



HPSA SCORE IMPROVEMENT GRANT APPLICATION

APPLICATION INSTRUCTIONS:

Please read and complete all sections of this application and return to the Workforce Development Team: WFDGrants@partnershiphp.org. The deadline to apply is Friday, June 25, 2021.

SECTION 1	
1.1: PROGRAM APPLICANT AND CONTACT INFORMATION	
Date:	
Organization Name:	
Organization Mailing Address:	
Type of Entity:	
Contact Person:	
Contact Person Title:	
Telephone Number:	
Email Address:	
Service(s) for which you are applying: <i>**See ATTACHMENT A for more information. The scope of this grant is inclusive of Primary Care HPSA scores only.</i>	<input type="checkbox"/> #1 HPSA Subject Matter Expert (SME) Development <input type="checkbox"/> #2 HPSA Geographic/Population HPSA Score Renewal** <input type="checkbox"/> #3 HPSA Geographic/Population Score Review (New HPSA applications) **
*Service Location(s) for which you are applying: <i>*Please include practice site address and PHC Provider # for each service location. Available funding will be determined at the individual site level and is subject to participating sites.</i>	

SECTION 2

2.1: PROGRAM FUNDING AND CONSULTANT INFORMATION

Funding for this program will be based on an initial review by the consultant. In order to steward funds appropriately, proposed projects must pass the review and be approved by the consultant.

Each participating site will be assigned a maximum available grant fund amount and paid at the parent organization level. The available grant fund amount, by participating site, will be included in your Memorandum of Understanding and award letter.

PHC has partnered with [PMTalbot Enterprises](#) to deliver technical and operational support for HPSA score improvement services under this grant agreement. The firm has over 20 years of experience advising on HPSA matters. Funds disbursed under this grant may not be used for services that are not listed in Appendix A, Menu of Services form.

SECTION 3 – SME DEVELOPMENT

(SKIP if you checked only boxes 2 or 3 in Section 1 of this grant application)

3.1: PROJECT INFORMATION

PLEASE PROVIDE A 5 YEAR HISTORY OF YOUR ORGANIZATION’S WORK WITH HPSA SCORES, INCLUDING:

- DATES OF ANY HPSA SCORE REVIEWS, OR CHANGES
- PROVIDE EACH SITES MSSA(MEDICAL SERVICE STUDY AREAS)
- CURRENT HPSA SCORES FOR PRIMARY CARE ONLY
- CHALLENGES WITH HPSA SCORE RENEWAL
- SUCCESSES WITH HPSA SCORE RENEWAL
- WHAT IS THE DESIRED TIMELINE FOR YOUR ORGANIZATION’S NEXT HPSA REVIEW?

PLEASE INDICATE YOUR DESIRED DATE FOR HPSA TRAINING (MM/YYYY), NUMBER, AND NAMES OF STAFF WHO WILL ATTEND

SECTION 4 – HPSA GEOGRAPHIC OR FACILITY REVIEW

(SKIP if you checked only box 1 in Section 1 of this grant application)

4.1: PROJECT INFORMATION

PROVIDE A DETAILED OVERVIEW FOR HOW YOUR ORGANIZATION HAS OR IS PLANNING TO ENGAGE IN HPSA SCORE IMPROVEMENT WORK. DOES YOUR ORGANIZATION HAVE A DEDICATED STAFF WHO IS RESPONSIBLE FOR THIS WORK? HPSA REVIEW MAY INVOLVE ADMINISTRATIVE WORK, INCLUDING PHONE OR EMAIL SURVEYS OF LOCAL PROVIDERS. (THIS MAY ALSO BE COMPLETED BY THE CONSULTANT FOR AN ADDITIONAL FEE). PLEASE INCLUDE THE NAME, TITLE, AND CONTACT INFORMATION FOR THIS EMPLOYEE.

