Speaker Won Pat <speaker@judiwonpat.com>

Messages and Communications: Notice of Grant Application: DPHSS - Community Health Centers

1 message

Speaker Won Pat <speaker@judiwonpat.com> Wed, Jan 15, 2014 at 8:46 AM
To: Guam Legislature Clerks Office <clerks@guamlegislature.org>

1/14/20141/14/2014	Guam State Clearing House	Federal Grant Application from Department of Public Health and Social Services. The GSC has accepted the application, assigned stated application Identifier (SAI) number 1700114108Y, and has initiated the process of intergovernmental review.	32-14-1163

32-14-1163
Office of the Speaker
Judith T. Won Pat, Ed. D.
Date 1.15.14
Time 8:32am
Received b.

---------- Forwarded message ----------
From: **Jerica Cruz** <jerica.cruz@guam.gov>
Date: Tue, Jan 14, 2014 at 12:32 PM
Subject: Notice of Grant Application: DPHSS - Community Health Centers
To: speaker@judiwonpat.com

Hafa Adai,

Please see attached grant application submitted by DPHSS.

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Si Yu'os Ma'ase

Jerica Cruz
Grant Specialist- Guam State Clearing House
Office of the Lieutenant Governor of Guam
Ricardo J. Bordallo Governor's Complex, Adelup, Guam 96910
Phone: 1-671-475-9384
Fax: 1-671-477-2007

2014 JAN 15 AM 9:03

Office of the Governor of Guam
Ricardo J. Bordallo Governor's Complex, Adelup, Guam 96910
Tel: (671) 472-8931 • Fax: (671) 477-4826 • governor.guam.gov
Eddie Baza Calvo @eddiebazacalvo @governorcalvo governorofguam

1163

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Ufisinan I Etmås Ge'helo'Gi Liheslaturan Guåhan

Office of Speaker Judith T. Won Pat Ed.D.

Kumiten Idukasion yan Laibirihan Publeko

Committee on Education and Public Libraries & Women's Affairs

155 Hesler Place, Suite 201, Hagatna, Guam 96910
Tel: (671) 472-3586 Fax: (671) 472-3589
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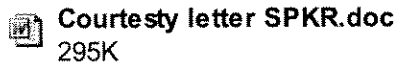
2 attachments

DPHSS-Community Health Centers.pdf
9106K


Courtesty letter SPKR.doc
295K

GUAM STATE CLEARINGHOUSE

P.O. Box 2950 Hagåtna, Guam 96932
Tel: (671) 475-9380
Website: www.gsc.guam.gov
Email: clearinghouse@guam.gov

EDDIE BAZA CALVO
I Maga'låhen Guahan

RAYMOND S. TENORIO
I Segundu Na Maga'låhen Guahan

Kate G. Baltazar
Administrator

January 14, 2014

HONORABLE JUDITH T. WON PAT, Ed. D.
Speaker gi I Mina'Trentai Dos Na Liheslaturan Guåhan
155 Hesler Place
Hagåtña, Guåhan 96910

Ref: Department of Public Health and Social Services' Application for Federal Assistance

Hafa Adai Madam Speaker,

This communication is to respectfully notify you the Guam State Clearinghouse (GSC) has received a federal grant application from the Department of Public Health and Social Services. The GSC has accepted the application, assigned State Application Identifier (SAI) number 1700114108Y, and has initiated the process for an intergovernmental review. Application information is provided below:

CFDA #: 93.224
Grantor: Health Resources and Services Administration
Grant Title: Community Health Centers
Details: Funds from this grant program will be used to provide primary health care for medically underserved populations
Start Date: 04/01/2014 **End Date:** 04/01/2015
Local: $6,592,432
Federal: $1,396,989
Total: $7,989,421.00

A digital copy of the grant proposal is attached for your perusal. GSC conducts intergovernmental reviews and solicits comments through electronic communication. This notice is sent to you as part of the review process. Please submit any comments pertaining to this application that you may have by **January 28, 2014** to the GSC point of contact, Jerica Cruz at jerica.cruz@guam.gov.

Dangkolo Na Si Yu'os Ma'åse',

Kate G. Baltazar
Administrator

Cc: File

GUAM STATE CLEARINGHOUSE (GSC)

Grant Project Application
Notification of Intent to Apply for Federal Assistance

Date received:	01/08/2014
Received by:	Jenica Cruz
SAI No.:	17001191084

for Guam State Clearinghouse use only

DUNS Number 855028700

1) Applicant Department/Entity:
Department of Public Health and Social Services

2) Division:
Public Health

3) Applicant Address:
123 Chalan Kareta
Mangilao, Guam 96913-6304

4) Contact Person, Phone Number, E-mail:
Linda Unpingco-DeNorcey
(671) 635-4422
jilinda@teleguam.net

5) Due Date to Federal Agency:
January 8, 2014

6) Federal Funds:
a. Grant $ $1,396,989
b. Other $

7) Non-Federal, Matching Funds:
a. Local $ 5,590,742
b. In-Kind $
c. Other $ 1,000-
d. Program Income $1,000,690

8) Total Funds: $
7,989,421

9) Federal Program/ Project
Community Health Centers

10) Federal Domestic Catalog No., Public Law No. and Title:
93.224

11) Federal Agency Name:
Health Resources and Services Administration

12) Federal Agency Address:
Division of Grants Management
5600 Fishers Lane, Rm 12A-07
Rockville, MD 20857-0001

13) Type of Application:
☐New Grant ☒Continuing Grant* ☐Supplemental Grant* ☐Other (Specify) ____________

Proceed to Question 14. Question 14 only applicable to CONTINUING and SUPPLEMENTAL grants.

14) If grant application is for a continuing or supplemental grant, please provide the following:

(a) Initial date of grant period 2010

(b) Guam State Clearinghouse Application number ______

Also, what grant year of the program's effective funding period, does this application impact?

2014

15) Has federal funding agency been notified? ☒ Yes ☐ No

16) During which Fiscal Year will this program be implemented? Fiscal Year 2014

17) If project includes local funding, identify source and rationale (BE SPECIFIC):

Healthy Futures Funding, Medicine and Vacant Funding

18) Is this program: ☒ BUDGETED (please identify legal budget authority: ______)

☐ NON-BUDGETED

19) Will this program require hiring of new employees? If YES, please provide number of employees (both existing and new) and justification. ☒ YES (Existing ____ New 4) ☐ NO

Existing FTE: 70.18 FTE
New Staff: 4 FTE (1 Family Physician, 1 Registered Nurse, 1 Clerk, and 1 Nurse Practitioner)

20) Funding Method:

YEAR	%	FEDERAL	%	LOCAL	TOTAL
First Year	16 %	1,128,071	84 %	5,820,808	6,948,879
Second Year	18 %	1,283,663	82 %	5,671,264	6,954,927
Third Year	16 %	1,283,663	84 %	6,658,120	7,941,783
Fourth Year	%		%		
Fifth Year	%		%		

21) List of Departments or Agencies that would be affected directly or indirectly by this application:

Guam Department of Public Health and Social Services
Guam Memorial Hospital Authority
Guam Behavioral Health and Wellness Center
University of Guam
Guam Department of Education

22) Summary of Project (Attach Supporting Documents as Necessary):

Primary Health Care Project for Medically Underserved Populations.

23) Does this application require an Environmental Impact Study?
☐ YES ☒ NO

24) Will this application conflict with any existing law?
☐ YES ☒ NO

25) Is enabling legislation required?
☐ YES ☒ NO

26) Will this program require maintenance of effort?
☐ YES ☒ NO

27) Does the granting agency provide for in-kind services to offset the local matching requirement?
☐ YES ☒ NO

28) Please provide the constant utilized to determine or calculate the allowable off-sets for amounts that may be claimed as in-kind.

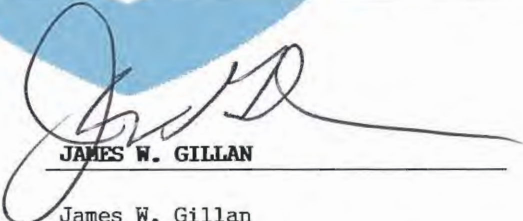
Not Applicable

29) Does the proposed program allow for pass through funding requiring services from sub-grantees or private contracts to accomplish its intended purpose? ☐ YES ☒ NO

30) Does the program require the grantee to negotiate an indirect cost plan?
☒ YES *(please provide Negotiated Indirect Cost Rate percentage* 17.79 *%)*
☐ NO

31) Has the grantee estimated the indirect cost within the proposed grant budget?
☒ YES ☐ NO

SUBMITTED AND APPROVED BY:



Signature of Authorized Representative: JAMES W. GILLAN

SSLC 12/10/13

Name of Authorized Representative: James W. Gillan

Position/Title of Authorized Representative: DPHSS Director

Date: 1. 7. 14

(revised 10/18/07)

Program Narrative Update

00111695: GOVERNMENT OF GUAM- DEPARTMENT OF ADMINISTRATION

Announcement Number: 5-H80-14-006 **Announcement Name:** Health Center Cluster **Application Type:** Noncompeting Continuation
Grant Number: H80CS02468 **Target Population:** Community Health Centers

As of 12/06/2013 10:05:15 AM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Environment

Discuss broad changes in the region, state, and/or community over the past year that have impacted the project (e.g., changing service area demographics/shifting target population needs, changes in major health care providers in the service area, changes in key program partnerships, Affordable Care Act implementation at the state/local level).

Guam is a tropical island located in the Western Pacific with a population of 159,914 (of this number, 114,770 are the target population) and the populace is projected to increase to 160,379 in 2013. The change in population demographics result from the influx of immigrants attributed to the "Compact of Free Association" agreement, which allows citizens from the Federated States of Micronesia, Palau, and Marshall Islands unrestricted immigration into the U.S. and its territories. Thus, regional migrant population tripled to nearly 32,635 and Guam is home to 18,044 (55%). Undoubtedly, FAS citizens, the indigent, agricultural workers, homeless, and public housing residents also are in dire need of primary health care, urgent care, specialty care, tertiary care, in-patient care, and off-island referral services. The need for such services is apparent in that Guam has only one civilian hospital-GMHA; there are only 5 multi-specialty clinics; 3 urgent care centers; no tertiary care facility; and only 2 medical referral organizations. This need has been partly met in that International Health Professionals (IHP) and Guam Regional Medical City (GRMC) are new providers in the service area that have joined Guam's health care system; GMHA would be opening a new urgent care center and has tripled in size both its ER and intensive care units. Realizing that 400 beds are needed on Guam for the provision of in-patient care services, and with GMHA having only 158 beds, GRMC would provide 130 desperately needed beds in June 2014. Furthermore, Guam applied for a Health Information Exchange (HIE) grant and received $1 million for HIE planning. Part of this planning included the computation of the Advanced Premium Tax (a tax credit intended to offset the costs of being insured for those whose incomes fall between 100% and 400% of the poverty level) and it was determined to cost $75 million annually and another $30 million would be needed to operate the HIE, thus $104 million is the price tab for HIE. Given this astronomical cost and being an unfunded liability, Guam opt out of HIE. The Patient Affordable Care Act (PACA) also provided $268 million for Guam Medicaid and a cumulative of $27.4 million has been spent over the past three years ($900,000 spent in 2011; $8 million in 2012; and $18.5 million in 2013). Additionally, PACA enabled Guam's Medicaid program to expand eligibility to adults having no children whose income falls between 101% and 133% below poverty level. Realizing that this Medicaid expansion would result in an increase in Medicaid eligibility, the Guam CHCs applied for the "Health Center Outreach and Eligibility Enrollment Assistance" grant. With the awarding of $128,234, changes in key program partnerships were made to launch this project and so the CHCs established new partnerships with Public Health Division of Public Welfare and they provided Medicaid/CHIP eligibility determination and enrollment training to 3 CHC eligibility workers.

Organizational Capacity

In 2012, there were no new CHC sites and no key staff vacancies, however there were changes in the staffing composition in that staffing increased from 64.96 (2012 UDS Report) to 70.18 FTE by end of December 2013. The latter is attributed to the recent hiring of

Discuss major changes in the organization's capacity over the past year that have impacted or may impact the implementation of the funded project, including changes in: • Staffing, including staff composition and/or key vacancies • Sites • Systems, including financial, clinical, and/or practice management systems • Financial status	5 FTE (1 CIO, 1 CNM and 3 Eligibility Workers) and the OB/GYN added 9 more clinic hours per week (0.22 FTE). Moreover in this budget period renewal, the CHCs plan to hire 4 more staff (1 FTE family practitioner, a nurse practitioner, a RN, and clerk) to increase the staffing from 70.18 to 74.18 FTE. Of the 74.18 FTE, the provider staffing would increase from 8.28 to 9.28 FTE and the mid-level provider would also increase from 3 to 4 FTE. Using the ratio of 1 provider: 1,350 patients; 1 mid-level provider: 750 patients), 15,528 patients would be seen served (9.28 FTE MDs x 1,350 users=12,528 patients) + 4 FTE Mid-levels x 750 patients=3,000 patients) and so 12,528 +3,000 =15,528 patients). In the 2012 UDS report, there were 13,078 patients and 33,591 encounters made and so based on this data, each patient visited the CHCs about 2.57 times. Using this figure, with 15,528 patients anticipated, the CHCs expect 39,907 encounters (2.57 encounters/patient x 15,528 patients= 39,907 encounters). Thus, the CHCs plan to increase staffing from 70.18 to 74.18 FTE (14 administrative, 53.58 medical, 0.6 behavioral, 5 enabling, and 1 other staff (refer to Form 2: Staffing Profile) in order to achieve the goal of servicing 15,528 patients and 39,907 encounters, increasing the number of patients and encounters by 18% and 19% respectively. Additionally, The Guam CHCs have made tremendous progress in implementing the following core modules of the RPMS EHR: patient registration, clinical scheduling, clinical documentation, immunization forecaster, third party billing and account receivables, and internal laboratory and pharmacy. Currently, the CHCs are working with University of Hawaii Telecommunications and Social Informatics program to implement the remaining core modules (the computerized physician order entry and external pharmacy including e-prescribing). Additionally, the bi-directional laboratory interface with reference laboratory (Diagnostic Lab Services) and the immunization interface with Web IZ (Guam Immunization Registry) are in progress. With the RPMS EHR implementation, the CHCs are the first to receive CMS Medicaid EHR incentives. Furthermore, in 2012, the MIP Reform law was amended, allowing the CHCs to receive MIP reimbursements, which have contributed to the increase in program income revenues by 31.5 % this year as compared to last year. Additionally, the CHC Board reintroduced a resolution for the garnishment of income taxes so that the CHCs can be included among agencies permitted to garnish income tax refunds from taxpayers with outstanding debts. The garnishment of income tax refunds would reduce the CHCs' account receivables, which in turn increases program income revenues.

Patient Capacity

Discuss the trend in unduplicated patients and report progress in reaching the projected number of patients to be served by the end of the project period in the identified categories. Explain significant changes in patient numbers and discuss progress toward reaching the projected patient goals, including the key factors impacting patient numbers. Maintenance or increases in patient numbers are expected; decreasing trends or limited progress towards the projected patient goals must be explained.

