



# Look-Alike Webinar: Building Your Grants Management Infrastructure

Thursday, March 25, 2021

1:00 – 2:30 pm ET

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# Welcome! Housekeeping

- Today's meeting is being recorded, including the Chat and Q&A as part of the webinar record.
- All attendee lines have been muted. Please share comments in the Chat Box and submit your questions using the Q&A Panel (bottom right of your screen).
- For a copy of today's presentation slides, please see the email reminder sent this morning from [trainings@nachc.org](mailto:trainings@nachc.org).
- Today's recording, slides, and additional resources will be made available to all attendees in the coming weeks.
- After the webinar, you will be directed to an evaluation for this event. We value your feedback and encourage you to complete this short survey!

# THE NACHC MISSION

## America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



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# Agenda

1 Welcome & Overview

2 Grants Management  
Fundamentals: BKD

3 Case Study: The Wright  
Center

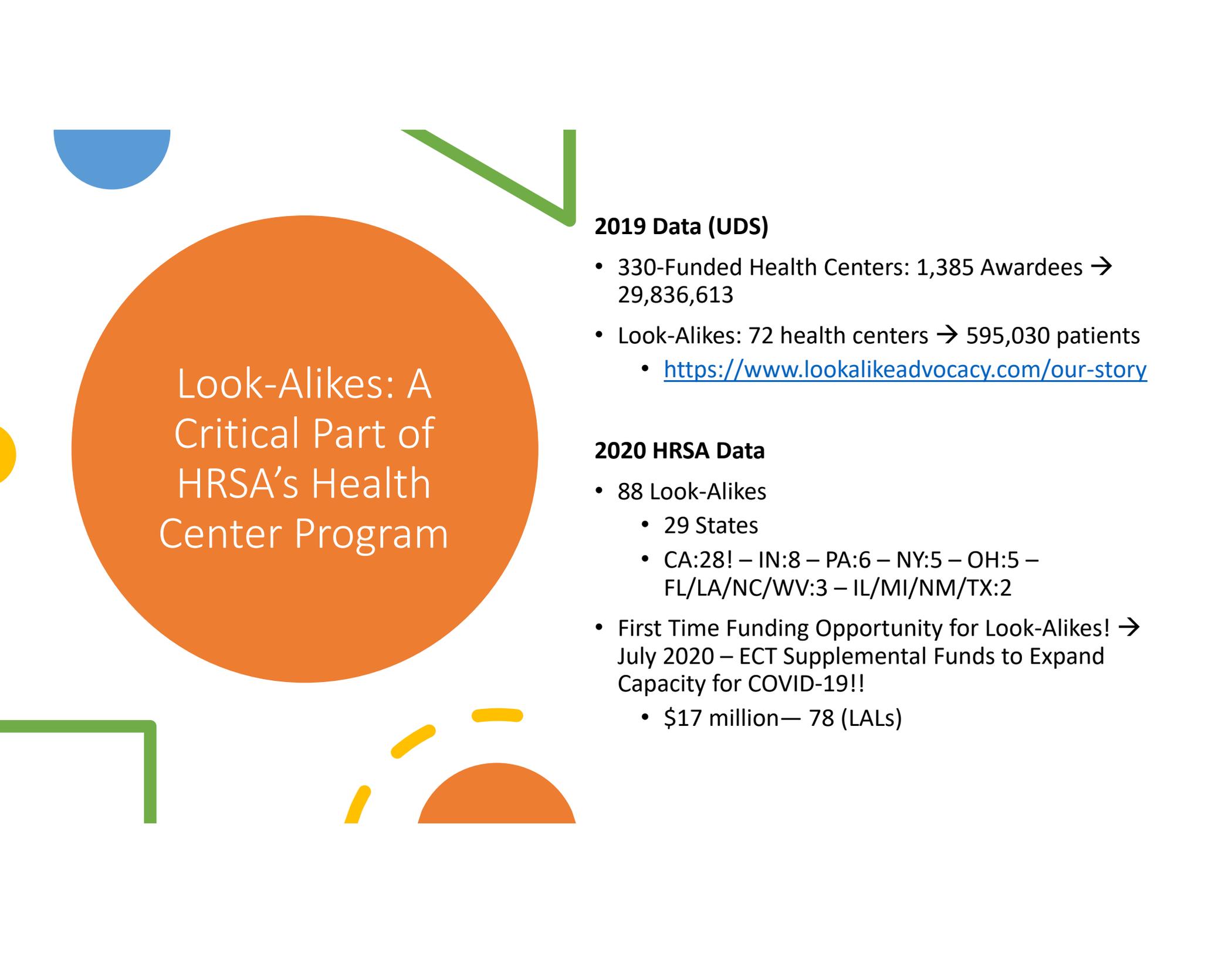
4 Question & Answers

5 Adjourn

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# Learning Objectives

1. Highlight challenges and barriers for health centers related to building a grants management program and using funds.
2. Provide an example one health center's approach to building a successful grants management program; and
3. Promote the importance of drawing down HRSA funds to Look-Alike Health Centers



Look-Alikes: A  
Critical Part of  
HRSA's Health  
Center Program

### 2019 Data (UDS)

- 330-Funded Health Centers: 1,385 Awardees → 29,836,613
- Look-Alikes: 72 health centers → 595,030 patients
  - <https://www.lookalikeadvocacy.com/our-story>

### 2020 HRSA Data

- 88 Look-Alikes
  - 29 States
  - CA:28! – IN:8 – PA:6 – NY:5 – OH:5 – FL/LA/NC/WV:3 – IL/MI/NM/TX:2
- First Time Funding Opportunity for Look-Alikes! → July 2020 – ECT Supplemental Funds to Expand Capacity for COVID-19!!
  - \$17 million— 78 (LALs)

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# *Opportunity: Grants Management Case Study*

- Project: NACHC is conducting a review of five health centers grants management programs. BKD will conduct analysis of key policies and procedures. End product will be case studies of each health center. NACHC is looking for one Look-Alike health center to review.
- Estimated time: 8-10 hours
- Contact: Gervean Williams, [gwilliams@nachc.org](mailto:gwilliams@nachc.org)

