

Subject:	Grant Policy	Number:	
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Prepared By:	Misti A. Jones Compliance Coordinator	Original Date:	May 17, 2011
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PURPOSE/SCOPE

The purpose of this Grant Policy (Policy) is to establish guidelines that must be followed when an application for a Grant is submitted to University Health Care, Inc. (hereinafter referred to as Passport Health Plan or PHP).

This Policy applies to Grants such as Indigent Care Grants and iHOP Grants.

DEFINITIONS

Grant – A Grant is a monetary award to an organization, provider, company or other entity (collectively referred to as organization throughout this Policy) for the purpose of assisting the organization in conducting research or implementing programs that encourage innovation and research. These programs should improve health outcomes for Kentucky Medicaid recipients and the uninsured and that provide access to quality healthcare services for Kentucky Medicaid recipients and the uninsured.

POLICY

PHP believes that awarding Grants is a positive way to provide financial assistance to worthy organizations in the community it serves. PHP should ensure that any Grant award furthers the mission of PHP as it relates to access to quality health services provided to Medicaid recipients. The awarding of a Grant must not jeopardize PHP’s

fiscal integrity and there must be accountability at every level in the Grant award process. An allocation methodology should be used that considers plan membership and the needs of all Region 3 counties and providers.

PHP will establish a Grant Committee that will be charged with the development of Grant award recommendations to the PHP Board of Directors (Board). The Chairman of the Board will appoint five Board members to serve on the Grant Committee. The Grant Committee will meet on an ad hoc basis.

The Grant Committee is responsible for:

- Communicating the Grant application process to the public.
- Establishing and communicating deadlines for Grant application submissions.
- Ensuring the Grant benefits PHP's members.
- Applying specific procedures for disbursing funds.
- Obtaining, as deemed appropriate, Department of Insurance and Cabinet for Health and Family Services approval of the Grant award.
- Developing progress report requirements for the recipients.
- Evaluating the Grants for effectiveness.
- Developing a program for monitoring all Grants, including ongoing compliance with all Grant Application items, paying particular attention to benefits of PHP members, PHP budget goals, and items of potential conflict of interest. This program report will be submitted to the Board.
- Coordinating an annual Grant review presentation for the Board to provide information concerning ongoing and completed Grants over the previous twelve (12) months.

The Grant Committee will consider the following when allocating funds to organizations:

- Impact to membership. The Grant Committee should consider providing Grants to organizations whose goal is to provide health care or improve health outcomes.
- Public relations considerations. The Grant Committee should find ways to bring visibility to organizations whose goal is to provide health care or improve health outcomes.

The Finance Committee is responsible for:

- Developing an accounting system to be used for all PHP Grants. The accounting system will use standardized methods for tracking Grant funds and reporting Grant status.
- Tracking and reporting of Grants. At a minimum, this should consist of:
 - A document that details the expenditures that will be included in the quarterly Board financial report.

- Updating the Board on Grant status on a regular basis.
- Ensuring the disbursement of funds is correct and appropriate.
- Ensuring that the Finance Department staff monitors the actual versus budget spending of Grant funds awarded.

The Board has the authority and responsibility to take the following actions:

- Review and decide whether to approve or reject recommendations from the Grant Committee.
- Ensure the action of the Board is recorded in the Board meeting minutes.

PROCEDURE

REVIEW PROCESS

Grant Committee

The Grant Committee is responsible for the following during the review process:

1. Meet regularly to review completed Grant applications.
2. Send a letter or email acknowledging the receipt of the application to the applicant.
3. Copy all Grant Applications and store them in a secure location.
4. Review all applications and provide recommendations to the Board.
5. When reviewing the applications following should be considered:
 - a. Whether the Grant impacts health outcomes of all Passport Health Plan members, both rural and urban?
 - b. Whether the Grant award will assist research or a program that furthers PHP's mission?
 - c. Whether it is financially feasible for PHP to provide the financial assistance?
 - d. Whether the Grant award will positively impact PHP members?
6. Record all discussions in the Grant Committee meeting minutes.
7. Apply consistent agreed upon criteria for all applications to determine approval.
8. Present the Board with the recommendations for final approval.
9. Notify the applicant within thirty (30) days after Board decision, whether their application was accepted or rejected.

The Board is responsible for the following during the review process:

1. Review applications recommended for approval by the Grant Committee.
2. Ensure the Grant Committee followed the Review Process procedure.

