

Indiana Community Health Centers from the State Perspective

A Presentation to
Indiana Council of
Community Mental Health
Centers



Indiana State
Department of Health

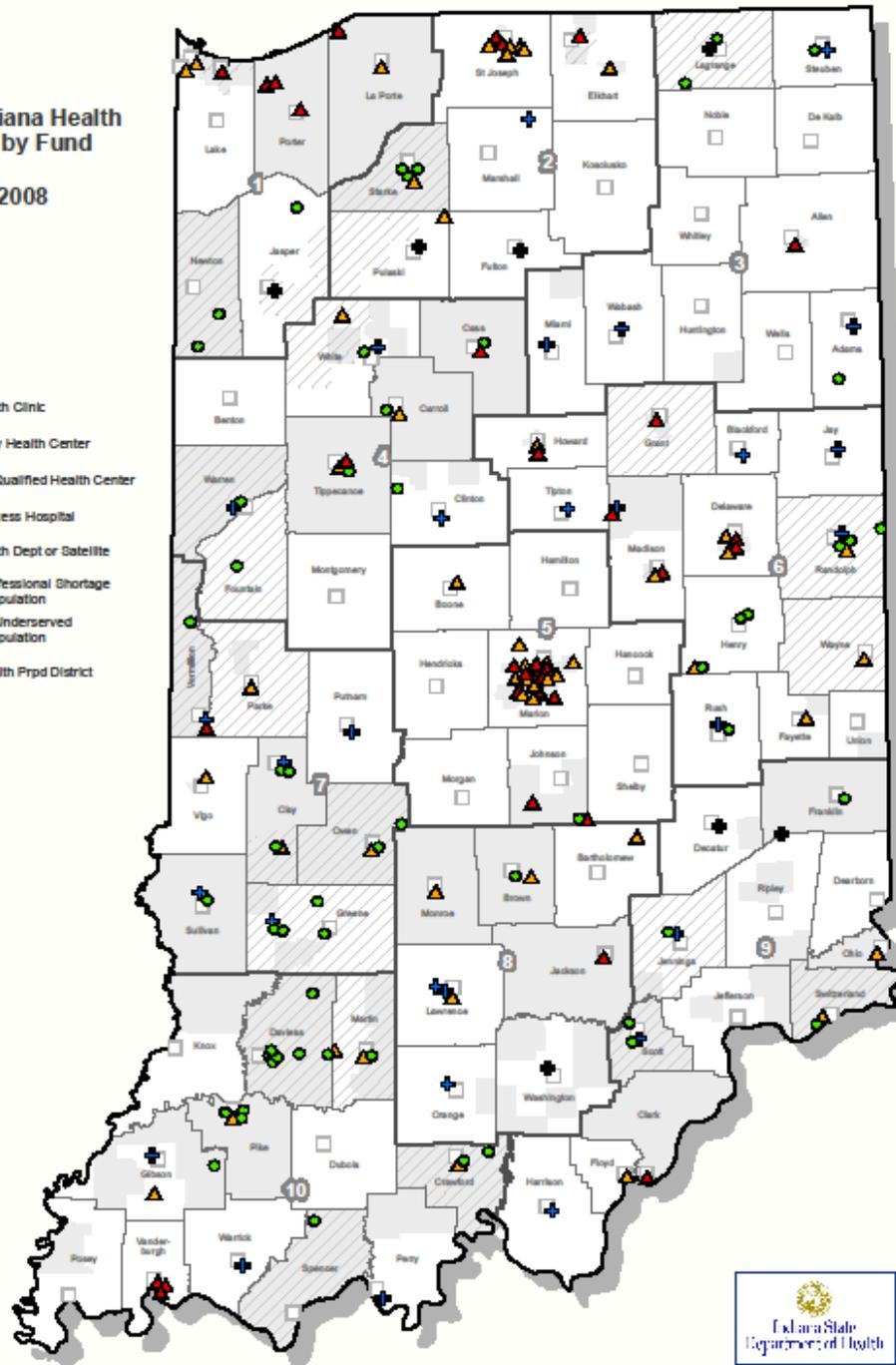
The Primary Care Office and Office of Rural Health

- 1) **Supports/funds** health care delivery through
 - *Community Health Centers (47)*
 - *Critical Access Hospitals (35)*
 - *Rural Health Clinics (58)*
- 2) **Supports/funds** health care professionals-- providers are rewarded for locating in underserved areas.
- 3) **Maintains** a trauma registry and supports injury prevention and spinal cord/brain injury research.