Patient Categories	2010 Patient Number	2011 Patient Number	2012 Patient Number	Projected Number of Patients	Patient Capacity Narrative
					The CHCs anticipate 16.53 FTE medical providers to serve 19,827 unduplicated patients by the end of the project period (end of 2015). Unfortunately, the trend of unduplicated patients has been gradually decreasing over the years by 2.8% in 2011 and then by 6% in 2012 (decline of 14,350 patients in 2010 to 13,947 in 2011 to 13,078 in 2012). The decrease in patients is correlated with the reduction in the number of providers (10.83 FTE providers in 2010; 9.28 FTE providers in 2011; and 8.98 FTE providers in 2012). When providers complete their NHSC loan obligation, many return to the U.S. and given the shortage of providers locally, recruitment and retention are quite challenging. Guam's remote geographic location and the low provider salaries (well below the U.S. national rate) further hamper

Total Unduplicated Patients (inclusive of the categories below)	14350	13947	13078	19827	recruitment. For this reason, the CHCs partnered with the Pacific Island Health Officer's Association to update the HPSA application in hopes of attaining a higher score to recruit scholars through the NHSC program. In 2013, Guam received a HPSA score of 17, thus making it eligible to recruit NHSC scholars/loan repayors. Moreover, in 2012, a NHSC site visit was conducted to provide technical assistance in recruitment and during the visit, recommendations were made to update the Guam CHCs 'site information and its vacancy listing via the NHSC website. The CHCs have done all this along with updating position descriptions of all providers in hopes that the local government would adjust the salaries. In 2010, salaries were adjusted, but only briefly for a month due to government of Guam revenue shortfalls and an increasing deficit. Additionally, the decline in patient numbers was attributed to "transformational changes" in that SRCHC was under construction and renovation and the CHCs began implementing the RPMS EHR core modules individually in lieu of all modules simultaneously and so staff continued entering data into multiple information systems in order to maintain data for critical federal reports, which affected the clinical flow resulting in less patients seen. Additionally, although a vast number of patients visit the CHCs, many are seriously ill with multiple health conditions causing providers to spend more time to thoroughly assess their medical/family history, which reduced their productivity. Other providers were not computer savvy and so entering clinical notes into the RPMS EHR took more time than documenting health information manually. However, in spite of all these dilemmas, the CHCs successfully increased the number of providers from 8.98 FTE in 2012 (7.4 FTE MDs and 1.58 FTE mid-level providers) to 11.28 FTE in 2013 (8.28 FTE MDs and 3 FTE mid-level providers) by hiring "home grown" providers enrolled in the NHSC as well as those who completed their clinical practicum at the CHCs. Thus, this budget renewal application proposes funding to further increase provider staffing to 13.28 FTE (9.28 FTE MDs and 4 FTE mid-level providers).
Total Migratory and Seasonal Agricultural Worker Patients	1891	2155	2503	2263	The trend of migratory and seasonal agricultural worker patients has been gradually increasing over the years by 14% in 2011 and 7% in 2012 respectively and so the target goal of servicing 2,263 patients was attained. The Farm to Table Corporation, a non profit organization, conducted the "Guam Value Added Agriculture" survey to assess the demographics of farmers, farming history, farming produce, manufacturing, processing, and financial information. The survey result reveals the following: 90% of farmers are the local indigenous people (Chamorro); the average age of local farmers was 53 years old; 63% of farmers were third or fourth generation farmers; 74% of farmers reported having to obtain income elsewhere to sustain their families; 25% would farm full-time if they made an income between $20,000-$40,000 per year; and 32% would farm full-time if they made between $40,000-$60,000. The farmers' produce is sold primarily at supermarkets and farmer's markets. Agricultural workers also have any array of health problems such as: heat exhaustion, foot injuries, wounds, delayed immunizations, skin diseases, chronic diseases, Arthritis, Hepatitis A and B, and respiratory ailments (Asthma), the latter attributed to exposure to fertilizers, chemicals, and pesticides. Many of Guam's agricultural workers do not have a steady income because the farming business is unstable and financially insufficient resulting in many of them falling below poverty level. With limited income, they visit the Guam CHCs knowing that they can apply for the Sliding Fee discount, MIP, and Medicaid programs. Data clearly reveals that primary health care and preventive services were provided to 2,503 individuals in 2012 and so the goal of servicing 2,263 farmers was

					achieved and this is primarily due to the CHCs providing portable clinical care through the "Extended Outreach" clinics at isolated areas and during these clinics, the CHC physicians and the community partners provide primary health care and preventive services including immunizations, blood pressure, blood glucose, and cholesterol screenings, and health education. In 2012, 1,203 individuals participated in 6 "extended outreach" clinics. On the other hand, there are agricultural workers who do not take advantage of the "extended outreach" clinic because they have the mentality that they are not sick and they do not get ill. Given this perception, some do not visit the CHCs and others fail to come to the CHCs due to transportation barriers. Farmers reside in agricultural areas that are geographically isolated and the topography is rocky, muddy, with many pot holes making it not conducive for vehicles and buses to travel. Thus, the Guam Mass Transit bus cannot even go to these isolated areas because it can tumble over. Without transportation, many farmers forego routine preventive health maintenance. Thus, the aforementioned key factors contribute to the reduction in the number of patients served by the CHCs.
Total People Experiencing Homelessness Patients	55	2436	930	2485	The "Point –In-Time Homeless" survey conducted in January 2013 reveals a decline of 2.2% in Guam's homeless population (from 1,301 in 2012 to 1,272 in 2013). Of the 1,301 island-wide homeless people in 2012, the CHCs provided primary health care, acute care, and preventive services to 930 (71%) homeless persons. Clearly, Guam CHCs are the "safety-net" providers for the homeless population providing medical care regardless of ability to pay. The homeless people have difficulty receiving health care since many private clinics refuse to service these patients due to their inability to make payment upfront. Undoubtedly, these patients have an array of health conditions and are susceptible to communicable, chronic, and gastrointestinal diseases; many have skin diseases and are in need of behavioral health services. Additionally, Guam Housing and Urban Renewal Authority (GHURA), being also part of the Homeless Coalition, has taken the leadership role by constructing affordable housing (852 new housing units built in 2013), providing housing assistance from Section 8 and Public Housing programs, and providing housing vouchers for the homeless including the veteran and other homeless subpopulations (i.e., severely mentally ill, chronic substance abuse, people with HIV/AIDS, and victims of domestic violence). Guam remains committed to the goal of ending homelessness. Thus, the decline in the number of Guam's homeless individuals is primarily attributed to the Guam Homeless Coalition's efforts in getting homeless people off the streets and into housing; providing an array of health and social services programs including primary health care services, substance abuse and depression treatment; and providing workforce training and education. With the declining homeless population, the Guam CHC would not achieve the goal of serving 2,485 homeless patients by the end of the project period because there may not be this high of a number of homeless people within the next year. Based on the survey in 2013, of the 1,272 homeless people, 1,143 are unsheltered and 129 people are in shelters (60 in emergency and 69 in transitional shelters). Of the 1,272 persons, 975 (77%) are persons in household with at least one adult and one child and 297 (23%) persons are in households without children. Additionally, the 1,272 persons represent 388 homeless households and of this number, 50 households (13%) comprise the veteran and 64 (17%) consists of other homeless subpopulations. Thus, the decrease in the islandwide homeless population correlates with the declining trend in the number of homeless patients seen at the CHCs in 2012 as compared to 2011. Other key factors impacting the reduction in

					homeless patient numbers is the lack of transportation. Often times the Guam Mass Transit (public transportation system) is very unreliable so it is not uncommon for homeless patients to fail their medical appointment, which adversely impacts the decline in CHC patient numbers.
Total Public Housing Resident Patients	3072	2986	2940	2940	The trend of public housing resident patients has been gradually decreasing over the years by 2.8% in 2011 and then by 6.9% in 2012 correlating with the decline in the number of providers (10.83 FTE providers in 2010; 9.28 FTE providers in 2011; and 8.98 FTE providers in 2012). Undoubtedly, many residents of public housing are in need of an array of primary health care services including, but not limited to: chronic disease care (i.e., cardiovascular and coronary artery diseases, hypertension, diabetes, asthma, cancer), colorectal screening, PAP testing, weight reduction, smoking cessation, nutrition, communicable disease care (Hepatitis B and C, TB), STD/HIV screening and treatment, family planning, prenatal/postpartum care, immunizations, behavioral health and oral health care, case management services, and health education. However, cultural and educational factors, unemployment, and transportation barriers are key factors adversely impacting patients from accessing primary health care services, resulting in the decline in patient numbers. From a cultural perspective, Public Housing residents see health care more often from an acute than a preventive perspective so they do not seek routine primary/preventive health care maintenance at the CHC. Additionally, they are unaware and uneducated that preventive health care maintenance including early screening and diagnosis can reduce their chance of developing serious disease complications so they prolong seeking medical attention until their condition warrants hospitalization. Other than cultural factors, many of the Public Housing residents have less than a high school diploma and are at a "socio-economic disadvantage" with limited education and/or vocational skills making it difficult for them to obtain employment in a highly competitive job market. The Guam CHCs are the "safety-net" providers for Public Housing residents since they can access services regardless of their ability to pay. With more and more patients coming to the CHCs because they cannot access services at private clinics, the CHCs have been so overwhelmed with a large volume of patients and having a limited number of providers, patients have to wait longer. Those unwilling to wait long hours simply leave the CHC and forego being seen, which also contributes to the decline in the number of patients served. Other than these key factors, transportation is such a deterrent in accessing primary health care services. The Guam Mass Transit has never been good at providing transportation services as evident in that Public Housing residents have to wait hours just to catch a bus to the CHC. Often, they have a long distance to travel to get to the busing depot. Undoubtedly, the public transportation system has been plagued by limited routes and inefficiencies. Without efficient transportation, many Public Housing residents cannot make their medical appointment at the CHCs and this also led to the reduction in CHC patient numbers.

Supplemental Awards

Discuss progress made in implementing recent supplemental Health Center Program awards, as applicable. For each of the following, as applicable, describe: a) progress toward goals (programmatic and/or numeric), b) key factors impacting progress (both contributing and restricting) toward goals, and c) plans for sustaining progress and/or overcoming barriers to ensure goal achievement.

Type of Supplemental Award	Programmatic Goal	Numeric Goal (if applicable)	Supplemental Award Narrative
	Achieve/increase the level of Patient		

FY 2012 Quality Improvement Supplement	Centered Medical Home (PCMH) recognition and increase cervical cancer screening rates	Not Applicable	
FY 2012 HIV Supplement	Increase the number of patients living with HIV/AIDS (PLWHA) receiving medical care	Not Applicable	
FY 2013 Outreach and Enrollment (O/E) Assistance Supplement	Increase number of O/E staff trained; increase number of individuals assisted; and increase number of individuals enrolled	**Trained:** 5 **Assisted:** 4160 **Enrolled:** 416	In 2013, Guam was awarded $124,234 to expand "in reach" and "outreach" activities for the enrollment of uninsured health center patients into Medicaid/Child Health Insurance Program (CHIP). The plan involves increasing public awareness of the "Outreach and Enrollment Assistance" program through public service announcements, pamphlets, and flyers. Additionally, eligibility workers would be recruited to navigate and assist 4,160 uninsured persons in the completing the Medicaid application at two CHC sites as well as through "outreach activities" so that at least 10% (416) of uninsured people would receive eligibility determination and/or enrollment in Medicaid/CHIP. The Guam CHCs have made great progress in that 3 FTE Eligibility Outreach (E/O) workers have been recruited and the Guam Medicaid Office staff provided "on the job" state consumer assistance training to determine and enroll individuals into Medicaid/CHIP. While the workers were being recruited, the CHCs utilized the existing "seasoned" Medicaid eligibility workers on site to screen and enroll applicants into Medicaid/CHIP. This contingency plan was implemented since the grant requires E/O workers to be hired within 60 days, and having a delay in the hiring of these staff due to the local government's lengthy recruitment bureaucratic process, the aforementioned contingency plan had to be done to sustain progress to ensure the achievement of the program goal. During the 1st quarter of this grant, 1,248 uninsured patients were identified and of this number, 613 people were successfully called, but 635 could not be reached. Of 613 folks contacted, all were screened for Medicaid/CHIP eligibility, representing 12% progress in the goal of assisting 4,160 uninsured patients. Of the 613 persons, 512 people were enrolled in Medicaid/CHIP; 44 patients were not qualified; and 57 were pending qualification, the latter due to the incomplete submission of required documents. Other than the delay in recruitment, another restraining factor is the difficulty in contacting uninsured patients and scheduling them for an interview with the eligibility worker due to the change in patient's phone number/residency, phone disconnection, or migration of the patient. Thus, these key restricting factors also affected progress towards the goal. On the other hand, factors contributing to progress in reaching the goal include having a robust partnership with Guam Medicaid Office; a structured referral system (referral of uninsured patients to the CHC E/O worker); updated patient phone numbers and alternate numbers, the latter overcoming barriers to communication. The CHC also plans to implement outreach activities through health fairs, extended outreach clinics, night markets, and flea markets in partnership with the community so that more uninsured patients can be assisted with eligibility determination so that the goal of having at least 416 people enrolled in Medicaid/CHIP can be attained.
FY 2012 New Access Point (NAP) Satellite Grant	Achieve operational status and increase number of patients	Not Applicable	
FY 2013 New Access Point (NAP) Satellite Grant	Achieve operational status and increase number of patients	Not Applicable	

Clinical/Financial Performance Measures

Discuss the trends in clinical/financial performance measures and report progress in reaching the projected goals by the end of the project period in the identified categories. Explain significant changes in any of the performance measures listed under each of the five performance measure categories and discuss progress toward reaching the projected goals, including key factors impacting performance. Maintenance or improvement in performance is expected; decreasing trends or limited

progress towards the projected goals must be explained.

Perinatal Health

Performance Measure	2010 Measures	2011 Measures	2012 Measures	Measure Goals
Access to prenatal care in 1st trimester	23.2808	26.5000	27.5983	30.00%
Low birth weight (< 2500 grams)	3.2479	7.2464	8.9189	5.00%

Measure Narrative

Data reveals an increase of 4.5% of women receiving prenatal care services in the first trimester of pregnancy in 2012. The increase in women receiving early prenatal care services is attributed to the hiring of an additional 1FTE nurse practitioner and the "re-engineering" of the perinatal care unit. With the addition of a full-time nurse practitioner, the CHCs opened its doors to prenatal clients enrolled in the Maternal and Child Health (MCH) program, which led to the gradual rise of patients presented to the clinic. With more and more patients visiting, the patient wait time was getting longer, prompting the CHCs to "re-engineer" the Women's Health Clinic by establishing a perinatal care unit with its own clinical team of providers, medical support staff, and a perinatal care coordinator exclusively focused on providing prenatal, postpartum, and family planning services and this team was removed from taking care of other patients so that their work is streamlined. Given this significant change, patients were now being processed much quicker, lessening the patient wait time, resulting in increased provider productivity. Although these key factors positively impacted performance, the goal of 30%, however was not attained and restraining factors in accessing early prenatal care was attributed to: financial barriers, women lacking education on the importance of early prenatal care as well as not perceiving the need for such services. This in turn adversely impacts the number of patients accessing prenatal care in the first trimester of pregnancy. Thus, the CHCs plan to minimize financial barriers to care by directing all uninsured pregnant women to the newly hired eligibility outreach worker so that these ladies can be assisted in applying for the Medicaid and/or the Sliding Fee Discount program. The CHCs also are in the process of recruiting another nurse practitioner so that more appointment slots can be added, and a prenatal pamphlet has been completed and is currently being translated in the Chuukese language to educate Micronesian women of the importance of early prenatal care (most FSM women lack prenatal care). Thus, education is the key in preventing poor pregnancy outcomes such as low birth weight. Data reveals Guam's low birth weight rose by 1.7 percentage points in 2012 as compared to 2011, which is due to the lack of access to prenatal care services, unhealthy lifestyle practices, (e.g., smoking, substance use), untreated infections (e.g., urinary tract infection, Syphilis, STDs, and/or HIV). Thus, in an efforts to increase public awareness and education of healthy pregnancy outcomes, the CHCs have developed a Perinatal Curriculum and staff will be training Micronesian women so that they can become perinatal care outreach workers and be "infectious" in spreading prenatal care education to the entire community so that a vast number of women access prenatal care services in the first trimester of pregnancy.

