



**State of Nevada
Department of Health and Human Services**

OFFICE OF COMMUNITY PARTNERSHIPS AND GRANTS

Federally Qualified Health Center Incubator Project

**REQUEST FOR APPLICATIONS
STATE FISCAL YEARS 2020-2021**

**NOTE: This document is available online at
<http://dhhs.nv.gov/grants>**

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PROJECT SUMMARY: SECTION I

This Request for Applications (RFA) is intended to solicit competitive proposals from Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes for State Fiscal Years (SFY) 2020 and 2021. This RFA is published and administered by the Office of Community Partnerships and Grants (OCPG) in the Director's Office of the Nevada Department of Health and Human Services (DHHS-DO).

Awarded projects will provide health care services to school-aged children, youth, and their families in or in collaboration with a school-related setting. For the purpose of this RFA, a school-related setting means any of the following: school-based, school-linked, mobile clinic, or telehealth service.

1.1 BACKGROUND

Nevada has made significant advances in reducing the rate of medically uninsured children; however, there are reasons to believe that many children in the state still have difficulties in accessing health care. For starters, Nevada ranks 47th in the country for percentage of children without health insurance, and 48th regarding the ratio of health care providers to population.¹

Moreover, Nevada ranks 51st for the percentage of children with a medical home. The American Academy of Pediatrics specifies seven qualities essential to medical home care: accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective care.²

Young children typically visit their primary physician many times each year to receive vaccinations and well-child check-ups. However, once these children begin elementary school, they often only see a doctor when they are sick; many times, this doctor is in an urgent care setting. This infrequent contact with an established doctor can result in medical problems being undiagnosed or delayed in treatment. Mental and behavioral health conditions may also be overlooked without regular visits with a doctor.

Untreated medical issues not only effects how a child feels and behaves, but they can also have a ripple effect on a child's academic success. For example, being unable to see the classroom board due to vision issues or not being able to understand the teacher as a result of hearing loss makes educational achievement very difficult. Whether a child is living in pain, struggling with a learning disability, or grappling with a behavioral health condition, they cannot fully focus on school until they receive treatment.

One approach to alleviating these issues is to increase the number of school-aged children who access health care on a regular basis by bringing health care services directly to the children in a school-related setting. In these programs, local health care providers bring services and linkages to other medical care, vision services, behavioral counseling, oral health care, reproductive health, nutrition education, and health promotion services at locations where the children are learning or playing.

¹ <https://www.caanv.org/wp-content/uploads/2018/10/2018-Nevada-Childrens-Report-Card.pdf>

² <http://www.childhealthdata.org/browse/survey/results?q=5457&r=30>

Health care providers and school-related organizations working together in these programs share a commitment to support the health, well-being, and academic success of children in their community. When health care and education systems are working together, attendance improves, conditions such as asthma or diabetes are better managed, and behavioral health issues get quicker attention. The goal of the partnership is to create a culture of health within the school and among its inhabitants, enabling children and adolescents to thrive in the classroom and beyond.

School-related health care³ can also be a powerful tool for achieving health equity among children and adolescents experiencing disparities in health outcomes due to race, ethnicity, or family income. The placement of needed services such as medical, behavioral, dental, enabling⁴, and vision care directly in a school-related setting allows all students to have opportunities to learn and grow.

Effectively promoting health and wellness among school-aged children also requires engaging the entire family. Being active, eating nutritious meals, and maintaining a healthy lifestyle starts with the family. Having parents or caregivers who are living with their own untreated health conditions can make it difficult for a child to have their health care needs addressed. Prevention and treatment rely heavily on the family, which is why this RFA encourages projects to provide services to the whole family.

While many health care providers play a role in the well-being of school-aged children, this RFA focuses on FQHC's and FQHC Look-Alikes. FQHC's primarily serve the most vulnerable Nevadans; more than two-thirds of their patients are uninsured or on Medicaid, and more than 95 percent live below 200 percent of the Federal poverty level. Because of this, FQHCs qualify for enhanced reimbursement from Medicare and Medicaid. They must offer a sliding fee scale; provide comprehensive services; have an ongoing quality assurance program; and have a governing board of directors, the majority of whom must be patients of the FQHC.

FQHC's are also a valuable tool for the State to leverage federal funding to increase health care access. Compared to states with similar population size, Nevada receives a small fraction of health center program dollars.

1.1.2 PHILOSOPHY

This RFA is being administered by the Nevada Department of Health and Human Services, Office of Community Partnerships and Grants (DHHS-OCPG), a **mission-driven grantor**. All proposals funded through this RFA must be aligned with the overall mission of the Department and the OCPG, as referenced below:

³ Nevada School-Based Health Center Toolkit - [http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/AH-Comp/SBHC%20Toolkit_Appendices%20FINAL\(1\).pdf](http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/AH-Comp/SBHC%20Toolkit_Appendices%20FINAL(1).pdf)

⁴ Enabling Services: Per Section 330(b)(1)(A)(iv), enabling services are non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes. Enabling services include case management, referrals, translation/interpretation, transportation, eligibility assistance, health education, environmental health risk reduction, health literacy, and outreach.

- *The Department of Health and Human Services (DHHS) promotes the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.*
- *The mission of the Office of Community Partnerships and Grants (OCPG) is to help families and individuals in Nevada reach their highest level of self-sufficiency by supporting the community agencies that serve them through engagement, advocacy and resource development.*

To further the missions of the Department and the OCPG, this RFA seeks partners whose proposals are focused on **achieving positive outcomes**. The overarching objective is to improve the health and well-being of the children and families served while influencing positive change in Nevada communities.

