

ATTACHMENT B
NCAFCC Member
SCOPE OF WORK & PERFORMANCE METRICS

Services, Objectives and Expected Results

Project Activity/Title	SL 2023 – 134 Directed Grant
Period of Performance	July 1, 2023 through July 10, 2026
<p><i>In compliance with the requirements of G.S. 143C-6-23, the following is a description of activities and accomplishments to be undertaken by our organization using the provided state funding:</i></p>	
<p>NCAFCC Member will spend the grant funds in compliance with the specific purpose(s) as stated in the Appropriations Act - to provide health care for the uninsured and underserved. Directed grants are for nonsectarian, nonreligious purposes only and the use of directed grants must be in compliance with all state laws.</p>	
<p>NCAFCC Member shall use grant funds for the following permissible uses:</p>	
<p>The North Carolina Association of Free and Charitable Clinics (NCAFCC) Members will provide health care services and other supports to uninsured and under-insured patients across North Carolina. Under-insured is defined by NCAFCC as individuals with insurance coverage that includes high deductibles, high out of pocket expense, catastrophic coverage only, or hospital in-patient coverage only, Medicaid family planning only or fall into the Medicare Pharmacy D gap. Under-insured is further defined by the patient's out of pocket healthcare costs in the last year, not counting premiums, representing 10% or more of their household income. The threshold drops to 5% if the patient is living under 200% of the federal poverty level.</p> <p>Reimbursement will occur from a designated allocation for each Member organization as defined by NCAFCC's funding methodology, which is based on the number of unduplicated, uninsured and under-insured patients served, the scope of services provided and the hours of operation of each Member. Grant expenses will support:</p> <p>Expenses for operations, programs and services of Member organizations to provide free and charitable care for uninsured, under-insured and under-served patients in North Carolina including medical care, dental care, behavioral health care, pharmacy, vision and social services.</p>	
<p>NCAFCC Member shall not use grant funds for any of the following ineligible uses:</p>	
<p>1) Offset a reduction in net tax revenue: NCAFCC Members may not use this funding to directly or indirectly offset a reduction in net tax revenue resulting from a change in law, regulation, or administrative interpretation (No sales taxes can be included on expense reporting for this grant).</p> <p>2) No debt service or replenishing financial reserves. Since these funds are intended to be used prospectively, recipients may not use these funds for debt service or replenishing financial reserves (e.g., rainy day funds).</p> <p>3) No satisfaction of settlements and judgments. Satisfaction of any obligation arising under or pursuant to a settlement agreement, judgment, consent decree, or judicially confirmed debt restructuring in a judicial, administrative, or regulatory proceeding is itself not an eligible use. However, if a settlement requires the recipient to provide services or incur other costs that are an eligible use of these funds, these funds may be used for those costs.</p>	

- 4) No more than one hundred forty thousand dollars (\$140,000) in State funds, including any interest earnings accruing from those funds, may be used for the annual salary of any individual employee of a nonprofit organization.
- 5) Funds may not be used as the nonfederal share for purposes of a state's Medicaid/Medicare and/or CHIP programs. Any Medicaid/Medicare revenue earned in the respective expense reporting period must be deducted from expense reporting for this grant.
- 6) Expenses which have been paid for by any other funding source, or expenses which have been submitted for reimbursement or as documentation of services provided to any other funding source, including patient fee collection, grants, and/or other local, state or federal funding sources, including Medicaid/Medicare reimbursements, etc.
- 7) Bonuses and/or hazard pay for any employee or contractor.
- 8) Subgrants to any other entities.
- 9) Any other expense determined by the Association to be ineligible at the Association's discretion.

Funding Objectives for NCAFCC Members

- 1) Uninsured and under-insured patients in NC will have necessary medical, dental, pharmacy, behavioral/mental health and/or social services care provided at no cost or minimal cost.
- 2) Regional expansion of integrated dental and behavioral/mental health care services within free and charitable clinics to better meet the needs of uninsured and under-insured patients across NC (as applicable).
- 3) Emergency department diversion savings - patients eligible for free and charitable clinic care will receive health care at free and charitable clinics rather than emergency departments.

Expected Results for NCAFCC Members:

- 1) Sustainability of Member organizations' ability to continue to provide free and charitable care in their communities.
- 2) Growth in total active patient population for NCAFCC membership to impact as many as possible of the estimated 700,000 who will remain uninsured after Medicaid expansion in NC.
- 3) Greater diversity in race/ethnicity of patients served to contribute to health equity efforts at member organizations.
- 4) Improved health outcomes for diabetes/hypertension, as measured by annual diabetes and hypertension outcomes.
- 5) Increased emergency department diversion savings.

Performance Measures Required of NCAFCC Members:

Quarterly Grant Reporting Measures:

- 1) Active patient population (total number of unduplicated, uninsured and under-insured patients at the time of reporting)
- 2) Total number of unduplicated established patients served.
- 3) Total number of new patients served.

Contribute NCAFCC Member information to aggregate measures reported on NCAFCC Annual Surveys for 2023, 2024, 2025 and 2026 (reports will be available in July 2024, July 2025, July 2026 and July 2027, respectively) on end of year reporting, to include:

- 1) Total patients served annually by race/ethnicity
- 2) Total annual medical/dental/behavioral health visits performed
- 3) Annual diabetes control by race/ethnicity (if applicable to Member based on diagnosis and treatment, as defined in Annual Survey methodology)

- 4) Annual hypertension control by race/ethnicity (if applicable to Member based on diagnosis and treatment, as defined in Annual Survey methodology)
- 5) Annual estimated emergency department diversion savings