Preventive Health Screenings and Services

Performance Measure	2010 Measures	2011 Measures	2012 Measures	Measure Goals
Weight assessment and counseling for children and adolescents (ages 2-17)	Not Available	12.8571	34.2857	83.00%
Adult weight screening and follow up	Not Available	74.2857	31.4286	90.00%
Adult tobacco use assessment	Not Available	52.8571	88.5714	52.00%
Adult tobacco cessation counseling for tobacco users	Not Available	75.7143	21.4286	34.00%
Colorectal cancer screening (ages 51-75)	Not Available	Not Available	32.8571	34.00%
Cervical cancer screening (ages 21-64)	60.0000	38.5714	50.0000	38.00%
Childhood immunizations (by 2nd birthday)	37.1429	0.0000	0.0000	34.00%

Measure Narrative

Weight assessment and counseling for children and adolescents more than doubled in 2012 as compared to 2011 and this significant improvement is primarily attributed to the implementation of the RPMS EHR and partnership with the WIC program housed within the Guam CHCs. Although the CHC clinical staff provided nutrition and physical activity counseling, youths under or overweight were referred to the WIC program for nutrition education and enrollment in the supplemental assistance program. WIC Farmer's markets were also conducted outside the CHC sites where local farmers sell fruits and vegetables. Conversely, adult weight screening and follow up drastically declined by more than 50% in 2012 compared to 2011 primarily due to the lack of documentation of an individualized follow-up plan. CHC staff were not familiar with the RPMS case management module, and to overcome this barrier, training was provided showing them how to navigate and use the case management module to improve clinical performance. From the training, staff learned how to use many health components of this module, for instance, they use the "tobacco assessment" to query smokers on the amount of cigarettes smoked per day, or use of smokeless tobacco. This has resulted in a significant increase (88.5%) in adults assessed for tobacco use in 2012 compared to 2011. Patients using tobacco were continuously monitored, educated, and received the 1800 QUIT smoking cards so that they seek professional help in quitting. Unfortunately, patients failed to "kick the habit" as data reveals a decrease from 75% to 21% in 2012 of adults receiving advice to quit smoking or tobacco use. Other preventive screenings such as colorectal and cervical cancer also were conducted at the CHCs and data reveals a 7% increase of patients receiving colorectal cancer screening and a 30% rise in cervical cancer screening in 2012. The colorectal screening increase was attributed to clinical protocols being followed (i.e., annual fecal occult test given to patients 50 years and older) and coverage of this test by insurance providers. On the other hand, sigmoidoscopy and colonoscopy were procedures not commonly covered by insurance providers and so asymptomatic patients forego this screening due to financial barriers. To overcome such barrier, the CHCs partnered with Guam Cancer Care so that this non-profit organization pays for cancer screening and treatment. In addition, PAP Smear testing was provided and the goal of 50% of patients receiving PAP Smear screening was attained due to the hiring of two female providers and the enrollment of uninsured women into the Guam Breast and Cervical Cancer program. Immunization services also were provided and the measure was 0%. This poor

performance results from children not receiving Rotavirus and/or Varicella vaccine(s). To overcome such barrier, parents were given the recommended vaccine schedule so that they bring their children to the CHCs to be vaccinated on time.

Chronic Disease Management

Performance Measure	2010 Measures	2011 Measures	2012 Measures	Measure Goals
Asthma treatment – pharmacologic therapy (ages 5 – 40)	Not Available	95.7143	52.8571	77.00%
Coronary artery disease (CAD) and lipid-lowering therapy (adult)	Not Available	Not Available	30.0000	85.00%
Ischemic Vascular Disease (IVD) and aspirin or other anti-thrombotic therapy (adult)	Not Available	Not Available	92.1053	84.00%
Blood pressure control (adult hypertensive patients with blood pressure < 140/90)	54.2857	51.4286	38.5714	47.00%
Diabetes control (diabetic patients ages 18-75 with HbA1c <= 9%)	54.2857	48.5714	38.5714	68.00%

Measure Narrative

In 2012,Asthma treatment decreased by 42.8 percentage points due to the inappropriate classification of this disease, the lack of an Asthma action plan, and the inappropriate use of Asthma medication. To overcome this barrier, the CHC pediatrician created the "Pediatric Asthma" questionnaire to aid clinical staff in properly classifying Asthma as either mild, moderate, or severe and this questionnaire is now in the "Well Child" & "Pediatric SOAP Note" templates of the RPMS EHR. The CHC pediatrician also conducted an "Asthma Classification" training for the CHC staff so that they can properly classify and treat Asthma, develop and document an Asthma action plan, and educate parents/patients on the appropriate use of spacers and inhalers so that patients can properly use Asthma medications. Similarly, in 2012, there was a decline of 47 percentage points of patients diagnosed with coronary artery disease (CAD) who were prescribed a lipid lowering therapy and so the target goal was not attained. Restraining factors in achieving this goal include: unhealthy lifestyle practices, failed medical appointments, and non-compliance in obtaining laboratory tests, the latter preventing providers from prescribing lipid lowering therapy medication. To overcome these restraining factors, the CHC staff spend enormous amount of time educating patients and providing case management and ancillary services. Moreover, after an aggressive dietary and lifestyle change advice, CHC providers immediately prescribed lipid lowering therapy for patients with cholesterol levels above the acceptable range. Conversely, in 2012, there was an increase of 12 percentage points of patients with Ischemic Vascular Disease (IVD) who had aspirin use or other anti-thrombotic therapy resulting in the goal attainment due to appropriate CPT & ICD 9 coding, proper clinical documentation of IVD, Aspirin, and other anti-thrombotic medication in the RPMS EHR system, and patients' adherence to the treatment plan. Other chronic diseases such as hypertension and diabetes continue to be highly prevalent in Guam. Blood pressure and diabetes control decreased by 12.9 and 10 percentage points respectively in 2012 due to unhealthy lifestyle practices. Although patients were educated about healthy lifestyle practices and received supplemental nutrition assistance, they simply did not buy healthy foods because it is too expensive. Thus, many of them consumed "processed foods" high in sodium, fat, and cholesterol and had sedentary lifestyles making them susceptible to the aforementioned chronic diseases. Undoubtedly, weight reduction, proper nutrition, smoking cessation, and avoidance of alcohol & drugs were heavily promoted through the "extended outreach" clinics and during these clinics, patients also received blood pressure/glucose screenings. Those with elevated levels were referred to the CHCs for evaluation & treatment and patients newly diagnosed with diabetes were given free glucometers.

Financial Measures

Performance Measure	2010 Measures	2011 Measures	2012 Measures	Measure Goals
Total cost per patient	340.4301	372.7713	415.7866	554.00 : 1 Ratio
Medical cost per medical visit	103.8426	132.0957	163.0468	175.00 : 1 Ratio
Change in Net Assets to Expense Ratio	Not Available	Not Available	0.0900	0.00 : 1 Ratio
Working Capital to Monthly Expense Ratio	Not Available	Not Available	11.1800	1.00 : 1 Ratio
Long Term Debt to Equity Ratio	Not Available	Not Available	0.0000	Not Available

Measure Narrative

The total cost per patient ratio reached 415.79, representing an increase of 7.65% in 2012 and so the target goal was attained. In 2012, the CHCs had a total cost of $5,437,657 and medical services ranked as the highest cost of all services representing 55% ($2,996,751) of the total cost. In an effort to sustain financial viability, the CHCs implemented cost saving practices by enrolling in the 340 B Drug Discount Pricing program and so medications were procured at the lowest price resulting in $298,000 saved in 2012. The savings provided additional resources for the CHCs to hire more staff and replace part-time contracted nurses with full-time new nursing graduates from University of Guam and Guam Community College, and by doing so, cost savings were made since the new nurses' salaries were much lower than unclassified nurses under contract. Additionally, the CHCs recruited more mid-level providers in lieu of physicians which also contributed to more savings. As mentioned previously, medical services ranked as the highest cost among all services and in 2012, data reveals that the medical cost per medical visit ratio increased by 24% in 2012 and so the goal was attained. Contributing factors to the increase in medical service cost include: salary increments, the hiring of two mid-level providers and nurses, and the rising cost of medical supplies. Moreover, the CHCs are progressing forward in increasing its assets so that monthly expenses can be paid on time. Data clearly reveals the net assets to expense ratio decreased by 55% in 2012 (from 0.20 in 2011 to 0.09 in 2012), and with this ratio greater than 0, the goal was attained. Additionally, the working capital to monthly expense ratio was 11.18 in 2012 and so this goal was achieved. Contributing factors to the gradual increase in working capital is mainly attributed to the increase of CHC

assets through program income revenues as well as other sources such as compact-impact and local funds appropriated by the Guam Legislature. Over the past years, the CHCs applied for the Compact-Impact Assistance grant and every year the CHCs were awarded such funds. Moreover, contributing factors to the increase in program income revenues include: financial counseling provided at every clinic visit to all CHC patients having a delinquent account; aggressively collecting aged account receivables; and more claims processed due to less billing errors resulting from proper CPT and ICD9 coding. Additionally, the passage of a local public law allowed the CHCs to establish its own bank account and so revenues were easily tapped on to promptly pay monthly expenses. These strategies were very effective in that the goal of collecting 33% of overall charges was attained. Contributing factors also include staff attending "Medical Billing" courses which improved their performance in minimizing billing errors through appropriate CPT coding, the latter maximizing revenues.

Other Measures

Performance Measure	2010 Measures	2011 Measures	2012 Measures	Measure Goals
Overall Charges Collected	23.2000	31.2200	34.5600	33.00%
Decrease the percentage of children 6 months to 7 years old seen at the CHCs with dental caries by providing fluoride varnish and oral health education to children during well child visits and immunization services at the CHCs.	11.3000	14.6000	13.7000	6.00%
Increase the percentage of adults 18 years and over screened for depression at the CHCs.	14.6000	13.6000	13.5000	50.00%

Measure Narrative

The percentage of adults screened for depression decreased slightly by 0.1 percentage point in 2012 and so the target goal was not attained. The main restricting factor is the incompletion of the "depression screening" questionnaire and CHC staff not collecting the questionnaire. To overcome this barrier, the clinical psychologist revised the "Depression Screening" questionnaire and provided training so that staff are familiarized with the screening tool in order to assist patients having difficulty completing the survey. Moreover, the CHC clinical psychologist developed clinical protocols for the implementation of the 'Depression Screening". Questionnaires with scores indicative of depression were given to the clinical psychologist who contacted the patient for further clinical evaluation and diagnosis. Currently, the CHCs have a Memorandum of Agreement with Guam Behavioral Health and Wellness Center and the MOA is under revision to incorporate Screening, Brief Intervention, Referral, and Treatment (SBIRT) for patients with alcohol or drug problems. The CHCs opened its doors so that SBIRT program staff can be physically available at the CHC site for the provision of mental health and substance abuse services in a primary health care setting, so there is no stigma in obtaining such services in conjunction with primary health care services at the CHCs and by doing so, this would increase the number of new patients. Other than behavioral health, oral health services were also integrated with primary health care services. The CHCs made great progress in that the percentage of children with untreated dental decay has been decreasing over the past 3 consecutive years however, the goal of 6% was not attained. Restraining factors include: lack of oral health care and nutrition education as well as the lack of a fluoridated water system. To overcome these restraining factors, the CHCs implemented fluoride varnish treatment to children 6 months to 7 years during well child and immunization services at the CHCs. Additionally, fluoride varnish treatments were conducted during the "extended outreach" clinics to many of the poor children residing in isolated areas. Through partnerships with the DPHSS Dental and Head Start programs, the CHCs also supply these programs with fluoride varnish, tooth brushes, and toothpastes so that staff apply fluoride varnish at their respective work sites. The DPHSS Dental program also conducted fluoride varnish treatment and nutrition education at the NRCHC site so services were available to WIC children and Children with Special Health Care Needs. In CY 2012, 1,117 children received fluoride varnish treatment, nutrition and oral health hygiene education at the CHCs and 145 received the same services during the "extended outreach" clinics. Fluoride Varnish Oral Health screening forms were also completed to monitor the application of fluoride varnish and ensure that children receive varnish every 3 months.

SF-PPR - Review

NCC Progress Report Tracking # : 00111695

Due Date: 01/08/2014 | Status: Submitted

Grant Number:H80CS02468
Original Deadline:01/08/2014
Created On:11/14/2013
Project Officer: Jialynn Wang
Project Officer Email:jwang@hrsa.gov
Project Officer Contact #:(301) 443-4294
Last Updated By: DeNorcey, Linda 12/6/2013 10:04:39 AM

Resources

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SF-PPR Go

Grantee Organization Information

Federal Agency and Organization Element to Which Report is Submitted	Health Resources and Services Administration (HRSA)	**Federal Grant or Other Identifying Number Assigned by Federal Agency**	H80CS02468
DUNS Number	778904292	**Employer Identification Number (EIN)**	980018947
Recipient Organization (Name and complete address including zip code)	GOVERNMENT OF GUAM- DEPARTMENT OF ADMINISTRATION, PO BOX 884 , HAGATNA Guam 96932 - 0884	**Recipient Identifying Number or Account Number**	111695
Project / Grant Period	Start Date : 10/01/1983 End Date : 03/31/2015	**Reporting Period End Date**	03/31/2015
Final Report	[ ] Yes [X] No	**Report Frequency**	[X] annual [ ] semi-annual [ ] quarterly [ ] other

Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

Typed or Printed Name and Title of Authorized Certifying Official	Linda U DeNorcey , Authorizing Official	**Telephone** (area code, number and extension)	(671) 635-4422
Email Address	jilinda@teleguam.net	**Date Report Submitted** (Month, Day, Year)	12/06/2013

Close Window

SF-PPR-2 (Cover Page Continuation) - Review

NCC Progress Report Tracking # : 00111695

Due Date: 01/08/2014 | Status: Submitted

Grant Number:H80CS02468

Original Deadline:01/08/2014

Created On:11/14/2013

Project Officer: Jialynn Wang

Project Officer Email:jwang@hrsa.gov

Project Officer Contact #:(301) 443-4294

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SF-PPR-2 (Cover Page Continuation) Go

Supplemental Continuation of SF-PPR Cover Page

Department Name	Department of Public Health	**Division Name**	Public Health, BPCS
Name of Federal Agency	Health Resources and Service Administration	**Funding Opportunity Number**	5-H80-14-006
Funding Opportunity Title	Health Center Cluster		

Lobbying Activities

Have you previously provided the lobbying activities information?

(•) Yes
( ) No

OMB SF-LLL Disclosure of Lobbying Activities Form

No documents attached

Areas Affected by Project (Cities, County, State, etc.)