To reach this goal, collaborations with school-related settings, other health care providers (including behavioral health), and/or community organizations are required to address the patients holistically. A holistic approach recognizes the connection of health care to social services as equal partners in planning, developing programs, and monitoring patients to ensure their needs are met. Social determinates include factors like socio-economic status, education, the physical environment, and access to services.

Underserved, low-income, and disparate populations are at a higher risk of developing health problems because of a greater exposure to health and social risks. Access to services for this population is strained and requires innovative approaches on behalf of providers in order to address these issues. Access barriers may include transportation limitations, cultural and linguistic differences, disabilities, and many other factors that may impede patients from accessing services. Agencies are encouraged to be creative to meet the needs of Nevada’s families, especially those who are difficult to reach, and weave the philosophy of a holistic-centered approach into their proposals.

1.2 PROJECT REQUIREMENTS

1.2.1 VISION

Ensure every school-aged child in Nevada has an established medical home.⁵

1.2.2 GOALS

This application addresses multiple goals, as outlined below:

- Increase the number of school-aged children in Medically Underserved Areas (MUA’s) who have medical homes.
- Increase the number of school-aged children in MUA’s who have one well-care visit per year.

⁵ Patient Centered Medical Home - <https://pcmh.ahrq.gov/page/defining-pcmh>

- Increase the utilization of preventive health care services, including behavioral health services, by school-aged children and their families in MUA's.
- Increase the number of school-aged children who are assessed and treated for behavioral/mental health disorders.
- Ensure students in the project's service area know where to access affordable health care in their area.

1.2.3 TARGET POPULATION

The target population is school-aged children, typically ages five through seventeen-years-old, and their families from medically underserved areas (MUA's).

1.2.4 LOCATION

Health care services must be provided at a school-related setting in a designated medically underserved area (MUA). These services can be provided via an onsite clinic, a mobile clinic, a telehealth system, or another method that is accessible at a school-related setting.

1.2.5 ELIGIBLE ORGANIZATIONS

Existing federally qualified health centers (FQHCs) and FQHC Look-Alikes, as defined by the Health Resources & Services Administration (HRSA), headquartered in Nevada can apply for this funding if capable of meeting the goals of this RFA.

1.2.6 AWARDED PROJECT ACTIVITIES

Projects awarded funds will:

- Provide health care services to school-aged children and their families in medically underserved areas.
- Increase the number of school-aged children who are assessed and treated for behavioral/mental health disorders.
- Emphasize prevention in the provision of health and behavioral/mental health services.
- Increase the number of school-aged patients served by the subrecipient.
- Increase access to health care for Nevadans in medically underserved areas who are not currently accessing services.
- Partner with Nevada 2-1-1 to ensure students in the project's service area know where to find nearby and affordable health care services.

- Use best practices and evidence-based care when providing all services, including those related to physical, behavioral, and mental health.
- Ensure health center services and materials are developmentally appropriate and respectful of cultural and linguistic diversity, gender identity, sexual orientation, and disability.
- Establish and maintain formal agreements, such as Memorandums of Understanding (MOU), with at least one school-related setting, as well as Nevada 2-1-1 and other community-based resources that provide wrap-around services to patients with additional needs.

1.2.7 SERVICE DELIVERY MODEL OPTIONS

Services can be delivered through any of the following service delivery models:

- **School-based (on school grounds)**

School-based health centers are located on school grounds and provide comprehensive medical and/or behavioral health care. Services may include physical exams, screenings, immunizations, behavioral/mental health care, management of chronic conditions, age-appropriate reproductive health care, primary medical care for injuries and illness, laboratory tests, tuberculosis tests, over-the-counter medications and prescription writing, and referrals and coordination of outside services. Clinicians delivering health care can include nurse practitioners, physicians, residents, physician assistants, behavioral health specialists, social workers, dietitians, nurses, and medical assistants, among others.

- **School-linked (off school grounds)**

School-linked health services are located off school grounds in an area where the children are already congregating and provide the same services as school-based health centers. With school-linked services, the FQHC needs to have a formalized, well-coordinated linkage to at least one school-related setting. A school-related setting can be a school, before/after school program, multi-service teen center, or something similar. Students and families need to be able to easily access services at the site, and school-related staff should know how to facilitate needed services through a close working relationship with the site.

- **Mobile clinics**

Mobile clinics bring health care to schools and/or school-linked sites using any version of vehicles, often a specialized van, fully equipped with exam rooms and needed medical equipment. Mobile clinics can provide comprehensive medical care, oral health care, behavioral health care, and/or specialty care for conditions like asthma. For this RFA, mobile clinics must offer a minimum of primary health care and behavioral health assessments, with formalized processes and/or agreements for needed referrals.

- **Telehealth services**

Telehealth services connect school-related settings to health care providers utilizing secure and encrypted videoconferencing technology. At the site, a trained telehealth presenter serving the patient is generally connected to an off-site provider to assess an acute medical problem or

provide general primary care services. The equipment can be connected to primary care providers, behavioral health providers, and/or specialists who manage chronic diseases such as asthma or diabetes, provide education on nutrition, diabetes, or weight loss, and/or provide behavioral health care. In some systems, parents can participate from the site or can access the visit through a personal video enabled device such as a smart phone or iPad.

