

## COMMUNITY COALITIONS FOR ACCESS AND QUALITY IMPROVEMENT (CCAQI)

### PURPOSE

The purpose of this title is to provide assistance to community health coalitions as defined in section (b)(1) with a clearly defined local need to increase access to and improve the quality of health care services through activities which

- (1) develop or strengthen coordination of services to allow individuals to receive efficient and higher quality care and to gain entry into and receive services from a comprehensive system of medical, dental, pharmaceutical, and behavioral health care;
- (2) develop efficient and sustainable infrastructure for a healthcare delivery system characterized by effective collaboration, information sharing, and clinical and financial coordination among all providers of care in the community; and
- (3) develop or strengthen activities related to providing coordinated care for individuals with chronic conditions.

### GRANTS TO STRENGTHEN THE EFFECTIVENESS, EFFICIENCY, AND COORDINATION OF SERVICES

(a) **IN GENERAL** - The Secretary shall award grants to assist in the development of integrated health care delivery systems to serve defined communities of individuals

- (1) to improve the efficiency of and coordination among the providers providing services through such systems;
- (2) to assist local communities in developing programs targeted toward preventing and managing chronic diseases; and
- (3) to expand and enhance the services provided through such systems.

(b) **ELIGIBLE ENTITIES** – To be eligible to receive a grant under this section, an entity shall be an entity that

- (1) represents a balanced consortium
  - (A) whose principal purpose is to assure the sustainable capacity for the provision of a broad range of coordinated services for all residents within a community defined in the entity's grant application as described in paragraph (2); and
  - (B) that includes at least one of each of the following providers that serve the community (unless such provider does not exist within the community, declines or refuses to participate, or places unreasonable conditions on their participation)—
    - (i) a Federally Qualified Health Center (as defined in section 1861(aa) of the Social Security Act (42 USC 1395x(aa)));
    - (ii) Rural Health Clinics and Rural Health Networks (as defined in section 1861(aa) of the Social Security Act (42 USC 1395x(aa))
    - (iii) a hospital with a low-income utilization rate that is greater than twenty-five (25) percent (as defined in section 1923(b)(3) of the Social Security Act (42 U.S.C. 1396r-4(b)(3)), a Critical Access Hospital (as defined in 42 U.S.C. 1395i4(c)(2));

- (iv) a public health department; and
- (v) an interested public or private sector health care provider or an organization that has traditionally served the medically uninsured and low-income individuals; and

(2) submits to the Secretary an application, in such form and manner as the Secretary shall prescribe, that—

- (A) clearly defines the community to be served and access, quality and efficiency outcomes to be achieved;
- (B) identifies the providers who will participate in the community coalition under the grant and specifies each provider's contribution to the care of individuals in the community;
- (C) describes the activities that the applicant and the community coalition propose to perform under the grant to further the objectives of this section;
- (D) demonstrates that it is an established coalition with ability to build on the current system for serving the community by involving providers who have traditionally provided a significant volume of care for uninsured and low-income individuals for that community;
- (E) demonstrates the coalition's ability to develop coordinated systems of care that either directly provide or ensure the prompt provision of a broad range of high quality, accessible services, including, as appropriate, primary, secondary, and tertiary services as well as pharmacy, substance abuse, behavioral health and oral health services, in a manner that assures continuity of care in the community;
- (F) provides evidence of community involvement, including the business community, in the development, implementation, and direction of the system of care that the coalition proposes to assure;
- (G) demonstrates the coalition's ability to ensure that participating individuals are enrolled in health care coverage programs, both public and private, for which the individuals are eligible;
- (H) presents a plan for leveraging other sources of revenue, which may include state and local sources and private grant funds, and integrating current and proposed new funding sources in a manner to assure long-term sustainability of the system of care;
- (I) describes a plan for evaluation of the activities carried out under the grant, including measurement of progress toward the goals and objectives of the program and the use of evaluation findings to improve system performance;
- (J) demonstrates fiscal responsibility through the use of appropriate accounting procedures and management systems;
- (K) demonstrates commitment to serve the community without regard to the ability of an individual or family to pay by arranging for or providing free or reduced charge care for the poor; and
- (L) includes such other information as the Secretary may prescribe.

(c) LIMITATIONS-

- (1) IN GENERAL- An eligible entity may receive a grant under this section for three (3) consecutive fiscal years and may receive such a grant award for two (2) additional years if-

(A) the eligible entity submits to the Secretary a request for a grant for such additional periods;

(B) the Secretary determines that current performance justifies the granting of such a request; and

(C) the Secretary determines that granting such request is necessary to further the objectives described in subsection (a).

