suite 300
Arlington, Virginia 22209

An additional two copies (original plus 4 copies), although not required, will facilitate the review process.

The mission of the Bureau of Primary Health Care (BPHC) is to “increase access to comprehensive primary and preventive health care and to improve the health care status of underserved and vulnerable populations.” The BPHC is committed to the goal of 100 percent access to health care for all underserved populations, including the estimated 14 million children in this country who do not have adequate access to affordable, appropriate comprehensive primary health care services. The BPHC is equally committed to the goal of eliminating health disparities among all populations in this country. School-based health centers (SBHCs) play a pivotal role in moving toward these goals, for the provision of comprehensive primary and preventive health care services to underserved children and adolescents.

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In order to increase access to primary health care for at-risk school children and to reduce the disparities in their health care, the BPHC is interested in supporting new access points in SBHCs. The BPHC also believes that organizations that operate multiple SBHCs are more cost effective and are able to take advantage of other operational efficiencies. It is for this reason that the BPHC is interested in offering to those organizations that are currently funded through the HSHC program the opportunity to expand their existing school-based health center operations to a new school site. The BPHC anticipates that it will fund approximately 5 new school-based health centers totaling approximately \$1 million through this competition.

If you have any questions regarding the FY 2001 application and review process described in this Policy Information Notice, please contact LaVerne M. Green, Director, Center for School-Based Health at (301) 594-4451 or email at lgreen@hrsa.gov.

Marilyn Hughes Gaston, M.D.
Director, Bureau of Primary Health Care

Attachment

BPHC POLICY INFORMATION NOTICE: 2001-04

DATE: FEBRUARY 12, 2001

**REQUIREMENT OF NEW ACCESS POINTS FOR
HEALTHY SCHOOLS, HEALTHY COMMUNITIES PROGRAMS**

FISCAL YEAR 2001

**Department of Health and Human Services
Health Resources and Services Administration
Bureau of Primary Health Care**

CENTER FOR SCHOOL-BASED HEALTH

HEALTHY SCHOOLS, HEALTHY COMMUNITIES

**NEW ACCESS POINTS APPLICATION INSTRUCTIONS
FISCAL YEAR 2001**

I. PURPOSE

This Policy Information Notice provides a brief overview of the Healthy Schools, Healthy Communities (HSHC) new access points along with more detailed information on the financial year 2001 eligibility requirements, review criteria and awarding factors for proposals for operational support for new health center access points under the HSHC Program.

II. OVERVIEW AND ROLE OF HSHC IN THE DELIVERY OF HEALTH CARE TO MEDICALLY UNDERSERVED CHILDREN AND ADOLESCENTS

Grants for school-based health centers are a prominent part of the Health Resources and Services Administration's (HRSA) ongoing commitment to provide and expand the availability of and improve access to comprehensive primary and preventive health care services to underserved children and adolescents. Grants made under the HSHC program are awarded to public and private nonprofit community-based health care entities for the development and operation of school-based health centers (SBHCs). The HSHC programs and other Bureau of Primary Health Care (BPHC)-supported SBHCs in the school or on school grounds on a full-time basis provide comprehensive primary and preventive health care services including ancillary and enabling services that are culturally sensitive, appropriate, family-oriented and tailored to meet the specific needs of the community and youth served. Students often experience compromised access to health care services due to barriers such as poverty, a lack of health insurance, and, in some areas, a lack of primary care providers. The SBHCs are a proven, viable way to address this problem. When primary care services and health education programs are located in the school and designed in accordance with community needs, access to health services is improved.

III. GOAL OF THE HSHC PROGRAM NEW ACCESS POINTS

The mission of the BPHC is to “increase access to comprehensive primary and preventive health care and to improve the health care status of underserved and vulnerable populations.” The BPHC is committed to the goal of 100 percent access to care for all underserved populations, including the estimated 14 million children in this country who do not have adequate access to affordable, appropriate comprehensive primary health care services. The BPHC is equally committed to the goal of eliminating health disparities among all populations in this country. The SBHCs play a pivotal role as a means to move toward meeting the BPHCs goals to new access

points for the provision of comprehensive primary and preventive health care services to underserved children and adolescents. The BPHC has placed an increased emphasis on the **readiness** of an applicant to initiate the proposed project plan. Readiness will be determined by the existence of signed agreements between the health care entity, the host school and the school district. The agreement should clearly delineate the responsibilities of each party. In addition to readiness, the BPHC will allocate resources for new access points to areas with greatest need for services. Applicants are expected to demonstrate in the application that the proposed project will increase access to primary health care services and reduce health disparities in the population served based on the level of poverty of the school or community and evidence of health disparities in the population to be served. Applicants are also expected to demonstrate the extent to which the grant will **increase access** to care and demonstrate **compliance** with all requirements of the BPHC policies and Program Expectations.

