



Wisconsin Community Health Center Incubator
Checklist

Module 3: Community Health Center (Section 330)
Grant Application Readiness

Background

Section 330 Community Health Center applicants are required to complete a competitive grant application prior to receiving any funding. Application submission includes organizational documents (501(c)3 status, bylaws, articles of incorporation); service area documentation; community needs assessment, health care plan, business plan, staffing plan, budget, and comprehensive narrative outlining organizational structure, leadership and community collaborations.

The health plans must address how grantees will provide primary, preventive and enabling health services (defined in section 33(b)(1)(A) of the PHS Act) and provide additional health services (defined in section 33(b)(2) of the PHS Act) as appropriate and necessary, either directly or through established written arrangements and referrals.

In addition, a competitive application will include letters of support documenting collaborations referenced in the narrative and formal memoranda of agreement documenting relationships with other community providers who will assist the health center in providing required services.

Needs Assessment	Yes	No	N/A
Able to demonstrate and document the need of your target population based on geographic, demographic, and economic factors.			
Using the most recent health data for your service area to document need.			
Priority health needs have been identified. Please list here:			
Serves in whole, or in part, a designated Medically Underserved Area or Medically Underserved Population.			
Primary service area is clearly defined. Please describe or illustrate service area here:			
The health care plan reflects the health needs of the target population that resides within the service area.			

Required and Additional Services	Yes	No	N/A
Currently provides all these required services:			
1. General primary care			
2. Diagnostic laboratory			
3. Diagnostic X-ray			
4. Screenings including:			
• Cancer			
• Communicable diseases			
• Cholesterol			
• Blood lead test for elevated blood level			
• Pediatric vision, hearing, and dental			
5. Emergency medical services			
6. Voluntary family planning			
7. Immunizations			
8. Well Child Services			
9. Gynecological Care			
10. Obstetrical Care			
11. Prenatal and Perinatal Services			
12. Preventive Dental**			
13. Referral to Mental Health (Health Center does not pay for these services)			
14. Referral to Substance Abuse (Health Center does not pay for these services.)			
15. Referral to Specialty Services (Health Center does not pay for these services.)			
16. Pharmacy			
17. Substance Abuse (Required only for grantees receiving funding for Health Care for the Homeless; optional for other grantees.)			
• Detoxification			
• Outpatient treatment			
• Residential treatment			
• Rehabilitation (non hospital settings)			
Other Services (e.g. urgent medical care, restorative and emergency dental, environmental health services, occupational therapy, STI testing, TB therapy, HIV testing, podiatry, etc.): Please list services below:			

Non-Clinical Services	Yes	No	N/A
1. Case management			
1a. Counseling/assessment			
1b. Follow up/Discharge planning			
1c. Eligibility Assistance			
2. Health Education			
3. Outreach			
4. Transportation			
5. Translation services (Required for Centers serving a many patients with limited English proficiency.)			
Other non-clinical services (e.g. WIC, nutrition, child care, housing assistance, employment and education counseling, food bank/meals, etc.): Please list services below:			
If services are not provided directly, formal contracts or written agreements are in place outlining arrangements for provision of required services.			
For formal referral arrangements, there are systems for tracking and providing follow-up care for referred patients.			
Service is available equally to all health center patients, regardless of ability to pay.			
License of the outside provider has been verified.			
Organization's Board has approved all health services.			
Staffing	Yes	No	N/A
Maintains core staff as necessary to carry out all required primary, preventive, enabling and additional health services as appropriate and necessary, either directly or through established contractual agreements.			
All providers have been properly credentialed and privileged.			
The core staff (those responsible for carrying out both clinical and enabling services) is appropriate for serving the patient population.			
For Health Center employees with contracts, employment contracts address:			
• Length of service			
• On-call requirements			
• Cross-coverage requirements			
• Compensation and incentives			
• Continuing education			
• Moonlighting			
• Conflict of interest and non-compete provisions			
• Malpractice coverage			
• Provider expectations (productivity, etc.)			
Organization has a personnel manual.			
Board has approved the personnel manual in the last 1-2 years.			

Accessible Hours of Operation/Location	Yes	No	N/A
Hours of operation ensure access for the population to be served.			
Location is accessible to the population to be served.			
Hours are posted in the appropriate languages for the population.			
Facilities meet applicable fire and life safety codes.			
After Hours Coverage	Yes	No	N/A
Professional medical coverage is available to patients when the center is closed.			
General phone system provides information on how to access emergency care after hours.			
Written information and/or phone message about accessing care after hours is provided in the appropriate languages.			
Hospital Admitting Privileges and Continuum of Care	Yes	No	N/A
Organization's physicians admit and follow hospitalized patients.			
If not, there is a formal written agreement outlining arrangements for:			
• Hospitalization			
• Discharge planning			
• Patient tracking			
If physicians do not follow hospitalized patients, document how continuity of care is ensured.			
Sliding Fee Discounts	Yes	No	N/A
All patients are provided care at the Health Center regardless of ability to pay.			
There are signs in the lobby and at the exit/cashier's desk or other mechanism to communicate the availability of discounts for eligible low-income people.			
There is a written policy for the sliding fee discount schedule that is applied equally to all patients.			
The sliding fee schedule is based on a schedule of fees or payments consistent with local prevailing rates and designed to cover reasonable costs of operations.			
The sliding fee schedule provides full discount to individuals and families with annual incomes <100% FPL, and a sliding discount policy based on family size and income for patients with incomes between 100-200% of poverty.			
The sliding fee schedule prohibits discounts for individuals and families with incomes over 200% of poverty.			