1.2.8 GRANT PERIOD

Resulting award(s) are intended to span two State Fiscal Years – 2020 and 2021. This is a two-year award beginning on July 1, 2019 and ending on June 30, 2021. All awards are subject to funding availability and contingent on grantee performance over the two-year course of the grant.

1.2.9 AVAILABLE FUNDING

The FQHC Incubator Project may award up to \$1,400,000 (\$700,000 per year) from the Funds for a Healthy Nevada for the FY2020-2021 biennium to eligible organizations. Funding will be competitively awarded to eligible applicants who obtain the highest scores by demonstrating projects that will best meet the goals outlined in this RFA in a fiscally responsible manner.

Funds will be awarded to up to three (3) subrecipients. Depending on what is in the best interest of the State, awarded funds could be distributed based on a funding formula with 70% of funds allocated to Clark County and 30% allocated to the rest of Nevada. All funding is dependent on State and Legislative approval.

1.2.10 PURPOSE OF FUNDING

This grant will serve as a one-time funding source to enhance a current FQHC/FQHC Look-Alike's ability to serve school-aged children and their families in a school-related setting. The RFA's intent is to provide 'seed money' for sustainability. The DHHS will make the final determination of an applicant's abilities and intent to comply with the required project expectations.

The one-time funding could assist an organization with securing a new location, purchasing new equipment (such as telehealth carts), upgrading equipment, and/or securing new provider(s) to expand services not currently provided.

This is a competitive process and subrecipient(s) who receive awards through this RFA are not guaranteed future funding. All costs incurred in responding to this RFA will be borne by the applicant(s). In the event no qualified applicants are identified for this RFA, the DHHS reserves the right to perform alternate measures to identify potential applicants.

1.2.11 FUNDING REQUIREMENTS

Funds from this RFA can generally be used in the following categories:

- Equipment, including telehealth equipment
- Mobile clinics
- Capital improvements and clinical renovations for medical, dental and behavioral health services
- Rent for a new site serving school-aged children and their families
- Outreach materials and costs related to educating students on where to access nearby, affordable health care services
- Salary Support, including:
 - o Eligible providers as defined in Chapter 2900 – Federally Qualified Health Centers (FQHC) of the Division of Health Care Financing and Policy Medicaid Services Manual (MSM)
 - o Clinical support staff (nurses, medical assistants)
 - o Administrative support staff (front desk, billing, executive, IT, etc.)

1.2.12 REPORTING REQUIREMENTS

- Subrecipients must submit quarterly reports documenting progress towards goals and tracking basic unduplicated patient demographics.
- Subrecipients must capture data for number of screenings for Tobacco Cessation and the number of referrals made to the Tobacco Quit Line.
- Subrecipients will also be required to track and report on a limited number of performance indicators. The subrecipient will propose performance indicators as part of their application; however, final indicators will be decided by the OCPG during selection of awards. Potential indicators could include any of the following:
 - o Number and percentage of unduplicated school-aged patients who had a comprehensive well-care exam during each grant year
 - o Number, age, and gender of unduplicated patients seen each year
 - o Number and percentage of patients 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series by their 13th birthday
 - o Number and percentage of school-aged patients who had a vision screening
 - o Number and percentage of school-aged patients who had their Body mass index (BMI) percentile documented, counseled for nutrition, and/or counseled for physical activity
 - o Number and percentage of patients who received an influenza vaccination each year
 - o Number and percentage screened for substance abuse disorders
 - o Number and percentage of patients screened for behavioral health disorders

1.2.13 USE OF TERMS

- Throughout this document, the words “application” and “proposal” may be used interchangeably. Both refer to the documents that applicants submit to request project funding.
- The term “subrecipient” refers to an applicant who has been awarded funds through this RFA.
- A school-related setting means any of the following: school-based, school-linked, mobile vehicle, or telehealth services as defined in Section 1.2.7 in this RFA.
- Medically Underserved Areas (MUA’s) are those defined by the Health Resources & Service Administration (HRSA)⁶.

⁶ <https://bhw.hrsa.gov/shortage-designation/muap-process>

APPLICATION PROCESS: SECTION II

2.1 APPLICATION QUESTIONS AND ANSWERS

Substantive questions about the application may be submitted to the DHHS via e-mail to GMU@dhhs.nv.gov through **3pm on Friday, February 22, 2019**. In the subject line of the email, write "FQHC Incubator Project - Question." Responses will be posted to the OCPG website <http://dhhs.nv.gov/Grants/> by Friday, March 1, 2019. The Questions and Answers will remain on the website through the end of the application period. **After February 22, 2019, no substantive questions about the application will be answered.**

Technical questions about submitting the application may be directed to Jennifer White via e-mail at jwhite@dhhs.nv.gov throughout the application period. Applicants are advised not to wait until the deadline to ask questions. The OCPG cannot guarantee immediate response and applications submitted after the published deadline will be disqualified.