IV. GENERAL REQUIREMENTS FOR NEW ACCESS POINTS IN FISCAL YEAR 2001

In fiscal year (FY) 2001, \$1 million dollars of new access point funding is being made available to organizations that are currently funded HSHC programs, that propose to expand their capacity by adding a new site. The new service delivery site must provide, a full range of required comprehensive primary and preventive health care, oral and mental health and supplemental services. The application should only address the new service area and the new site in terms of need and how the new site will be integrated into the applicant's existing school-based health program.

The maximum level of support for HSHC new access points is \$200,000. It is expected that the budgets presented will be reasonable and appropriate based on the scope of services to be provided and consistent with the health care and business plans presented in the application. Only one application per organization for a single school site will be accepted.

ELIGIBILITY CRITERIA FOR NEW HSHC ACCESS POINTS IN FISCAL YEAR 2001 (MUST MEET ALL THESE REQUIREMENTS)

- A. Applicant must be currently funded HSHC grantee who have completed 1 full year budget period.
- B. Applicant proposes a new school-based site where services are not currently provided and the new school-based site must be designated as a Title I school.
- C. Applicant shows evidence of signed agreements with the health care entity, host school and school district.

- D. Applicant is not designated as an “exceptional grantee” or on draw down restrictions at the time of application.
- E. Applicant is not currently the focus of an official investigation by any office of a State or the Federal Government.

V. APPLICATION REVIEW PROCESS

Applications are due no later than March 30, 2001. Late applications will be returned to the applicant. Applications will be reviewed for eligibility and completeness and those that have been determined to be ineligible or incomplete will be returned to the applicant. Applications will be considered complete if they include those items listed in Application Format section of this document. Complete applications that meet the eligibility criteria presented in this document will be forwarded to an Objective Review Committee (ORC) for an assessment of the strength of the application. In some cases, validation of the ORC assessment may be necessary. In such a case the BPHC will then arrange for an on-site pre-award review prior to a final funding decision.

Grantees are encouraged to work closely with the appropriate program office staff and the BPHC Grants Management Office staff to prepare high quality applications.

VI. APPLICATION SUBMISSION

A signed original and two copies of the completed application should be sent to the:

HRSA Grants Application Center
1815 N Fort Myer Drive Suite 300
Arlington, Virginia 22209
Phone: 1-877-HRSA-123
Fax: 1-877-HRSA-345
email: hrsagac@hrsa.gov

An additional two copies (original plus 4 copies), although not required, will facilitate the review process.

You should reference the Catalog of Federal Domestic Assistance (CFDA) number when you submit your application. The CFDA number for the HSHC Program is 93.151A.

VII. APPLICATION PREPARATION

These instructions for use with the PHS 5161-1 specify the format for the application and information/data for inclusion. The body of the application will consist of a Project Summary, and Description, Health Care Plan, and Business Plan. Other supporting information should be placed in an Appendix Section.

1. Sequence and Page Limitations of the Application

Application components should be assembled as follows:

- Table of Contents
- PHS 5161-1 Face Sheet (SF 424)
- Assurance (Standard Assurance and Certifications)
- Form SF 424A, Sections A-F and Budget Narrative
- Project Description (Maximum 12 Pages)
- Health Care Plan (Maximum 6 Pages)
- Business Plan (Maximum 6 Pages)
- Appendices
- Signed Agreements

2. Applications and appendices must:

- be typed single-space in standard size black type (not to exceed 15 characters per inch) on 8 ½ x 11 paper that can be photocopied;
- be serially numbered starting with the SF 424 Face Sheet;
- have the applicant/grantee's name and/or Grant Number included on every page;
- use conventional border margins;
- use only one side of each page;
- secured with rubber bands or paper clips
- do not use spiral bound or glued binders;
- do not have Photocopy Reductions;
- do not have over-sized documents, posters, videotapes, cassette tapes or other materials which cannot be photocopied; and
- do not use color print or graphics.

Figures, charts, tables, figure legends, and footnotes may be smaller in size but must be

clear and readily legible. Computer-generated facsimiles may be substituted for any of the forms provided in this packet. Such substitute forms should be printed in black ink, but must maintain the exact wording and format of the government-printed forms contained in the PHS 5161-1, including all captions and spacing, deviation may be grounds for BPHC to reject the entire application. The page limitations provided in some sections must be followed unless different page limitations are given in separate program specific instructions.