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# NACHC's Spring 2021 Look-Alike Learning Collaborative

- Current Learning Collaborative
  - 4-Months (March – June 2021)
  - 20 Health Center Leadership Teams
  - Monthly Workshops/Office Hours
  - Group Projects, Peer-Learning
- Sign-up to Receive Application for 2021-2022 Learning Collaborative (ETA Fall 2021)

[https://nachc.co1.qualtrics.com/jfe/form/SV\\_8tW2t5uIQSTGm9w](https://nachc.co1.qualtrics.com/jfe/form/SV_8tW2t5uIQSTGm9w)

**219**Health  
NETWORK

**ADULT & CHILD**  
HEALTH



**BRIGHTER BEGINNINGS**  
*Every Family Matters*



**HIS BRANCHES**

  
**AcadianaCares**  
A NETWORK FOR HEALTHY LIVING



**CMADC**  
COMMUNITY MEDICAL & DENTAL CARE



White Memorial  
Community Health Center

**FAMILY HEALTH CARE KC**



**MetroHealth**



ALLIANCE FAMILY  
HEALTH CENTER

**LMCA**  
LEGACY MEDICAL CARE

**MERCY MEDICAL HEALTH CENTER**  
COMMUNITY HEALTH CLINIC/CENTER

THE **WRIGHT**  
CENTER  
*for*  
COMMUNITY  
HEALTH

**nh** NeighborHealth



 NATIONAL ASSOCIATION OF  
Community Health Centers

**Neighborhood**  
Health Center



**Tri-County**  
Family Medicine

**Wahiawā**  
Health 

SAN JOAQUIN COUNTY  
**Clinics**

**SOUTHWEST**  
CARE 

@NACHC    

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# Speakers

## BKD

- Catherine Gilpin CPA, BKD

## The Wright Center, Scranton, PA

- Meaghan Ruddy, *Chief Research and Development Officer*
- Tiffany Jaskulski, *Chief Operating Officer*
- Thomas Glaser, *AVP of Grants Operations*

**Moderator:** Ted Henson, Director, Health Center Growth and Development, NACHC





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## Building Your Grants Management Infrastructure & Drawing Down ECT Funding

National Association for Community Health Centers



**Catherine M. Gilpin**  
Director | [cgilpin@bkd.com](mailto:cgilpin@bkd.com)  
Springfield, MO Office | 417.865.8701

3-25-21

**BKD**

A dark, moody photograph of a stethoscope resting on a clipboard with papers, serving as a background for the top section of the slide.

# Agenda

- What is a Financial Management Review?
- What are the 18 Management Control Areas the Department of Financial Integrity is using to review Health Center Policies related to Grants Management

# Financial Management Reviews

- Department of Financial Integrity is performing reviews of new & prospective grant recipients that expend less than \$750,000 in federal awards & also “High risk” recipients of federal awards
  - Why is this being done?
  - How is this relevant to my Health Center?
    - Review criteria can be used as a guide to ensure existing financial policies & procedures include the necessary controls that conform to the prescribed standards in the Uniform Grants Guidance
  - What work is HRSA doing related to current grantees?

# Management Control Areas

“Recipients must ensure the following management controls are fully addressed in their Policies & Procedures.”

- Where did the Division of Financial Integrity (DFI) derive these control areas from?
  - The most common findings disclosed in single audit reports, HHS Office of Inspector General reports, site visit monitoring & DFI grant reviews



A dark, moody photograph of a stethoscope resting on a clipboard with papers, serving as a background for the title.

# Polling Question #1

- Do you feel that your Health Center has appropriate Grants Management Policies in place?
  - Absolutely
  - Not at all
  - Of course, I used examples from NACHC's Noddle Pod
  - Unsure

# 1. Cash Management

- “The recipients must maintain written P&Ps to minimize the time elapsing between the transfer of funds from the Payment Management System (PMS) and the disbursement of those funds by the recipient.”
  - What is industry standard?
  - Other considerations?
    - FDIC
    - Interest Income



# 1. Cash Management

- “The written P&Ps must reference the process for drawdowns from PMS under HHS awards, and:
  - Be limited to the minimum amounts needed to cover allowable project costs
  - Be timed in accordance with the actual immediate cash requirements of carrying out the approved project; and
  - Not be made to cover future expenditures”
    - Payment Management System (Positive cash on hand = advance draw down of federal funds & Negative cash on hand = grantee is owed federal funds )
    - Advance draw down of grant funds = Cash Management finding on audit
    - When using supplemental funding (e.g. New Access Point or Quality) should the Health Center draw down 1/12<sup>th</sup> of award monthly throughout project period? What about 330 grant?

# Period of Availability of Funds – 75.309

- Only allowable costs during the period of performance may be charged to grant unless specifically authorized by HHS
- Entity must liquidate all obligations incurred under the award not later than 90 days after the end of the funding period (coincides with FFR submission)
  - Remember cash expenditures, not accrued expenses
  - 90 days to pay the bill for expenditures during period
- When does a CHC have Federal funds in its bank account?
- How many bank accounts do you need?

## 2. Annual Audits

- “The P&Ps must require:
  - The preparation of the Schedule of Expenditures of Federal Awards (SEFA) and subsequently determining if an audit is required to be performed in accordance with the Single Audit Act for fiscal years (FY) with expenditures under federal awards of \$750,000 or more;
  - Selecting and engaging an audit firm to conduct the annual audit;
  - Reports on these audits be submitted to the Federal Audit Clearinghouse (FAC) within the earlier of 30 days after receipt or nine months after the FY’s end.
    - Is auditor rotation required?



