Welcome

Public Entity Health Care for the Homeless Grantees and Co-Applicant Arrangements

Monday, February 4, 2013

We will begin promptly at 2:15 pm (Pacific Time)

Event Host

National Health Care for the Homeless Council

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Public Entity Health Care for the Homeless Grantees and Co-Applicant Arrangements

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Presenters

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Public Centers: Applying Health Center Program Requirements

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FQHC Look-Alike or 330 Funded

- Federally Qualified Health Center (FQHC): **Provider type** defined by Medicare and Medicaid *Social Security Act §1861(aa)(4) and §1905(l)(2)(B), respectively*
  - Entity that receives a **grant under section 330** of the Public Health Service Act – **Health Center Program**
  - Entity that is determined to meet requirements to receive funding without actually receiving a grant (*i.e., FQHC “Look-Alike” entity*)
  - Entities that are outpatient health programs or facilities operated by a tribe or **tribal organization** under the Indian Self-Determination Act or by an Indian organization receiving funds under Title V of the Indian Health Care Improvement Act.
Health Center Program Authorizing Legislation: Section 330: Public Health Service Act

- Enables grant awards to Public or Non-profit private entities
- Limits funding for Public Centers to 5% of appropriation in any fiscal year (doesn’t apply to homeless or public housing grants)
- Does not distinguish requirements for public centers vs. non-profits except:
  - In section discussing governing board responsibilities, gives public agencies the authority to “establish general policies”.
Public Health Service Act Sections

- 330 (e) all people in a given catchment area
- 330 (g) migrant and seasonal agricultural workers
- 330 (h) homeless individuals and families
- 330 (i) residents of public housing
An essential and distinguishing element of the Health Center Program is governance by and for the people served.

Health centers funded by HRSA must have a governing body which assumes full authority and oversight responsibility for the health center.

Health center governing boards must maintain an acceptable size, composition, and meeting schedules.

At least 51 percent of the board's members must be patients or “consumers” of the health center.
  – Exceptions will be addressed in a later slide.
Health Center Program: Governance- Board Composition

- Board Composition:
  - The board must have at least 9, but no more than 25 members; special circumstances apply with special population grantees.
  - No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.
  - Conflict of Interest Policy- Employees of the health center and their spouses, children, parents, or brothers or sisters (blood or marriage) cannot be members of the health center governing board.
  - In general, the health center governing board should have at least enough members to:
    - Represent all segments of the community.
    - Represent all areas of expertise required.
    - Complete the work needed without overloading some or all of the board members.
Health Center Program: Governance- Exceptions

- Tribal Health Centers- governance requirements do not apply.
- Migrant, Homeless, Public Housing, and Rural Areas.
  - Upon showing "good cause" the Secretary per statute, has the discretion to waive all or part of the governance requirements for health centers that receive grant support under sections 330(g), (h), (i) or (p) (migrant, homeless, public housing and sparsely populated rural areas health centers respectively).
To date, HRSA has provided these types of applicants with the option of waiving only the following two governance requirements:

1) Fifty-one percent consumer board representation; and/or
2) Monthly Board meetings.

Only applicants requesting targeted funding solely to serve migrant and seasonal farmworkers, people experiencing homelessness, and/or residents of public housing that do not receive or are not requesting to receive general funds, may request a waiver.

If granted, the waiver is effective for the length of a health center's project period.
Health Center Program: Governance- Waiver

How to Request a Waiver:

1) Governance waivers are requested through a New Access Point application (for organizations that do not currently received section 330 funds) or

2) Through the Competing Continuation/Service Area Competition application (for existing grantees).

Note: An approved waiver does not absolve the organization's governing board from fulfilling all other statutory board responsibilities and requirements.
What is a Public Agency?

- The organization is a State or a political subdivision of a State with one or more sovereign powers.

- The organization is an instrumentality of government, such as those exempt under Internal Revenue Code section 115.

- The organization is a subdivision, municipality, or instrumentality of a U.S. affiliated sovereign State that is formally associated with the United States.

- The organization is operated by an Indian tribe or tribal or Indian organization under the Indian Self-Determination Act or urban Indian organization under the Indian Health Care Improvement Act. Tribal Self-Determination legislation recognizes the primacy of the government-to-government relationship between the United States and sovereign Tribal nations.