Area Type	Affected Area(s)
Umatac	Other Areas
Piti	Other Areas
Dededo, Yigo, Yona, Talofofo, Inarajan, Merizo, Um	Other Areas

Point of Contact (POC) Information

Title of Position	Name	Phone	Email
Point of Contact	Mrs. Linda U DeNorcey	(671) 635-4422	jilinda@teleguam.net

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Health Center Cluster - Review

NCC Progress Report Tracking # : 00111695

Due Date: 01/08/2014 | Status: Submitted

Grant Number:H80CS02468
Original Deadline:01/08/2014
Created On:11/14/2013
Project Officer: Jialynn Wang
Project Officer Email:jwang@hrsa.gov
Project Officer Contact #:(301) 443-4294
Last Updated By: DeNorcey, Linda 12/6/2013 10:04:39 AM

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SF-424A Budget Information (Standard Form) Go

Section A - Budget Summary

Support Year (Start Date - End Date)	New or Revised Budget		
	Federal	Non Federal	Total
32 04/01/2014 - 04/01/2015	$1,396,989.00	$6,592,432.00	$7,989,421.00
Total :	**$1,396,989.00**	**$6,592,432.00**	**$7,989,421.00**

Section B - Budget Categories

Object Class Categories	Support Year 32 04/01/2014 - 04/01/2015	Total
Personnel	$3,807,756.00	$3,807,756.00
Fringe Benefits	$1,770,642.00	$1,770,642.00
Travel	$61,820.00	$61,820.00
Equipment	$20,910.00	$20,910.00
Supplies	$1,526,863.00	$1,526,863.00
Contractual	$209,031.00	$209,031.00
Construction	$0.00	$0.00
Other	$579,206.00	$579,206.00
Total Direct Charges	$7,976,228.00	$7,976,228.00
Indirect Charges	$13,193.00	$13,193.00
Total :	**$7,989,421.00**	**$7,989,421.00**

Program Income

Support Year (Start Date - End Date)	Total
32 04/01/2014 - 04/01/2015	$1,000,690.00
Total :	**$1,000,690.00**

Section C - Non Federal Resources

Support Year (Start Date - End Date)	Applicant	State	Local	Other	Total
32 04/01/2014 - 04/01/2015	$0.00	$0.00	$5,590,742.00	$1,001,690.00	$6,592,432.00
Total :	**$0.00**	**$0.00**	**$5,590,742.00**	**$1,001,690.00**	**$6,592,432.00**

Close Window

Community Health Centers - Review

NCC Progress Report Tracking # : 00111695

Due Date: 01/08/2014 | Status: Submitted

Grant Number:H80CS02468
Original Deadline:01/08/2014
Created On:11/14/2013
Project Officer: Jialynn Wang
Project Officer Email:jwang@hrsa.gov
Project Officer Contact #:(301) 443-4294
Last Updated By: DeNorcey, Linda 12/6/2013 10:04:39 AM

Resources

View

NCC Progress Report | Last NoA | Program Instructions | NCC User Guide | Program Specific Information

SF-424A Community Health Centers Go

Section A - Budget Summary

Support Year (Start Date - End Date)		New or Revised Budget		
		Federal	Non Federal	Total
32 04/01/2014 - 04/01/2015		$1,396,989.00	$6,592,432.00	$7,989,421.00
	Total :	**$1,396,989.00**	**$6,592,432.00**	**$7,989,421.00**

Section B - Budget Categories

Object Class Categories	Support Year 32 04/01/2014 - 04/01/2015	Total
Personnel	$3,807,756.00	$3,807,756.00
Fringe Benefits	$1,770,642.00	$1,770,642.00
Travel	$61,820.00	$61,820.00
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Supplies	$1,526,863.00	$1,526,863.00
Contractual	$209,031.00	$209,031.00
Construction	$0.00	$0.00
Other	$579,206.00	$579,206.00
Total Direct Charges	$7,976,228.00	$7,976,228.00
Indirect Charges	$13,193.00	$13,193.00
Total :	**$7,989,421.00**	**$7,989,421.00**

Program Income

Support Year (Start Date - End Date)	Total
32 04/01/2014 - 04/01/2015	$1,000,690.00
Total :	**$1,000,690.00**

Section C - Non Federal Resources

Support Year (Start Date - End Date)	Applicant	State	Local	Other	Total
32 04/01/2014 - 04/01/2015	$0.00	$0.00	$5,590,742.00	$1,001,690.00	$6,592,432.00
Total :	**$0.00**	**$0.00**	**$5,590,742.00**	**$1,001,690.00**	**$6,592,432.00**

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BUDGET JUSTIFICATION

Projected Revenue

The Guam Community Health Centers (CHCs) are projecting a total budget of $7,989,421 ($1,396,989-federal and $6,592,432 non-federal) and for the budget period April 1, 2014 to March 31, 2015. The non-federal amount of $6,592,432 represents 83% of the total budget, which would be derived from several sources as follows: $1,000,690 through program income, $5,590,742 from Government of Guam, and $1,000 from other support-contributions and fundraising. In addition, $1,283,663 is requested from HRSA. Majority (60%) of the federal funds will be used for personnel and fringe benefits, 4% for travel, 33% for supplies, 1.5% for equipment, 0.4% for other, 0.1% for contractual, and 1% for indirect cost. The centers receive significant support from the Government of Guam. Each year the Governor of Guam requests the line agencies such as the Guam Department of Public Health including the Guam Community Health Centers to submit a budget with a defined fixed amount. The CHCs allocate resources according to a line item budget. The budget includes revenues from the federal and program income accounts. The NRCHC program income account is kept separately from the SRCHC. These accounts are internally tracked through the Department of Administration (DOA) and the Bureau of Budget and Management Research (BBMR) to ensure that appropriations and expenditures are properly accounted for and controlled. Similarly, all revenues collected by the CHCs are deposited to DOA and tracked via DOA's AS/400 Financial Management Information System. The profit generated by the centers does not flow back to the Government of Guam's General Fund, but are deposited into a separate bank account exclusively for the CHCs' operations.

Patient Service Revenue

The CHCs expect to collect $1,000,690 from Medicaid, Medicare, private insurance companies, and self-pay patients (refer to **Form 3-Income Analysis Format**. During the grant period, a total of 39,907 visits are expected. Of this number, 19,155 Medicaid visits (48% of the total visits) are expected ($87/average visit) would generate an income of $499,946 (based on a collection rate of 30%). Moreover, the CHCs expect 798 Medicare visits (2% of the total visits) ($87/visit) would generate $45,821 (based on a collection rate of 66%). Other 3rd party payers make up 2% of visits and the CHCs expect $35,407 (based on a collection rate of 51%) and so $28,326 would come from private insurances and $7,081 in co-payments from patients) for 798 visits. Uninsured patients comprise 25% of the total visits. 9,977 of these visits ($73/visit) would generate $218,496 (based on a collection rate of 30%). Other public payors make up 23% of the total visit. 9,179 visits ($73/visit) would generate $201,020 (based on a collection rate of 30%). Hence, with 39,907 visits are expected in this budget period, and so the CHCs anticipate a patient revenue collection of $1,000,690.

Expenses

The CHCs projected a total expense of $7,989,421 for the budget period April 1, 2014 to March 31, 2015. The following is a breakdown of expenses according to each object class categories:

PERSONNEL-Personnel and fringe benefits constitute 70% of the total proposed budget. Personnel cost is comprised of **$3,807,756** for the wages of 74.18 FTE and **$1,770,642** for fringe benefits, thus totaling **$5,578,398**. Of the 74.18 FTE staff, 19 FTE are funded through the federal fund, 12.10 FTE through program income, and 43.08 FTE through local. Of the

$5,578,398 in personnel cost, $833,414 would cover the personnel cost ($526,040 salaries; $307,374 fringe benefits) of the following 19 FTE **federally funded employees:** 2 registered nurses, 1 financial manager, 3 medical record clerks, 1 laboratory technician, 1 pharmacy technician, 1 building custodian, 2 clerks, 2 cashiers, 1 medical record clerk supervisor, 1 customer service representative, 1 program coordinator, and 3 eligibility outreach worker.

TRAVEL $61,820 is budgeted for travel and of this amount, $28,000 will be used for the CHC Executive Director, a financial manager, and 2 CHC board members to attend the National Association of Community Health Center (NACHC) conference. The conference will provide updated information on federal program expectations and financial management training. In addition, $4,402 is budgeted for the CHC provider to attend the National Health Service Corp. conference to recruit providers to work at the Guam CHCs and $17,668 is needed for the CHC ED, 1 financial manager, and 2 support staff to attend the Uniform Data System Report training, which provides information on clinical & financial performance measures. The CHCs also needs $11,750 for mileage so that specimens and documents can be delivered.

EQUIPMENT This year, **$20,910** is allocated to procure 10 computers plus 10 UPS power supply since the CHCs would be fully implementing the Resource Patient Management System Electronic Health Record.

SUPPLIES The projected cost for supplies is **$1,526,863.** Office supplies, medical, extended outreach clinic, dental, gas coupons, glucometers, laboratory, pharmacy, janitorial, and diesel supplies will be purchased for the centers' operation. Pharmacy and medical supplies comprise the bulk of expenditures for this object class. $21,087 also is allocated for office supplies such as: paper, pens, paper clips, pencil, correction tape, labels and chart numbers for the medical records, printer ink cartridges, toner cartridges, copier and fax ink cartridges. Medical supplies also will be procured for 39,907 visits @ $7.12 per visit totaling $284,138. These supplies include, but are not limited to: vaginal speculum, tongue depressors, bandage adhesive strips, capes, urine collectors, specimen cups, thermometer probe covers, EKG snap electrode, ear tips for audioscope, OB/GYN applicators, syringes, gloves, alcohol prep pads, vaccines, bicillin, rocephin, aplisol, depo medrol, cefazolin, uristix, one touch test strips, xylocaine, alcohol, heparin flush, catheter dressing, liquid hand soap, gauze sponges, citrus II instant sanitizing lotion, masks, drape sheets, nebulizer, needles, sharps container, seracult plus triple slides, and vaccines. Additionally, $2,033 is needed to refill oxygen tanks for patients with chronic respiratory or cardiac conditions that require the use of oxygen. The oxygen tanks must always be filled as the SRCHC serves as an "alternate care" facility during emergencies and/or disasters. Moreover, $3,716 is needed to procure glucose test strips, cholesterol machines, cholesterol test strips, and pulse oximeters. These supplies are needed for blood glucose and cholesterol screenings during the "Extended Outreach" clinics. $346 also would be used to procure ointments, hand sanitizers, gloves, thermoscan covers, tongue blades, gauzes, and Tylenol for the extended outreach clinics. Additionally, $17,029 worth of dental supplies (tooth brush, toothpaste, and fluoride varnish) are needed to conduct fluoride varnish treatment at the CHCs, the "extended outreach" clinics, and Head Start centers and $2,640 of gas coupons would be given to CHC board members for attending monthly board meetings. Furthermore, $7,865 is needed to purchase glucometers for newly diagnosed patients with diabetes. Furthermore, $157,795 would be used to procure laboratory supplies. The CHCs anticipate 15,748 laboratory

samples @ $10.02 per visit, totaling $157,795 so the following lab supplies are needed, but not limited to: needle pro paks, DT calibrator plus sterile wipes, biohazard bags, kova trol I, II, III, 4C plus control, triglyceride reagents, coulter uni-t-pak, glucose reagents, cholesterol reagents, bilirubin total, micro-albumin, UCG test kits, unistix pipettes, yellow tube, capillary and vacuum tubes. The CHCs also anticipate 29,674 pharmacy visits @ $33.51 per visit totaling $994,376. With so many medications to be ordered, the following are the most common ones: Insulin 70/30 and N, glucophage, amoxicillin, prenatal vitamins, ortho-novum, acetaminophen, betamethasone cream, clotrimazole, diphenyhydramine. Furthermore, $11,310 is needed to procure janitorial supplies including: paper towels, toilet paper, glass cleaners, floor wax, ant and roach spray, and floor stripper and damp mop disinfectant to keep the CHCs clean. Moreover, $24,528 would be used for diesel to run 3 generators (1 at NRCHC and 2 at SRCHC) during frequent utility fluctuations or power outages resulting from emergencies/disasters.

CONTRACTUAL $209,031 is the projected total cost for contractual services. Of this amount, $10,010 is needed for patient care services (i.e., PAP Smear, Group B Strep Screening and bacteria cultures) and $199,021 is needed for non-patient contractual services such as: armored express services; pest control chemical treatment; the maintenance of: diagnostic, micro analyzer, biological safety cabinet, typewriters, printers, fax machines, fire alarm systems, cars, security alarm systems, generators, copiers, and computer machines; and software support for Compumax, Medicare electronic batch claims support, Etreby, and RPMS Electronic Health Record System, and to repair roof cracks at one of the CHC sites.

OTHER $579,206 is budgeted for other costs. Of this amount, $29,598 will be used to pay for the following fees: NACHC membership, Clinic Laboratory and Improvement Amendment (CLIA), laboratory proficiency test services, pharmacy and business license renewal fees. In addition, $5,758 is needed to pay for advertisements to recruit health professionals, printing of bill of rights, and tamper proof prescription pads. Additionally, $3,683 will cover the cost for drinking water, postage meter rental, long distance calling cards, and electronic data interchange services for the submission of Medicare claims for reimbursement. Moreover, $158,664 would be needed for telephone services (125 NRCHC lines and 74 SRCHC lines) telephone, metro ethernet, and cables services and $381,503 will cover the cost for power and water at both CHC sites.

SUBTOTAL: $7,976,228

INDIRECT COST $13,193 is budgeted for indirect charges. An indirect cost rate of 17.79% has been approved, which allows the local government to recoup indirect expenditures for administrative services provided by Department of Administration (DOA). This later amount, which has been computed by taking the sum of the salaries of 2 federally funded financial managers multiplied by 17.79% ($41,469 + $32,693=$74,162 x 17.79%=$13,193) since these two staff perform administrative duties with DOA such as preparing federal financial reports, journal vouchers, and reconciling CHC expenditures.

TOTAL BUDGET YEAR: $7,989,421

Guam CHC
H80CS02468

BUDGET NARRATIVE

	Year 1	
	Federal	**Non-Federal**
Revenue:		
Program Income	0	1,000,690
Local and State Funds	0	5,590,742
Other Support(including contributions and fundraising)	0	1,000
Federal 330 Grant	1,396,989	0
Other Federal Funding	0	0
TOTAL REVENUE:	**1,396,989**	**6,592,432**
EXPENSES		
PERSONNEL		
ADMINISTRATION	113,879	342,927
MEDICAL STAFF	311,316	2,838,429
DENTAL STAFF	0	0
BEHAVIORAL HEALTH STAFF	0	64,272
ENABLING STAFF	68,826	36,088
OTHER STAFF	32,019	0
TOTAL PERSONNEL	**526,040**	**3,281,716**
FRINGE BENEFITS		
FICA	**0**	**0**
Medical	123,690	397,086
Retirement (29.76%)	156,077	955,569
Retirement DDI	9,396	30,167
Dental Insurance	7,676	24,644
Life Insurance	2,907	9,149
Medicare (1.45%)	7,628	46,653
Unemployment and Worker's Compensation	0	0
Disability	0	0
TOTAL FRINGE	**307,374**	**1,463,268**
TRAVEL		
NACHC Conference 1 training in Financial Management and Governance @ $3,225 per person for airfare x 4 FTEs=$12,900 (1 CHC ED, 1 Financial Manager, 2 Board members) 6 hotel nights @ $295 per night x 4 FTEs =$7080) + registration ($2030 x 2 FTEs = $4060) + ($1980 registration x 2 FTEs=$3,960)	28,000	0
National Health Service Corp conference NHSC Recruiter airfare ($3222) + 4 hotel nights @ $295/night x 1 FTE x 1 training=$1,180.00)	4,402	0
Uniform Data System Report training in Clinical and Financial Reporting @ $2,862 per person x 4 FTEs (1 CHC ED, 1 Financial Mananger, 2 Admin staff ($2862 for airfare x 4 FTEs=$11,448) 5 Hotel nights @ $291 per night x 4FTEs (5 x $291 x 4=$5,820)+ Registration @ $100 per person x 4 FTEs (100 x 4=$400)	17,668	0
Outreach (29,376 miles @ $0.40 per mile (2,448 miles/month x 12 months=29,376 miles/yr)		11,750
TOTAL TRAVEL	**50,070**	**11,750**