2.2 EVALUATION AND AWARD PROCESS

Completed applications must be submitted via mail or in-person to the DHHS-DO by **3pm on Friday, March 15, 2019**. Proposals must be delivered to:

Department of Health and Human Services, Director's Office
Attn: Cathy Council (FQHC RFA)
4126 Technology Way, Suite 100
Carson City, NV 89706

The proposal must include:

- One (1) original marked "MASTER";
- Three (3) identical copies; and
- One (1) CD or USB Flash Drive with an exact duplicate of the complete proposal (***all electronic files must be saved in "PDF" format***)

Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period. Proposals received by the deadline will be reviewed as follows:

a. Technical Review

OCPG staff will perform a technical review of each proposal to ensure that minimum standards are met. Proposals may be disqualified if they:

- o Are missing fundamental elements (i.e. unanswered questions, required attachments);
- o Do not meet the intent of the RFA; or
- o Are submitted by an entity that is financially unstable as evidenced by information gleaned from the submitted fiscal documents.

b. Evaluation

Applications that meet minimum standards will be forwarded to a review team selected by the DHHS. Reviewers will score each application, using the Scoring Matrix in Appendix A of this document

In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed during the review process. Requests must stand on their own merit.

c. Final Decisions

After reviewing and scoring the applications, the OCPG will submit funding recommendations to the DHHS Director, who will make the final funding decisions. Final decisions will be made by the DHHS Director based on the following factors:

- Scores on the scoring matrix;
- Geographic distribution between Clark County and the rest of the state;
- Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding; and
- Availability of funding

2.3 NOTIFICATION AND AWARD PROCESS

Applicants will be notified of their status with a Letter of Intent after decisions have been made in April 2019.

DHHS staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the DHHS. These issues may include, but are not limited to:

- Revisions to the project budget;
- Revisions to the Scope of Work and/or Performance Indicators; and/or
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements or more frequent reviews, etc.).

Not all applicants who are contacted for final negotiations will necessarily receive an award. All related issues must be resolved before a grant will be awarded. **All funding is contingent upon availability of funds.**

Upon successful conclusion of negotiations, DHHS staff will complete a written grant agreement in the form of a Notice of Subaward (NOSA). The NOSA and any supporting documents will be distributed to the subrecipient upon approval of the Subaward.

2.4 DISCLAIMER

DHHS reserves the right to accept or reject any or all applications. This RFA does not obligate the State to award a contract or complete the project, and the State reserves the right to cancel solicitation if it is in its best interest.

2.5 RFA TIMELINE

Date	Activity
January 28, 2019	RFA is published.
February 22, 2019	Deadline for applicants to submit substantive questions about application to OCPG.
March 1, 2019	OCPG posts Questions and Answers to OCPG website.
March 15, 2019	Applications are due by 3 PM
March 18 – April 5, 2019	Review Committee complete reviews.
April, 2019	Review Committee Meeting- adopts final recommendations for submission to the DHHS Director.
April, 2019	DHHS Director reviews recommendations and finalizes awards.
Late April – June 30, 2019	OCPG staff finalizes budgets, outcomes and issues Notices of Grant Award.

2.6 UPON APPROVAL OF AWARD

2.6.1 MONTHLY FINANCIAL STATUS AND REQUEST FOR FUNDS REPORTS

DHHS requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds. The monthly reports will be due by the 15th of the following month.

2.6.2 PERFORMANCE REPORTING

Applicants who receive an award must collaborate with the DHHS in reporting quarterly on progress in meeting goals. Additional performance reports may be requested as instructed by the DHHS. Quarterly progress reports will be due by the 15th of the month following the end of the reporting quarter.

2.6.3 SUBRECIPIENT MONITORING

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DHHS to the state oversight entities. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. At least one (1) board member must also be available during the exit discussion. The subrecipient monitoring reports or action items will be sent to the subrecipient within 30 working days following the conclusion of the monitoring.

2.6.4 COMPLIANCE WITH CHANGES TO FEDERAL AND STATE LAWS

As federal and state laws change and affect either the DHHS process or the requirements of recipients, successful applicants will be required to respond to and adhere to all new regulations and requirements.

2.6.5 NEVADA 2-1-1

All applicants highly encouraged to be listed in Nevada 2-1-1 at the time of application. Once awarded, this becomes a requirement. All successful applicants will be required to add or update their agency's profile on Nevada's 2-1-1 website located at www.nevada211.org within 60 days after receiving notification of award and provide verification of enrollment. Nevada 2-1-1 is a statewide resource for individuals looking for assistance, services, and programs.

3.1 APPLICATION INSTRUCTIONS

- A. Completed applications must be submitted via mail or in-person to the DHHS-DO no later than **Friday, March 15, 2019, by 3:00 PM (Pacific Time)**. Proposals must be delivered to:

Department of Health and Human Services, Director's Office
Attn: Cathy Council (FQHC RFA)
4126 Technology Way, Suite 100
Carson City, NV 89706

The proposal must include:

- One (1) original marked "MASTER";
- Three (3) identical copies; and
- One (1) CD or USB Flash Drive with an exact duplicate of the complete proposal (***all electronic files must be saved in "PDF" format***)

The DHHS-DO is not responsible for issues or delays in mail service. Any applications received after the deadline may be disqualified from review. Therefore, the DHHS encourages organizations to use mail tracking and submit their applications well before the deadline.

If you do not receive an acknowledgement of application receipt within 72 business hours, please contact Jennifer White via e-mail at jwhite@dhhs.nv.gov or via telephone at (775) 684-7591.

- B. A complete application will require all items listed under the Application Checklist. ***Use 11-point Arial font with 1.0" margins, and convert all items into PDF document format. Submissions must abide by the maximum page limitations and exceeding identified limits may be cause for disqualification from review.***
- C. Do not submit unsolicited materials as part of your application. Any unsolicited materials mailed, delivered or e-mailed to the OCPG will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.
- D. Complete the Application Checklist prior to submitting. The Application Checklist is for the benefit of the applicants and is not required to be included in the submission packet.
- E. Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.