## 2. Annual Audits

- Financial Statement Audit Findings:
  1. Adjusting Journal Entries/Reconciliation errors
  2. Segregation of duties
  3. Sliding fee testing exceptions
  4. Reporting Exceptions
    - FFR & UDS – Lack of Support
  5. Cash Management/Cost Principles/Procurement

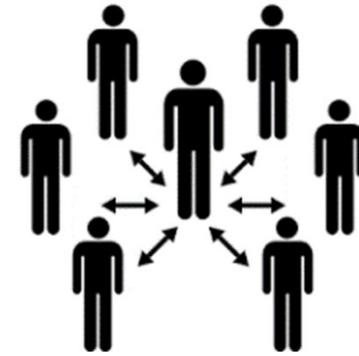
## 3. Accounting System

- “The P&Ps must include a detailed description of the accounting system(s), including:
  - The ability to report revenue and expenditures separately by federal program
  - Identification in its chart of accounts of all federal awards received and expended and under which federal program; and
  - The process of maintaining records pertaining to the source and application of receipts and disbursements, federal awards, authorizations, obligations, unobligated balances, assets, expenditures, and income and interest, which must be supported by source documentation.”



## 4. Bank Statements

- “The P&Ps must:
  - Prohibit the individual reconciling the bank statements from opening them;
  - Require bank statements be opened and reviewed by a recipient official that is not authorized to sign checks (*i.e.*, treasurer, president, etc.), but who is familiar with its financial activities;
  - Require bank statements be reconciled in a timely manner by someone not authorized to sign checks;
  - Require the reconciliation be approved by a recipient official outside the payment process but familiar with the financial activities; and
  - Define timely (*i.e.*, within 14 days, etc.).”



## 4. Bank Statements

- “If adequate segregation of duties is not possible due to limited staffing, the recipient must document the key bank reconciliation controls that are in place and personnel responsible in the process.”
  - Is size of Health Center finance department an acceptable reason for segregation of duties findings during audit?
  - Example of segregation of duties related to cash & bank statements:
    - Access...to cash
    - Should be separated from the Recording...of cash
    - Which should be separated from the Monitoring (reconciliation)...of cash

## 5. Disbursements/Procurement

- “The P&Ps must require:
  - Documentation must be maintained to support all disbursements and describe how;
  - Disbursements must be pre-approved and indicate by whom for both small and large dollars purchases;
  - Expenditures be reasonable and explain how this should be accomplished (bids, quotes, etc.);”



## 5. Disbursements/Procurement

- “The P&Ps must also require:
  - Blank checks be safeguarded and define how;
  - Segregation of duties over creation of vendor accounts/making payments via Electronic Fund Transfer methods and define how; and
  - The dollar threshold for determining signatures on checks and designated organization officials authorized to sign checks.”
- Example of segregation of duties related to disbursements/procurement are as follows:
  - Access...to check stock
  - Should be separated from the Recording (printing)...of checks
  - Which should be separated from the Monitoring (reconciliation)...of bank statement checks are disbursed from

# Why are Auditors Concerned?

- The risk that...
  - Purchases of products or services are not made in “most economical, practical and competitive manner”
  - Purchasing decisions made without giving consideration to price & quality
  - Related parties given preferential treatment
  - Lack of documentation of contract award/vendor selection rational
  - Inconsistency in purchasing procedures
  - Policies do not comply with Federal requirements

# Procurement Methods

**Methods of Procurement:**

	Micro Purchases	Small Purchases	Sealed Bids	Competitive Proposals	Sole Source
<b>Qualifications</b>	Up to \$10,000*	Up to \$250,000**	> \$250,000**	> \$250,000**	All dollar amounts
<b>Price Quotes</b>	Not required	Written, verbal, vendor price listing, internet search acceptable	Firm fixed price contract	Fixed price or cost reimbursement	Item is only available from a single source
<b>Cost / Price Analysis</b>	Not required	Not required	Required	Required	Public emergency does not permit delay
<b>Equitable Distribution</b>	Distribute purchases equitably amount suppliers	Quotes from an adequate number of sources (2 or more)	Bids are publicly solicited (2 or more bidders)	Solicit proposals from and adequate number of sources (2 or more)	Competition inadequate – solicitation from one source
<b>Selection</b>	Dictated by HC policy	Dictated by HC policy	Conform to HC terms & conditions at lowest price	Firm whose proposal is most advantageous based on price & written evaluation factors	Authorized by agency or PTE
<b>Other</b>	Threshold applies to aggregate purchase cost per purchase	Relatively simple and informal	Preferred for construction contracts	Used when conditions are not appropriate for sealed bids	May use if written request to HHS or pass-through entity is approved

\*See micro-purchase threshold at FAR 2.101 - \$10,000 as of 06/2018 \*\*See Simplified Acquisition Threshold at FAR 2.101 - \$250,000 as of 06/2018

# Approval Thresholds (Example)

Transactions	Department Manager	CFO	CEO	Board of Directors	Finance Committee
\$0 - \$4,999	X	X			
\$5,000 - \$19,999		X	X		
\$20,000 - \$99,999			X	X	
\$100,000 +				X	X

Health Center to determine approval thresholds appropriate to size of organization.

# Example Procurement Checklist Components

Purchase Type	Competition Documentation Threshold	
Supplies or equipment	Item unit cost > \$\$\$\$\$ or Purchase of multiple units of an item > \$\$\$\$\$	
Services	Contract cost > \$\$\$\$\$ or Cost reasonably expected to be paid over one year of service > \$\$\$\$\$	
<b>Check reason for justification of supplier/service provider selected:</b>		
<input type="checkbox"/>	Supplier was the low bidder/provider.	
<input type="checkbox"/>	Supplier provided the best evaluated responsible offer (other than low bidder) – <i>provide evaluation criteria</i>	❖
<input type="checkbox"/>	An unusual & compelling urgency precludes full & open competition – <i>provide rationale</i>	❖
<input type="checkbox"/>	Compatibility with other components of a system already in operation – <i>identify existing items</i>	❖
<input type="checkbox"/>	Only supplier that meets pre-established performance characteristics – <i>provide listing</i>	❖
<input type="checkbox"/>	Supplier/consultant is the only manufacturer/provider of this good or service	❖
<input type="checkbox"/>	Other	❖
❖	Explain circumstances below (attach relevant documentation):	