BUDGET NARRATIVE

	Year 1	
	Federal	**Non-Federal**
EQUIPMENT		
RPMS Electronic Health Record System Office Computer (10 computers plus 10 UPS power supply @ $2,091each)	20,910	
TOTAL: EQUIPMENT	**20,910**	**0**
SUPPLIES		
Office Supplies ($878.61/month x 12 months x 2 sites) The following is a breakdown of the office supplies:	**21,087**	**0**
Office Supplies: Paper 8 1/2 x 11(10 cs @ $54.19 each=$541.90); paper 8 1/2 x 14 (10cs @ $69.64 each=$696.40); pens (20 bxs @ $28.37 each=$567.40); paper clips (128 bxs @ $0.96/bx each=$122.88); pencil (20 pks @ $1.64/pks each=$32.80); correction tape (60 @ $3.47each =$208.20). TOTAL: $2,170		
Labels and chart numbers (120 label pkgs @ $6.50 each=$780.00); chart labels (20 pkgs @$4.27 each =$85.40) TOTAL: $865		
HP 1300 ink cartridges (15 @ $53.00 each= $795); HP Laserjet 8100 ink cartridges (5 @ $115.00 each= $575); HP Laserjet 1300 (15 toners @ $53.00 each= $795); HP Laserjet 1100 (5 toners @ $43.99 each= $219.95); HP Laserjet 4050 TN (5 toners @ $55.00 each= $275); HP Laserjet 1022 (5 toners @$49.99 each = $249.95); HP Laserjet 1200 (5 toners @ $53.00 each = $265) TOTAL: $3,175		
Toner HPLJ CM2320 Toner cartridge black (40 @ $95.44 each = $3,817.60), Toner HPLJ CM2320 Toner cartridge cyan (30 @ $95.44 each = $2,863.20), HPLJ CM2320 Toner cartridge yellow (30 @ $95.44 each= $2,863.20), Toner cartridge magenta (30 @ 95.44 each= $2,863.20), HP Envy 100e 60 black ink cartridge (8 @ $16.67 each = $133.36), HP Envy 100e tricolor ink cartridge (8 @ $21.84 each= $174.72), HP LJ 4600 black toner (8 @ $120.74 each = $965.92), Lexmark T630 black toner cartridge (8 @ $149.49 each = $1195.92) TOTAL: $14,877		0
Medical Supplies ($7.12 per visit x 39,907 visits)	284,138	0
Refill and delivery of oxygen tanks for the NRCHC & SRCHC oxygen tanks are as follows: Eighteen 200cubic ft, Ten 22 cubic ft, 13 Hydro Tank Testing (18 (200cf tanks) @ $71.00 each=$1278.00; 10 (22cf tanks) x $43.50 each= $435; 13 (tanks) @ $24.61 each= $319.93)	0	2,033
Glucose test strips (10 bt @ $75/bt each =$750); cardiocheck cholesterol device (4 @ $195 each =$780); cholesterol Test Strip (16 btl @ $103/bt each =$1,648); Pipettes (16 @ $6.60 each=$105.60); pulse oximeter portable (4 @ $108 each=$432)	3716	0
Extended Clinic Outreach Supplies (Ointments: Bacitracin (15gm) 4 tubes @ $2.66 each =$10.64; Hydrocortisone 5 tubes @ $2.31 each=$11.55; Hand sanitizers (8oz) 11 bottles @ $6.66 each= $73.26; Gloves (Sm) 4bxs @ $7.05 each= $28.20; Gloves (Med) 4bxs @ $7.05 each=$28.20; Thermoscan Covers 3bxs @ $21.18 each= $63.54;Tongue blades 2bxs @ $9.30 each = $18.60; Q-tips 100/pk 2 pks @ $9.55 each = $19.10; Gauze 2x2 pk 6 @ $2.66pk each= $15.96; Gauze 3x3 4pks @ $5.14 each=$20.56; Gauze 4x4 4pks @ $7.24pk each= $28.96, Tylenol 500mg tab 1000s 2 bottles @ $13.92 each= $27.84)	346	0
Dental Supplies for Fluoride Varnish Treatment (1,161 toothbrushes @$3.80=$4,411.80) + (1,164 toothpastes@ $3.62=$4,213.68 + 375 floruide varnish @ $22.41/50 pk=$8,403)	17,029	0
132 Gas coupon for CHC board members ($20 coupon per month x 12 months x 11 CHC board members= $2,640)	0	2,640
Glucometers for newly diagnosed diabetes patients One Touch Ultra 2 Meter Kit set (100 kits @ $78.65 ea)	7,865	0

BUDGET NARRATIVE

	Year 1	
	Federal	**Non-Federal**
Laboratory Supplies ($10.02 per sample x 15,748 samples)	8,561	149,234
Pharmacy Supplies ($33.51 per visit x 29,674 visits)	118,359	876,017
Janitorial Supplies ($471.25/month x 12 months x 2 sites) The following is a breakdown of the Janitorial supplies:	11,310	0
Janitorial Supplies: paper towels (100cs @ $36.00 each=$3,600); toilet paper (100 cs @ $60.00 each=$6,000); glass cleaner (8 cs @ $62.45 each =$499.60); floor wax (20 gallons @ $11.67 each=$233.40); ant and roach spray (48 cans @ $12.12 each=$581.76); floor stripper (20 gallons @ $11.54/gallon=230.80); damp mop disinfectant (50 60oz bottles @ $3.29 = $164.50)		
Diesel for Generator NRCHC 230 KW & SRCHC generator 200 gallons/refill x $5.11 x 6 refills=$6,132	0	6,132
Diesel for Generator SRCHC 200KW generator 200 gallons/refill x 6 refills x $5.11/gallon=$6,132)	0	6,132
Diesel for Generator SRCHC 600KW generator 400 gallons/refill x 6 refills x $5.11/gallon=$12,264)	0	12,264
TOTAL: SUPPLIES	**472,411**	**1,054,452**
CONTRACTUAL		
Patient Care Contracts		
Diagnostic Laboratory Services for PAP Smear Screening, Group B Strep, and other laboratory services. (Pap Smear Testing 100ea @$61.60 each=$6,160.00); Group B Testing (79 @ $27.39 each= $2,163.81); Bacteria Culture (79 ea @ $21.34 each=$1685.86)	0	10,010
Subtotal: Patient Care Contracts	**0**	**10,010**
Armored Express Services NRCHC ($388.90/months x 12 months= $4,666.80); SRCHC ($873.17/mon x 12 months= $10,478.04)	0	15,145
Pest Control Chemical Treatment for ant/roach/rodent control ($285.00/mon x 12 months x 2 sites)	0	6,840
Diagnostic Equipment Maintenance and repair of 54 equipment at NRCHC ($954/month x 12 months + $1560 (repair and parts) = $13,008) and 42 equipment at SRCHC ($1560/month x 12 months + $1560 (repair and parts) = $20,280)	0	33,288
Annual Maintenance & Calibration Micro ABX Micro 60 Analyzer for 2 sites NRCHC ($3,155) & SRCHC ($3,550)	0	6,705
Annual Testing & Certification of Biological Safety Cabinet safety NRCHC ($975) & SRCHC ($925)=$1900	0	1,900
Annual preventive maintenance of IBM typewriters, printers, and fax machines, paper shredders, acroprint ET time stamp machines ($3000/site x 2 sites)	0	6,000
Fire Alarm System preventive maintenance for 2 sites: NRCHC ($679/per quarter x 4 quarters=$2716) + $1500 Out of Scope services x 1 site @ NRCHC totaling $4,216); SRCHC ($1,848/per quarter x 4 quarters=$7,392 + $2500 Out of Scope services x 1 site @ SRCHC totaling $9,892)	0	14,108
Car Preventive maintenance & repair, safety inspection, oil and air filter change, brake pads front and rear, roatate tires, & repair including cost for parts and labor for 3 vehicles (Kia Sedona Vans and 1Ford truck ($2500/year x 3 vehicles=$7,500)	0	7,500
NRCHC Security Alarm System monitoring and preventive maintenance for security access control, surveillance and intrusion detection system ($835/month x 12 months=$10,020) + $4,000 (Out of Scope Services Normal/After hours)	0	14,020

BUDGET NARRATIVE

	Year 1	
	Federal	**Non-Federal**
SRCHC Security Alarm System preventive maintenance for security access control, surveillance and intrusion detection system ($1050/month x 12 months=$12,600 includes out of scope services and after hour services)	0	12,600
Annual Preventive maintenance for 230 KW NRCHC generator ($120/month x 12 months=$1440) + $650/annual service fee + $5,000/yr Emergency on call services)	0	7,090
Annual Preventive maintenance for 200KW SRCHC generator ($140/month x 12 months=$1,680) + $705/annual services + $2500 Emergency on call services)	0	4,885
Annual Preventive maintenance for 600KW SRCHC generator ($140/month x 12 months=$1,680) + $705/annual services + $2500 Emergency on call services)	0	4,885
NRCHC Canon Image Runner 5570 copier/fax/scan maintenance including parts and labor ($233.33/month x 12 months=$2,799.96)	0	2,800
SRCHC Canon Image Runner 5570 copier/fax/scan maintenance including parts and labor ($233.33/month x 12 months=$2,799.96)	0	2,800
SRCHC Canon Image Runner 3245 copier/fax/scan maintenance including parts and labor ($233.33/month x 12 months=$2,799.96)	0	2,800
Annual Computer & part service maintenance for computers for the NRCHC & SRCHC sites ($195.64/mon x 12 months=$2,347.68 per site x 2 sites=$4,695.36)	0	4,695
Annual Compumax Software license for NRCHC and SRCHC	385	0
Medicare Electronic Batch claim support (UGS Medicare billing) ($153.00/month x 12 months=$1,836)	1,836	0
Etreby Pharmacy Information software and maintenance support for NRCHC and SRCHC ($1743/quarter x 4 quarters x 2 sites=$13,944)	0	13,944
Etreby software support $1000.00/month x 12 months)	0	12,000
Preventive Maintenance for RPMS Electronic Health Record software support ($1000.00/month x 12 months)	0	12,000
NRCHC Roof Repair with the following Scope of Services: 1) Remove existing sealant 300 linear ft 2) Rout construction/contraction/expansion joint and apply flexible sealant 3) Apply flexible sealant on the routed joints 4) Apply polyurethane roof coating total of 18 inches on roof and wall 5) Apply Ultraviolet resistant top coat 6) Install roof drain to avoid ponding 7) Cleaning and disposal of debris 8) Mobilization/demobilization and safety requirement. There is an 18 month warranty on the above scope of services	0	10,795
Subtotal: Non-Patient Contracts	**2,221**	**196,800**
TOTAL:CONTRACTUAL	**2,221**	**206,810**
OTHER		
Dues for NACHC Membership ($5,392.48/quarter x 4 quarters=$21,569.92)	0	21,570
CLIA Fee for NRCHC ($3567) and SRCHC ($2141)	0	5,708
Laboratory Proficiency Test Services **NRCHC Laboratory** for glycohemoglobin ($153.00), hematology w/diff A($242.00) pregnancy waived ($69.00), urine microalbumin/creatinine ($66.00), clinical microscopy ($30.00), Urinalysis ($66.00), blood cell identification ($30.00), Strep Screen A, waived ($87.00), registration ($75.00), and postage fee ($190.20)	0	1,008

BUDGET NARRATIVE

	Year 1	
	Federal	**Non-Federal**
Laboratory Proficiency Test Services **SRCHC Laboratory** for glycohemoglobin ($153.00), group A antigen ($160.00), hematology ($242.00) pregnancy serum ($140.00), urine microalbumin/creatinine ($66.00), clinical microscopy ($30.00), Urinalysis ($66.00), blood cell identification ($30.00), registration ($75.00) and postage fee ($190.20)	0	1,152
Pharmacy License Renewal Fee ($30 x 2=$60)	0	60
Business License Renewal Fee ($50 x 2 sites=$100)	0	100
Advertisement for health professionals and other Contractual services "2 x 5" column ($160/announcements x 6 announcements=$960 + $28 online advertisement)	0	988
Patient Bill of Rights (10,000/sheets x 0.050 = $500)	500	0
Printing of Tamper Proof Prescription Pads (1,000 pads @ $4.27each = $4,270)	4,270	0
Water 5 gallon (104 bottles x $6.00/bottles $624 per site x 2 sites=$1,248)	0	1,248
Postage meter rental ($42.99/month x 12 months= $515.88+ ($9.50 x 2 refill charge=$19)+ ($300/postage fee) =$834.88)	0	835
Long Distance Calls charge long distance calling cards ($125/card x 4 cards=$500)	0	500
Long Distance Services via modem line for Medicare electronic billing ($45.83/month x 12 months=$549.96/site x 2 sites)	0	1,100
Telephone service for 125 lines for NRCHC charges include: SLC Multiline Subcriber, Universal Service, E911, and LNP End User ($5,683/month x 12 months=$68,196) and manage router/metroethernet transport service for the NRCHC Center ($1176/months x 12 month=$14,112)	0	82,308
Telephone service for 74 lines for SRCHC charges include: SLC Multiline Subcriber, Universal Service, E911, and LNP End User ($4,453 x 12 months=$53,436), manage router/metroethernet service for the SRCHC ($1294/month x 12 months =$15,528), GUD TV ($153.99/ month x12 months=$1,847.88 x 4 lines=$7391.52	0	76,356
Power (NRCHC $17,112/month x 12 months=$205,344) and SRCHC ($12,963/month x 12 months=$155,556)	0	360,900
Water (NRCHC $643.95/month x 12 months=$7,727) and SRCHC ($1,073/month x 12 months=$12,876)	0	20,603
TOTAL OTHER	**4,770**	**574,436**
TOTAL DIRECT CHARGES	**1,383,796**	**6,592,432**
INDIRECT CHARGES (17.79%) Federal Salaries of 2 Financial managers ($41469+ $32693=$74,162 x 17.79% = $13,193)	13,193	0
TOTALS (Total of Total Direct Charges and Indirect Charges)	**1,396,989**	**6,592,432**

Federal Object Class Categories

00111695: GOVERNMENT OF GUAM- DEPARTMENT OF ADMINISTRATION

Announcement Number: 5-H80-14-006 **Announcement Name:** Health Center Cluster **Application Type:** Noncompeting Continuation

Grant Number: H80CS02468 **Target Population:** Community Health Centers

As of 12/06/2013 10:04:45 AM

OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Total Proposed Budget	Amount
Section 330 Federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary)	$1,396,989.00
Non-Federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)	$6,592,432.00
Total	$7,989,421.00

Budget Categories

Object Class Category	Federal	Non Federal	Total (from Section B – Budget Categories)
a. Personnel	$526,040.00	$3,281,716.00	$3,807,756.00
b. Fringe Benefits	$307,374.00	$1,463,268.00	$1,770,642.00
c. Travel	$50,070.00	$11,750.00	$61,820.00
d. Equipment	$20,910.00	$0.00	$20,910.00
e. Supplies	$472,411.00	$1,054,452.00	$1,526,863.00
f. Contractual	$2,221.00	$206,810.00	$209,031.00
g. Construction	$0.00	$0.00	$0.00
h. Other	$4,770.00	$574,436.00	$579,206.00
i. Total Direct Charges (sum of a - h)	$1,383,796.00	$6,592,432.00	$7,976,228.00
j. Indirect Charges	$13,193.00	$0.00	$13,193.00
k. Total Budget Specified in Section A - Budget Summary (sum of i -j)	$1,396,989.00	$6,592,432.00	$7,989,421.00

Form 2 - Staffing Profile

08111695: GOVERNMENT OF GUAM- DEPARTMENT OF ADMINISTRATION

Announcement Number: 5-H80-14-006 **Announcement Name:** Health Center Cluster **Application Type:** Noncompeting Continuation

Grant Number: H80CS02468 **Target Population:** Community Health Centers

As of 12/06/2013 10:04:51 AM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Administration

Administration Staffing Positions	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Executive Director/CEO	1	$63,983.00	$63,983.00	$0.00
Finance Director (Fiscal Officer)/CFO	2	$37,081.00	$74,162.00	$32,693.00
Chief Operating Officer/COO	0	$0.00	$0.00	$0.00
Chief Information Officer/CIO	1	$44,273.00	$44,273.00	$0.00
Administrative Support Staff	10	$27,439.00	$274,390.00	$81,186.00

Medical Staff

Medical Staffing Positions	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Medical/Clinical Director	1	$165,703.00	$165,703.00	$0.00
Family Physicians	1.4	$136,564.00	$191,189.60	$0.00
General Practitioners	0	$0.00	$0.00	$0.00
Internists	4.2	$123,862.00	$520,220.40	$0.00
OB/GYNs	0.8	$127,034.00	$101,627.20	$0.00
Pediatricians	2.88	$136,710.00	$393,724.80	$0.00
Other Specialty Physicians	0	$0.00	$0.00	$0.00
Physician Assistants/Nurse Practitioners	2	$72,758.00	$145,516.00	$0.00
Certified Nurse Midwives	2	$76,725.00	$153,450.00	$0.00
Nurses (RNs, LVNs, LPNs)	14.5	$48,646.00	$705,367.00	$87,822.00
Pharmacist, Pharmacy Support, Technicians	4	$50,613.00	$202,452.00	$22,887.00
Other Medical Personnel Medical Record Clerk	13.4	$25,481.00	$341,445.40	$177,788.00
Laboratory Personnel (Lab Technicians)	4	$35,733.00	$142,932.00	$22,819.00
X-Ray Personnel	0	$0.00	$0.00	$0.00
Clinical Support Staff (Medical Assistants, etc.)	3.4	$25,329.00	$86,118.60	$0.00
Volunteer Clinical Providers (Medical and Dental)	N/A	N/A	N/A	N/A