3. Review the specific reasons for the Grant Committee's recommendations to determine if applicable laws and policies and procedures were followed in making the recommendations to approve or reject an application.
4. Document in the minutes the specific reasons for final determinations.

Duty to Abstain

The Committee or Board members who participate in making recommendation about Grants or making the final decision about a Grant shall be only those members who do not have a conflict of interest with respect to the Grant award. Any Committee or Board member who has a conflict of interest with respect to the Grant award shall not be present for the discussion, and shall not vote or be present for the vote with respect to the Grant award.

CROSS REFERENCE/REFERENCE MATERIALS
(If necessary to cite other policies or documents)

Grant Application

Review/Revision Dates (Annually at minimum)

End of Policy

GRANT APPLICATION

INTRODUCTION

This application form is used for Grants subject to the Grant Policy administered by University Health Care, Inc. (hereinafter referred to as Passport Health Plan, or PHP). The application consists of four sections. Please make sure that all sections are included in the application. Incomplete applications will not be accepted.

- Grant Application - request for basic information about the applicant and the project. Instructions for the application are included in this packet.
- Signature for assurances – this section sets forth certain requirements with which applicants must certify that they will comply if a grant is awarded.
- Program Narrative – requests the applicant to describe the objectives of the program and to relate how those objectives will be attained. Narrative needs to include a description on how Passport Health Plan members will benefit from this grant.
- Budget Narrative – requests the applicant to discuss the costs associated with the proposed project.

COMPLETING THE APPLICATION

Print, using black or blue ink. If more space is needed than is provided, use a blank sheet of paper to complete the item, using the identical format. Clearly identify the continuation page as such, and the information item(s) contained thereon, and attach the page after the appropriate page of the application.

Computer generated facsimiles may be substituted for any of the forms provided in this packet. Such substitute forms should be printed in black ink and must maintain the exact wording and format of the PHP-printed forms, including all captions and spacing. Any deviation may be grounds for PHP to reject the entire application.

ASSEMBLING AND MAILING

To facilitate review and processing of the application by the awarding office, all pages should be numbered and preceded by a table of contents. Completed applications should be signed in ink by an authorized official of the applicant organization and duplicated in accord with applicable requirements. Mail completed applications to:

**Passport Health Plan
5100 Commerce Crossing
Louisville, KY 40229**

ACKNOWLEDGEMENT

All applicants will be sent a written acknowledgment of receipt.

APPLICATION REVIEW

Applications will be evaluated and rated according to criteria and priorities which are established by PHP.

SUCCESSFUL APPLICANTS

If a decision is made to fund a grant, the applicant will receive a written notice within sixty (60) days of the decision.

UNSUCCESSFUL APPLICANTS

After a decision has been reached either to disapprove or not fund a grant application, a written notice shall be sent to the unsuccessful applicant within 30 days after that decision.

INSTRUCTIONS FOR THE APPLICATION FOR ASSISTANCE

Provide date submitted to PHP. Date received by PHP will be completed by PHP

1. Enter legal name of applicant, enter the complete address of the applicant (including county), and name and telephone, email, and FAX of the person to contact on matters related to this application.
2. Enter Employer Identification Number (EIN) as assigned by Internal Revenue Service.
3. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location.
4. List only the largest political entities affected (e.g., State, counties, cities).
5. List the approximate number of Passport members that will benefit from this grant.
6. Enter the proposed start date and end date of the project.
7. Total Amount requested. Note total amount must match detail provided on budget narrative.
8. To be signed by the authorized representative of the applicant.

Date Submitted to PHP _____

Date Received by PHP _____

APPLICATION FOR ASSISTANCE

1. APPLICANT INFORMATION

Legal Name: _____

Address:

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Name and telephone number of the person to be contacted on matters involving this application
(give area code)

Name: _____

Phone: _____ Fax: _____

Email: _____

2. EMPLOYER IDENTIFICATION NUMBER (EIN): _____

3. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: _____

4. AREAS AFFECTED BY PROJECT (Cities, Counties, State, etc.): _____

5. ESTIMATED NUMBER OF PASSPORT MEMBERS RECEIVING
BENEFIT: _____

6. PROPOSED PROJECT:

Start Date: _____ End Date: _____

7. ESTIMATED AMOUNT OF FUNDING: _____

8. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Name: _____

Title: _____

Telephone: _____

Signature: _____

Date Signed: _____

ASSURANCES

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for PHP assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-PHP share of project costs) to ensure proper planning, management, and completion of the project described in this application.
2. Will give PHP through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting principles or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