# Example Procurement Checklist Components

## Price/Cost Analysis Basis

*\* Requires explanation (attach supporting documentation > \$\$\$\$\$)*

<input type="checkbox"/>	Adequate price competition (bids/quotes)	<input type="checkbox"/>	Historical pricing* (provide previous PO/invoice)
<input type="checkbox"/>	Catalog/Market pricing*	<input type="checkbox"/>	Comparison to similar items*
<input type="checkbox"/>	Comparison to in-house estimate*	<input type="checkbox"/>	Cost analysis*
<input type="checkbox"/>	Lease / Purchase Evaluation*		

Summarize analysis & explain circumstances below:

## Polling Question #2

- True / False: Organizations that only receive one federal grant don't have to have a comprehensive grants management program in place?
  - True
  - False
  - Unsure

## 6. Matching or Cost Sharing

- “The P&Ps must include the requirement that matching or cost sharing contributions (including cash and third party in-kind) be:
  - Verifiable from the recipient's records;
  - Not included as contributions for any other federally-assisted project or program;
  - Necessary and reasonable for proper and efficient accomplishment of the project or program objectives;
  - Not paid by the federal government under another award (except where authorized by federal statute to be used for cost sharing or matching); and
  - Allowable and provided for in the approved budget.”
    - Does the 330 Grant have any matching or cost sharing requirements?
    - What about other grants funded through HRSA? Capital grants?

## 7. Consultants & Contractors

- “The P&Ps must:
  - Describe the nature and scope of services that may be outsourced;
  - Require in-house capabilities be evaluated before obtaining external assistance;
  - Describe the selection process”



## 7. Consultants & Contractors

- “Describe the method for ensuring all procurement transactions are conducted in a manner, which provides full and open competition to the maximum extent practical;
  - To ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft grant applications, or contract specifications, requirements, statements of work, invitations for bids and/or requests for proposals, will be excluded from competing for such procurements.
- Describe the method for ensuring costs and fees are reasonable; and
- Require that, prior to selecting a new consultant or contractor, the Excluded Parties List System, within the System for Award Management (SAM) at <https://www.sam.gov/portal/public/SAM/>, be checked to ensure the individual or recipient is not prohibited from receiving federal funds.”
  - What is penalty for using federal dollars to pay an individual on the Excluded Parties List System?

## 8. Expenditure Analysis

- “The P&Ps must describe:
  - The ability to compare expenditures with budget amounts for each award to ensure total costs do not exceed the amounts budgeted for the grant period; and
  - The manner in which significant variances between actual and budgeted expenditures are resolved and documented.”



# 8. Expenditure Analysis (Example)

							A	
	Description	Total Awards	Adjustments to budget	Adjusted Budget	PPE 10-15-17	PPE 10-31-17	Total 10/31/2017	PPE 11-15-17
<b>REVENUE</b>								
	Federal Funds - 330	175,701.00	-	175,701.00			16,965.00	
	<b>TOTAL REVENUE</b>	<b>175,701.00</b>	<b>-</b>	<b>175,701.00</b>			<b>16,965.00</b>	
<b>EXPENSES</b>								
	<b>Personnel:</b>	<b>60,562.00</b>		<b>60,562.00</b>			<b>10,000.00</b>	
	Behavioral Health Counselor John Doe	30,281.00		30,281.00	2,708.33	2,708.33	5,416.67	2,708.33
	Substance Abuse Counselor Jane Doe	30,281.00	(25,697.67)	4,583.33	2,291.67	2,291.67	4,583.33	
	Director of Behavioral Health Jim Doe	-		-				
	Chief Medical Officer Janice Doe	-		-				
	Example of Change - Psychiatrist Joe Doe		25,697.67	(25,697.67)				5,208.33
	<b>Fringe Benefits</b>	<b>14,438.00</b>		<b>14,438.00</b>			<b>1,265.00</b>	
	FICA @ 7.65%	4,633.00		4,633.00			765.00	
	Medical, Dental & Vision @ 12.46% ???	7,546.00		7,546.00			500.00	
	Unemployment & Workers Compensation @ 3.44%	2,083.00		2,083.00				
	Life and Disability Insurance @ 0.29%	176.00		176.00				
	<b>Travel / Training:</b>	<b>-</b>		<b>-</b>			<b>2,500.00</b>	
	Conference Expense	-		-			2,500.00	???
	<b>Equipment</b>	<b>33,500.00</b>		<b>33,500.00</b>				
	Software: Integrated voice recording	10,500.00		10,500.00				
	Software: Firmware	7,500.00		7,500.00				
	Additional 1 time funding	15,500.00		15,500.00				
	< Insert Expense >	-		-				
	< Insert Expense >	-		-				
	<b>Supplies</b>	<b>40,640.00</b>		<b>40,640.00</b>			<b>3,200.00</b>	
	Hardware: Computers (4 units x \$800/unit)	3,200.00		3,200.00			3,200.00	
	Hardware: Monitors (4 units x \$175/unit)	700.00		700.00				
	Hardware: Cart (4 units x \$2500)	10,000.00		10,000.00				
	Hardware: Switches (3 units X \$3,400)	10,200.00		10,200.00				
	Hardware: Camera (4 units x \$440)	440.00		440.00				

## 9. Indirect Costs

- “If applicable, the P&Ps must describe:
  - Existing or planned indirect cost rates and the type of rate used as well as both the content of pooled expenses and the type of allocation base used;
  - If all costs are direct, the method used to allocate costs benefiting multiple cost objectives to each cost objective;
  - How and when the rate proposal is prepared, submitted and personnel responsible; and
  - The approval process of indirect cost rate reimbursement, matching or cost sharing.”

## 10. Credit Cards

- “The P&Ps must:
  - Describe how credit card use is controlled;
  - List personnel and purchasing agents authorized to have and use credit cards;
  - Require all expenditures be pre-approved;
  - Limit individual amounts and types of expenditures that may be incurred;
  - Prohibit personal expenditures; and
  - Require receipt submission for review and comparison with credit card statements.”



