

Section 4: HHS/HRSA Section—Health Resources and Services Administration With a Focus on Primary Health—25 Points

I. Overview

A. Purpose

To increase the access of chronically homeless persons and homeless families with a disabled adult member to cost-effective and integrated primary health care services provided by existing programs and providers, as part of an effort to eradicate chronic homelessness and eliminate health disparities for chronically homeless people.

It is the intent of HRSA to continue to support health services to chronically homeless people and disabled homeless families in these areas/locations given the continued need for cost-effective, community-based primary care services. Therefore, the proposed projects must exclusively serve chronically homeless individuals and/or disabled homeless families as defined in this notice.

Funding will be awarded pursuant to section 330 of the Public Health Service Act.

B. Eligible Applicants

Primary Health Care Services: Applicants are limited to existing Health Center Grantees (including Health Care for the Homeless grantees) currently funded under section 330 of the Public Health Service Act. Applications should be submitted as a proposed supplemental grant and will be funded as such.

Applicants are limited to existing Health Centers, since funding for this initiative is coming from the Health Center funding line and consequently the requirements of section 330 of the PHS Act apply to the recipients of those funds. In addition, existing Health Center grantees receive certain privileges, including coverage under the Federal Tort Claims Act, ability to receive higher Medicare and Medicaid reimbursement rates, and reduced price pharmaceuticals. It would be inappropriate to provide these privileges to a new group of grantees who had not been approved through the extensive, comprehensive application process to achieve section 330 Health Center status.

II. Amount Allocated

Approximately \$3 million will be available from HHS/HRSA as supplemental awards to existing section 330 health centers in FY 2003 to fund primary health care services. HHS/HRSA will not award more than \$300,000 per project per year.

The awarding of FY 2003 HHS funds is contingent on passage of a permanent HHS appropriation for FY 2003. Subject to availability of appropriations, funds may be available for FY 2004 and FY 2005.

III. Program Description

Health Centers (HCs) are designed to provide accessible, affordable personal health care services to low-income individuals and families. HCs provide family-oriented primary and preventive health care services for people living in rural and urban medically underserved communities and for medically underserved populations. Specifically, HCs provide services that include: primary and preventive health care; outreach; dental care; essential ancillary services; mental health and substance abuse services; case management services; and enabling services such as transportation.

HCs exist in areas where economic, geographic, or cultural barriers limit access to primary health care for a substantial portion of the population, and they tailor services to the needs of the community. HCs demonstrate cost effective responsiveness, empower underserved communities and populations, reduce infant mortality rates, lower hospital admission rates and length of hospital stays for patients, lower patients' health costs, and provide care for specific conditions that meets or exceeds protocols for the general population.

IV. Funding Criteria

A. The applicant thoroughly describes the proposed program for the delivery of primary health care and related services to be provided to the target population.

B. The health care program is designed in a manner that is appropriate to meet the unique needs of homeless people in the proposed service area.

C. The applicant presents evidence of arrangements in place for the delivery of each of the required services. Required services include:

- Primary health care;
- Provision of or arrangements for emergency health services;
- Referral for inpatient hospitalization;
- Case management services;
- Outreach services;
- Entitlement eligibility assistance;
- Supplemental/additional services, including oral health services; and,
- Provision of or arrangements for accessing mental health and substance abuse services.

D. The applicant provides, for each service offered, information on:

- The location of services;

- The service setting (*e.g.*, clinic, van, shelter site);
- The arrangements in place to ensure the availability of services (*i.e.*, whether through direct provision by the applicant or provision through subcontract or referral agreement);
- Arrangements to guarantee access to the services; and,
- Continuity of care.

E. Signed letters of commitment or memoranda of understanding are included for all subcontractor and referral arrangements.

V. Application Selection Process

Only those applications that satisfy the threshold criteria will be rated. The threshold criteria are:

A. Applicants for HRSA funds must be a section 330 Health Center program. A copy of the FY 2002 Notice of Grant Award must accompany the request for HRSA funds.

B. Health centers applying for HRSA funds must not be designated as an exceptional/high risk grantee at the time of application. Note that HRSA may exclude from funding any Health Center which is significantly out of compliance with section 330 program expectations.

An application must be given a satisfactory rating in order to receive further consideration. Those applications that are determined to be acceptable will be then reviewed for the comprehensive approach.

If an application does not meet the aforementioned threshold criteria, the entire application will be rejected.

VI. Application Submission

Applicants should submit: (1) A copy of the most recent Notice of Grant Award document from the Health Center program; (2) a completed Public Health Service Application Form 5161-1, including budget pages and a Project Narrative as described below.

A. Project Narrative

The Project Narrative describes your project and your project's relationship to the primary applicant or other providers in this collaboration. It is made up of the following sections:

1. Project Summary (Points: 8)

The project summary is intended to be a brief synopsis of the proposed design of the primary care component of the collaborative initiative.

The applicant should summarize the need for health services in the target population and the organization's proposed response to that need. The following issues should be addressed.

- a. Overview of the Population. (1) Provide a brief description of the target