3.2 APPLICATION

3.2.1 PROJECT SUMMARY

Provide a brief narrative for each question below. Number your responses to align with the order the questions are posed. Limit the Project Summary responses to no more than **one (1) page.**

1. Grant title
2. Name of organization, contact person, and contact information
3. Brief project summary
4. Geographic service area of project
5. Name and address of school or school-related setting where project will be located
6. Amount of funding requested

3.2.2 AGENCY DESCRIPTION

Provide a brief narrative for each question below. Number your responses to align with the order the questions are posed. Limit the Agency Description responses to **no more than two (2) pages. If a question does not apply, put 'N/A.'**

1. Brief history of organization, including program strengths and weaknesses
2. Brief descriptions of current programs and activities of the agency
3. Number of unduplicated patients currently and historically served
4. Number of unduplicated school-aged children currently and historically served
5. Geographic area currently served
6. Brief explanation of how organization is capable of effectively accomplishing RFA goals
7. Brief description of process used to solicit and incorporate input from schools, school-related settings, other providers, and/or community members in project identification

3.2.3 NARRATIVE DESCRIPTION

Provide a narrative for each question below. Number your responses to align with the order the questions are posed. Limit the Narrative Description responses to **no more than fifteen (15) pages. If a question does not apply, put 'N/A.'**

3.2.3.1 ORGANIZATION STRENGTH (10 points)

1. Describe organization's qualifications and experiences providing physical and behavioral health services to the target population.
2. Describe the roles, experiences, and tenure of key employees who will be running the day-to-day operations of the project.
3. Explain if applicant is a certified Patient-Centered Medical Home (PCMH). If not, please describe status in becoming a PCMH.

3.2.3.2 COLLABORATIVE PARTNERSHIPS (15 points)

4. Describe the formal collaboration(s) with school-relating setting(s). **Provide copies of formal agreement(s) as attachments to proposal.**
5. Describe formal collaboration with Nevada 2-1-1 to educate students in the project's area on where to access affordable physical and behavioral health care near them. **Provide copy of formal agreement as an attachment to proposal.**
6. For services not provided by the applicant, explain how the project will formally coordinate and integrate services with other existing systems, such as behavioral health, oral health, vision health, and educational settings. Include specific partnerships or collaborations and describe each agency's role. Describe the collaboration's collective impact on the community in the project service area.

3.2.3.3 SERVICE DELIVERY (35 points)

7. Provide the following information on the service location:
 - a. Site address and name (i.e. name of school-related setting);
 - b. Expected operating hours and planned closures;
 - c. Explanation of the service delivery gap in that area, including data used to support these findings; and
 - d. Description how this project is expected to address that service delivery gap.
8. Explain what services will be provided under this project. Differentiate between current services and new services.
9. Explain how the project will use a holistic approach to address patients' physical and behavioral health needs.
10. Describe how the project will increase the utilization of preventative health care services.

11. Explain how the project will incorporate the assessment and treatment of behavioral/mental health disorders into the provision of services.
12. Explain how the project will utilize developmentally appropriate and evidence-based standards of care when providing services.
13. Explain how the project will promote family wellness by engaging parents/ guardians in managing both their child's and their own well-being.
14. Address perceived barriers to implementation of the proposed project and identify ways barriers to success will be mitigated.
15. Submit a Scope of Work under Appendix C that includes goals and implementation timeline with key dates, activities, and deliverables as an attachment to the proposal. ***(excluded from the the Narrative page maximum)***

3.2.3.4 COST-EFFECTIVENESS (20 points, in conjunction with Budget)

16. Explain the amount of funding needed and how awarded funds would be utilized. Include ratio of funds requested per number of proposed new patients.
17. Describe plans and ability to leverage other funding sources for this project.
18. Describe plan for project sustainability after this funding ends. Explain the vision for the project five years after this funding is initially awarded.
19. If applying for salary support, provide the following information, where applicable:
 - a. Current staffing plan and the proposed staffing plan;
 - b. Proposed salary support being requested and how it will help organization meet the RFA goals; and
 - c. Plan demonstrating how the additional staff will be sustained after grant funding ends.
20. If applying for capital improvement or renovation costs, provide the following information where applicable:
 - a. Description of renovations or capital improvement to the new site;
 - b. Explanation how these expenses will help organization meet the RFA goals;
 - c. Identification of the site address and current and proposed hours of operation;
 - d. Construction estimate and floor plans ***(submit as an attachment)***;
 - e. Description of other funding sources to ensure completion if capital improvements exceed requested amount; and

- f. Statement whether the location is leased or owned; if leased, a copy must be provided as an attachment.
21. If applying for equipment, mobile clinic or other similar purchases, provide the following information where applicable:
 - a. Description of item(s) being purchased and purpose;
 - b. Explanation how items will help organization meet the RFA goals;
 - c. Costs; and
 - d. Description of other funding sources if costs exceed requested amount.
 22. Describe costs for educating students on where to find affordable and nearby health care services.

3.2.3.5 PERFORMANCE INDICATORS (20 points)

23. For each project year, provide goals for the following:
 - a. Number of new, unduplicated patients;
 - b. Number of current patients who will get new services;
 - c. Number of well-care visits; and
 - d. Ratio of provider(s) to patients.
24. Propose four SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) performance indicators to be tracked, and explain how those measures will sufficiently demonstrate the impact of the project.
25. Describe quality assurance plan for monitoring and evaluating the appropriateness, effectiveness, accessibility, and success of services funded under this grant. Describe benchmarks for success and how they will be tracked and reported.
26. If agency has previously received funding from the DHHS's FQHC Incubator Grant Program, describe performance and barriers in accomplishing those program goals. If this is not applicable, then describe performance and barriers in accomplishing program goals funded under another, most recent state or local grant program.