(d) PRIORITIES – In awarding grants under this section, the Secretary –

(1) may accord priority to applicants that demonstrate the greatest extent of unmet need in the community for a more coordinated system of care; and

(2) shall accord priority to applicants that best promote the objectives of this section, taking into consideration the extent to which the applicant

(A) identifies a community whose geographical area has a high or increasing percentage of individuals who are uninsured or low-income;

(B) demonstrates that the applicant has included in its community coalition providers, support systems, and programs that have a tradition of serving individuals and families in the community who are uninsured or earn below 200% of the federal poverty level;

(C) shows evidence that the proposed coalition activities would expand utilization of preventive and primary care services for uninsured and underinsured individuals and families in the community, including pharmaceuticals, behavioral and mental health services, oral health services, or substance abuse services;

(D) proposes approaches that would improve coordination between health care providers and appropriate social service providers;

(E) demonstrates collaboration with state and local governments;

(F) demonstrates that the applicant makes use of non-Federal contributions to the greatest extent possible; or

(G) demonstrates likelihood that the proposed activities will lead to sustainable integrated delivery system as additional efforts of health systems development evolve.

(e) USE OF FUNDS –

(1) USE BY GRANTEEES –

(A) IN GENERAL – Except as provided in paragraphs (2) and (3), a grantee may use amounts provided under this section only for—

(i) direct expenses associated with achieving the greater integration of a health care delivery system so that the system either directly provides or ensures the provision of a broad range of culturally competent services, including as appropriate, primary, secondary, and tertiary care as well as oral health, substance abuse, behavioral and mental health, and pharmaceutical services; and

(ii) direct patient care and service expansions to fill identified or documented gaps within an integrated delivery system.

(B) SPECIFIC USES- The following are examples of purposes for which a grantee may use grant funds under this section, when such use meets the conditions stated in subparagraph (A):

(i) Increases in outreach activities and closing gaps in health care service, including referral to specialty services and prescription

drugs and conducting ongoing outreach to health disparity populations.

(ii) Improvements to care management and delivery of patient-centered care, including patient navigation services.

(iii) Improvements to coordination of transportation to health care facilities.

(iv) Development of provider networks and other innovative models to engage physicians in voluntary efforts to serve the medically underserved within a community.

(v) Recruitment, training, and compensation of necessary personnel.

(vi) Acquisition of technology for the purpose of coordinating care and improving provider communication, including implementation of shared information systems or shared clinical systems.

(vii) Development of common processes such as mechanisms for determining eligibility for the programs provided through the system, common identification cards, sliding scale discounts, and monitoring and tracking of outcomes.

(viii) Development of specific prevention and disease management tools and processes.

(ix) Language access services

(x) Facilitating the involvement of community organizations to provide better access to high quality health care services to individuals at risk for or who have chronic diseases or cancer.

(xi) Helping patients overcome barriers within the health care system to ensure prompt diagnostic and treatment resolution of an abnormal finding of cancer or chronic disease.

(2) DIRECT PATIENT CARE LIMITATION – Not more than twenty (20) percent of the funds provided under a grant awarded under this section may be used for providing direct patient care and services.

(3) RESERVATION OF FUNDS FOR NATIONAL PROGRAM PURPOSES- The Secretary may use not more than seven (7) percent of funds appropriated to carry out this section for subcontracting with an organization with expertise in facilitating providing peer to peer technical assistance to among grantees, obtaining assistance of experts and consultants, holding meetings, developing of tools, disseminating of information, and demonstrating access, quality and efficiency outcomes for sustainability evaluation.

(f) GRANTEE REQUIREMENTS –

(1) EVALUATION OF EFFECTIVENESS – A grantee under this section shall report to the Secretary annually regarding—

(i) progress in meeting the goals and measurable objectives set forth in the grant application submitted by the grantee under subsection (b); and

(ii) the extent to which activities conducted by such grantee have—

(I) improved the effectiveness, efficiency, and coordination of services for uninsured and low-income individuals in the community served by such grantee, using commonly accepted outcome measures;

(II) resulted in the provision of better quality health care for individuals and families in the community served;

(III) resulted in the provision of health care to such individuals at lower cost than would have been possible in the absence of the activities conducted by such grantee; and  
(iii) the finding from an independent financial audit of all records that related to the disposition of funds received through the grant.

(2) PROGRESS – The Secretary may not renew an annual grant under this section unless the Secretary is satisfied that the coalition has made reasonable and demonstrable progress in meeting the goals and objectives set forth in the grant application for the preceding fiscal year.

(g) MAINTENANCE OF EFFORT – With respect to activities for which a grant under this section is authorized, the Secretary may award such a grant only if the applicant and each of the participating providers agree that the grantee and each such provider will maintain its expenditures of non-Federal funds for such activities at a level that is not less than the level of such expenditures during the fiscal year immediately preceding the fiscal year for which the applicant is applying to receive such grant.

(h) TECHNICAL ASSISTANCE – The Secretary may, either directly or by grant or contract, provide any entity that receives a grant under this section with technical and other nonfinancial assistance necessary to meet the requirements of this section. The purposes of this section may be met by grant or contract with state and national not-for-profit organizations with expertise in building successful community coalitions.

(i) EVALUATION OF PROGRAM – Not later than September 30, 2012, the Secretary shall prepare and submit to the appropriate committees of Congress a report that describes the extent to which projects funded under this section have been successful in improving the effectiveness, efficiency, and coordination of services in the communities served by such projects, including whether the projects resulted in the provision of better quality health care for such individuals, and whether such care was provided at lower costs than would have been provided in the absence of such projects.

(j) AUTHORIZATION OF APPROPRIATIONS – There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2008 through 2012.