Dental, Behavioral Health and Enabling Staff

Dental Staffing Positions	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Dentists	0	$0.00	$0.00	$0.00
Dental Hygienists	0	$0.00	$0.00	$0.00
Dental Assistants, Aides, Technicians	0	$0.00	$0.00	$0.00
Behavioral Staffing Positions	**Total FTEs (a)**	**Average Annual Salary of Position (b)**	**Total Salary (a * b)**	**Total Federal Support Requested**
Behavioral Health Specialists (BH Provider)	0	$0.00	$0.00	$0.00
Alcohol and Substance Abuse Specialists	0	$0.00	$0.00	$0.00
Psychiatrists	0	$0.00	$0.00	$0.00
Psychologists	0.6	$107,120.00	$64,272.00	$0.00
Enabling Staffing Positions	**Total FTEs (a)**	**Average Annual Salary of Position (b)**	**Total Salary (a * b)**	**Total Federal Support Requested**

Patient Education Specialists (Health Educators)	1	$18,044.00	$18,044.00	$0.00
Case Managers	1	$18,044.00	$18,044.00	$0.00
Outreach (Outreach Staff)	3	$22,942.00	$68,826.00	$68,826.00
Other Enabling Personnel Eligibility Outreach Worker	0	$0.00	$0.00	$0.00

Other Staff

Other Staffing Positions	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Other Professional Staff	0	$0.00	$0.00	$0.00
Other Staff Facility Custodian	1	$32,019.00	$32,019.00	$32,019.00

Total FTEs, Salary and Federal Support Requested	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Total Salary	74.18	N/A	$3,807,759.00	$526,040.00

OMB No.: 0915-0285 Expiration Date: 9/30/2016

Department of Health and Human Services Health Services and Resources Administration Form 3: Income Analysis Year 1 ___	For HRSA Use Only	
	Applicant Name:	GOVERNMENT OF GUAM- DEPARTMENT OF ADMINISTRATION
	Grant Number:	H80CS02468
	Application Tracking Number:	111695

Line #	Payer Category	Patients	Billable Visits	Income Per Visit	Projected Income	Prior FY Income Mo/Yr: 2012-2013
Part 1: Patient Service Revenue - Program Income						
		(a)	(b)	(c)	(d)	(e)
1	Medicaid	7,453	19,155	87	499,946	360,327
2	Medicare	311	798	87	45,821	10,000
3	Other Public	3,571	9,179	73	201,020	943,051
4	Private	311	798	87	35,407	12,545
5	Self Pay	3,882	9,977	73	218,496	385,424
6	Total (lines 1-5)	15,528	39,907	407	1,000,690	1,711,347
Part 2: Other Income - Other Federal, State, Local and Other Income						
7	Other Federal				0	
8	State Government				0	
9	Local Government				5,590,742	
10	Private Grants/Contracts				0	
11	Contributions				1,000	
12	Other				0	
13	Applicant (Retained Earnings)				0	
14	Total Other (lines 7-13)				5591742	
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)						
15	Total Non-Federal (lines 6 + 14)				6,592,432	
Comments/Explanatory Notes (if applicable)						

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

Form 5A - Required Services Provided

00111695: GOVERNMENT OF GUAM- DEPARTMENT OF ADMINISTRATION

Announcement Number: 5-H80-14-006 | **Announcement Name:** Health Center Cluster | **Application Type:** Noncompeting Continuation

Grant Number: H80CS02468 | **Target Population:** Community Health Centers

As of 12/06/2013 10:04:57 AM

OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Clinical Services

Service Type	Service provided directly by applicant	Service provided by formal written contract/agreement (Applicant pays for service)	Service provided by formal written referral arrangement/agreement (Applicant DOES NOT pay)
General Primary Medical Care	[X]	[_]	[X]
Diagnostic Laboratory	[X]	[_]	[X]
Diagnostic X-Ray	[_]	[_]	[X]
Screenings			
Cancer	[X]	[_]	[_]
Communicable Diseases	[X]	[_]	[X]
Cholesterol	[X]	[_]	[_]
Blood Lead Test for Elevated Blood Lead Level	[X]	[_]	[_]
Pediatric Vision, Hearing, and Dental	[X]	[_]	[_]
Emergency Medical Services	[X]	[_]	[_]
Voluntary Family Planning	[X]	[_]	[_]
Immunizations	[X]	[_]	[_]
Well Child Services	[X]	[_]	[_]
Gynecological Care	[X]	[_]	[_]
Obstetrical Care	[X]	[_]	[_]
Prenatal and Perinatal Services	[X]	[_]	[_]
Preventive Dental	[_]	[_]	[X]
Referral to Behavioral Health	[_]	[_]	[X]
Referral to Substance Abuse	[_]	[_]	[X]
Referral to Specialty Services	[X]	[_]	[X]
Pharmacy	[X]	[_]	[_]
Substance Abuse Services (Required for HCH Programs):			
Detoxification	[_]	[_]	[X]
Outpatient Treatment	[_]	[_]	[X]
Residential Treatment	[_]	[_]	[X]
Rehabilitation (Non Hospital Settings)	[_]	[_]	[X]

Non-Clinical Services

Service Type	Service provided directly by applicant	Service provided by formal written contract/agreement (Applicant pays for service)	Service provided by formal written referral arrangement/agreement (Applicant DOES NOT pay)
Case Management			
Counseling/Assessment	[X]	[_]	[_]
Referral	[X]	[_]	[_]

Follow-Up/Discharge Planning	[X]	[_]	[X]
Eligibility Assistance	[X]	[_]	[X]
Health Education	[X]	[_]	[_]
Outreach	[X]	[_]	[_]
Transportation	[_]	[_]	[X]
Translation	[X]	[_]	[X]
Substance Abuse Services (Required for HCH Programs):			
Harm/Risk Reduction (e.g., nicotine gum/patches, educational materials)	[X]	[_]	[_]

Form 5A - Additional Services Provided

00111695: GOVERNMENT OF GUAM- DEPARTMENT OF ADMINISTRATION

Announcement Number: 5-H80-14-006 **Announcement Name:** Health Center Cluster **Application Type:** Noncompeting Continuation

Grant Number: H80CS02468 **Target Population:** Community Health Centers

As of 12/06/2013 10:05:01 AM

OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Clinical Services

Service Type	Service provided directly by applicant	Service provided by formal written contract/agreement (Applicant pays for service)	Service provided by formal written referral arrangement/agreement (Applicant DOES NOT pay)
Urgent Medical Care	[X]	[_]	[_]
Dental Services - Restorative	[_]	[_]	[X]
Dental Services - Emergency	[_]	[_]	[X]
Behavioral Health - Treatment/Counseling	[X]	[_]	[X]
Behavioral Health - Development Screening	[X]	[_]	[_]
Behavioral Health - 24-Hour Crisis	[_]	[_]	[X]
Substance Abuse Services	[X]	[_]	[X]
Comprehensive Eye Exams and Vision Services	[_]	[_]	[_]
Recuperative Care	[_]	[_]	[X]
Environmental Health Services	[_]	[_]	[X]
Occupational Health - Screening for Infectious Diseases	[X]	[_]	[X]
Occupational Health - Injury Prevention Programs	[_]	[_]	[X]
Occupational Therapy	[_]	[_]	[X]
Physical Therapy	[_]	[_]	[X]
TB Therapy	[X]	[_]	[_]
Hepatitis C – Therapy/Treatment	[_]	[_]	[_]
Podiatry	[_]	[_]	[X]
Rehabilitation (Non-Hospital Settings)	[_]	[_]	[X]

Non-Clinical Services

Service Type	Service provided directly by applicant	Service provided by formal written contract/agreement (Applicant pays for service)	Service provided by formal written referral arrangement/agreement (Applicant DOES NOT pay)
WIC	[_]	[_]	[X]
Nutrition (not WIC)	[X]	[_]	[_]
Child Care	[_]	[_]	[X]
Housing Assistance	[_]	[_]	[X]
Employment and Education Counseling	[_]	[_]	[X]
Food Banks/Meals	[_]	[_]	[X]
Homevisiting services	[_]	[_]	[X]

Form 5B - Service Sites

00111695: GOVERNMENT OF GUAM- DEPARTMENT OF ADMINISTRATION

Announcement Number: 5-H80-14-006 **Announcement Name:** Health Center Cluster **Application Type:** Noncompeting Continuation

Grant Number: H80CS02468 **Target Population:** Community Health Centers

As of 12/06/2013 10:05:06 AM

OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

SOUTHERN REGION COMM HEALTH CTR (BPS-H80-003258) **Action Status: Picked from Scope**

Name of Service Site	SOUTHERN REGION COMM HEALTH CTR	Site Physical Address	162 Apman DriveINARAJAN, GU 96917
Service Site Type	Administrative/Service Delivery Site	Location Type	Permanent
Location Setting (Required for Service Site)	All Other Clinic Types	Date Site was Added to Scope	
Date Site was Opened	4/1/1983	Site Operational By	5/1/1983
Number of Contract Service Delivery Locations (Voucher Screening Only)		Number of Intermittent Sites (Intermittent Only)	0
Web URL	www.dphss.guam.gov		
Site Phone Number	(671) 828-7501	Administrative Phone Number	(671) 828-7502
Site Fax Number	(671) 828-7504	Medicare Billing Number	65-1800
Medicaid Billing Number	366	Medicaid Pharmacy Billing Number	636
Service Area Population Type	Rural	Operational Schedule	Full-Time
Calendar Schedule	Year-Round	Total Hours of Operation	40
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	96916, 96910, 96928, 96917, 96915
Service Area Census Tracts	001
Months of Operation	January - January, February - February, March - March, April - April, May - May, June - June, July - July, August - August, September - September, October - October, November - November, December - December

NORTHERN REGION COMM HLTH CTR (BPS-H80-003553) **Action Status: Picked from Scope**

Name of Service Site	NORTHERN REGION COMM HLTH CTR	Site Physical Address	520 W Santa Monica AveDededo, GU 96929-5286
Service Site Type	Administrative/Service Delivery Site	Location Type	Permanent
Location Setting (Required for Service Site)	All Other Clinic Types	Date Site was Added to Scope	
Date Site was Opened	9/1/1998	Site Operational By	10/1/1998
Number of Contract Service Delivery Locations (Voucher Screening Only)		Number of Intermittent Sites (Intermittent Only)	0
Web URL	www.dphss.guam.gov		
Site Phone Number	(671) 635-7492	Administrative Phone Number	(671) 635-7447
Site Fax Number	(671) 635-7493	Medicare Billing Number	65-1801
Medicaid Billing Number	211	Medicaid Pharmacy Billing Number	654
Service Area Population Type	Rural	Operational Schedule	Full-Time
Calendar Schedule	Year-Round	Total Hours of Operation	56
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	96961, 96929, 96927, 96919, 96962, 96912, 96926, 96913, 96910, 96930, 96923, 96934, 96911, 96925, 96920, 96921, 96932, 96931, 96924, 96914
Service Area Census Tracts	001
Months of Operation	January - January, February - February, March - March, April - April, May - May, June - June, July - July, August - August, September - September, October - October, November - November, December - December

Form 5C - Other Activities/Locations

00111695: GOVERNMENT OF GUAM- DEPARTMENT OF ADMINISTRATION

Announcement Number: 5-H80-14-006 **Announcement Name:** Health Center Cluster **Application Type:** Noncompeting Continuation

Grant Number: H80CS02468 **Target Population:** Community Health Centers

As of 12/06/2013 10:05:10 AM

OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Activity/Location Information	
Type of Activity	Health Education
Frequency of Activity	Monthly
Description of Activity	The Diabetes Outreach Worker conducts diabetes education through outreach activities.
Type of Location(s) where Activity is Conducted	"mom and pop" stores, Gill-Baza, Hemlani, and Santa Ana areas (isolated areas), shopping malls, health conference venues

Activity/Location Information	
Type of Activity	Health Fairs
Frequency of Activity	Monthly
Description of Activity	The Community Health Center staff participate in health fairs conducting blood glucose and blood pressure screening
Type of Location(s) where Activity is Conducted	Shopping malls, senior citizen centers, village mayor offices

Activity/Location Information	
Type of Activity	Immunizations
Frequency of Activity	Quarterly
Description of Activity	Community Health Center nurses administer immunizations in the community through outreach activities.
Type of Location(s) where Activity is Conducted	Community centers, village mayor's officers, shopping malls

Activity/Location Information	
Type of Activity	Hospital Admitting
Frequency of Activity	Daily
Description of Activity	Community Health Center Physician provides in-patient care to the center's patients until they are discharged from the hospital.
Type of Location(s) where Activity is Conducted	Guam Memorial Hospital

Activity/Location Information	
Type of Activity	Portable Clinical Care
Frequency of Activity	8 times per year
Description of Activity	Extended Outreach Clinics are provided in a "one stop shop" at which physicians provide prenatal care, well baby checks, treatments for minor skin infections, and physical exams. The Guam CHCs partner with the community to provide fluoride varnish treatment, hearing testing, early intervention services, STD/HIV, WIC, diabetes and health education services.
Type of Location(s) where Activity is Conducted	In isolated remote areas in the Northern Region of Guam where there is no running water, power, and electricity.

Activity/Location Information	
Type of Activity	Non-Clinical Outreach
Frequency of Activity	Monthly
Description of Activity	Conduct outreach actitivities to identify uninsured patients and those who qualify, eligiblity worker would enroll them into Medicaid or Child Health Insurance Program.
Type of Location(s) where Activity is Conducted	Northern, Central, and Southern regions of the island.

BUDGET JUSTIFICATION

Projected Revenue

The Guam Community Health Centers (CHCs) are projecting a total budget of $7,989,421 ($1,396,989-federal and $6,592,432 non-federal) and for the budget period April 1, 2014 to March 31, 2015. The non-federal amount of $6,592,432 represents 83% of the total budget, which would be derived from several sources as follows: $1,000,690 through program income, $5,590,742 from Government of Guam, and $1,000 from other support-contributions and fundraising. In addition, $1,283,663 is requested from HRSA. Majority (60%) of the federal funds will be used for personnel and fringe benefits, 4% for travel, 33% for supplies, 1.5% for equipment, 0.4% for other, 0.1% for contractual, and 1% for indirect cost. The centers receive significant support from the Government of Guam. Each year the Governor of Guam requests the line agencies such as the Guam Department of Public Health including the Guam Community Health Centers to submit a budget with a defined fixed amount. The CHCs allocate resources according to a line item budget. The budget includes revenues from the federal and program income accounts. The NRCHC program income account is kept separately from the SRCHC. These accounts are internally tracked through the Department of Administration (DOA) and the Bureau of Budget and Management Research (BBMR) to ensure that appropriations and expenditures are properly accounted for and controlled. Similarly, all revenues collected by the CHCs are deposited to DOA and tracked via DOA's AS/400 Financial Management Information System. The profit generated by the centers does not flow back to the Government of Guam's General Fund, but are deposited into a separate bank account exclusively for the CHCs' operations.