# 11. Timekeeping – Uniform Grants Guidance

- Compensation – Personnel Services – 75.430
  - “Charges to federal awards for salaries & wages must ..... Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable & properly allocated”
  - “Reasonably reflect the total activity for which the employee is compensated by the non-federal entity; not exceeding 100% of compensated activities”
  - Comply with established organization policies & procedures



# 11. Timekeeping – Uniform Grants Guidance

- Compensation – Personnel Services – 75.430
  - “Support the distribution of the employee’s salary or wages among specific activities or cost objectives if the employee works on more than one federal award”
  - “Budget estimates alone do not qualify as support for charges to federal awards, but may be used for interim accounting purposes “if they are a reasonable approximation, significant deviations are identified and corrected timely and the internal control process review after-the-fact interim charges and make the necessary adjustments for accuracy”



# 11. Timekeeping

- “The P&Ps must:
  - Describe timekeeping controls and plans to monitor compliance with federal statutes, regulations, and the terms and condition of the federal award;
  - Describe the distribution of salary and wages charged to federal awards be based on actual employee activity as reflected in personnel activity reports (timesheets), prepared after-the-fact, that include the total activity for which employees were compensated.”



# 11. Timekeeping

- “State that Timesheets must be certified as accurate by either the employee or a supervisor familiar with the employee's activities.
- Non-profit organizations cannot charge salary and wages to federal awards based on budget estimates. However, States, Local or Indian Tribal Governments may allocate salary and wages charges to federal awards based on budget estimates, other distribution percentages, or use a substitute system if certain conditions are met in 45CFR §75.430.”
  - Are the statements above completely true & accurate? Not exactly...



# Time and Effort Reporting

- After the fact
- Actual
- Not budget
- Total activity
- Signed as accurate
  - Employee or
  - Supervisor with firsthand knowledge
- Prepared monthly
- Coincide with at least one pay period



# Time and Effort (Example)

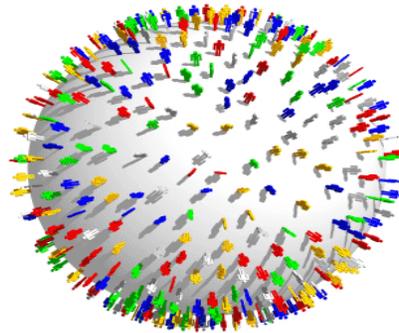
MyTown Community Health Center Personnel Activity Report						
Employee Name: Dr. John Smith						
Date		Adult Med	HIV	IDS	Admin	Total
Monday	5/2	6		2		8
Tuesday	5/3	6		2		8
Wednesday	5/4	6		2		8
Thursday	5/5		8			8
Friday	5/6		4		4	8
Saturday	5/7					0
Monday	5/9	6		2		8
Tuesday	5/10	6		2		8
Wednesday	5/11	4				4
Thursday	5/12		8			8
Friday	5/13		4		4	8
Saturday	5/14			4		4
<b>Total</b>		<b>34</b>	<b>24</b>	<b>14</b>	<b>8</b>	<b>80</b>

## Polling Question #3

- What are the appropriate methods for tracking and allocating S&W expenses to federal awards?
  - #1 - Allocate based on original budget
  - #2 - Allocate based on personnel activity reports
  - #3 - Other methods based on system of controls
  - #4 – All of the above
  - #5 – Options #2 and #3

## 12. Travel

- “The P&Ps must:
  - Describe programmatic requirements for travel (*i.e.* budget for travel, restrictions for travel on specific programs);
  - Require travel other than local mileage be pre-approved by a recipient approving official;
  - Require all travel be reasonable and describe how this is determined;”



## 12. Travel

- “The P&Ps must:
  - Limit mileage, meals and incidentals, and lodging charged to federal programs to the rates published in the Federal Travel Regulations, unless otherwise justified;
  - Limit airfare to coach and car rental to mid-sized, unless otherwise justified; and
  - Reimburse travel costs based on expenditures reports or the like listing each cost individually along with original receipts.”



# 13. Property Control

- “The P&Ps must require:
  - Property records be maintained that include a description, cost, purchase date, source of funding, location, and condition of each property item;
  - Periodic physical inventories be taken and reconciled to the property records no less frequently than every other year;
  - Property purchased with Government funds be tagged;
  - Property be safeguarded to prevent loss or theft and describe how; and
  - Disposition requirements for property obtained with federal funds.”



## 14. Conflict of Interest

- “Recipients must establish P&Ps to prevent employees, consultants, members of governing bodies, and others involved in grant-supported activities from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others, such as those with whom they have family, business, or other ties.”

# 14. Conflict of Interest

- “The P&Ps must:
  - Address the conditions under which outside activities, relationships, or financial interests are proper or improper;
  - Provide for advance notification of outside activities, relationships, or financial interests to a responsible organizational official;
  - Include a process for notification and review by the responsible official of potential or actual violations of the standards; and
  - Specify the nature of penalties that may be imposed for violations.”

# 15. Mandatory Disclosures

- “The P&Ps must:
  - Include a process to disclose, in a timely manner, in writing to HHS all violations of federal criminal law, involving fraud, bribery, and gratuity violations potentially affecting the award.
  - If applicable, address all other standard terms in the [NOA \(i.e., EEO, civil rights, human trafficking, etc.\)](#).”



## 16. Limitation on Use of HRSA Funds

- The P&Ps must:
  - Incorporate Legislative Mandates that limit the use of funds on HRSA grants and cooperative agreements. HRSA's Policy Bulletin provides the statutory provisions that must be incorporated. See Legislative Mandates section with HRSA's Manage Your Grant web page at <https://www.hrsa.gov/grants/manage/index.html>
    - Salary cap, language regarding advocacy/promotion of gun control, legislation, sterile needs, abortion, pornography, etc.
  - Require an annual review of HRSA's Legislative Mandates to incorporate any updates to the P&Ps.