3.2.4 BPHC ATTACHMENTS

To ensure that this project is sustainable and achieves its goals, the following documents must be completed for the proposed project site. Follow the instructions in the most recent New Access Point (NAP) or Service Area Competition (SAC) Funding Opportunity Announcement released by the Health

Resources & Services Administration Bureau of Primary Health Care (BPHC)⁷:

1. Attachment 1: Service Area Map and Table
2. Form 4: Community Characteristics

3.2.5 BUDGET INSTRUCTIONS (20 points, in conjunction with cost-effectiveness section)

All proposals must include a detailed project budget for each year of the grant. The budget should be an accurate representation of the funds actually needed to carry out the proposed Scope of Work and achieve the projected outcomes over the biennium. If the project is not fully funded, the OCPG will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.

Applicants **must** use the budget template form (Excel spreadsheet) provided in this RFA. Use the budget definitions provided in the “Categorized Budgets” section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

The column for extensions (unit cost, quantity, total) on the budget narrative should include only funds requested in this application. Budget items funded through other sources may be included in the budget narrative description, but not in the extension column. **Ensure that all figures add up correctly and that totals match within and between all forms and sections.**

Categorized Budgets

Personnel:

Employees who provide direct services are identified here. The following criterion is useful in distinguishing employees from contract staff.

CONTRACTOR	EMPLOYEE
Delivers product	The applicant organization is responsible for product
Furnishes tools and/or equipment	The applicant organization furnishes work space & tools
Determines means and methods	The applicant organization determines means and methods

In the narrative section, list each position and provide a breakdown of the wages or salary and the fringe benefit rate (e.g., health insurance, FICA, worker’s compensation). For example:

Program Director – ($\$28/\text{hour} \times 2,080/\text{year} + 22\% \text{ fringe}$) $\times 25\% \text{ of time} = \$17,763$
Intake Specialist – ($\$20/\text{hour} \times 40 \text{ hours/week} + 15\% \text{ fringe}$) $\times 52 \text{ weeks} = \$47,840$

Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant’s indirect costs (explained later).

⁷ <https://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>

Staff Travel/Per Diem:

Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and the state rate for mileage (currently 53.5 cents), should be used unless the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at <https://www.gsa.gov/portal/category/26429>.

Operating:

- **Supplies:**

List and justify tangible and expendable property, such as office supplies, program supplies, etc., that are purchased specifically for this project. As a general rule, supplies do not need to be priced individually, but a list of typical program supplies is necessary. If food is to be purchased, detail must be provided that explains how the food will be utilized to meet the project goals. Uses that are not in compliance with the Grant Instructions and Requirements will be denied.

- **Occupancy:**

Identify and justify any facility costs specifically associated with the project, such as rent, insurance, as well as utilities such as power and water. If an applicant administers multiple projects that occupy the same facility, only the appropriate share of costs associated with this grant project should be requested in this budget.

- **Communications:**

Identify, justify, and cost-allocate any communication expenses associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.

- **Public Information:**

Identify and justify any costs for brochures, project promotion, media buys, etc.

Equipment:

List equipment to purchase or lease costing \$1,000 or more and justify these expenditures. Also list any computer hardware to be purchased regardless of cost. All other equipment costing less than \$1,000 should be listed under Supplies. Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed. Equipment purchased for this project must be labeled, inventoried, and tracked as such.

Contractual/Consultant Services:

Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the OCPG. A copy of written agreements with any and all partners must be provided. Scan these documents along with the budget into one file to attach to the application.

Other Expenses:

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with

the project, such as audit costs, car insurance, client transportation, etc. Sub-awards, mini-grants, stipends, or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a “pass-through” entity, and its capacity to do so. If there is insufficient room in the narrative section to provide adequate justification, please add a third tab to the budget template for that purpose.

Indirect Costs:

Indirect costs represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include, but are not limited to: depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration, accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project. Identify these costs in the narrative section, but do not enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 8% of the total direct costs. Indirect costs may not exceed 8% of the total funds being requested; however, if you wish to request less than 8%, you may override the formula (located in Cell C-125).

Budget Summary Form 2

After completing Budget Narrative Form 1, turn to Budget Summary Form 2. Column B of Form 2 (“OCPG”) should automatically update with the category totals from Budget Narrative Form 1. Column B should reflect only the amount requested in this application.

Complete Columns C through I of the form for all other funding sources that are either secured or pending for this project (not for the organization as a whole). Use a separate column for each separate source, including in-kind, volunteer, or cash donations. Replace the words “Other Funding” in the cell(s) in Row 6 with the name of the funding source. Enter either “Secured” or “Pending” in the cell(s) in Row 7. If the funding is pending, note the estimated date of the funding decision in Section B below the table, along with any other explanation deemed important to include.

Enter the “Total Agency Budget” in Cell J-23 labeled for this purpose. This should include all funding available to the agency for all projects including the proposed project. Cell J-27 directly below, labeled “Percent of Total Budget,” will automatically calculate the percentage that the funding requested from the OCPG for the proposed project will represent.

Complete Column I of the form if any program income is anticipated through this project. In Section C below the table, provide an explanation of how that income is calculated.

