

FQHC Incubator Project Based Program Open Enrollment Information Session

January 18, 2024

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Medical Director

Community Health Improvement

Agenda

- FQHC Incubator Program Overview
 - Program Goals
 - Open Enrollment
- Completion of the Open Enrollment (OE) Application
 - Application Forms
 - Draft Workplan
- After your application is Submitted
 - Program Timeline
 - Deliverables and Payments
 - Additional Contract Requirements
 - Progress Reports
- Example Workplans
- Question and Answer Session
 - How to Submit Your Application
 - Contact Information



FQHC Incubator: Project Based Program (PBP) Overview

Who Should Apply

Existing Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes

- Organizations already designated as FQHCs or FQHC Look-Alikes are encouraged to apply for funding
- Projects should be aimed at expanding services or improve access to care at existing FQHCs and FQHC Look-alikes.
- If an applicant is awarded a contract under the HHS0014148
 Open Enrollment, they will NOT be eligible for a contract under this Open Enrollment.



Open Enrollment (OE)

- Applications will be processed on a first-come, first-serve basis.
- Application period will remain open until June 30, 2024, or until funding for the program is exhausted.
- Applications will not be accepted after June 30, 2024.
- All deliverables <u>must be completed</u> by **August 31, 2025** to receive full contracted funding amounts.

The Open Enrollment for the FQHC Incubator Program can be found on the Procurement and Contract Services website:

https://resources.hhs.texas.gov/open-enrollment/open-enrollment-hhs0014260



Completion of OE Application

Exhibits: A-F

- Exhibit A- HHS Solicitation Affirmations Version 2.4
 - Important Note: Applications received without the signed Exhibit A will be disqualified.
- Exhibit B-HHS Uniform Terms and Conditions- Vendor Version 3.4
- Exhibit C- Federal Assurances, Non-Construction
 - Must be completed and signed if not doing construction or renovations
- Exhibit D- Federal Assurances, Construction
 - Must be completed and signed if doing construction or renovations
- Exhibit E- Certification Regarding Lobbying
- Exhibit F- Fiscal Federal Funding Accountability and Transparency Act (FFATA)



Application Forms: A-D

- Form A: Face Page—Proposal for Financial Assistance
 - This form requests basic information about the applicant, including the signature of the authorized representative.
 - The face page is the cover page of the proposal and shall be completed in its entirety.
- Form B: Open Enrollment (OE) Application Checklist
 - Indicate page number for completed forms and attachments.
 - The resulting checklist will ensure the application is complete— MUST be attached to application for review
- Form C: Contact Person Information Form
- Form D: Vendor Information Form



Form E: FQHC Project Workplan

General Guidelines

- Describe how the proposed project will expand available services at your FQHC or FQHC Look-alike or improve access to care at your FQHC or FQHC Look-alike.
- Indicate which Funding Opportunities you are requesting funding for and for what amounts (up to the maximum limit for each activity)
- Summarize any additional funding outside of the Contract that you will use towards identified activities in the Funding Opportunity
- Requested funding across categories must equal \$650k (not less).
- Outline how you will complete the deliverables for the Funding Opportunities by **August 31, 2025.**



Health Services

Application Form F: Landlord Consent for Construction on Leased Spaces

- If you are undertaking construction work in a leased space, it is mandatory to submit a completed form that demonstrates your landlord's approval of your construction plans.
- If you are the property owner where the construction is planned, you must provide valid proof of ownership.



Form E: Workplan Template PBP

Funding Opportunities







ENRICHMENT ACTIVITIES

STAFFING LIST

CAPITAL
IMPROVEMENT
ACTIVITIES



Form E: Draft Workplan Requirements

Enrichment Activities

- Indicate proposed conferences, workshops, webinars, professional organization memberships, etc.
 - For Example: Texas Association of Community Health Optimizing Comprehensive Clinical Care (OC³) Compliance and Performance Improvement (CPI) Manual
- Indicate proposed purchases towards development of your organization
 - For Example: Purchasing materials to assist in policy or procedure development, conferences, trainings, workshops, professional organization memberships, contracting for grant writing services, contracting for legal consultation services, or contracting for business or marketing plans



Form E: Draft Workplan Requirements- Staffing List

Explain in detail how the Applicant will utilize the money to:

Hire new staff

Increase the hours of current staff





Texas Department of State Health Services Current organizational chart as well as a proposed organizational chart

Form E: Draft Workplan Requirements- Capital Improvement



Comprehensive Use of Funds:

for various purposes such as acquiring medical equipment or furnishings, renovating existing structures, or constructing a new clinical facility.