# 17. Allowability of Costs



- “The P&Ps must address the allowability of costs per the specific program or source such as the Funding Opportunity Announcement:
  - To be allowable under a federal award, costs must be reasonable, allocable, and adequately documented;
    - Definitions of Selected Items of Cost in Uniform Grants Guidance?
  - A cost is reasonable if it does not exceed what a prudent person would incur under similar circumstances;
  - A cost is allocable to a federal award to the extent the goods or services benefited the program; and
  - A cost is adequately documented if it is supported by accounting records and source documentation such as purchase orders, vouchers, invoices, payroll allocation reports, payroll summaries, timesheets, etc.”

## 18. Program Income

- “The P&Ps must:
  - Limit the use of program income relating to projects financed with federal funds to one or more of the following:
    - Furthering the eligible project or program objectives;
    - Financing the non-federal share of the project or program; or
    - Deducting it from the total federal share of project or program allowable costs.
  - Detail how the program income is calculated and under what conditions the program income is to be used.”



# Other Policy Considerations

- What are biggest problems at Health Centers related to policies & procedures?
  - Health Center policy not compliant with applicable regulations
  - Health Center not following its own policies
  - Health Center is using a generic policy that it did not tailor to its own operations



The content contained in this PowerPoint was extracted from the following sources:

- Financial Capacity Review Document Entitled: Financial Management Requirements for Award Recipients
- HRSA BPHC Website
- DHHS Website
- HHS Grants Policy Statement
- Uniform Grants Guidance
- Division of Financial Integrity – Financial Management Requirements

# Questions?

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# Thank You!

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# The Road to ‘Driving Better Health’

*Our Map to Needs-Responsive Growth Opportunities and Sustainability for FQHC-LALs through Accessing HRSA ECT Funding*

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*Chief Operating  
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*AVP of Grants  
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# Who We Are

## OUR MISSION:

To improve the health and welfare of our community through inclusive and responsive health services and the sustainable renewal of an inspired, competent workforce that is privileged to serve

## OUR VISION:

To integrate patient care delivery, workforce development and innovation to be the leading model of primary healthcare in America

## OUR NICHE:

Innovative and responsive primary healthcare through community centric workforce renewal

## OUR VALUES:

- *Do the right thing*
- *Be privileged to serve*
- *Be an exceptional team player*
- *Strive for excellence*
- *Be driven for great results*
- *Spread positivity*



## 10-YEAR VISION:

To be recognized by the President of the United States as **THE** Health and Human Services (HHS) gold standard community-based model for primary healthcare with integrated workforce development by June 30, 2027.

# Catalytic Governance

- Through years of thoughtful engagement and outreach, we found the “Wright” people to serve on our Community Health Center Board of Directors
- Currently at 85% users/patients; always aiming for 100% users/patients
- Our engaged Board and Committees contribute to management’s strategic planning process and share community needs-responsive ideas



Gerard Geoffroy  
*Chair*



William Waters, Ph.D.  
*Vice Chair*



Deborah Kolsovsky  
*Treasurer*



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Jason Kavulich



Richard Krebs



Lewis Marcus



Jeff Metz



Melissa Simrell



Francis Stevens



Ellen Walko



Mary Ann Chindemi, R.N.



Patricia Desouza



Susan Duckworth

# Setting Our Course: How the Vision Gains Traction

- By design, FQHCs and FQLAs are community- and patient-needs responsive
- SEDH challenges such as lack of transportation led us to consider how to meet our patients where they live, work and learn
- Motivated by strong governance and driven by visionary leadership, we pursued innovative opportunities to bring primary care and COVID-19 responsive services to patients and families hardest hit by the pandemic
- The keys to long-term success hang on finding a way for this mobile medical unit to stay financially sustainable after any enabling grant would expire

