

**R434. Health and Human Services, Family Health and Preparedness, Primary Care and Rural Health.**

**R434-30. Primary Care Grant Program.**

**R434-30-1. Authority and Purpose.**

This rule is required by Section 26-10b-104. It implements the Primary Care Grant Program under Title 26, Chapter 10b, Access to Health Care.

**R434-30-2. Definitions.**

The definitions in Section 26-10b-101 apply. In addition:

- (1) "Equipment" is defined as: capital equipment that:
  - (a) costs \$5,000 or more, or is a group of items costing less than \$5,000 each, when combined makes up one functional unit with a combined cost of \$5,000 or greater;
  - (b) has a life span of three years or more;
  - (c) is non-expendable material; and
  - (d) is not consumed.
- (2) "Office" means the Utah Department of Health, Division of Family Health and Preparedness, Bureau of Emergency Medical Services and Preparedness, Office of Primary Care and Rural Health.;
- (3) "Children who are not eligible for Medicaid or CHIP" means individuals who are age 18 years and under and for whom at least one of the following apply:
  - (a) who have applied for Medicaid or CHIP coverage and have been denied;
  - (b) who have been informed that they have lost Medicaid or CHIP coverage;; or
  - (c) who receive a service not covered by CHIP, Medicaid, other public health care coverage, or private insurance.
- (4) "Children who have insurance" means individuals who are age 18 years and under and who are eligible for CHIP, Medicaid, other public health care coverage, or private insurance, either on their own or through their parents' health care coverage.
- (5) "Follow-up Patient Visit" means face-to-face contact after an initial patient visit between an eligible individual and the awarded agency's provider who exercises independent judgment in providing services to the eligible individual and where the services provided under the Primary Care Grant Program are rendered and recorded in the eligible individual's records.
- (6) "Initial Patient Visit" means any person, or member of a family, served by the awarded agency for the first time within three years, who is considered medically underserved.
- (7) "Innovative" means whether the aspects are new, different, or more efficient, while also providing significant benefit to the community and the underserved populations served by the project.
- (8) "Low-income" means individuals at or below 200% of the Federal Poverty Level, as established and published annually by the U.S. Department of Health and Human Services.
- (9) "Medically Underserved" means geographic areas or populations with limited access to primary healthcare services.
- (10) "Referral to CHIP" means an individual who is age 18 years and under or parents of an individual 18 years and under who has been informed of the availability of CHIP and Medicaid and provided information to contact the Department, Bureau of Eligibility Services local office, outreach location, or telephone unit for determination of their eligibility for Medicaid or CHIP.
- (11) "Sliding fee scale" means a system of patient co-payment or fee per clinical visit, which varies by income and other variables, such as family size.
- (12) "Sustainable" means a project or service that can be continued without Primary Care Grant Program funds.
- (13) "Underinsured" means individuals with public or private insurance that does not cover necessary health care services, resulting in out-of-pocket expenses that exceed their ability to pay; or individuals who are denied full coverage plans from work; have health insurance plans which only cover the worker and not the family or extended family; or have health insurance plans with high deductibles or co-insurance.
- (14) "Uninsured" means individuals who lack public or private insurance and who are unable to afford health insurance or are denied paid health care through their employer;

**R434-30-3. Grant Application Process and Content.**

- (1) The department shall solicit grant applications by issuing a request for grant applications. Applicants responding to the request for grant applications under this program shall submit their grant application as directed in the grant application guidance issued by the Office.
- (2) The content of grant applications is defined in Subsection 26-10b-102(3) and Section 26-10b-103.

**R434-30-4. Additional Criteria for Awarding Grants.**

- (1) In addition to the criteria listed in Section 26-10b-104, the Office shall consider the:
  - (a) reasonableness of the cost of the services to be given relative to fees charged by community providers providing the same services;
  - (b) degree to which comprehensive primary health care services are provided, extent to which supplemental services are provided, and extent to which services are conveniently located;
  - (c) inclusion of a written plan from applicant to systematically review the quality of care;

- (d) commitment of applicant to sustain or enhance primary health care capacity for underserved populations;
- (e) degree to which the grant application is feasible, clearly described, innovative, and ready to be implemented;
- (f) existing or future partnerships, collaborative efforts, use of volunteers, or other resources that an applicant will use to complete the project's objectives; and
- (g) applicant's plan for the care of the target populations if funding becomes unavailable in the future.

**R434-30-5. Disbursement and Usage.**

- (1) Awards to applicants can be made for one year, and the total maximum allowable award amount is \$100,000.
- (2) Awards cannot be used to:
  - (a) purchase equipment;
  - (b) fund research;
  - (c) cover inpatient substance use disorder treatment costs;
  - (d) cover staff travel or transportation costs. However, travel expenditures may be granted to mobile clinics with a reasonable justification and explanation of costs; or
  - (e) replace other existing funding sources.
- (3) Any pharmaceutical costs are considered part of the charge per encounter;
- (4) Agencies awarded funding shall:
  - (a) ensure that continuity of services is maintained for the full grant period; and
  - (b) use awarded funding to provide primary health care services for the full grant period.

**R434-30-6. Eligibility.**

- (1) Recognized referral networks that provide primary health care are eligible to apply for grant funding under this section, as funding permits, for up to a maximum of:
  - (a) \$70,000 for two years at up to \$35,000 per year; or
  - (b) \$35,000 for one year.
- (2) Grant applications will be open to public entities and community based organizations.
- (3) Each applicant may submit more than one application, if they have separate distinct projects. However, one site cannot request more than \$100,000 total per year for delivery of primary care services, and \$50,000 for community education and outreach contracts under Section 26-10b-107.

**KEY: primary health care, medically underserved, grants**

**Date of Last Change: April 22, 2022**

**Notice of Continuation: October 12, 2022**

**Authorizing, and Implemented or Interpreted Law: 26-10b-104(4)**