VIII. APPLICATION CONTENT

The body of the application will consist of a Project Summary, Project Description, Health Care Plan, Business Plan and Budget Sections and Narrative. Other supporting information should be placed in an Appendix Section, if applicable.

Budget Sections and Narrative

A. PHS 5161-1 Face Sheet (SF 424)

All applicants are required to prepare the "Office of Management and Budget Approved Face Page" in the PHS 5161-1. Instructions for filling out each section are described in the PHS 5161-1.

B. Assurance (Standard Assurances and Certifications)

The same person who signed the SF 424 must execute these assurances.

C. Form SF 424A, Sections A-F and Budget Narrative Maximum Pages - 5

Budget forms and the narrative section should be prepared to represent a 12-month period. The budget should appropriately and realistically present all resources required to implement the HSHC services in new proposed school site and based at or below the maximum level of Federal support of \$200,000.

Budgets will be reviewed for reasonableness and consistency with the plan as proposed in the Health Care and Business Plan sections of the application. Adequate justification must be presented in narrative form for information relative to the total budget, identifying individual program costs. In addition, the proposed budget should address the proposed ratio of grant dollars within program norms of \$100-150 per patient; and include all other sources of funding for the project. The application and budget should demonstrate the grantee's understanding of the opportunities and fiscal challenges posed by trends in Medicaid managed care and other local and State initiatives affecting the medical marketplace.

Funds provided under the HSHC Program may not be used to pay for inpatient care or residential treatment, such as hospice care, in-home nursing care, housing, or

transportation.

The budget justification must include further detail by object class as follows:

- 1) **Personnel and Fringe Benefits:** since personnel is the major category, more detailed information is required under this object class.
 - a) Identify each key position.
 - b) Provide the names of each person identified as occupying key positions and the annual salary, indicate if the position is vacant.
 - c) Provide a listing of all remaining filled and vacant personnel positions, percent of time allocated to program, and projected salaries. This listing may be provided by position category.
 - d) Itemize the components that comprise the fringe benefit rate (e.g., health insurance, Federal Insurance Claims Act, life insurance, retirement plan). For any increase greater than 5 percent over the prior year rate, provide an explanation.
- 2) **Equipment**
Only major (with a cost over \$5,000 per unit) equipment items need to be itemized. Items costing less than \$5,000 should be aggregated with a brief explanation.
- 3) **Supplies**
Explain how the amounts were developed.
- 4) **Travel**
Itemize travel costs according to traveler and explain how the amounts were developed. It is not necessary to itemize each trip or the costs associated with each trip.
- 5) **Contractual**
For each contract, include the contract cost and explain what the contract is to accomplish.
- 6) **Other**
Itemize all costs in this category and explain in sufficient detail to enable allowability determinations to be made. In most cases, consultant costs for technical assistance, legal fees, rent, utilities, insurance, dues, subscriptions, and audit related costs would fall under this category.

Project Description

Maximum Pages – 12

This section should provide a brief synopsis of the community to be served, description and

overview of the organization and scope of the project. The applicant should summarize the need for health services at the school site. The following issues should be addressed.

- Describe level of poverty in the school and community (e.g., the percentage of the student population with incomes below 200 percent of the Federal Poverty Level, number of children who are eligible for free or reduced price lunch, etc.).
- Identify the type of community (e.g., urban, rural, tribal) name, size and grade level of school site.
- Describe organizational and environmental changes or challenges that have impacted on the community. (e.g., health reform activities at the State and local levels, Medicaid and managed care activities).
- Describe the organization's approach to meeting user needs and include services to be provided, arrangement for referrals and after hours care.
- Describe the school health center's organizational structure (including sponsorship, memoranda of understanding between school administration).
- Describe linkages with community organizations and the extent of the support.
- Address any other changes from the currently approved scope of project.

Health Care Plan

Maximum Pages - 6

This section should be used to outline plans related to community health issues as well as quality improvement activities within the school-based health center.

- Describe proposed School-Based Health Center's measure of improving performance, quality of health services, and outcome, e.g., Healthy People 2010 Objectives, HEDIS measures, Guidelines for Adolescent Preventive Services, Bright Futures, accreditation or standards of care.
- Address plans relative to the goal of elimination of health disparities in the following clinical areas: Asthma, obesity, immunizations, Early and Periodic Screening, Diagnostic and Treatment exams, HIV infection, diabetes mellitus, oral health, substance abuses and mental health.
- Retention and recruitment of qualified staff.

Business Plan

Maximum Pages - 6

This section should be used to address the following issues, as applicable, in the Business Plan.