Select this box if you would like the consultant to conduct HPSA primary care survey review in lieu of health center staff

PLEASE PROVIDE A 5 YEAR HISTORY OF YOUR ORGANIZATION'S WORK WITH HPSA SCORES, INCLUDING:

- DATES OF ANY HPSA SCORE REVIEWS, OR CHANGES
- PROVIDE EACH SITES MSSA(MEDICAL SERVICE STUDY AREAS)
- CURRENT HPSA SCORES FOR PRIMARY CARE ONLY
- CHALLENGES WITH HPSA SCORE RENEWAL
- SUCCESSES WITH HPSA SCORE RENEWAL
- PREVIOUS ENGAGEMENTS WITH LOCAL STAKEHOLDERS ON HPSA WORK
- WHAT IS THE DESIRED TIMELINE FOR YOUR ORGANIZATION'S NEXT HPSA REVIEW?

PLEASE INDICATE YOUR DESIRED DATE FOR HPSA TRAINING (MM/YYYY), NUMBER, AND NAMES OF STAFF WHO WILL ATTEND

SECTION 5

5.1: PROJECT MILESTONES

Milestone/Description	Target Completion Date (estimated)	Grantee Deliverables (Please provide information about your project and how you will accomplish the associated milestone)
<p>Milestone 1 <i>Grantee will review current HPSA needs with consultant and develop a project plan</i></p>		
<p>Milestone 2 <i>Grantee will submit project plan to PHC</i></p>		
<p>Milestone 3 <i>Grantee will provide documentation of changes to or completed milestones to PHC at the close of the grant period</i></p>		

SECTION 6

6.1: ATTESTATION / CERTIFICATION

I certify that as the representative of the HPSA Score Improvement applicant, I agree to the following conditions:

- If awarded, the HPSA Score Improvement applicant will comply with the terms of the Memorandum of Understanding (Appendix B) executed with PHC.
- The purpose of the HPSA Score Improvement funding is to assess, and if possible to improve HPSA scores for PHC providers in order to provide the best care for our members. The applicant will use the HPSA Score Improvement Grant Program funding only for this intended purpose. The HPSA score is an algorithmic measure determined by the Health Resources and Services Administration (HRSA); as such, no guarantee is made by PHC or contracted parties that the score will change.
- HPSA Score Improvement Program funding will not duplicate or supplant other previously identified funding that is specifically dedicated to the deliverables listed in this application. HPSA Score Improvement Program funding may be combined with other funding sources to accomplish the milestones listed in this application, to the extent permissible under federal law.
- HPSA Score Improvement Program funding will not be used to reimburse for services currently reimbursable under Medi-Cal, but must be used to improve the delivery system for Medi-Cal managed care enrollees.
- HPSA Score Improvement applicant will report and submit timely and complete data to PHC in the specified format.
- HPSA Score Improvement Program applicant shall submit reports in a manner specified by PHC.
- Payments for the HPSA Score Improvement Program will be contingent upon completion of the application milestone deliverables.

I hereby certify that all information provided in this application is true and accurate to the best of my knowledge, and that this application has been completed based on a good faith understanding of the HPSA Score Improvement Program participation requirements.

Signature of Applicant Representative:	
Printed Name:	
Title of Applicant Representative:	
Date:	

APPENDIX A

HPSA Services available within the HPSA Score Improvement Program Grant

Service	Description	Funding Amount
HPSA SME Development	<ul style="list-style-type: none">• Consultant will provide “HPSA Overview” virtual trainings (1 hour) to providers upon request, which will include digital information and PowerPoint presentation.• Additional consulting services available as needed	Up to \$1,000
HPSA Facility Score Review	<ul style="list-style-type: none">• Consultant will discuss the Facility HPSA process and steps to take with the grantee.• Provide written information and timeline on the process.• Guide organization through review process for the duration of the grant period.• Be available for questions when needed.	Up to \$3,500
HPSA Geographic Score Review	<ul style="list-style-type: none">• Consultant will discuss the Geographic HPSA process and steps to take with the grantee.• Provide written information and timeline on the process.• Guide organization through review process for the duration of the grant period.• Work with grantee to collect data necessary for submission of HPSA score review• Be available for questions when needed.	Up to \$4,000