

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: November 4, 2024

SUBJECT: Community Care of NC - Capacity Building Grant 2024

PRESENTER: G. David Jenkins, Health Director

ATTACHMENTS: 1. Budget Amendment
2. Community Care of NC Award Letter

SUMMARY OF REQUEST:

The Henderson County Department of Public Health received a one-time Capacity Building Grant in the amount of \$11,286. The purpose of these funds is to support the Henderson County Department of Public Health with providing community-based health care services per approved uses as outlined in the award letter.

This grant was approved for acceptance by the Henderson County Board of Health at their August 19, 2024 meeting to be forwarded to the Henderson County Board of Commissioners for consideration and final approval.

BOARD ACTION REQUESTED:

The Board is requested to approve the Community Care of NC - Capacity Building Grant to allow for the Henderson County Department of Public Health to authorize the appropriate budgetary actions necessary to implement subject to the funding limitations of the agreement.

Suggested Motion:

I move the Board approve acceptance of the Community Care of NC - Capacity Building Grant for the Henderson County Department of Public Health and authorize the necessary budgetary actions to implement subject to the funding limitations of the agreement.

**LINE-ITEM TRANSFER REQUEST
HENDERSON COUNTY**



Department: _____ Public Health _____

Please make the following line-item transfers:

What expense line-item is to be increased?

Account	Line-Item Description	Amount
<u>115510 523900 9087</u>	<u>MEDICAL SUPPLIES & EQUIPMENT</u>	<u>\$1,734</u>
<u>115510 526000 9087</u>	<u>DEPT SUPPLIES</u>	<u>\$34</u>
<u>115510 526020 9087</u>	<u>DEPT SUPPLIES-NON EXPENDABLE</u>	<u>\$4,582</u>
<u>115510 539000 9087</u>	<u>CONTRACTED SERVICES</u>	<u>\$4,936</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	\$11,286

What expense line-item is to be decreased? Or what additional revenue is now expected?

Account	Line-Item Description	Amount
<u>114510 454019 9087</u>	<u>LOCAL - MISC GRANTS</u>	<u>\$11,286</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	\$11,286

Justification: *Please provide a brief justification for this line-item transfer request.*
 HCDPH was awarded a one-time Capacity Building Grant from Community Care of NC. We have previously contracted with Community Care Physician Network (CCPN) but not for this type of grant. This particular grant is to be used to improve community health care. HCDPH has 1 year (expires 6/30/2025) to expend the single payment of \$11,286 by EFT. BOC approved 11/4/2024.

H. David Jenkins _____
 Authorized by Department Head Date

_____ _____
 Authorized by Budget Office Date

_____ _____
 Authorized by County Manager Date

For Budget Use Only

Batch # _____

BA # _____

Batch Date _____



Sent on behalf of Dr. Tom Wroth, CEO of Community Care of North Carolina

June 21, 2024

Dear **Henderson County Department of Public Health:**

I am pleased to inform you that Community Care of North Carolina, Inc. ("CCNC") has awarded your practice a one-time capacity building grant in the amount of **\$11,286.00** which represents \$13.50 per member as calculated based on your total April 2024 attribution of **836 members** as reported in the member files provided to CCNC by each of the Medicaid Prepaid Health Plans (PHP) for that month. As attribution rates vary from month to month, this attribution data was the most current and accurate data available. If your practice is a multi-site organization, please note that individual payments will be made at the location level.

Please note, this Capacity Grant Award letter is being sent to you as the Primary Business Contact for your practice and we encourage you to share with others in your organization that may need official notification of the grant.

The purpose of this grant is to further CCNC's charitable mission to improve the health and quality of life of all North Carolinians by building and supporting better community-based health care delivery systems and should be applied consistently therewith. Acceptable uses for these funds include, but are not limited to:

- Expanding access to care for the increasing Medicaid expansion population
- Offering extended hours and open access scheduling
- Purchasing equipment (e.g. vaccine storage, A1C machines, technology)
- Hiring staff to manage quality improvement
- Improving workflows to close care gaps and quality gaps
- Employing certified coder/risk coder
- Ensuring timely transitional care visits and care management referrals
- Other activities to drive value-based care performance improvement

Consistent with CCNC's tax-exempt status, grant funds may not be used for lobbying or partisan political activities.

This grant period will be one (1) year and the award will be made in a single payment by EFT, labeled "**Capacity Bldg Grant 2024**" on or before June 28, 2024. Your acceptance of these funds will constitute your agreement to use the funds for capacity-building purposes, such as those described above. Any funds remaining at the end of the grant period must be used for value-based care capacity building purposes.

Thank you for all that you continue to do for the health and quality of life of your patients.

Sincerely,

A handwritten signature in cursive script that reads "TWROTH".

Tom Wroth, MD, MPH
President and CEO
Community Care of North Carolina, Inc.