Additional Resources (In-Kind, Volunteer, or Cash Donations)

Additional resources are not required as a condition of these grants but will be a factor in the scoring. Such resources might include in-kind contributions, volunteer services, or cash contributions. In-kind items must be non-depreciated or new assets with an established monetary value.

Definition of In-Kind: Any property or services provided without charge by a third party to a second party are In-Kind contributions.

First Party: Funding Source administered by the OCPG

Second Party: The subrecipient (and any sub-subrecipient of project supported by the grant)
Third Party: Everyone else

If the subrecipient (second party) provides the property or services, then it is considered “cash” contributions, since only third parties can provide “In-Kind” contributions.

When costing out volunteer time, remember to calculate the cost based on the duties performed, not the volunteer’s qualifications. For example, an attorney may donate his/her time to drive clients a certain number of hours per month but the donation must be calculated on the normal and expected pay received by drivers, not attorneys.

Program Income

Program income means gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the grant award. For programs receiving federal funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives. A program may charge reasonable fees/subsidies/costs to be paid by recipients of services. Any estimated cash income generated in such a way must be identified and reported on Budget Summary Form in Column I – “Program Income”.

3.2.6 REQUIREMENTS OF COMPLIANCE

Applicant agrees to the following requirements of compliance with submission of an application.

- 1) Applicant must be a Nevada Federally Qualified Health Center (FQHC) or FQHC Look-Alike. If currently debarred, suspended or otherwise excluded or ineligible for participation in federal or state assistance programs, the applicant is ineligible to apply for funds.
- 2) Applicants are highly encouraged to be listed in Nevada 2-1-1 at the time of application. Once awarded, this becomes a requirement.
- 3) Applicants are highly encouraged to utilize the Nevada Children's Medical Home Portal⁸ as a resource for their patients with special health care needs.
- 4) If the applicant has not met performance measures of previous DHHS contracts, DHHS reserves the right to not award additional contracts.
- 5) All subrecipients must provide all required primary, preventive, behavioral, enabling, and other health services as appropriate and necessary, either directly or through established written arrangements and referrals.
- 6) Subrecipients must provide all required reports as outlined in this RFA.
- 7) Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purpose.
- 8) Applicants awarded funds shall leverage FQHC Incubator Project funds with other resources if the actual cost of the deliverable exceeds the allowable and contracted amount.
- 9) DHHS may conduct on-site subrecipient reviews annually, or as deemed necessary.
- 10) DHHS reserves the right during the contract period to renegotiate or change deliverables to expand services or reduce funding when deliverables are not satisfactorily attained.
- 11) The applicant, its employees and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an operational organization as defined under Eligible Organizations.

⁸ <https://nv.medicalhomeportal.org/>

APPLICATION CHECKLIST

Application

- Project Summary** (1-page maximum, with answers in order)
- Agency Description** (2-page maximum, with answers in order)
- Narrative Description** (15 page maximum, with answers in order)
- Appendix C - Scope of Work**
- Budget**, using the provided excel form:
 - **Year-One and Year-Two Budgets that include:**
 - Numbers are whole dollar amounts or zeros for each category
 - Budget is mathematically correct
 - Budget Summary and Budget Narrative match

Attachments

- Attachment 1** – BPHC Attachment 1: Service Area Map and Table
- Attachment 2** – BPHC Form 4: Community Characteristics
- Attachment 3** - Formal agreements with school-related setting(s)
- Attachment 4** - Formal agreement with Nevada 2-1-1 (if applicable)
- Attachment 5** - Formal agreements with community providers, and/or other related agencies (if applicable)
- Attachment 6** - Agency staff organization chart and resumes of key personnel
- Attachment 7** – Documentation of any conditions on your BPHC grant(s) for the past three (3) fiscal years and specify the status of those findings
- Attachment 8** - Most recent Single Audit and Management Letter or most recent year-end financial statements (if federal audit is not applicable)
- Attachment 9** - Proof of agency liability insurance
- Attachment 10** - Proof of workers' compensation insurance

Standard DHHS Grant Documents, Signed

- Appendix D** - Certification by Authorized Official
- Attachment A** – Grant Conditions and Assurances
- Attachment E** – Audit Information Request
- Attachment F** – Current or Former State Employee Disclaimer
- Attachment G** – Confidentiality Addendum

Application Submission

- Page limits** have not been exceeded
- Arial 11-point font** and **one-inch margins** have been retained
- Completed application is received by the DHHS-DO via mail or in-person delivery no later than March 15, 2019 by 3pm.**

APPENDIX A: SCORING MATRIX

1. ORGANIZATION STRENGTH (Up to 10 Points)

Elements to be evaluated: (1) Qualifications & experience providing services to target population; (2) Qualifications, experiences of staff providing proposed service; (3) Patient-Centered Medical Home status

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 3 points
- 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 4 and 7 points
- All 3 elements strong – Score between 8 and 10 points

2. COLLABORATIVE PARTNERSHIPS (Up to 15 Points)

Elements to be evaluated: (1) Strength of collaboration with school-related setting(s), including formalized agreement(s); (2) Strength of collaborations with internal and external community resources, including having formal agreements in place; (3) Collaboration's potential collective impact on community in service area

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
- All 3 elements strong – Score between 11 and 15 points

3. SERVICE DELIVERY (Up to 35 Points)

Elements to be evaluated: (1) Service delivery model (location in an underserved area; types of services to be offered; holistic approach to addressing patients' needs; emphasis on prevention); (2) Evidence-based and developmentally appropriate services; (3) Behavioral/mental health service delivery integration; (4) Promotion of family wellness