Quality Improvement/Assurance Plan	Yes	No	N/A
Has an ongoing QI/QA program that includes clinical services and management.			
QI/QA plan ensures that medical records are properly secured during times when the medical record staff is not present.			
The QI/QA program includes:			
<ul style="list-style-type: none"> Clinical Director whose focus of responsibility is to support the QI/QA program and the provision of high-quality patient care. 			
<ul style="list-style-type: none"> Periodic assessments conducted by physician or other licensed professional to determine the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to patients served by the Health Center. 			
The QI/QA plan has been approved by the Board.			
The CHC has insurance coverage in place for the following:			
<ul style="list-style-type: none"> General liability 			
<ul style="list-style-type: none"> Directors and officers 			
<ul style="list-style-type: none"> Malpractice, including tail or gap coverage 			
<ul style="list-style-type: none"> Property 			
<ul style="list-style-type: none"> Business interruption/revenue loss 			
<ul style="list-style-type: none"> Automobile/vehicle 			
Key Management Staff	Yes	No	N/A
Has a Chief Executive Officer or Executive Director/Project Director that reports directly to the Board.			
Management team includes a Clinical Director, Nursing/Health Services Director, Chief Financial Officer, and Chief Information Officer or other key management staff as appropriate for the size of the organization.			
Performance evaluations of key management staff are tied to the organization's strategic goals.			
Contractual Affiliation Agreements	Yes	No	N/A
Exercises appropriate oversight and authority over all contracted services.			
Assurances are in place that the subrecipient organization meets all Health Center Program statutory and regulatory requirements.			
Collaborative Relationships	Yes	No	N/A
Makes efforts to establish and maintain collaborative relationships with other health care providers, including other Health Centers, in the service area of the Center.			
Has secured letter(s) of support from existing Federally Qualified Health Center(s) in the service area.			
Is working to improve relationships with these FQHCs.			

Financial Management and Control Policies	Yes	No	N/A
Organization's accounting and internal control systems are:			
<ul style="list-style-type: none"> • Appropriate to the organization's size and complexity 			
<ul style="list-style-type: none"> • Reflective of Generally Accepted Accounting Principles (GAAP) 			
<ul style="list-style-type: none"> • Designed to separate functions in a manner appropriate to the organization's size in order to safeguard assets 			
<ul style="list-style-type: none"> • Designed to separate functions in a manner appropriate to the organization's size in order to maintain financial stability 			
Performs an annual independent financial audit in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.			
The Board reviews your organization's corrective actions regularly.			
Billings and Collections	Yes	No	N/A
Has written policies and procedures for:			
<ul style="list-style-type: none"> • Billing 			
<ul style="list-style-type: none"> • Credit 			
<ul style="list-style-type: none"> • Collections 			
A system is in place to maximize collections and reimbursement for its cost in providing health services.			
The encounter form includes all billable services (on-site and off-site).			
Organization has Medicare and Medicaid provider number.			
Budget	Yes	No	N/A
The budget reflects amounts necessary to accomplish service delivery plan, including the number of patients to be served.			
Has an annual operating/business plan.			
Annual operating/business plan is approved by the Board.			

Program Data Reporting Systems	Yes	No	N/A
Organization has systems in place which:			
• Accurately collect and organize data for program reporting			
• Support management decision making			
Please list the name and version of the following electronic systems:			
• Practice Management System			
• EMR/EHR			
• Registry			
Systems integrate clinical, utilization and financial information to reflect the operations and status of the organization as a whole.			
Has systems in place for collecting and organizing the data required for the annual Bureau of Primary Health Care Uniform Data System Report and for the Health Care and Business Plan (submitted with annual renewal applications).			
Reports are available to meet the needs of:			
• Management staff			
• The Board			
Organization has a long-term (three-year) strategic plan.			
The strategic plan has been approved by the Board.			
Scope of Project	Yes	No	N/A
Scope of project has been developed delineating your organization's proposed sites, services, service area, target population, and providers.			
Board Authority	Yes	No	N/A
The Board maintains appropriate authority to oversee the operations of the center, including:			
• Holding monthly meetings			
• Establishment of general policies for the health center			
• Approval of Health Center grant application and budget			
• Selection/dismissal and performance evaluation of CEO			
• Selection of services to be provided and the health center hours of operations			
• Selection of services to be provided and hours of operations			
The corporate bylaws demonstrate that the governing board has the required authority and responsibility to oversee the center operations.			

Conflict of Interest Policy	Yes	No	N/A
Bylaws or written corporate board-approved policies prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the Health Center.			
A current Board member is an employee of your organization or an immediate family member of an employee.*			
The CEO participates as a voting member of the Board.			

NOTE: Items marked with an asterisks (*) denote regulatory requirements recommended but not required for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.