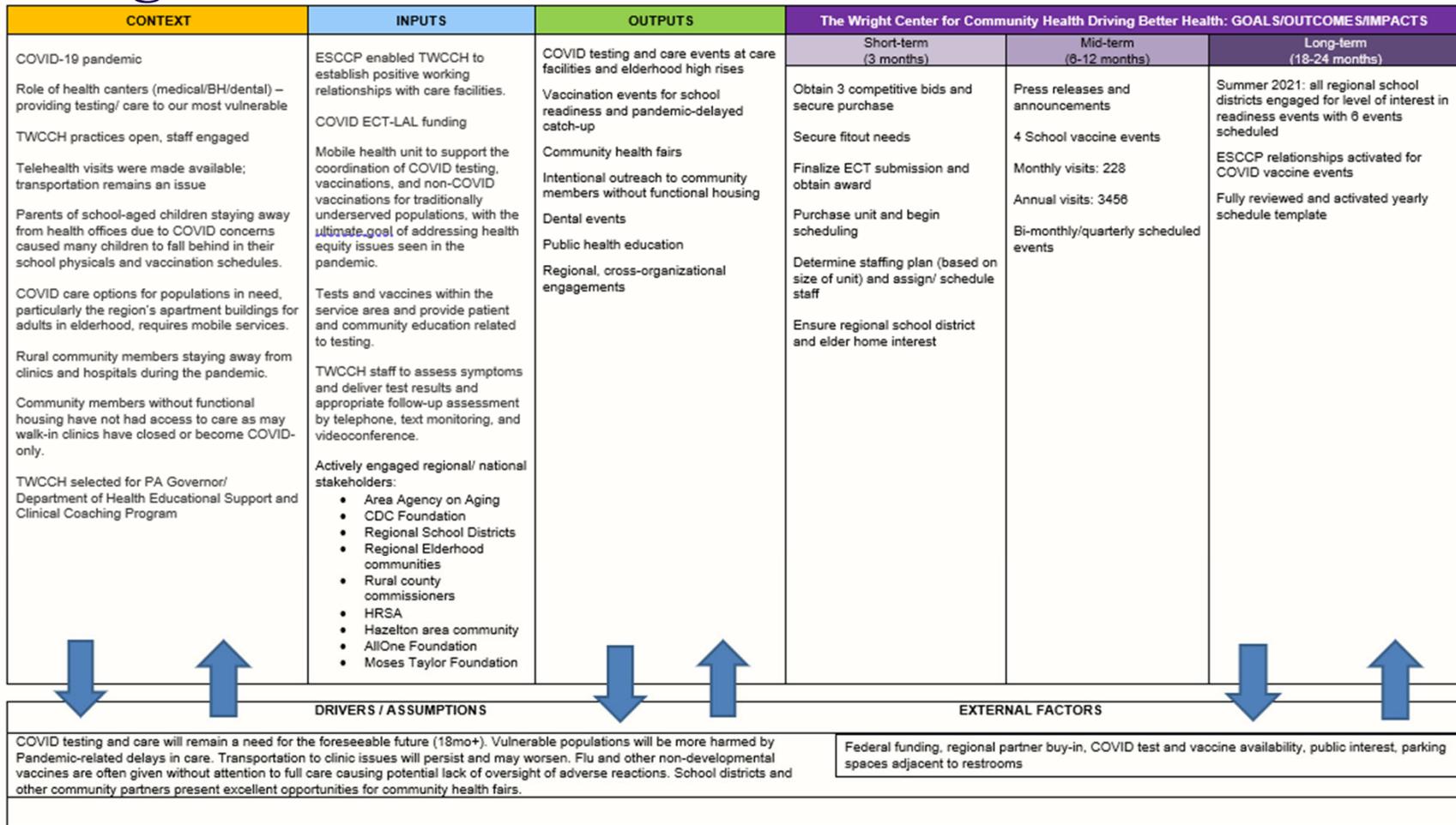


## Poll Question

Have you recently created a logic model for a grant-funded project?

- Yes
- No
- Unsure

# A Logic Model: The Context and Goals for the Vision



# The Roadmap to Funding Utilization and Sustainability: Strategic Execution Planning



## Mobile Clinic Strategic Execution & Business Plan Summary



Site Location: various

### BUSINESS PROBLEM

As the COVID-19 pandemic grew, health centers were on the front lines providing much-needed care to our most vulnerable. Despite operational challenges, all TWCCCH practices stayed open and provided high-quality primary care that patients have come to expect and deserve in a safe environment. If a patient could not make it into one of our practices, telehealth visits were made available.

The pandemic caused parents of school-aged children to stay away from health offices due to concerns about spread of the virus. This caused many children to fall behind in their school physicals and vaccination schedules.

As the COVID vaccine options became available to TWCCCH, it was apparent that many populations in need, particularly the region's apartment buildings for adults in elderhood, would need services brought to them.

Rural community members have also been staying away from clinics and hospitals during the pandemic, and community members without functional housing have not had access to care as may walk-in clinics have closed or become COVID-only. This marks 4 distinct populations in need of the type of more proximal services a mobile unit can provide: school-aged children and their families, adults in elderhood, rural communities and the homeless population.

### BUSINESS OPPORTUNITY

During the pandemic, TWCCCH was selected as one of seven healthcare systems statewide to be part of the Governor's Task Force to assist the Department of Health in assessing the needs of residents and healthcare workers in assisted living residences, personal care homes and nursing homes. As a member of the task force, TWCCCH established a "COVID Command Center" in an outreach partnership with the Pennsylvania Department of Human Services and the Department of Health's Educational Support and Clinical Coaching Program. Outreach was completed to provide clinical guidance, assess and direct PPE supplies, address workforce needs, and provide telehealth medical appointments as needed. This outreach has enabled TWCCCH to establish positive working relationships with these facilities, and TWCCCH intends to continue this work.

The use of a mobile health unit will support the coordination of COVID testing, vaccinations, and non-COVID vaccinations for traditionally underserved populations, with the ultimate goal of addressing health equity issues seen in the pandemic. TWCCCH will procure and distribute tests and vaccines within the service area and provide patient and community education related to testing. TWCCCH staff will assess symptoms and deliver test results and appropriate follow-up assessment by telephone, text monitoring, and videoconference.

### PARTNER ECOSYSTEM

- Area Agency on Aging
- CDC Foundation
- Regional School Districts
- Regional Elderhood communities
- Rural county commissioners
- HRSA
- Hazelton area community
- AllOne Foundation
- Moses Taylor Foundation

### BUSINESS MODEL

Open Hours: by contract/ event

Services: Primary care, full visit vaccination clinics, COVID testing

Staffing Plan: 2 residents (IM/FM), 1 CRNP/PA, 2-3 MA/Nurse, 1 Driver, 1 Manager/coordinator

### VALUE PROPOSITION

Our Driving Better Health mobile unit expands our capacity for Coronavirus Testing with funding provided by HRSA.

This specialized vehicle provides COVID-19 testing throughout the region. In the future, this medical and dental clinic on wheels will offer everything from check-ups to immunizations to dental appointments.

Driving Better Health has increased patient access, allowing us to meet patients where they are.

### OPERATIONAL PROJECT PLAN

- Create project dashboard & plan
- Develop marketing plan, collateral & marketing launch
- Capital/asset planning, supply inventory & ordering
- Site preparation – painting, furnishing, cleaning
- Capacity/staff hiring, credentialing & onboarding
- IT & data implementation
- [Smartsheet link for Mobile Unit](#)



## Poll Question

Are you confident in your organization's ability to appropriately handle the tasks of the pre-award process?

