

Working Together: FQHCs and Community Behavioral Health Organizations

Answers to your Questions!

The National Council webinar held on October 27th generated over 261 questions from participants. Since that webinar we have been organizing the questions into topic areas and looking for the best possible answers to your questions. The questions were organized into five categories: General Administration; Financing; Partnership Creation, Information Technology and Clinical Issues. Questions were further grouped into subcategories within those five areas. What follows is the architecture for responding to the questions as well as answers to some questions. In areas where we are still working on answers you will see “Expected posting” dates so you know when we will post the remaining answers.

If after reviewing this section of the Resource Center, you don’t find an answer to your specific questions, feel free to contact kathyr@thenationalcouncil.org or laurag@thenationalcouncil.org. Also, if you have information to add/edit/clarify to these answers, please contact us.

General Administrative Questions

1. What are a FQHC and a FQHC Look-alike? (Answer copied from Health Center Program: What is a Health Center at <http://hrsa.gov>)

For more than 40 years, HRSA-supported Health Centers have provided comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations.

Health centers are community-based and patient-directed organizations that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing.

Health Center Program Fundamentals

- **Located in or serve a high need community** (designated Medically Underserved Area or Population). [Find MUAs and MUPs](#)
- **Governed by a community board** composed of a majority (51% or more) of health center patients who represent the population served. [More about health center governance](#)
- **Provide comprehensive primary health care** services as well as supportive services (education, translation and transportation, etc.) that promote access to health care.
- **Provide services available to all** with fees adjusted based on ability to pay.
- **Meet other performance and accountability requirements** regarding administrative, clinical, and financial operations.

Who Health Centers Serve

- **People of all ages.** Approximately 36 percent of patients in 2008 were children (age 19 and younger); about 7 percent were 65 or older.
- **People without and with health insurance.** The proportion of uninsured patients of all ages was approximately 38% in 2008, while the number of uninsured patients increased from 4 million in 2001 to over 6.5 million in 2008.
- **People of all races and ethnicities.** In 2008, 28 percent of health center patients were African-American and 33 percent were Hispanic/Latino--more than twice the proportion of African-Americans and over two times the proportion of Hispanics/Latinos reported in the overall U.S. population.
- **Special populations.** In 2008, health centers served more than 834,000 migrant and seasonal farm workers and their families; nearly 934,000 individuals experiencing homelessness; and nearly 157,000 residents of public housing.

Types of Health Centers

- **Grant-Supported Federally Qualified Health Centers** are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).
 - **Community Health Centers** serve a variety of underserved populations and areas. .
 - **Migrant Health Centers** serve migrant and seasonal agricultural workers
 - **Healthcare for the Homeless Programs** reach out to homeless individuals and families and provide primary care and substance abuse services.
 - **Public Housing Primary Care Programs** serve residents of public housing and are located in or adjacent to the communities they serve.
- **Federally Qualified Health Center Look-Alikes** are health centers that have been identified by HRSA and certified by the Centers for Medicare and Medicaid Services as meeting the definition of "health center" under Section 330 of the PHS Act, although they do not receive grant funding under Section 330.
- **Outpatient health programs/facilities operated by tribal organizations** (under the Indian Self-Determination Act, P.L. 96-638) or urban Indian organizations (under the Indian Health Care Improvement Act, P.L. 94-437).

2. How can I find an FQHC near me?

To find the closest FQHC go to <http://findahealthcenter.hrsa.gov>

3. What services must be provided by an FQHC?

The services provided by an FQHC are defined in Section 330 of the PHS Act (42 USCS & 254b) as follows: **Definitions. For purposes of this section:**

(1) Required primary health services.

- (A) In general. The term "required primary health services" means--
 - (i) basic health services which, for purposes of this section, shall consist of--

- (I) health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives;
- (II) diagnostic laboratory and radiologic services;
- (III) preventive health services, including--
 - (aa) prenatal and perinatal services;
 - (bb) appropriate cancer screening;
 - (cc) well-child services;
 - (dd) immunizations against vaccine-preventable diseases;
 - (ee) screenings for elevated blood lead levels, communicable diseases, and cholesterol;
 - (ff) pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care;
 - (gg) voluntary family planning services; and
 - (hh) preventive dental services;
- (IV) emergency medical services; and
- (V) pharmaceutical services as may be appropriate for particular centers;
- (ii) referrals to providers of medical services (including specialty referral when medically indicated) and other health-related services (including substance abuse and mental health services);
- (iii) patient case management services (including counseling, referral, and follow-up services) and other services designed to assist health center patients in establishing eligibility for and gaining access to Federal, State, and local programs that provide or financially support the provision of medical, social, housing, educational, or other related services;
- (iv) services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals); and
- (v) education of patients and the general population served by the health center regarding the availability and proper use of health services.
- (B) Exception. With respect to a health center that receives a grant only under subsection (g), the Secretary, upon a showing of good cause, shall--
 - (i) waive the requirement that the center provide all required primary health services under this paragraph; and
 - (ii) approve, as appropriate, the provision of certain required primary health services only during certain periods of the year.