Patient Service Revenue

The CHCs expect to collect $1,000,690 from Medicaid, Medicare, private insurance companies, and self-pay patients (refer to **Form 3-Income Analysis Format**. During the grant period, a total of 39,907 visits are expected. Of this number, 19,155 Medicaid visits (48% of the total visits) are expected ($87/average visit) would generate an income of $499,946 (based on a collection rate of 30%). Moreover, the CHCs expect 798 Medicare visits (2% of the total visits) ($87/visit) would generate $45,821 (based on a collection rate of 66%). Other 3rd party payers make up 2% of visits and the CHCs expect $35,407 (based on a collection rate of 51%) and so $28,326 would come from private insurances and $7,081 in co-payments from patients) for 798 visits. Uninsured patients comprise 25% of the total visits. 9,977 of these visits ($73/visit) would generate $218,496 (based on a collection rate of 30%). Other public payors make up 23% of the total visit. 9,179 visits ($73/visit) would generate $201,020 (based on a collection rate of 30%). Hence, with 39,907 visits are expected in this budget period, and so the CHCs anticipate a patient revenue collection of $1,000,690.

Expenses

The CHCs projected a total expense of $7,989,421 for the budget period April 1, 2014 to March 31, 2015. The following is a breakdown of expenses according to each object class categories:

PERSONNEL-Personnel and fringe benefits constitute 70% of the total proposed budget. Personnel cost is comprised of **$3,807,756** for the wages of 74.18 FTE and **$1,770,642** for fringe benefits, thus totaling **$5,578,398**. Of the 74.18 FTE staff, 19 FTE are funded through the federal fund, 12.10 FTE through program income, and 43.08 FTE through local. Of the

$5,578,398 in personnel cost, $833,414 would cover the personnel cost ($526,040 salaries; $307,374 fringe benefits) of the following 19 FTE **federally funded employees:** 2 registered nurses, 1 financial manager, 3 medical record clerks, 1 laboratory technician, 1 pharmacy technician, 1 building custodian, 2 clerks, 2 cashiers, 1 medical record clerk supervisor, 1 customer service representative, 1 program coordinator, and 3 eligibility outreach worker.

TRAVEL $61,820 is budgeted for travel and of this amount, $28,000 will be used for the CHC Executive Director, a financial manager, and 2 CHC board members to attend the National Association of Community Health Center (NACHC) conference. The conference will provide updated information on federal program expectations and financial management training. In addition, $4,402 is budgeted for the CHC provider to attend the National Health Service Corp. conference to recruit providers to work at the Guam CHCs and $17,668 is needed for the CHC ED, 1 financial manager, and 2 support staff to attend the Uniform Data System Report training, which provides information on clinical & financial performance measures. The CHCs also needs $11,750 for mileage so that specimens and documents can be delivered.

EQUIPMENT This year, **$20,910** is allocated to procure 10 computers plus 10 UPS power supply since the CHCs would be fully implementing the Resource Patient Management System Electronic Health Record.

SUPPLIES The projected cost for supplies is **$1,526,863.** Office supplies, medical, extended outreach clinic, dental, gas coupons, glucometers, laboratory, pharmacy, janitorial, and diesel supplies will be purchased for the centers' operation. Pharmacy and medical supplies comprise the bulk of expenditures for this object class. $21,087 also is allocated for office supplies such as: paper, pens, paper clips, pencil, correction tape, labels and chart numbers for the medical records, printer ink cartridges, toner cartridges, copier and fax ink cartridges. Medical supplies also will be procured for 39,907 visits @ $7.12 per visit totaling $284,138. These supplies include, but are not limited to: vaginal speculum, tongue depressors, bandage adhesive strips, capes, urine collectors, specimen cups, thermometer probe covers, EKG snap electrode, ear tips for audioscope, OB/GYN applicators, syringes, gloves, alcohol prep pads, vaccines, bicillin, rocephin, aplisol, depo medrol, cefazolin, uristix, one touch test strips, xylocaine, alcohol, heparin flush, catheter dressing, liquid hand soap, gauze sponges, citrus II instant sanitizing lotion, masks, drape sheets, nebulizer, needles, sharps container, seracult plus triple slides, and vaccines. Additionally, $2,033 is needed to refill oxygen tanks for patients with chronic respiratory or cardiac conditions that require the use of oxygen. The oxygen tanks must always be filled as the SRCHC serves as an "alternate care" facility during emergencies and/or disasters. Moreover, $3,716 is needed to procure glucose test strips, cholesterol machines, cholesterol test strips, and pulse oximeters. These supplies are needed for blood glucose and cholesterol screenings during the "Extended Outreach" clinics. $346 also would be used to procure ointments, hand sanitizers, gloves, thermoscan covers, tongue blades, gauzes, and Tylenol for the extended outreach clinics. Additionally, $17,029 worth of dental supplies (tooth brush, toothpaste, and fluoride varnish) are needed to conduct fluoride varnish treatment at the CHCs, the "extended outreach" clinics, and Head Start centers and $2,640 of gas coupons would be given to CHC board members for attending monthly board meetings. Furthermore, $7,865 is needed to purchase glucometers for newly diagnosed patients with diabetes. Furthermore, $157,795 would be used to procure laboratory supplies. The CHCs anticipate 15,748 laboratory

samples @ $10.02 per visit, totaling $157,795 so the following lab supplies are needed, but not limited to: needle pro paks, DT calibrator plus sterile wipes, biohazard bags, kova trol I, II, III, 4C plus control, triglyceride reagents, coulter uni-t-pak, glucose reagents, cholesterol reagents, bilirubin total, micro-albumin, UCG test kits, unistix pipettes, yellow tube, capillary and vacuum tubes. The CHCs also anticipate 29,674 pharmacy visits @ $33.51 per visit totaling $994,376. With so many medications to be ordered, the following are the most common ones: Insulin 70/30 and N, glucophage, amoxicillin, prenatal vitamins, ortho-novum, acetaminophen, betamethasone cream, clotrimazole, diphenyhydramine. Furthermore, $11,310 is needed to procure janitorial supplies including: paper towels, toilet paper, glass cleaners, floor wax, ant and roach spray, and floor stripper and damp mop disinfectant to keep the CHCs clean. Moreover, $24,528 would be used for diesel to run 3 generators (1 at NRCHC and 2 at SRCHC) during frequent utility fluctuations or power outages resulting from emergencies/disasters.

CONTRACTUAL $209,031 is the projected total cost for contractual services. Of this amount, $10,010 is needed for patient care services (i.e., PAP Smear, Group B Strep Screening and bacteria cultures) and $199,021 is needed for non-patient contractual services such as: armored express services; pest control chemical treatment; the maintenance of: diagnostic, micro analyzer, biological safety cabinet, typewriters, printers, fax machines, fire alarm systems, cars, security alarm systems, generators, copiers, and computer machines; and software support for Compumax, Medicare electronic batch claims support, Etreby, and RPMS Electronic Health Record System, and to repair roof cracks at one of the CHC sites.

OTHER $579,206 is budgeted for other costs. Of this amount, $29,598 will be used to pay for the following fees: NACHC membership, Clinic Laboratory and Improvement Amendment (CLIA), laboratory proficiency test services, pharmacy and business license renewal fees. In addition, $5,758 is needed to pay for advertisements to recruit health professionals, printing of bill of rights, and tamper proof prescription pads. Additionally, $3,683 will cover the cost for drinking water, postage meter rental, long distance calling cards, and electronic data interchange services for the submission of Medicare claims for reimbursement. Moreover, $158,664 would be needed for telephone services (125 NRCHC lines and 74 SRCHC lines) telephone, metro ethernet, and cables services and $381,503 will cover the cost for power and water at both CHC sites.

SUBTOTAL: $7,976,228

INDIRECT COST $13,193 is budgeted for indirect charges. An indirect cost rate of 17.79% has been approved, which allows the local government to recoup indirect expenditures for administrative services provided by Department of Administration (DOA). This later amount, which has been computed by taking the sum of the salaries of 2 federally funded financial managers multiplied by 17.79% ($41,469 + $32,693=$74,162 x 17.79%=$13,193) since these two staff perform administrative duties with DOA such as preparing federal financial reports, journal vouchers, and reconciling CHC expenditures.

TOTAL BUDGET YEAR: $7,989,421

BUDGET NARRATIVE

	Year 1	
	Federal	**Non-Federal**
Revenue:		
Program Income	0	1,000,690
Local and State Funds	0	5,590,742
Other Support(including contributions and fundraising)	0	1,000
Federal 330 Grant	1,396,989	0
Other Federal Funding	0	0
TOTAL REVENUE:	**1,396,989**	**6,592,432**
EXPENSES		
PERSONNEL		
ADMINISTRATION	113,879	342,927
MEDICAL STAFF	311,316	2,838,429
DENTAL STAFF	0	0
BEHAVIORAL HEALTH STAFF	0	64,272
ENABLING STAFF	68,826	36,088
OTHER STAFF	32,019	0
TOTAL PERSONNEL	**526,040**	**3,281,716**
FRINGE BENEFITS		
FICA	**0**	**0**
Medical	123,690	397,086
Retirement (29.76%)	156,077	955,569
Retirement DDI	9,396	30,167
Dental Insurance	7,676	24,644
Life Insurance	2,907	9,149
Medicare (1.45%)	7,628	46,653
Unemployment and Worker's Compensation	0	0
Disability	0	0
TOTAL FRINGE	**307,374**	**1,463,268**
TRAVEL		
NACHC Conference 1 training in Financial Management and Governance @ $3,225 per person for airfare x 4 FTEs=$12,900 (1 CHC ED, 1 Financial Manager, 2 Board members) 6 hotel nights @ $295 per night x 4 FTEs =$7080) + registration ($2030 x 2 FTEs = $4060) + ($1980 registration x 2 FTEs=$3,960)	28,000	0
National Health Service Corp conference NHSC Recruiter airfare ($3222) + 4 hotel nights @ $295/night x 1 FTE x 1 training=$1,180.00)	4,402	0
Uniform Data System Report training in Clinical and Financial Reporting @ $2,862 per person x 4 FTEs (1 CHC ED, 1 Financial Mananger, 2 Admin staff ($2862 for airfare x 4 FTEs=$11,448) 5 Hotel nights @ $291 per night x 4FTEs (5 x $291 x 4=$5,820)+ Registration @ $100 per person x 4 FTEs (100 x 4=$400)	17,668	0
Outreach (29,376 miles @ $0.40 per mile (2,448 miles/month x 12 months=29,376 miles/yr)		11,750
TOTAL TRAVEL	**50,070**	**11,750**

BUDGET NARRATIVE

	Year 1	
	Federal	Non-Federal
EQUIPMENT		
RPMS Electronic Health Record System Office Computer (10 computers plus 10 UPS power supply @ $2,091each)	20,910	
TOTAL: EQUIPMENT	**20,910**	**0**
SUPPLIES		
Office Supplies ($878.61/month x 12 months x 2 sites) The following is a breakdown of the office supplies:	**21,087**	**0**
Office Supplies: Paper 8 1/2 x 11(10 cs @ $54.19 each=$541.90); paper 8 1/2 x 14 (10cs @ $69.64 each=$696.40); pens (20 bxs @ $28.37 each=$567.40); paper clips (128 bxs @ $0.96/bx each=$122.88); pencil (20 pks @ $1.64/pks each=$32.80); correction tape (60 @ $3.47each =$208.20). TOTAL: $2,170		
Labels and chart numbers (120 label pkgs @ $6.50 each=$780.00); chart labels (20 pkgs @$4.27 each =$85.40) TOTAL: $865		
HP 1300 ink cartridges (15 @ $53.00 each= $795); HP Laserjet 8100 ink cartridges (5 @ $115.00 each= $575); HP Laserjet 1300 (15 toners @ $53.00 each= $795); HP Laserjet 1100 (5 toners @ $43.99 each= $219.95); HP Laserjet 4050 TN (5 toners @ $55.00 each= $275); HP Laserjet 1022 (5 toners @$49.99 each = $249.95); HP Laserjet 1200 (5 toners @ $53.00 each = $265) TOTAL: $3,175		
Toner HPLJ CM2320 Toner cartridge black (40 @ $95.44 each = $3,817.60), Toner HPLJ CM2320 Toner cartridge cyan (30 @ $95.44 each = $2,863.20), HPLJ CM2320 Toner cartridge yellow (30 @ $95.44 each= $2,863.20), Toner cartridge magenta (30 @ 95.44 each= $2,863.20), HP Envy 100e 60 black ink cartridge (8 @ $16.67 each = $133.36), HP Envy 100e tricolor ink cartridge (8 @ $21.84 each= $174.72), HP LJ 4600 black toner (8 @ $120.74 each = $965.92), Lexmark T630 black toner cartridge (8 @ $149.49 each = $1195.92) TOTAL: $14,877		0
Medical Supplies ($7.12 per visit x 39,907 visits)	284,138	0
Refill and delivery of oxygen tanks for the NRCHC & SRCHC oxygen tanks are as follows: Eighteen 200cubic ft, Ten 22 cubic ft, 13 Hydro Tank Testing (18 (200cf tanks) @ $71.00 each=$1278.00; 10 (22cf tanks) x $43.50 each= $435; 13 (tanks) @ $24.61 each= $319.93)	0	2,033
Glucose test strips (10 bt @ $75/bt each =$750); cardiocheck cholesterol device (4 @ $195 each =$780); cholesterol Test Strip (16 btl @ $103/bt each =$1,648); Pipettes (16 @ $6.60 each=$105.60); pulse oximeter portable (4 @ $108 each=$432)	3716	0
Extended Clinic Outreach Supplies (Ointments: Bacitracin (15gm) 4 tubes @ $2.66 each =$10.64; Hydrocortisone 5 tubes @ $2.31 each=$11.55; Hand sanitizers (8oz) 11 bottles @ $6.66 each= $73.26; Gloves (Sm) 4bxs @ $7.05 each= $28.20; Gloves (Med) 4bxs @ $7.05 each=$28.20; Thermoscan Covers 3bxs @ $21.18 each= $63.54;Tongue blades 2bxs @ $9.30 each = $18.60; Q-tips 100/pk 2 pks @ $9.55 each = $19.10; Gauze 2x2 pk 6 @ $2.66pk each= $15.96; Gauze 3x3 4pks @ $5.14 each=$20.56; Gauze 4x4 4pks @ $7.24pk each= $28.96, Tylenol 500mg tab 1000s 2 bottles @ $13.92 each= $27.84)	346	0
Dental Supplies for Fluoride Varnish Treatment (1,161 toothbrushes @$3.80=$4,411.80) + (1,164 toothpastes@ $3.62=$4,213.68 + 375 floruide varnish @ $22.41/50 pk=$8,403)	17,029	0
132 Gas coupon for CHC board members ($20 coupon per month x 12 months x 11 CHC board members= $2,640)	0	2,640
Glucometers for newly diagnosed diabetes patients One Touch Ultra 2 Meter Kit set (100 kits @ $78.65 ea)	7,865	0