  - Please note that the governing board requirements do not apply to these organizations.
Public Center Requirements

- Public center may be structured in two different ways to meet the program requirements (direct or co-applicant arrangement).
  - **DIRECT:** Public agency meets all of the requirements of the section 330 program directly
    - No special considerations are needed
  - **CO-APPLICANT ARRANGEMENT:** Public agency with co-applicant governing Board of Directors – collectively the two meet all section 330 requirements and are considered the public center

Special considerations for exercising certain Board authorities

May share other responsibilities, provided that the co-applicant Board retains final and ultimate decision-making
Co-Applicant Agreement

- Legislative intent: the objective of the co-applicant arrangement is for the community-based governing board to set health center policy to the extent possible.
- Based on legal constraints that certain governmental functions may not be delegated to private entities, the co-applicant arrangement may allow the public agency to retain general fiscal and personnel policy making authority.
- The public agency and co-applicant may have collaborative roles in the exercise of other authorities, as long as these roles are clearly outlined in the co-applicant agreement and are consistent with the statements above.
- A pure “consensus” approach, without the subsequent required approval by the health center board, is not acceptable.
“Health Center”/”Public Center” = public agency and co-applicant board

**Co-Applicant Governing Board**
- (Separate 501(c)(3) entity preferred)
  - Complies with all Section 330 composition & selection req.
  - Maintains key authorities and approvals regarding the 330 project
  - May employ management team/staff

**Public Agency**
- Licensed provider (typically)
- May establish general financial management and control systems
- May establish personnel policies
- May employ management team/staff, including CEO

**Co-Applicant Agreement connects Public agency and Co-Applicant Board**
Public Center Co-Applicant Arrangement

“Health Center” = Both Public Agency and Co-Applicant Governing Board

Co-Applicant Governing Board
(Separate 501(c)(3) entity preferred)
1. Complies with all Section 330 composition & selection req.
2. Maintains key authorities and approvals regarding the 330 project
3. May employ management team/staff

HRSA/BPHC
Section 330 grant funds
FQHC Look-Alike Designation

Public Entity
1. Licensed provider (typically)
2. May establish general financial management and control systems
3. May establish personnel policies
4. May employ management team/staff, including CEO

Co-Applicant Agreement
Directly receives the Section 330 grant award or FQHC look-alike designation
  - For grantees, considered the “grantee” of record (i.e., listed on the Notice of Grant Award)

Is the licensed provider of health care services

Typically employs all health center staff, including Executive Director / CEO (provided that co-applicant board has final approval over selection and dismissal)
Public Entity Roles & Responsibilities

- May establish general financial management policies and control systems, including
  - Long range financial planning, financial viability, accountability for and disbursement of funds
  - Arrange for the annual audit, performed in accordance with OMB Circular A-133 (provided that the co-applicant board approves the audit firm and officially accepts the final audit)
  - Develop and approve FQHC’s annual operating and capital budgets (prior to submitting to co-applicant board)
  - Approve, (in conjunction with co-applicant board), policies to determine eligibility for services; the schedule of charges, schedule of discounts off charges and eligibility criteria for sliding fee; and billing and collections
May establish general personnel policies (to the extent it employs the FQHC’s staff), including

- Selection, evaluation and dismissal of staff (other than the Executive Director/CEO, for which public entity and co-applicant board share responsibility and co-applicant board retains final authority)
- Develop salary and benefit scales
- Establish employee grievance procedures
- Establish equal employment practices

Note: If co-applicant board decides to directly employ FQHC personnel, it would establish the foregoing policies and procedures applicable to such personnel
Co-Applicant Board Roles & Responsibilities

- Functions as the governing body for the FQHC project

- **Must** comply with all Section 330-related composition & selection requirements (no exceptions)
  - No health center employees (or immediate family members of employees) can serve as voting members of the board
    - Employees of the public entity cannot serve as voting members of the co-applicant board

- HRSA affiliation policies apply to public entity’s involvement in board selection and composition
  - Board members appointed by the public entity cannot comprise
    - Majority of the board
    - Majority of the non-consumer members
    - Majority of the Executive Committee
    - Chairperson
Required roles for Co-Applicant Board

- Hold monthly meetings*
- Approval of the health center's annual grant application and budget or FQHC Look-alike recertification;
- Approval of the selection/dismissal and performance evaluation of the Director for the center;
- Selection of services to be provided and hours of operation;
- Measure and evaluate progress, develop long-term plans, engage in strategic planning, assess organizations mission and bylaws, evaluate patient satisfaction and monitor assets and performance**;
- Establish general policies***