Detailing Construction Plans:

For planned construction, provide a detailed scope of work including the specific site location to ensure clarity and preparedness for project commencement.



Documentation for Leased Spaces:

In cases where construction will occur in leased spaces, attach Form F: Landlord Letter of Consent for Construction with your application to verify authorization.



Proof for Owned Properties:

If the construction site is on property owned by your organization, submission of proof of ownership is required to validate your application.



Davis-Bacon Act

If outside funding is received by the Contractor **before or during** the Contract term under this OE and requires Davis-Bacon Wage requirements and reporting, Capital Improvement funding **CANNOT be used towards labor costs**.

Other construction related costs, for example architect fees, permitting, construction management etc., will still be eligible for reimbursement.



Texas Department of State

Application Form G- Budget Template

Form K: Federally Qualified Health Center Incubator Program Budget Sheet		
Open Enrollment Application OE No. HHS		
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Organization Name:		
Budget Categories		
Staffing	Total	
Personnel		
Fringe Benefits		
	Staffing Grand Total	0
Enrichment Activities	-	
Conferences		
Trainings		
Webinars/Workshops		
Recruitment		
Legal Services		
Consulting		
Other <i>(specify)</i>		
	Enrichment Grand Total	0
Captial Improvement		
Equipment		
Architect/Engineering Fees		
Construction		
	Capital Improvment Grand Total	0
	FQHC Funding Total	0

Purpose:

- Planning tool for all requested funds related in each funding category
- Provides a clear and detailed picture of the project's financial needs.
- Cells are auto formatted to calculate totals
- Totals MUST match the Draft Workplan

Recipients of Previous FQHC Incubator Funding under HHS0012233

- Please note, if an applicant has previously received FQHC Incubator Program funding under OE HHS0012233, the proposed workplan must be for a project that is **new and distinct** from the previously funded project.
- For example, if a physician was hired with funding from OE HHS0012233, then ongoing salary support for this physician would not be an eligible expense under this OE.



After Your Application is Submitted

Application Review Steps

Application submitted

DSHS conducts eligibility determination DSHS conducts application review

DSHS must approve the Draft Workplan prior to Contract award

Applicant receives Notice of Contract or Denial Notice

Contract Awarded



Key Deliverables and Payment Schedule

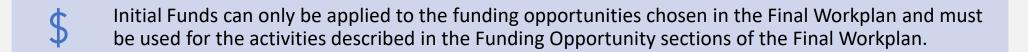
Final Workplan: Initial Funds



After you sign your contract, you will have 30 calendar days to submit a Final Workplan.



Upon approval by DSHS of the Final Workplan, you should invoice DSHS for the initial funds of \$100,000. This should be done within 30 days of your workplan being approved.





Texas Department of State Health Services



To be clear, Initial Funds are part of, not in addition to, the funding amounts requested in the Final Workplan.

Progress Report Schedule & Funding

Four mandatory Progress Reports are due over the contract term. Each report is critical for the allocation of funds upon successful completion and approval of your submission.

- Progress Report 1: Due June 30, 2024 Funding: \$125,000
- Progress Report 2: Due December 31, 2024 Funding: \$125,000
- Progress Report 3: Due February 28, 2025 Funding: \$125,000
- Progress Report 4: Due May 31, 2025 Funding: \$175,000



Report Components



Appendix A: Technical and Developmental Enrichment Activities



Appendix B: Staffing List



Appendix C: Capital Improvement Activities



Appendix D: Progress Statement



Appendix E: Budget Sheet

Appendix A: Enrichment Activities











Conference

Name +

Location +

Dates of

Attendance

Website Resource Content of course or manuals purchased

Name and Role of individuals that will attend

Total cost



Appendix A: Enrichment Activities Examples



Obtaining services and materials necessary for setting up and improving Federally Qualified Health Centers (FQHCs) and FQHC Look-alike facilities.



Gathering resources required to develop thorough and effective policies and procedures.



Engaging specialized grant services assists in securing and managing funding, while consulting with legal professionals helps maintain compliance and make well-informed decisions.