(2) Additional health services. The term "additional health services" means services that are not included as required primary health services and that are appropriate to meet the health needs of the population served by the health center involved. Such term may include--

- (A) behavioral and mental health and substance abuse services;
- (B) recuperative care services;
- (C) environmental health services, including--
 - (i) the detection and alleviation of unhealthful conditions associated with--

- (I) water supply;
- (II) chemical and pesticide exposures;
- (III) air quality; or
- (IV) exposure to lead;
- (ii) sewage treatment;
- (iii) solid waste disposal;
- (iv) rodent and parasitic infestation;
- (v) field sanitation;
- (vi) housing; and
- (vii) other environmental factors related to health; and
- (D) in the case of health centers receiving grants under subsection (g), special occupation-related health services for migratory and seasonal agricultural workers, including--
 - (i) screening for and control of infectious diseases, including parasitic diseases; and
 - (ii) injury prevention programs, including prevention of exposure to unsafe levels of agricultural chemicals including pesticides.

You will note in the original Section 330 did not require behavioral health services to be provided, however, new start FQHC's are required to provide behavioral health services and you will find that requirement in the application process itself.

4. What format should contacts/MOU's take between FQHC's and CMHC's

The National Council in conjunction with Feldesman Tucker Leifer Fidell LLP is holding a webinar on January 27th to assist with developing a solid template for contracts and MOU's between FQHC's and CMHC's. Please check the website after March 1st for the product from that webinar. In the meantime, sample MOU's currently in use by some FQHC's and CMHC's can be found at www.thenationalcouncil.org/resourcecenter

5. How can I become an FQHC? An FQHC Look – Alike?

Health Center Program Grant Funding (taken from HRSA website)

Public and private non-profit health care organizations may apply to receive section 330 funding. The application package (also called application guidance or application instructions) includes detailed instructions, required forms and/or links to them, and complete information on program requirements. Public and private non-profit health care organizations are encouraged to visit www.hrsa.gov/grants, where open funding opportunities are listed.

- **New Access Points Grants** provide funding to support new service delivery sites that will provide comprehensive primary health care and access to oral and mental health services. Applicants can be existing grantees or new organizations that do not currently receive section 330 grant funds.
- **Expanded Medical Capacity Grants** provide funding to expand access to primary health services in the health center's current service area (e.g. by adding new medical providers or medical services or expanding hours of operation). Only existing grantees are eligible to apply.

- **Service Expansion Grants** provide funding to add new or expand existing mental health/substance abuse, oral health, pharmacy, and enabling services for special populations at existing health centers. Only existing grantees are eligible to apply.
- **Service Area Competition Grants** provide ongoing competing continuation funding for service areas currently served by health center grantees. Both currently funded section 330 grantees whose project periods have expired and new organizations proposing to serve the same areas or populations being served by existing section 330 grantees may apply.

Applicants must document need for primary care services in their area, their plan for addressing these needs, the history and clinical capacity of their organizations, the environment of the communities they serve, and provide detailed budget and staffing information.

Applicants also must demonstrate compliance with all relevant program requirements and related Federal and State requirements.

All applications are assessed for eligibility and are reviewed through an objective process. All applicants are sent written notification of the outcome of the objective review of their applications, including a summary of the objective review committee's assessment of the application's merits and weaknesses, and whether the application was selected for funding.

Federally Qualified Health Center Look-Alike Designation

Public and private non-profit health care organizations may apply for FQHC Look-Alike designation (designation without section 330 funding) at any time. The review process takes about four months. FQHC Look-Alikes must meet the same program requirements as FQHCs that receive section 330 funding and are eligible for many of the same benefits. [FQHC Look-Alike Guidelines and Application](#), and other policy

6. What is Federal Tort Liability Insurance?

To review information on the Federal Torts Claims Act please click here:

<http://bphc.hrsa.gov/FTCA>

7. How do I access Loan Repayment information for providers working in FQHC's and CMHC's?

Answers to this question vary by health professional, program and area served. This website provides excellent background information on resources available.