- Network development in a managed care environment and/or managed care arrangements and their impact on the school-based program.
- Continuous quality improvement relative to the school health program.
- Plans for maintaining long-term viability (i.e., space requirements, personnel, in-kind support, etc.).
- The BPHC requirements regarding the involvement of a school health consumer or representative in the governance of the program.

IX. THE ORC CRITERIA FOR EVALUATING PROJECT PLAN

The project plan is expected to describe the new access point at full operational capacity. All criteria must be address by the applicant.

A. Needs Assessment

20 Points

Degree of need for school-based health services will include, but not be limited to, the following indicators:

1. Level of poverty in school and community (i.e., the percentage of the student population with incomes or family incomes at or below 200 percent of the Federal Poverty Level). Number of children who are eligible for free or reduced price lunches. Degree to which the population in the community is medically underserved. Presence of significant barriers to health care for students in the community.
2. Extent to which the applicant proposes to address health disparities of students they intend to serve (e.g., immunizations, asthma, diabetes). Indicators of health risks for school-aged children and youth such as intentional or un intentional injuries, violence, alcohol and other drug abuse, sexually transmitted diseases, adolescent pregnancy, juvenile justice involvement, and the proportion of children with special health care needs.

B. Adequacy and Appropriateness of Delivery Systems

40 Points

Appropriateness of Services

1. Applicant thoroughly describes the ability to provide the full range of required comprehensive primary, preventive and supplemental health care services that are school-based and appropriate for the population served.

2. The applicant provides evidence of onsite or arrangements for the delivery of mental health and oral health services.
3. The applicant provides evidence of appropriate hours of operation, access to after-hours care, (24 hour coverage) and provision of arrangements for referrals and emergency health services.
4. Firm letters of commitment or memoranda of understanding are included from the local school board, school principal, subcontractors and referral arrangements.
5. The applicant provides a timetable for implementation of the HSHC Program.

Coordination of Services

1. The applicant describes the coordination of services among providers, both within and outside of the applicant organization and show evidence of a multidisciplinary team of health professionals.
2. The system of coordination is adequate to allow for continuity of care.
3. The applicant describes the integration among services (primary care, substance abuse, mental health, health education, etc.).
4. The case management system is adequate to meet the needs of the population served.

Collaborative Linkages

1. The applicant describes cooperative arrangements with other community groups and the extent of community support from school personnel, families, caregivers, and other organizations that will supplement, expand, and enrich the services provided through the school-based health center.
2. The applicant demonstrates that these relationships are sufficient to ensure the provision of comprehensive services.

Readiness

1. Applicant demonstrates that the school-based health center will be appropriately staffed and services will be available under the proposed plan within 90-days of a grant award.
2. Applicant demonstrates that a facility is available and ready for occupancy within 90-

days of the grant award.

C. Administrative Management

20 Points

1. Applicant demonstrates that an appropriate and qualified management team and organizational structure for the service delivery at the school-based health center has been identified, with clear lines of authority.
2. The describes its organizational model and staffing plan.
3. The organizational plan is appropriate for the proposed service delivery model.
4. The number and qualifications of the proposed personnel are adequate to carry out the activities proposed by the applicant.
5. The staff includes individuals fluent in the culture and language(s) spoken by the Population served.
6. There are mechanisms in place to ensure the appropriateness of services (e.g., use of consumer staff, patient satisfaction surveys, diversity training).

Governance

1. Applicant demonstrates that it meets the BPHC requirements regarding the involvement of school health consumers or representatives in the governance of the program.

Evaluation

1. The applicant demonstrates a self-evaluation plan that monitors the progress of the program assessment of specific, timeframed, measurable outcome and action steps.
2. The applicant demonstrate the existence of a data collection system to track objectives cited in the evaluation plan.

Fiscal Management

1. The applicant indicates that all HSHC grant funds will be utilized to meet the needs of the school-based health center and will not be directed to others activities of the sponsoring organization.

2. The applicant maximized the opportunity to receive reimbursement for services through accessing Medicaid, State Children's Health Insurance Program, or other third party resources.

D. Appropriateness of Budget

20 Points

1. The proposed budget is appropriate for the scope of the proposed activities.
2. The proposed ratio of grant dollars/patients falls within program norms of \$100-\$150 per patient.
3. The applicant clearly includes other sources of funding for the proposed project including program income, as appropriate.
4. Applicant provides an annualized budget that appropriately and realistically presents resources required to achieve the applicant's goals and objectives and, if currently operating with State or local funds, there must be assurance that the Federal funds will **not** supplant public funds.