Selected Indiana Health Facilities by Fund

May, 2008

-  Rural Health Clinic
-  Community Health Center
-  Federally Qualified Health Center
-  Critical Access Hospital
-  Local Health Dept or Satellite
-  Health Professional Shortage Area or Population
-  Medically Underserved Area or Population
-  Public Health Prpd District



The Primary Care Office

- Administrative oversight for the following:
 - Community Health Center Fund
 - State Office of Rural Health
 - Area Health Education Centers
 - Bureau of Primary Health Care –underserved designations
 - Bureau of Health Professions – National Health Service Corps
 - J-1 and National Interest Waivers
 - State Loan Repayment Program
 - Spinal Cord/Brain Injury fund
 - Injury prevention program
 - State trauma registry

Community Health Centers (CHCs)

- We use CHC as a generic term
- Federally Qualified Health Centers (FQHCs)
 - Must meet federal qualifications to receive funding and other federal benefits (prospective payment system)
- The Indiana Office of Primary Care
 - Nominates centers to the feds based on local data
 - Uses state \$ to support FQHCs AND non-federal health centers that meet state requirements.

CHC State Funding Process

- General Assembly – budget bill
- Provides for federally qualified health centers and state health centers
- Awarded per Request for Proposals
 - Operating grants fund day-to-day activity
 - \$15 million per year
 - Capital improvement grants for last biennium only
 - \$15 million per year
- Funding flat since 2006

State Funding Criteria : Process



Provide services to those most in need including Medicaid and Medicare patients, uninsured and underinsured patients and special populations that may seek medical care.

State Funding Criteria : Process

Special populations may include migrant and seasonal farm workers, the homeless, HIV/AIDS patients, ethnic minorities, refugees, the elderly, pregnant women, and others with special health needs and/or geographic, cultural, linguistic, and economic barriers.



State Funding Criteria: Process

- Accept and bill Medicaid, Medicare, and other third party payers as appropriate.
- Provide services to all without regard to ability to pay, and print and display a sliding fee for service scale within the facility.
- Provide equal levels of service to all ages and genders.
- Chart and document service delivery for each patient, and report health outcome data as may be required by the Office of Primary Care.