Texas Department of State
Health Services



Utilizing recruitment for effectively hiring qualified personnel.

Appendix B: Staffing List





A list of proposed staff from the workplan and each staff member's hiring status, including number of interviews conducted, offers made, and positions filled

Updated Organizational chart with new positions once hired as applicable



Appendix C: Capital Improvement



Detailed report of activities completed since the last reporting period.



Description of progress, work initiated or completed to date, and alignment with the project's timeline.



Demonstration of how all work is on track to be completed by August 31, 2025.



Appendix D: Progress Statement

- Includes Project Status designation
 - On Track
 - At Risk—Deliverable missed, but date intact for execution
 - High Risk—At risk, with high risk of being off track
 - Off Track—Date will be missed if action not taken
- Provide updates on action item progress, challenges encountered, and any other relevant information deemed necessary.
- Includes ability to request a meeting with FQHC Incubator program staff



Appendix E: Budget Sheet



Detailed component of Application Form G, the FQHC Budget Template.



Plays a crucial role in tracking the funds requested in your Approved Final Workplan against the funds that have been actually expended in each selected Funding Category.



Texas Department of State Health Services



Budget sheet is equipped with predefined formulas in certain fields. These formulas are designed to automatically calculate the difference between the funds you initially requested in your Approved Final Workplan and the funds you have utilized, ensuring both user-friendliness and accuracy in financial reporting.

Requests for Reimbursement

Once Contract is executed, DSHS will provide the invoice form, referred to as a B-13, as well as the DSHS Supporting Document to submit requests for payment reimbursements. Both documents must be submitted together for reimbursement. Purchase Orders will be provided to invoice against.

Deliverable must be submitted and approved prior to submitting an invoice for payment reimbursement.



cmsinvoices@dshs.texas.gov. Submission must be sent to both emails.





Additional Contract Requirements

Appendix F: Final Progress Report



Must be submitted within 60 calendar days after Contract completion date to detail activities conducted with funding under the Contract via email to FQHCIncubator.Contracts@dshs.texas.gov.



Report must include final summary of the work completed with the FQHC Incubator Funding and the impact on your operations.

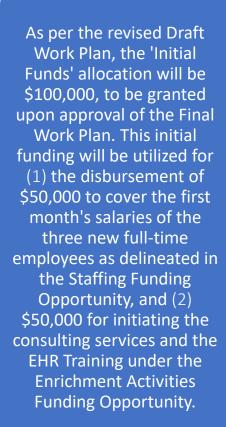


Workplan Example



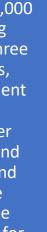
Workplan Example

The applicant requests a total of \$650,000 in funding through its Draft Work Plan. This revised amount includes \$325,000 for Staffing Funding Opportunity to hire three full-time employees, \$162,500 for Enrichment **Activities Funding** Opportunity to cover consulting services and new EHR Training, and \$162,500 from the **Equipment Purchase** Funding Opportunity for acquiring necessary medical equipment.



Upon allocation of the Initial Funds, the remaining available amounts for the respective funding opportunities will be adjusted as follows: \$275,000 will remain for the Staffing Funding Opportunity, \$112,500 will remain for the Enrichment **Activities Funding** Opportunity, and \$112,500 will remain for the **Equipment Purchase** Funding Opportunity. This ensures that the total funding allocated and available remains at \$650,000.









Application Submission and Questions

How to Submit

 All questions, requests for clarification, or other communication about this OE shall be made in writing ONLY to the DSHS sole point of contact listed below.

Mimi Alegria, CTCM

Contract Manager

Email: FQHCIncubator.Contracts@dshs.texas.gov

Program Website: https://www.dshs.texas.gov/fqhc-incubator/

Open Enrollment Application: https://resources.hhs.texas.gov/open-parallment/apara-hhs.0014360

enrollment/open-enrollment-hhs0014260

- Attempts to ask questions by phone or in person will NOT be allowed or recognized as valid.
- Applications must be RECEIVED by DSHS BEFORE the OE period closes.
- Applications must be submitted **ONLY** to the <u>FQHC Incubator Contracts</u> email address.



Thank you!

Mimi Alegria, MPA, CTCM

Contract Manager

Email: FQHCIncubator.Contracts@dshs.texas.gov

Website: https://www.dshs.texas.gov/fqhc-incubator/