



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9/23/13)

## Board Clerk Use Only

Meeting Date: 6/26/14  
Agenda Item #: R.3  
Est. Start Time: 10:20 am  
Date Submitted: 6/12/14

**Agenda Title:** NOTICE OF INTENT to submit an application for \$392,850 per year for two years to the Health Resources and Services Administration.

*Note: This APR is for NOI's only. APRs are available for other types of submittals. Title should not be more than 2 lines but be sufficient to describe the action requested.*

**Requested Meeting Date:** June 26, 2014 **Time Needed:** 5 min  
**Department:** Health **Division:** Integrated Clinical Services  
**Contact(s):** Vanetta Abdellatif, Christy Ward, Laurel Bentley  
503-988-8887;  
503-988-6642;  
**Phone:** 503-988-8648 **Ext.** N/A **I/O Address:** 160/9  
**Presenter Name(s) & Title(s):** Vanetta Abdellatif, Integrated Clinical Services Director; Christy Ward, Primary Care Services Director; Laurel Moses, Grant Writer

## General Information

### 1. What action are you requesting from the Board?

Approval for the Director of the Health Department to submit a grant application for \$392,850 per year for two years to the Health Resources and Services Administration (HRSA) Fiscal Year 2014 Affordable Care Act Health Center Expanded Services Grant.

### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

This is a supplemental funding opportunity available to current HRSA 330 Health Center Program Grantees to support the implementation of the Affordable Care Act by increasing access to comprehensive primary health care services for underserved populations. Health Center Program grantees must propose to expand existing primary care medical capacity by adding new medical providers, expanding hours of operations, and/or increasing the availability of currently approved medical services. The maximum amount of funding that can be requested through the Expanded Services opportunity is derived from the following formula: base amount of \$178,000, plus, an additional \$2.00 per health center patient, plus

an additional \$4.00 per health center uninsured patient. Based on this formula, the Health Department's Health Center Program is eligible to apply for \$392,850 for each year of the two-year project period.

The Health Department Integrated Clinical Services (ICS) program is proposing to use funds to support a new provider team at Southeast Health Center (SEHC), which has the existing space to accommodate this expansion. SEHC currently has 2 provider teams and is not able to meet the demand for primary care services in the area. A provider team includes two primary care providers; two certified medical assistants; one licensed practical nurse; one registered nurse/community health nurse; and one team clerical assistant. A combination of grant funds over the two year project period and revenue generated from new patients/visits will cover staffing and operating costs associated with the new provider team. Once the new provider team is operating at full capacity, the SEHC will be able to serve 2,400 additional patients annually. Since SEHC is the Health Center Program's health care for the homeless site, the addition of a new provider team will greatly bolster capacity to serve persons experiencing homelessness, as well as other vulnerable populations in the area, both of which are a critical need within the local health care safety-net. Adding this capacity is one important step towards meeting the growing demand for primary care services throughout the county.

**3. Explain the fiscal impact (current year and ongoing).**

Funding is based on HRSA formula – MCHD is eligible for a total of 758,700, or \$392,850 a year for 2 project years.

**4. Explain any legal and/or policy issues involved.**

None.

**5. Explain any citizen and/or other government participation that has or will take place.**

None.

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## Grant Application/Notice of Intent

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If the request is a **Grant Application** or **Notice of Intent**, please answer **all** of the following in detail:

- **Who is the granting agency?**  
The Health Resources and Services Administration is the the granting agency.
- **Specify grant (matching, reporting and other) requirements and goals.**  
The goal of this funding is to support increased access to comprehensive primary health care services. Applicants must provide projections of the number of patients who will benefit from this supplemental funding. Applicants must fully implement their Expanded Services projects and realize the full impact of Expanded Services funding within 2 years of funding. Projections should be realistic and achievable, and must be substantiated by a brief written explanation of how the patient projection for each Expanded Services project was determined. Reporting must demonstrate progress toward meeting overall Expanded Services targets over the 2-year period. Additionally, health centers will be required to provide updates on their progress in meeting established Expanded Services goals in Budget Period Progress Report submissions.
- **Explain grant funding detail – is this a one time only or long term commitment?**  
Expanded Services funding will be incorporated into grantees' ongoing base awards.
- **What are the estimated filing timelines?**  
The grant application is due July 1<sup>st</sup>.
- **If a grant, what period does the grant cover?**  
The project period is from September 1, 2014-August 31, 2016.
- **When the grant expires, what are funding plans?**  
When the grant expires, all additional staff will be sustained through additional visit-generated revenue.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**  
Yes, 100% of indirect costs are covered by this grant.

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## Required Signatures

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**Elected Official  
or Department/**

**Agency Director:** Wendy Lear for Joanne Fuller/s/ **Date:** 6/12/14

**Budget Analyst:** Althea Gregory /s/ **Date:** 6/12/14

*Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved*