

2001-17

DATE: March 8, 2001

DOCUMENT TITLE: Fiscal Year 2001 Funding  
Level Increase for Uncompensated Care for Special  
Populations Grantees

TO: Health Care for the Homeless Grantees  
Healthy Schools, Healthy Communities Grantees  
Public Housing Primary Care Grantees  
Primary Care Associations  
Primary Care Offices

## **PURPOSE**

The purpose of this Program Assistance Letter is to provide information regarding the Bureau of Primary Health Care's (BPHC) plans to increase the fiscal year (FY) 2001 grant funding levels for a large number of the grantees in the: Health Care for the Homeless (HCH), Healthy Schools, Healthy Communities (HSHC), and Public Housing Primary Care (PHPC) Programs. The increases are designed to enable these programs to more adequately address the demand for uncompensated care from the nearly 400,000 uninsured patients they collectively serve and the others they have not yet reached. Funding increases are intended to be used to meet the ever-increasing demand for primary health care services among underserved individuals of specific populations (e.g., homeless people, children and adolescents, and public housing residents). These increases bring us closer to reaching the BPHC goal of 100% access to care and 0 health disparities.

## **ELIGIBILITY**

In order to be eligible for an increase, grantees in all three programs must have completed at least 1 full year of funding and reporting under the applicable program (i.e., no organizations initially funded in either FY 1999 or FY 2000 are eligible). In addition, grantees must not be experiencing significant performance issues with respect to applicable program expectations.

**FUNDING INCREASES IN HEALTH CARE FOR THE HOMELESS**

Approximately \$3.6 million will be available to about 120 eligible HCH grantees to help support the cost of uncompensated care. Award decisions will be based on the percentage of uninsured HCH users served, calculated by comparing the number of uninsured HCH users to total HCH users. Based on data from the Uniform Data System (UDS) for calendar year (CY) 1999, increases will be made on a fixed percentage basis relative to the percentage of uninsured users. Increases will be applied on an incremental scale as shown below:

<b>PERCENT OF USERS UNINSURED (CY 1999)</b>	<b>PERCENT INCREASE IN HCH FUNDING</b>
0-10%	0%
11-20%	0%
21-30%	0%
31-40%	0%
41-50%	2%
51-60%	2%
61-70%	3%
71-80%	4%
81-90%	6%
91-100%	8%

*\* The incremental scale varies by program due to differences in range of total awards, size of uninsured population, and funds available for increases to cover uncompensated care.*

If you have any questions regarding the adjustments for the uninsured in HCH programs, please contact Jean Hochron, Chief, Health Care for the Homeless Branch at [jhochron@hrsa.gov](mailto:jhochron@hrsa.gov) or (301) 594-4430.

**FUNDING INCREASES IN HEALTHY SCHOOLS, HEALTHY COMMUNITIES**

Approximately \$600,000 will be available to about 40 eligible HSHC grantees to help support the cost of uncompensated care. Award decisions will be based on the percentage of uninsured HSHC users served, calculated by comparing the number of uninsured HSHC users to total HSHC users. Based on data from the FY 1999-2000 HSHC annual report, increases will be made on a fixed percentage basis relative to the percentage of uninsured users. Increases will be applied on an incremental scale as shown below:

<b>PERCENT OF USERS UNINSURED (FY 1999-2000)</b>	<b>PERCENT INCREASE IN HSHC FUNDING</b>
0-10%	0%
11-20%	3%
21-30%	3%
31-40%	3%
41-50%	7%
51-60%	7%
61-70%	15%
71-80%	15%
81-90%	20%
91-100%	20%

*\* The incremental scale varies by program due to differences in range of total awards, size of uninsured population, and funds available for increases to cover uncompensated care.*

If you have any questions regarding the adjustments for the uninsured in HSHC programs, please contact LaVerne M. Green, Director, Center for School Based Health at lgreen@hrsa.gov or (301) 594-4470.

#### **FUNDING INCREASES IN PUBLIC HOUSING PRIMARY CARE**

Approximately \$700,000 will be available to about 18 eligible PHPC grantees to help support the cost of uncompensated care. Award decisions will be based on the percentage of uninsured PHPC users served, calculated by comparing the number of uninsured PHPC users to total PHPC users. Based on data from the UDS for CY 1999, increases will be made on a fixed percentage basis relative to the percentage of uninsured users. Increases will be applied on an incremental scale as shown below:

<b>PERCENT OF USERS UNINSURED (CY 1999)</b>	<b>PERCENT INCREASE IN PHPC FUNDING</b>
0-10%	0%
11-20%	2%
21-30%	4%
31-40%	6%
41-50%	8%
51-60%	10%
61-70%	12%
71-80%	12%
81-90%	14%
91-100%	14%

*\* The incremental scale varies by program due to differences in range of total awards, size of uninsured population, and funds available for increases to cover uncompensated care.*

If you have any questions regarding the adjustments for the uninsured in PHPC programs, please contact Evan R. Arrindell, DSW, Chief, Public Housing Section at [rarrindell@hrsa.gov](mailto:rarrindell@hrsa.gov) or (301) 594-4334.

### **AWARDING OF FUNDS**

Eligible grantees in each program will be sent a letter from the BPHC that indicates the increase they can request in accordance with the scale. The letter will include a form that must be completed to indicate how the increase will be used. All grantees selected for support must submit this form no later than April 6, 2001. Funding increases will be included in the FY 2001 Notice of Grant Award (NGA) for those grantees with June or July start dates. For all other approvals, a supplemental NGA in the full amount of the annualized increase will be issued before the end of FY 2001 as the workload can be accommodated. All approvals will have the amount added to their base funding for FY 2002 and subsequent years. Note that receipt of the base increase will not affect a grantee's eligibility to compete for other funding available during FY 2001.

Ineligible grantees in each program will also be notified. They may submit a request for reconsideration, if a calculation error was made in making the decision not to grant an increase. The process for requesting a review will be stated in the letter.

/s/

Marilyn Hughes Gaston, M.D.  
Director, Bureau of Primary Health Care