- Yes
- No
- Unsure

# Fueling an Idea: Grants Life Cycle Process

## 1. Pre-Award: Registration Requirements

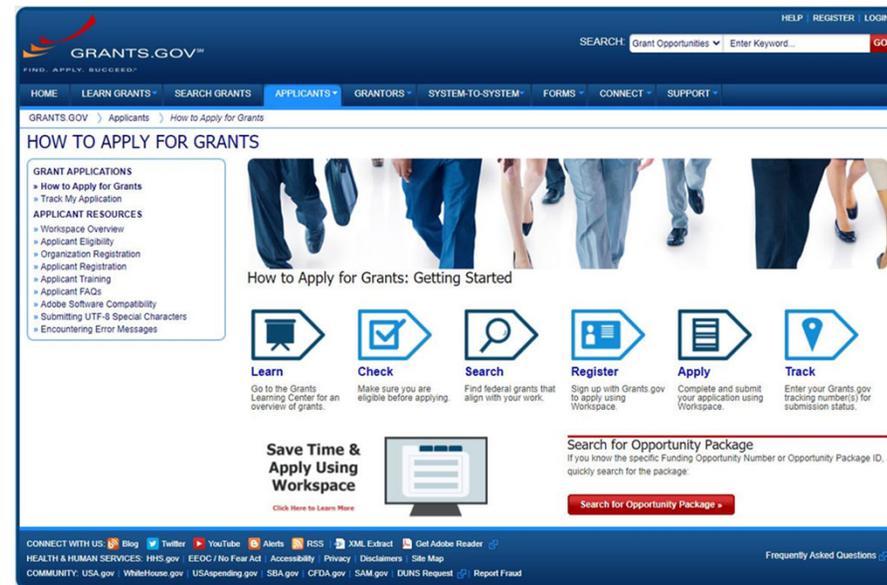
- Data Universal Numbering System (DUNS)-1-2 business days
- System for Award Management (SAM)-2-3 weeks
- Grants.gov (Submit Grant)- 1 hour
- ERA Commons (Access and Retrieve Grant Information)
- Authorized Organizational Representative (AOR)/E-Business Contact

## 2. Ideation:

- Review Notice of Funding Opportunity (NOFO)
- Eligibility/Organizational Alignment/Deliverables/Deadlines
- Board Approval

## 3. Framing/Refinement:

- Sustainability Plan/Proposal Timeline/
- Logic Model/Draft Proposal and Budget/Other Required Attachments
- Finalize/Upload into Grants.Gov



## Poll Question

Are you confident in your organization's ability to appropriately handle the tasks of the post-award process?

- Yes
- No
- Unsure

# Fueling an Idea: Grants Life Cycle Process

## 4. Implementation:

- Review Notice of Award (NOA)/Kick-off Meeting
- Finalize Workplan/Budget/Sub Agreements
- Hire Staff

## 5. Deployment:

- Project Management/Grant Accounting/Progress Reports
- Uniform Guidance (Financial/Compliance)/Site Visits/Audits

## 6. Close-out:

- Implement Dissemination/Sustainability Plan
- Personnel Continuation/Equipment Disposition
- Final Progress/Financial Report



# Mobilizing with Existing and New Resources

Driving Better Health was deployed into the community quickly using our own highly qualified (and bilingual) clinical staff.

We also tapped into our extensive local network using relationships nurtured by our Co-Directors of Patient and Community Engagement.

We partnered with like-minded government and social service agencies to align our efforts and work together on outreach and at events.



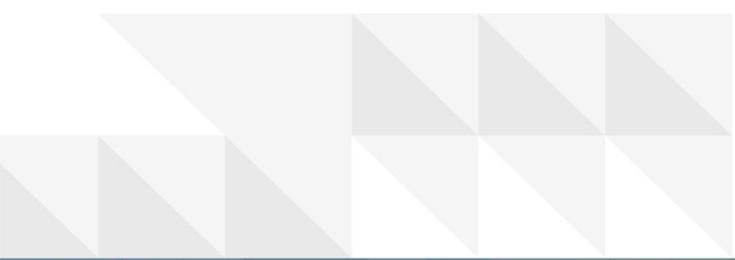
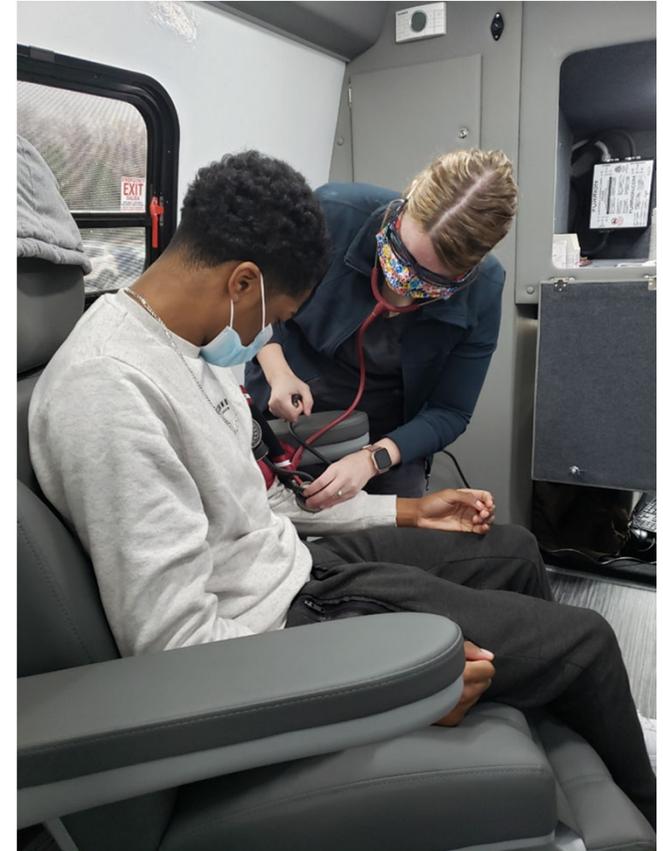
**Kathleen Barry**  
*Deputy Chief  
Operating Officer*



**Rebecca Kenderes, PA-C**  
*Director of Student Health  
and PA Services*



**Nicole Lipinski, RN**  
*Director of Geriatric  
Service Line*



# A Model for Post-Grant Funding Sustainability

In order to keep this dream-come-true alive, we developed a business plan to bring money back to the Health Center.

## HOW?

- Registered our mobile medical unit as a HRSA-approved site
- Calculated billable visits through financial projections
- Developed contracts with agencies around testing
- Cross-supported HRSA/ECT grant with CDC Foundation grant



This is an example of how best to:

**Envision • Plan • Spend Down Funding • Implement • Achieve Financial Independence**

# Questions?

## Thank You!



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