State Funding Criteria: Staffing

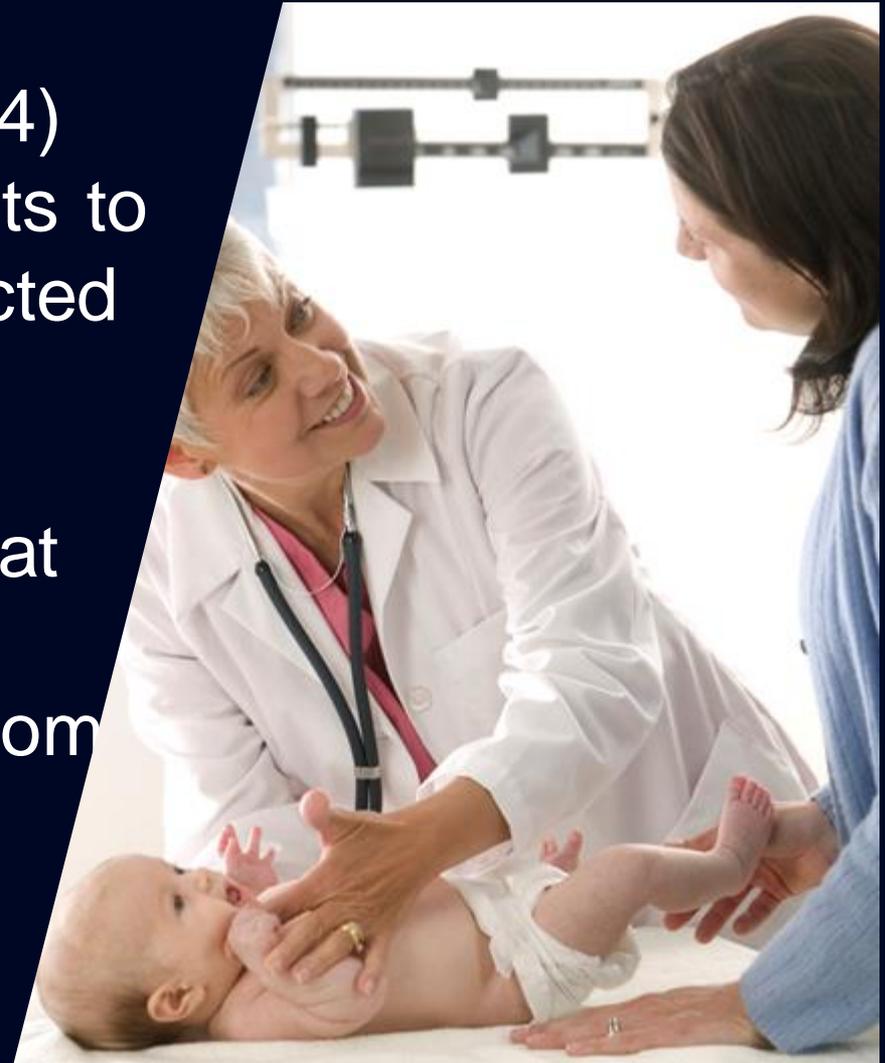
- Staff each site with at least one (1) full-time physician or nurse practitioner with prescriptive authority.
- Be able to demonstrate that all providers are **licensed** to practice in Indiana, and that physicians are **board certified** or eligible for board certification.
- Require national certification for nurse practitioners and physician assistants employed by the site.

State Funding Criteria: Staffing

- Provide services at least twenty (20) hours per week.
- Provide services at times meeting the needs of the majority of the potential users.
- Be able to demonstrate that at least one of the site's physicians has hospital admitting privileges or that a referral mechanism policy is in place.

State Funding Criteria: Staffing

- Institute a process to provide twenty-four (24) hour access for patients to an in-house or contracted health care provider.
- Answering services that refer patients to the nearest emergency room will not satisfy this requirement.



State Funding Criteria: Practice

- Make use of best practices for protocol development.
- **Participate in the local health system** including referral systems for local specialists, local primary care providers and hospitals; mental health providers; dental health providers; emergency services providers, and coordination and referral with public health programs and local health departments.

Funding Criteria: Facility

- The facility, layout and space shall accommodate projected patient volumes and facilitate efficient patient flow.
- The facility will have signage to indicate it is a smoke-free facility.
- Facility hours of operation including an after-hours phone number will be posted and will be visible from outside the facility.

State Funding Criteria: Primary Care Services

Services must be provided directly or via written agreement with appropriate physicians, mid-level practitioners, or other providers.



State Funding Criteria: Primary Care Services

- Primary health care services including treatment for acute diseases and management of chronic diseases
- Preventive health services including screenings
- Case management and outreach
- Basic diagnostic laboratory services
- Pharmacy services
- Referrals to supplemental service providers
- Health education and counseling including health literacy

State Funding Criteria: Primary Care Services

- Diagnostic x-ray services
- Behavioral health services
- Care coordination including in-patient, emergency, and subspecialties



State Funding Criteria: Primary Care Services



Culturally and linguistically competent services

Preventive and restorative dental services

Optometric/eye care
Emergency services

State Funding Criteria: Governance

- The Grantee will ensure that it has a Governing Board of nine (9) to twenty-five (25) members who are representative of the community. At least one-third of the board members will be health center patients or their representatives.
- The Board will be responsible for reviewing and approving decisions regarding budgets, scope of services, hours of operation, payment policies and procedures, and will ensure that staffing remains in place throughout the funding period.

PURSUING FEDERALLY QUALIFIED STATUS

Who decides?

What is the next step?