* Monthly meetings may be waived for health centers that don’t receive 330 (e) funding
** Regulatory requirements that do not apply to centers that receive solely 330 (h) or 330 (i)
*** In the case of public centers with co-applicant governing boards, the public agency may retain authority for establishing general policies (Fiscal and Personnel)
Co-Applicant Board Roles & Responsibilities

- Must maintain all key authorities regarding the Section 330 project that are not delegated to or shared with the public entity
  - Adopting health care policies, including the scope and availability of services, location and hours of services, and quality of care audit procedures
  - Final approval of health center’s annual operating and capital budgets, which should be developed in conjunction with the public entity
  - Final approval of policies for schedule of charges, schedule of discounts off charges and eligibility criteria for sliding fee
  - Final approval of the grant / FQHC look-alike application and subsequent grants or FQHC recertification, and the annual project plan
Co-Applicant Board Roles & Responsibilities

- Must maintain all key authorities regarding the Section 330 project that are not delegated to or shared with the public entity (cont’d)
  - Final approval of the selection, evaluation and dismissal of the Executive Director / CEO
  - Evaluating the center’s activities including services utilization patterns, productivity of the center, patient satisfaction, achievement of project objectives, and developing a process for hearing and resolving patient grievances
  - Evaluating itself periodically for compliance and effectiveness

- HRSA affiliation policies apply to public entity’s involvement in decision-making over authorities exercised by co-applicant board
  - **Public entity cannot maintain overriding approval or veto authority over the required authorities of the co-applicant board**
Shared Roles & Responsibilities

- Public entity may share in the exercise of the authorities required of co-applicant board so long as co-applicant board retains final and ultimate decision-making authority
  - Active joint decision-making prior to final approval by co-applicant board
  - Dual approval or a consensus approach with subsequent final approval by co-applicant board
Co-Applicant Agreement

- Public entity and co-applicant board must execute a “Co-Applicant Agreement,” which is submitted to HRSA with the grant or FQHC look-alike application
  - Defines each party’s roles, responsibilities and authorities
    - Governance
    - Operational activities (including shared authorities)
    - Mutual obligations
  - Is structured to comply with all Section 330-related laws, regulations and policies, including HRSA affiliation policies
Co-Applicant Agreement

- Must be Approved by HRSA
- Separate document from the bylaws.
- The co-applicant agreement, bylaws, and/or articles of incorporation must assure that the co-applicant board retains its full authorities, aside from those prescribed “general policies” that may be retained/reserved by the public center.
Co-Applicant Agreement

- Governance
  - Composition of co-applicant board (as addressed in the Bylaws and consistent with Section 330 requirements)
  - Delegation of authorities between public entity and co-applicant board and identification of the authorities that will be shared (and related processes)
Operational Activities

- Delegation of financial, administrative, clinical and management duties and responsibilities, including
  - Conducting assessments of needs and resources
  - Applying for and maintaining licensure, certifications, etc.
  - Receiving and disbursing grant funds (consistent with the approved budget)
  - Developing management and internal control systems
  - Preparing financial and operating reports
  - Developing operational and clinical protocols and policies
  - Conducting operational and strategic planning
  - Employing management team/staff
  - Role of public entity (if any) in the selection, evaluation and dismissal process of the health center’s Executive Director/CEO
Co-Applicant Agreement

- Mutual Obligations
  - Cooperation in communicating and/or resolving FQHC-related issues
  - Use of grant-related revenues (to cover the costs incurred by both the co-applicant and the public entity in operating the health center)
  - Ownership of grant-funded property and equipment
  - Orientation, education and training of co-applicant board members and public entity staff
  - General record-keeping and reporting
  - Insurance and/or indemnification
  - Confidentiality (patient and business information)
  - Affiliations with other parties (disclosure/approval)
  - Compliance with applicable laws, regulations and policies
Key Areas of Collaboration

- Hiring/Evaluating/Dismissing Director
- Approving annual grant application and budget
- Setting fee schedule and sliding scale
- Determining policies like hours and location(s)
Making the Co-Applicant Agreement Work

- Key is clarity, communication and trust between co-applicant and public entity

- Be precise on what must be retained by public entity due to charter (vs. preference)