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 9 points
- 2 or 3 elements strong, others unsatisfactory – Score between 9 and 18 points
- 2 or 3 elements strong, others satisfactory **OR** all 4 elements satisfactory – Score between 19 and 28 points
- All 4 elements strong – Score between 29 and 35 points

4. COST-EFFECTIVENESS AND LEVERAGING OF FUNDS (Up to 20 Points)

Elements to be evaluated: (1) Overall cost-effectiveness of project; (2) Appropriate use of funds based on RFA objectives & requirements; (3) Use of other resources; (4) Ratio of funds requested per number of proposed new patients; (5) Sustainability plans

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 4 points
- 2 or 3 elements strong, others unsatisfactory – Score between 5 and 8 points
- 2 or 3 elements strong, others satisfactory – Score between 9 and 12 points
- 3 or 4 elements strong, others satisfactory **OR** all 5 elements satisfactory – Score between 13 and 16 points
- All 5 elements strong – Score between 17 and 20 points

5. PERFORMANCE INDICATORS AND OUTCOMES (Up to 20 Points)

Elements to be evaluated: (1) Number of new, unduplicated patients and number of well-care visits to be completed; (2) Ratio of provider(s) to patients; (3) Proposed outcomes are SMART and accurately demonstrate project impact; (4) Quality assurance plan; (5) Past performance in meeting goals; audits and findings

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 4 points
- 2 or 3 elements strong, others unsatisfactory – Score between 5 and 8 points
- 2 or 3 elements strong, others satisfactory – Score between 9 and 12 points
- 3 or 4 elements strong, others satisfactory **OR** all 5 elements satisfactory – Score between 13 and 16 points
- All 5 elements strong – Score between 17 and 20 points

APPENDIX B: OCPG - GRANT PROCEDURES: COMPLAINTS FROM APPLICANTS NOT SELECTED

The Office of Community Partnership and Grants (OCPG) is responsible for the development, release, review, and accountability of Grants. Due to various Grant funding sources, there are various regulation and authorities in which OCPG must abide by, both federal and state.

The OCPG is required to abide by the Nevada State Administrative Manual (SAM) and stay apprised on any revisions. Section 3000 – Federal Grant Procedures, outlines additional information related to Grants, including the related Nevada Revised Statutes (NRS) related to compliance. Section 3020 – Grant Awards specifically identifies the guidelines in which OCPG may award grants. Below is cited from Section 3020 of the SAM:

The procedures must include:

1. *Written guidelines which help applicants determine whether and how to apply for the grant.*
2. *A method to publicize grant opportunities.*
3. *A structured applicant review process using pre-established criteria and a scoring system. (Note: a scoring system is not required if the grant specifies the entity who shall receive the funds and how the funds will be allocated.)*
4. *A procedure for dealing with complaints from applicants who were not selected for award. These complaints should be investigated by someone of authority.*
5. *A written grant agreement to be used upon issuing the award.*
6. *Guidelines that address conflicts of interest.*
7. *Procedures for reporting fraud and waste.*

Section 3020 for the SAM further states:

Agencies must have a procedure for responding to complaints from applicants who were not selected for award. At a minimum, these complaints should be investigated by someone of authority. The results of the investigation must be documented.

In accordance with the SAM manual requiring a procedure to deal with complaints from Applicants who were not selected for award, the OCPG has developed and utilizes the following procedure for addressing complaints.

If an Applicant was not selected, they may request a meeting either in writing or verbally within ten (10) business days of receipt of the notice to gmu@dhhs.nv.gov. A follow up email will be sent within five (5) business days to schedule a meeting that is convenient to all involved parties. The following information will be shared and may be provided in writing upon request:

- Review of the scores utilizing the pre-established scoring outlined in the grant application.
- Strengths and weaknesses of the application based on the outlined goals and/or objectives of the grant.

The Applicant may choose to include outside parties not affiliated to their agency to participate in the meeting.

If the Applicant is not satisfied with the results of the Strengths and Weaknesses meeting, they may request in writing an additional review within three (3) business days of the meeting to gmu@dhhs.nv.gov and it will be reviewed within five (5) business days with a written response. This will be conducted by the Director of DHHS or designee, not included in the selection and has authority to overturn a decision made.

The OCPG will provide any additional suggestions for other opportunities, if available, as well as provide any known resources to assist the applicant in pursuing their goals as outlined in the applications.

APPENDIX C: SCOPE OF WORK

Description of Services, Scope of Work and Deliverables

Provide a brief summary of the project or its intent here. This section should be written in complete sentences.

Scope of Work

Goal 1: Describe the primary goal the program wishes to accomplish with this subaward.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1.	1.	XX/XX/XX	1.
2. Add more lines if necessary	2.	XX/XX/XX	2.

Goal 2: Describe the most important secondary goal the program wishes to accomplish with this subaward.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1.	1.	XX/XX/XX	1.

*Note to preparer: Add lines to the table as applicable to accomplish all the goals. Line up activities, due dates and documentation as best as possible.

*** For each goal/objective, include implementation activities and due dates. There may be more than one Activity and Due Date per objective.**

****Applicants can copy and paste more tables if there are additional goals.**

APPENDIX D: CERTIFICATION BY AUTHORIZED OFFICIAL

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements detailed within legislation governing the grant as indicated by DHHS and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Notice of Subaward and accompanying documents.

Name (type/print)

Phone

Title

Email

Signature

Date