<http://www.hrsa.gov/help/healthprofessions.htm>

Financing Questions

1. How are FQHC's funded?

FQHC's receive a base Section 330 grant that assists with covering the costs of services provided to indigent consumers. This base grant is limited and to be financially viable FQHC's must have a balance of indigent, Medicaid, Medicare, Commercial Insurance and Private Pay individuals. More information on Medicaid and Medicare reimbursement for FQHC's can be found at the sites below.

[Understanding the Medicaid PPS for FQHCs, NACHC Issue Brief #69](#) – Explains the Prospective Payment System statute for Medicaid as it relates to FQHCs and RHCs (not a Government Web site)

[PIN 04-05](#):- Medicaid Reimbursement for Behavioral Health Services

[The Medicare Rural Health Clinic and Federally Qualified Health Center Manual](#) – Contains operating instructions, policies and procedures based in statutes and regulations, guidelines, models and directives

2. What is 340B Pharmacy pricing (Information obtained from the HRSA website)?

The 340B Drug Pricing Program resulted from enactment of Public Law 102-585, the Veterans Health Care Act of 1992, which is codified as Section 340B of the Public Health Service Act. Section 340B limits the cost of covered outpatient drugs to certain federal grantees, federally-qualified health center look-alikes and qualified disproportionate share hospitals. Significant savings on pharmaceuticals may be seen by those entities that participate in this program

Organizations eligible for the 340B discount

(A) Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act). This category includes:

- FQHC Look-alikes
- Consolidated Health Centers (Sec.330(e) Public Health Service Act)
- Migrant Health Centers (Sec.330 (g) Public Health Service Act)
- Health Care for the Homeless (Sec.330(h) Public Health Service Act)
- Healthy Schools/Healthy Communities
- Health Centers for Residents of Public Housing (Sec. 330(i) Public Health Service Act)
- Office of Tribal Programs or urban Indian organizations (P.L. 93-638 and 25 USCS §1651)

(B) A family planning project receiving a grant or contract under Sec. 1001 PHSA (42 USCS§3001)

(C) An entity receiving a grant under subpart II of part C of Title XXVI of the Ryan White Care Act (RWCA) (relating to categorical grants for outpatient early intervention services for HIV disease) - Early HIV Intervention Services Categorical Grants (Title III of the RWCA)

(D) A State-operated AIDS Drug Assistance Program (ADAP) receiving financial assistance under the RWCA

(E) A black lung clinic receiving funds under Section 427(a) of the Black Lung Benefits Act (30 USCS§901)

(F) A comprehensive hemophilia diagnostic treatment center receiving a grant under section 501(a)(2) of the SSA

(G) A Native Hawaiian Health Center receiving funds under the Native Hawaiian Health Care Act of 1988 (42 USCS§11701)

(H) An urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act (25 USCS§1601)

(I) Any entity receiving assistance under title XXVI of the Social Security Act (other than a State or unit of local government or an entity described in subparagraph (D)), but only if the entity is certified by the Secretary

(J) An entity receiving funds under section 318 (42 USCS §247c) (relating to treatment of sexually transmitted diseases) **or section 317(j)(2)** (42 USCS§247b(j)(2)) (relating to treatment of tuberculosis) through a State or unit of local government, but only if the entity is certified by the Secretary

(K) A disproportionate share hospital (as defined in section 1886(d)(1)(B)) of the SSA -

Community Mental Health Center consumers who are patients at an eligible organization and have their psychotropic medications prescribed by a provider at the eligible organization may receive 340B pricing for those medications.

Further information is available at: <http://www.hrsa.gov/opa/introduction.htm>

3. What are service expansion grants? When are the available?

Service Expansion Grants provide funding to add new or expand existing mental health/substance abuse, oral health, pharmacy, and enabling services for special populations at existing health centers. Only existing grantees are eligible to apply. Watch for the availability of service expansion grants at www.hrsa.gov/grants

4. How is the uninsured population handled in FQHC's?

Partnership Creation Questions – To Be Posted by 2/1/10

Clinical Issues Questions – To Be Posted by 2/1/10

Information Technology Questions

1. How can we use telemedicine to meet some of our healthcare needs?
2. How is behavioral health information handled within a primary care record?
3. Who “owns” the record(s)?
4. How can technology improve communication?