- Develop operational guidelines for sharing roles and responsibilities
Example: Selecting Director

- Public entity establishes personnel policies and employs the staff including the ED

- Typically a joint interviewing process

- Co-applicant board has final approval of selection of the Executive Director

- Co-applicant board can dismiss ED from health center
Plusses and Pitfalls

- **Benefits**
  - Opportunity to integrate public health and primary care
  - One-stop-shopping for patients
  - Leveraging of resources and capacities
  - Truly the best of the best when it works

- **Bungles**
  - Lack of integration
  - Role confusion
  - Executive director role confusion
  - Blurring/crossing of lines
  - Lack of mutual respect
Plusses and Pitfalls

WHAT CAUSES MOST PROBLEMS…
Plusses and Pitfalls

WHAT REALLY MAKES IT WORK IS COMMUNICATION AND TEAMWORK!!!!
Health Center Program

Health Care for the Homeless Program
Federally Qualified Health Center

VISIT US ON THE WEB!

http://www.countyofsb.org/phd/
Access to Services

- Large Rural County with Urban Centers
- Nine Health Care Centers
  - Santa Barbara Health Care Center
  - Franklin Health Care Center
    - Casa Esperanza Satellite
    - Rescue Mission Satellite
  - Carpinteria Health Care Center
  - Lompoc Health Care Center
  - Santa Maria Health Care Center
    - Good Samaritan Satellite
      - Santa Maria Women’s Health Care Center
- Subgrantees
  - Santa Barbara Neighborhood Clinics
    - Isla Vista, Westside, Eastside, Dental
  - Marian Community Clinics, Inc.
    - Guadalupe, Santa Maria
Santa Barbara County Public Health Department Status

• 2009 Previous Status
  – 330 (h) Healthcare for the Homeless Program
  – Part B and Part C Ryan White Program
  – 4,000 – 5,000 patients
  – 10,000 – 15,000 annual visits

• Current Status
  – 330 (e) Community Health Center
  – 330 (h) Healthcare for the Homeless Program
  – HCP and Part C Ryan White Program
  – 32,000 – 35,000 patients
  – 110,000 – 120,000 annual visits
Co-Applicant Agreement Process

• Why this Change of Project Scope?
  – Existing patients served as part of our Mission
  – Systematically modeling patient quality of care
  – Expansion of 340B Drug Discount Program
  – Community Health Center Board
  – Federal Tort Claims Act coverage expansion

• Development of our Community Health Center Board and Co-Applicant Agreement
  – Change In Scope to obtain 330 (e) status
  – Local Ordinance as Co-Applicant Agreement to define roles of CHC Board and Board of Supervisors roles and responsibilities
Community Health Center Board

- Recruitment of Community and Consumer Board Members
- Appointment of Community Member and Authorization of Consumer Board Members by Board of Supervisors
- Adoption of By-Laws and Election of Executive Committee of CHC Board by CHC Board at initial meeting
- Ongoing monthly meetings
Lessons Learned

– Technical Expertise
– Fostering Relationships
– Pre-planning and ongoing communication
– Bring legal counsel in early and often
– Understanding the limitations under County and Civil Service policies and protocols
– Flexibility in Board Composition (recruitment, retention and education challenges)
Genesee Community Health Center
Center City site opened October 8, 2012
What is the Genesee Community Health Center?

- Complete Health Care for Adults and Children
- Health Screenings, Well-Child Visits, Physicals
- Care for Diabetes, Asthma, Blood Pressure and Cholesterol
- Access to Lab and X-ray Services
- Access to Mental Health and Substance Abuse Services
- Access to Dental Care

Are you concerned about your health? Don’t have a regular doctor? We can help.

Located in the heart of Flint with easy access to bus routes, we offer quality health care, right away, no appointment necessary, regardless of your insurance or your ability to pay. Childcare is available during your appointment.

Come see us today!