Signature of Authorized Certifying Official:

Title: _____

Applicant Organization: _____

Date Submitted: _____

PROGRAM NARRATIVE

The Program Narrative provides a major means by which the application is evaluated and ranked to compete with other applications for available funds. It should be concise and complete and should address the activity for which PHP funds are requested. Supporting documents should be included where they can present information clearly and succinctly. PHP is particularly interested in specific factual information and statements of measurable goals in quantitative terms. Narratives are evaluated on the basis of substance, not length. Extensive exhibits are not required. (Supporting information concerning activities which will not be directly funded by the grant or information which does not directly pertain to an integral part of the grant-funded activity should be placed in an appendix.) Pages should be numbered for easy reference.

1. PROJECT DESCRIPTION

Because many and varied employ this application form, it is not possible to provide specific guidance for developing a project description which would be appropriate in all cases. One aspect of the description that is applicable to all proposals, however, is the requirement that all project information described in this part relate directly to the budget information requested. The budget consists of the funds which the applicant estimates are required to carry out activities under the proposed project. (A narrative budget justification must also be provided; see *Budget Narrative*, below.)

Applications must clearly demonstrate how this project will further University Health Care's mission.

In developing the narrative, the applicant may volunteer or be requested to provide information on the total range of health programs currently conducted and supported (or to be initiated, some of which may be outside the scope of the program announcement).

Applicants are encouraged to provide information on their organizational structure, staff, related experience, and other information considered to be relevant. Awarding offices use this and other information to determine whether the applicant has the capability and resources necessary to carry out the proposed project. It is important, therefore, that this information be included in the application. It is equally important that the narrative distinguish between applicant resources which are directly related to the proposed budget and those which will not be used in support of the specific project for which funds are requested.

2. RESULTS OR BENEFITS EXPECTED

Identify results and benefits to be derived. Passport Health Plan's mission is to improve the health and quality of life of our members. This narrative needs to be specific on how this

project would benefit our members. For example, when applying for a grant to establish a neighborhood health center, provide a description of who will occupy the facility, how the facility will be used, and how the facility will benefit the general public.

3. APPROACH

- a. Outline a plan of action which describes the scope and detail of how the proposed work will be accomplished for each grant program, function or activity provided in the budget. Cite factors which might accelerate or decelerate the work and state your reason for taking this approach rather than others. Describe any unusual features of the project such as design or technological innovations, reductions in cost or time, or extraordinary social and community involvement.
- b. Provide quantitative monthly or quarterly projections of the accomplishments to be achieved for each grant program, function or activity in such terms as the number of people to be served and the number of patients to be treated. When accomplishments cannot be quantified by activity or function, list them in chronological order to show the schedule of accomplishments and their target dates.
- c. Identify the kinds of data to be collected and maintained.
- d. List organizations, cooperating entities, consultants, or other key individuals who will work on the project along with a short description of the nature of their effort or contribution.

4. EVALUATION

Provide a narrative addressing how you will evaluate 1) the results of your project, and 2) the conduct of your program.

In addressing the evaluation of results, state how you will determine the extent to which the program has achieved its stated objectives and the extent to which the accomplishment of objectives can be attributed to the program. Discuss the criteria to be used to evaluate results and successes; explain the methodology that will be used to determine if the needs identified and discussed are being met and if the results and benefits identified in Item 2 (above) are being achieved.

5. GEOGRAPHIC LOCATION

Give the precise location of the project or area to be served by the proposed project. Maps or other graphic aids may be attached.

BUDGET NARRATIVE

Provide a narrative budget justification which describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed cost.

Only the direct costs requested in this application need to be justified. Do not include any items that are treated by the applicant organization as indirect costs.

Describe the specific functions of the personnel, consultants, and collaborators. For all years, explain and justify any unusual items such as major equipment, foreign travel, alterations and renovations, patient care costs, and tuition remission. For additional years of support requested, itemize and justify any significant increases or decreases in any category over the first 12 month budget period. Identify such significant changes with asterisks against the appropriate amounts. If a recurring annual increase or decrease in personnel or other costs is anticipated, give the percentage. In addition, for *Competing Continuation* applications, justify any significant increases or decreases in any category over the current level of support.