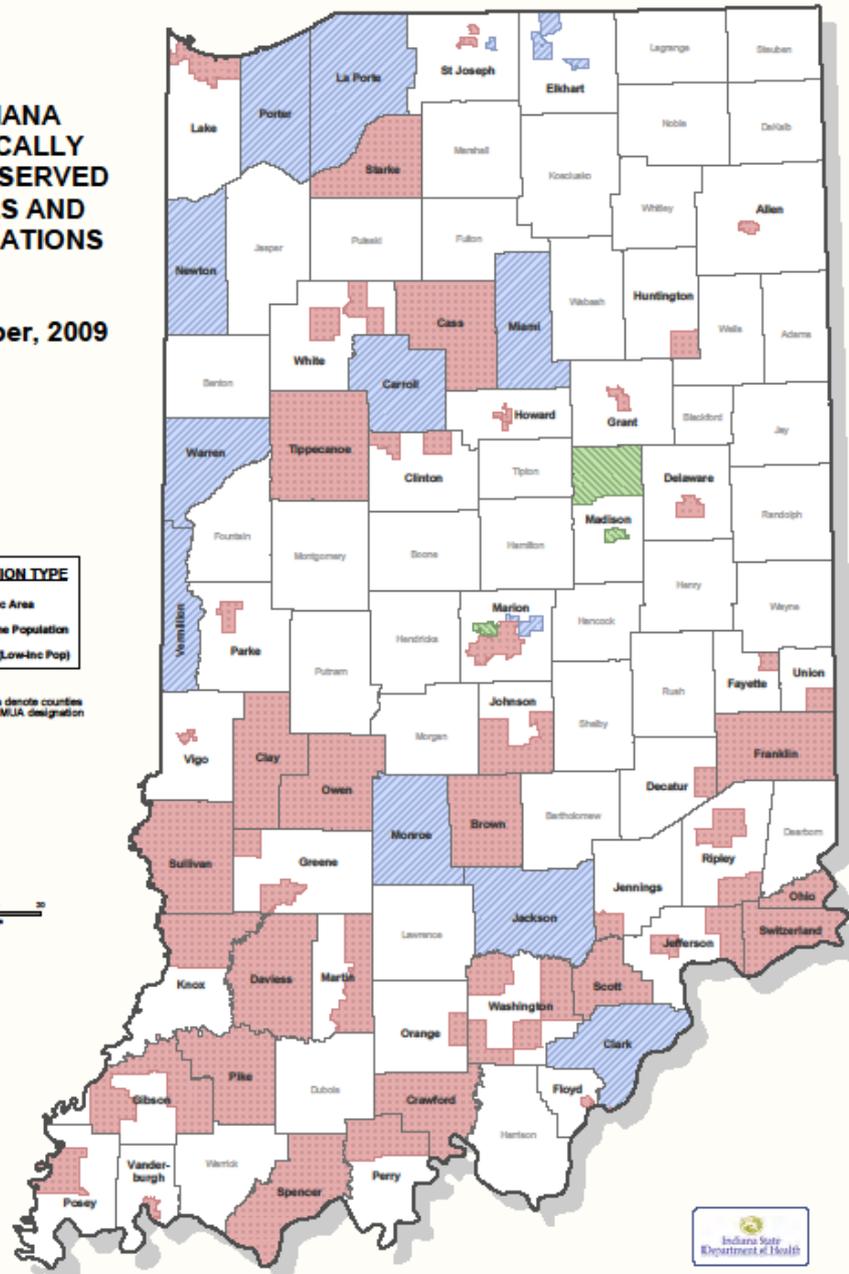
INDIANA MEDICALLY UNDERSERVED AREAS AND POPULATIONS

December, 2009

DESIGNATION TYPE

-  Geographic Area
-  Low-Income Population
-  Governor (Low-Inc Pop)

Bold county names denote counties having any type of MUA designation



Source: Shortage Designation Branch, HRSA,
U.S. Department of Health and Human Services

Contact

Ann Alley

Director

Office of Primary Care and Rural Health

Indiana State Department of Health

aalley@isdh.in.gov

317-233-7546