422 W. 4th Avenue, Flint MI 48503
(Across the street from Hurley Medical Center, off the corner of 4th Ave and Grand Traverse)
8:00 AM-4:30 PM, Monday - Friday
810.496.5777
www.genchc.org
info@genchc.org
Awarded June 13, 2012

NAP proposal submitted in December 2010

Also the recipient of a HRSA Health Center Planning Grant in August 2011

Received funding to open two small clinics serving special populations only (not 330e)

330h (Homeless) and 330i (Public Housing)

Public Entity Genesee County Community Mental Health (now Genesee Health System) is the grantee with the co-applicant Genesee Community Health Center Board
Projected numbers served:

<table>
<thead>
<tr>
<th>Location</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center City (Homeless)</td>
<td>1400</td>
<td>2,530</td>
</tr>
<tr>
<td>Atherton (Public Housing)</td>
<td>550</td>
<td>1,150</td>
</tr>
<tr>
<td>Total</td>
<td>1,950</td>
<td>3,680</td>
</tr>
</tbody>
</table>

- ~30% of the homeless population in Genesee County are children < 18 (in families)
- About half of all homeless individuals in GC are homeless for the first time
- Atherton public housing is 90% single mothers with children
GHS/GCCMH is a Key Player

- For over 40 years we have served individuals with co-occurring mental illness, substance abuse, and other co-occurring complex chronic health conditions
- Directly employs over 300 staff with a budget of over $140 million and 17,000 people served
- Continuum of Care for Homeless Assistance
- PATH Homeless Outreach Program
- Share CFO, CIO, HR, QM, and other admin support with the Health Center
Motivation

“"It seemed like a good idea at the time”"
  - Dan Russell

Growing need in the county for expanded safety net

Report that people with SMI are dying 25 years earlier than the general population due to preventable chronic health conditions

Enhanced payment for services, 340B Pharmacy Program
Recruited a full board in 2010 for NAP submission (with a consumer majority)

- Started with a consumer advisory board (CAB), before we had any board members
- Even with the consumer majority, we still asked for the governance waiver being 330h and 330i only

A majority of the board became the workgroup during the Planning Grant year

- Lost most of the consumers, had to reform the CAB

Continue to struggle with maintaining a full board
Consumer Board Members Recruitment Strategies & Struggles

- Spending some time on the Consumer Advisory Board gives potential board members a chance to get their feet wet and see if this is a good fit for them.
- Socializing and engaging with peers is a positive (NHCHC has supported peer learning opportunities).
- Able to provide training in advance of serving on the Health Center Board.
- Word of mouth (Very important!)
- Communication is always problematic and contact info changes often:
  - Limited access to email, no minutes on cell phones, life circumstances.
- As CAB members become more stable, get housing, find employment, they often can’t make the meetings any longer.
- Engaging the Health Center staff and providers in CAB recruitment.
Initially we sent info packets to key stakeholders in the community, representing diverse sectors, requesting an application to serve on the Health Center Board.

Follow up phone calls and emails

Used existing relationships and networking

Very responsive to training needs and requests

Provided several training opportunities (paid for travel to conferences, CHPFS assisted with health center tours by board members, brought in the Michigan Primary Care Association, used training materials from NHCHC and NACHC)
Time Management

- GCHC Board meetings often go way over the scheduled time
- Board members have many questions, even after receiving training
- Beginning to get better, but something to consider
- If you have board member turnover, this will be even more of an issue
Writing the Co-Applicant Agreement

- We borrowed a template from a County Health Department. We are very different from County Health Departments. BAD IDEA

- We have more autonomy than a County Health Department, so using that template made it more complicated than it needed to be.

- After we found out about the condition on our grant, we talked with public entity health centers all around the country (thanks to NHCHC!)
Final Product

- The co-applicant Genesee Community Health Center Board retained all of the authority necessary for compliance with the Health Center Regulations.

- The public entity retained the right to use existing finance and personnel policies.
  - This has worked well, with some revisions necessary.
Local Politics

- Relationships and trust must be in place for success
- Transparency is the best policy—we were very forthcoming about our intentions with this project
HRSA’s Role

- We went in expecting HRSA to tell us exactly what to put in the co-applicant agreement.
- This is not their role, nor are they capable of knowing the unique elements of these relationships.
- Light bulb!!! That is part of the reason for writing this agreement. To illuminate our situation and ensure it is compliant.
Conclusions

- It’s ALL about relationships
- We started planning years ahead of time and we still struggle- this doesn’t fall into place overnight

- Develop a strategic training and education plan for board members and key staff right at the start

- Use the amazing resources that are available
  - NHCHC facilitated incredibly valuable peer learning opportunities for us, along with other key support as we attempted to understand the very complex and UNIQUE nature of Public Entity Co-Applicant Health Centers
Questions & Answers

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Thank you!