BUDGET NARRATIVE

	Year 1	
	Federal	**Non-Federal**
Laboratory Supplies ($10.02 per sample x 15,748 samples)	8,561	149,234
Pharmacy Supplies ($33.51 per visit x 29,674 visits)	118,359	876,017
Janitorial Supplies ($471.25/month x 12 months x 2 sites) The following is a breakdown of the Janitorial supplies:	11,310	0
Janitorial Supplies: paper towels (100cs @ $36.00 each=$3,600); toilet paper (100 cs @ $60.00 each=$6,000); glass cleaner (8 cs @ $62.45 each =$499.60); floor wax (20 gallons @ $11.67 each=$233.40); ant and roach spray (48 cans @ $12.12 each=$581.76); floor stripper (20 gallons @ $11.54/gallon=230.80); damp mop disinfectant (50 60oz bottles @ $3.29 = $164.50)		
Diesel for Generator NRCHC 230 KW & SRCHC generator 200 gallons/refill x $5.11 x 6 refills=$6,132	0	6,132
Diesel for Generator SRCHC 200KW generator 200 gallons/refill x 6 refills x $5.11/gallon=$6,132)	0	6,132
Diesel for Generator SRCHC 600KW generator 400 gallons/refill x 6 refills x $5.11/gallon=$12,264)	0	12,264
TOTAL: SUPPLIES	**472,411**	**1,054,452**
CONTRACTUAL		
Patient Care Contracts		
Diagnostic Laboratory Services for PAP Smear Screening, Group B Strep, and other laboratory services. (Pap Smear Testing 100ea @$61.60 each=$6,160.00); Group B Testing (79 @ $27.39 each= $2,163.81); Bacteria Culture (79 ea @ $21.34 each=$1685.86)	0	10,010
Subtotal: Patient Care Contracts	**0**	**10,010**
Armored Express Services NRCHC ($388.90/months x 12 months= $4,666.80); SRCHC ($873.17/mon x 12 months= $10,478.04)	0	15,145
Pest Control Chemical Treatment for ant/roach/rodent control ($285.00/mon x 12 months x 2 sites)	0	6,840
Diagnostic Equipment Maintenance and repair of 54 equipment at NRCHC ($954/month x 12 months + $1560 (repair and parts) = $13,008) and 42 equipment at SRCHC ($1560/month x 12 months + $1560 (repair and parts) = $20,280)	0	33,288
Annual Maintenance & Calibration Micro ABX Micro 60 Analyzer for 2 sites NRCHC ($3,155) & SRCHC ($3,550)	0	6,705
Annual Testing & Certification of Biological Safety Cabinet safety NRCHC ($975) & SRCHC ($925)=$1900	0	1,900
Annual preventive maintenance of IBM typewriters, printers, and fax machines, paper shredders, acroprint ET time stamp machines ($3000/site x 2 sites)	0	6,000
Fire Alarm System preventive maintenance for 2 sites: NRCHC ($679/per quarter x 4 quarters=$2716) + $1500 Out of Scope services x 1 site @ NRCHC totaling $4,216); SRCHC ($1,848/per quarter x 4 quarters=$7,392 + $2500 Out of Scope services x 1 site @ SRCHC totaling $9,892)	0	14,108
Car Preventive maintenance & repair, safety inspection, oil and air filter change, brake pads front and rear, roatate tires, & repair including cost for parts and labor for 3 vehicles (Kia Sedona Vans and 1Ford truck ($2500/year x 3 vehicles=$7,500)	0	7,500
NRCHC Security Alarm System monitoring and preventive maintenance for security access control, surveillance and intrusion detection system ($835/month x 12 months=$10,020) + $4,000 (Out of Scope Services Normal/After hours)	0	14,020

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BUDGET NARRATIVE

	Year 1	
	Federal	**Non-Federal**
SRCHC Security Alarm System preventive maintenance for security access control, surveillance and intrusion detection system ($1050/month x 12 months=$12,600 includes out of scope services and after hour services)	0	12,600
Annual Preventive maintenance for 230 KW NRCHC generator ($120/month x 12 months=$1440) + $650/annual service fee + $5,000/yr Emergency on call services)	0	7,090
Annual Preventive maintenance for 200KW SRCHC generator ($140/month x 12 months=$1,680) + $705/annual services + $2500 Emergency on call services)	0	4,885
Annual Preventive maintenance for 600KW SRCHC generator ($140/month x 12 months=$1,680) + $705/annual services + $2500 Emergency on call services)	0	4,885
NRCHC Canon Image Runner 5570 copier/fax/scan maintenance including parts and labor ($233.33/month x 12 months=$2,799.96)	0	2,800
SRCHC Canon Image Runner 5570 copier/fax/scan maintenance including parts and labor ($233.33/month x 12 months=$2,799.96)	0	2,800
SRCHC Canon Image Runner 3245 copier/fax/scan maintenance including parts and labor ($233.33/month x 12 months=$2,799.96)	0	2,800
Annual Computer & part service maintenance for computers for the NRCHC & SRCHC sites ($195.64/mon x 12 months=$2,347.68 per site x 2 sites=$4,695.36)	0	4,695
Annual Compumax Software license for NRCHC and SRCHC	385	0
Medicare Electronic Batch claim support (UGS Medicare billing) ($153.00/month x 12 months=$1,836)	1,836	0
Etreby Pharmacy Information software and maintenance support for NRCHC and SRCHC ($1743/quarter x 4 quarters x 2 sites=$13,944)	0	13,944
Etreby software support $1000.00/month x 12 months)	0	12,000
Preventive Maintenance for RPMS Electronic Health Record software support ($1000.00/month x 12 months)	0	12,000
NRCHC Roof Repair with the following Scope of Services: 1) Remove existing sealant 300 linear ft 2) Rout construction/contraction/expansion joint and apply flexible sealant 3) Apply flexible sealant on the routed joints 4) Apply polyurethane roof coating total of 18 inches on roof and wall 5) Apply Ultraviolet resistant top coat 6) Install roof drain to avoid ponding 7) Cleaning and disposal of debris 8) Mobilization/demobilization and safety requirement. There is an 18 month warranty on the above scope of services	0	10,795
Subtotal: Non-Patient Contracts	**2,221**	**196,800**
TOTAL:CONTRACTUAL	**2,221**	**206,810**
OTHER		
Dues for NACHC Membership ($5,392.48/quarter x 4 quarters=$21,569.92)	0	21,570
CLIA Fee for NRCHC ($3567) and SRCHC ($2141)	0	5,708
Laboratory Proficiency Test Services **NRCHC Laboratory** for glycohemoglobin ($153.00), hematology w/diff A($242.00) pregnancy waived ($69.00), urine microalbumin/creatinine ($66.00), clinical microscopy ($30.00), Urinalysis ($66.00), blood cell identification ($30.00), Strep Screen A, waived ($87.00), registration ($75.00), and postage fee ($190.20)	0	1,008

BUDGET NARRATIVE

	Year 1	
	Federal	**Non-Federal**
Laboratory Proficiency Test Services **SRCHC Laboratory** for glycohemoglobin ($153.00), group A antigen ($160.00), hematology ($242.00) pregnancy serum ($140.00), urine microalbumin/creatinine ($66.00), clinical microscopy ($30.00), Urinalysis ($66.00), blood cell identification ($30.00), registration ($75.00) and postage fee ($190.20)	0	1,152
Pharmacy License Renewal Fee ($30 x 2=$60)	0	60
Business License Renewal Fee ($50 x 2 sites=$100)	0	100
Advertisement for health professionals and other Contractual services "2 x 5" column ($160/announcements x 6 announcements=$960 + $28 online advertisement)	0	988
Patient Bill of Rights (10,000/sheets x 0.050 = $500)	500	0
Printing of Tamper Proof Prescription Pads (1,000 pads @ $4.27each = $4,270)	4,270	0
Water 5 gallon (104 bottles x $6.00/bottles $624 per site x 2 sites=$1,248)	0	1,248
Postage meter rental ($42.99/month x 12 months= $515.88+ ($9.50 x 2 refill charge=$19)+ ($300/postage fee) =$834.88)	0	835
Long Distance Calls charge long distance calling cards ($125/card x 4 cards=$500)	0	500
Long Distance Services via modem line for Medicare electronic billing ($45.83/month x 12 months=$549.96/site x 2 sites)	0	1,100
Telephone service for 125 lines for NRCHC charges include: SLC Multiline Subcriber, Universal Service, E911, and LNP End User ($5,683/month x 12 months=$68,196) and manage router/metroethernet transport service for the NRCHC Center ($1176/months x 12 month=$14,112)	0	82,308
Telephone service for 74 lines for SRCHC charges include: SLC Multiline Subcriber, Universal Service, E911, and LNP End User ($4,453 x 12 months=$53,436), manage router/metroethernet service for the SRCHC ($1294/month x 12 months =$15,528), GUD TV ($153.99/ month x12 months=$1,847.88 x 4 lines=$7391.52	0	76,356
Power (NRCHC $17,112/month x 12 months=$205,344) and SRCHC ($12,963/month x 12 months=$155,556)	0	360,900
Water (NRCHC $643.95/month x 12 months=$7,727) and SRCHC ($1,073/month x 12 months=$12,876)	0	20,603
TOTAL OTHER	**4,770**	**574,436**
TOTAL DIRECT CHARGES	**1,383,796**	**6,592,432**
INDIRECT CHARGES (17.79%) Federal Salaries of 2 Financial managers ($41469+ $32693=$74,162 x 17.79% = $13,193)	13,193	0
TOTALS (Total of Total Direct Charges and Indirect Charges)	**1,396,989**	**6,592,432**

ENVIRONMENT

Guam is a tropical island located in the Western Pacific with a population of 159,914 (of this number, 114,770 are the target population) and the populace is projected to increase to 160,379 in 2013. The **change in population demographics** result from the influx of immigrants attributed to the "Compact of Free Association" agreement, which allows citizens from the Federated States of Micronesia, Palau, and Marshall Islands unrestricted immigration into the U.S. and its territories. Thus, regional migrant population tripled to nearly 32,635 and Guam is home to 18,044 (55%). **Undoubtedly, FAS citizens, the indigent, agricultural workers, homeless, and public housing residents also are in dire need of primary health care, urgent care, specialty care, tertiary care, in-patient care, and off-island referral services.** The need for such services is apparent in that Guam has only one civilian hospital-GMHA; there are only 5 multi-specialty clinics; 3 urgent care centers; no tertiary care facility; and only 2 medical referral organizations. This need has been partly met in that **International Health Professionals (IHP) and Guam Regional Medical City (GRMC) are new providers in the service area** that have joined Guam's health care system; GMHA would be opening a new urgent care center and has tripled in size both its ER and intensive care units. Realizing that 400 beds are needed on Guam for the provision of in-patient care services, and with GMHA having only 158 beds, GRMC would provide 130 desperately needed beds in June 2014. Furthermore, Guam applied for a Health Information Exchange (HIE) grant and received $1 million for HIE planning. Part of this planning included the computation of the Advanced Premium Tax (a tax credit intended to offset the costs of being insured for those whose incomes fall between 100% and 400% of the poverty level) and it was determined to cost $75 million annually and another $30 million would be needed to operate the HIE, thus $104 million is the price tab for HIE. Given this astronomical cost and being an unfunded liability, Guam opt out of HIE. The Patient Affordable Care Act (PACA) also provided $268 million for Guam Medicaid and a cumulative of $27.4 million has been spent over the past three years ($900,000 spent in 2011; $8 million in 2012; and $18.5 million in 2013). Additionally, PACA enabled Guam's Medicaid program to expand eligibility to adults having no children whose income falls between 101% and 133% below poverty level. Realizing that this Medicaid expansion would result in an increase in Medicaid eligibility, the Guam CHCs applied for the "Health Center Outreach and Eligibility Enrollment Assistance" grant. With the awarding of $128,234, **changes in key program partnerships** were made to launch this project and so the CHCs established new partnerships with Public Health Division of Public Welfare and they provided Medicaid/CHIP eligibility determination and enrollment training to 3 CHC eligibility workers.

ORGANIZATIONAL CAPACITY

In 2012, **there were no new CHC sites and no key staff vacancies**, however there were changes in the staffing composition in that staffing increased from 64.96 (2012 UDS Report) to 70.18 FTE by end of December 2013. The latter is attributed to the recent hiring of 5 FTE (1 CIO, 1 CNM and 3 Eligibility Workers) and the OB/GYN added 9 more clinic hours per week (0.22 FTE). Moreover in this budget period renewal, the CHCs plan to hire 4 more staff (1 FTE family practitioner, a nurse practitioner, a RN, and clerk) to increase the staffing from 70.18 to 74.18 FTE. Of the 74.18 FTE, the provider staffing would increase from 8.28 to 9.28 FTE and the mid-level provider would also increase from 3 to 4 FTE. Using the ratio of 1 provider: 1,350 patients; 1 mid-level provider: 750 patients), 15,528 patients would be seen served (9.28 FTE MDs x 1,350 users=12,528 patients) + 4 FTE Mid-levels x 750 patients=3,000 patients) and so 12,528 +3,000 =**15,528** patients). In the 2012 UDS report, there were 13,078 patients and 33,591 encounters made and so based on this data, each patient visited the CHCs about 2.57 times. Using this figure, with 15,528 patients anticipated, the CHCs expect **39,907 encounters** (2.57 encounters/patient x 15,528 patients= 39,907 encounters). Thus, the CHCs plan **to increase staffing from 70.18 to 74.18 FTE** (14 administrative, 53.58 medical, 0.6 behavioral, 5 enabling, and 1 other staff (**refer to Form 2: Staffing Profile**) in order to achieve the **goal of servicing 15,528 patients and 39,907 encounters, increasing the number of patients and encounters by 18% and 19% respectively**. Additionally, The Guam CHCs have made tremendous progress in implementing the following core modules of the RPMS EHR: patient registration, clinical scheduling, clinical documentation, immunization forecaster, third party billing and account receivables, and internal laboratory and pharmacy. Currently, the CHCs are working with University of Hawaii Telecommunications and Social Informatics program to implement the remaining core modules (the computerized physician order entry and external pharmacy including e-prescribing). Additionally, the bi-directional laboratory interface with reference laboratory (Diagnostic Lab Services) and the immunization interface with Web IZ (Guam Immunization Registry) are in progress. With the RPMS EHR implementation, the CHCs are the first to receive CMS Medicaid EHR incentives. Furthermore, in 2012, the MIP Reform law was amended, allowing the CHCs to receive MIP reimbursements, which have contributed to the increase in program income revenues by 31.5 % this year as compared to last year. Additionally, the CHC Board reintroduced a resolution for the garnishment of income taxes so that the CHCs can be included among agencies permitted to garnish income tax refunds from taxpayers with outstanding debts. The garnishment of income tax refunds would reduce the CHCs' account receivables, which in turn increases program income revenues.

PATIENT CAPACITY

The CHCs anticipate **16.53 FTE medical providers to serve 19,827 unduplicated patients by the end of the project period** (end of 2015). Unfortunately, the **trend of unduplicated patients** has been gradually decreasing over the years by **2.8% in 2011 and then by 6% in 2012** (decline of 14,350 patients in 2010 to 13,947 in 2011 to 13,078 in 2012). The decrease in patients is correlated with the reduction in the number of providers (10.83 FTE providers in 2010; 9.28 FTE providers in 2011; and 8.98 FTE providers in 2012). When providers complete their NHSC loan obligation, many return to the U.S. and given the shortage of providers locally, recruitment and retention are quite challenging. Guam's remote geographic location and the low provider salaries (well below the U.S. national rate) further hamper recruitment. For this reason, the CHCs partnered with the Pacific Island Health Officer's Association to update the HPSA application in hopes of attaining a higher score to recruit scholars through the NHSC program. In 2013, Guam received a HPSA score of 17, thus making it eligible to recruit NHSC scholars/loan repayors. Moreover, in 2012, a NHSC site visit was conducted to provide technical assistance in recruitment and during the visit, recommendations were made to update the Guam CHCs 'site information and its vacancy listing via the NHSC website. The CHCs have done all this along with updating position descriptions of all providers in hopes that the local government would adjust the salaries. In 2010, salaries were adjusted, but only briefly for a month due to government of Guam revenue shortfalls and an increasing deficit. Additionally, the decline in patient numbers was attributed to "transformational changes" in that SRCHC was under construction and renovation and the CHCs began implementing the RPMS EHR core modules individually in lieu of all modules simultaneously and so staff continued entering data into multiple information systems in order to maintain data for critical federal reports, which affected the clinical flow resulting in less patients seen. Additionally, although a vast number of patients visit the CHCs, many are seriously ill with multiple health conditions causing providers to spend more time to thoroughly assess their medical/family history, which reduced their productivity. Other providers were not computer savvy and so entering clinical notes into the RPMS EHR took more time than documenting health information manually. However, in spite of all these dilemmas, **the CHCs successfully increased the number of providers from 8.98 FTE in 2012** (7.4 FTE MDs and 1.58 FTE mid-level providers) **to 11.28 FTE in 2013** (8.28 FTE MDs and 3 FTE mid-level providers) by hiring "home grown" providers enrolled in the NHSC as well as those who completed their clinical practicum at the CHCs. Thus, this budget renewal application proposes funding to further increase provider staffing to **13.28 FTE** (9.28 FTE MDs and 4 FTE mid-level providers).

TOTAL PEOPLE EXPERIENCING HOMELESSNESS PATIENT (3,000 characters=1 Page)

The "Point –In-Time Homeless" survey conducted in January 2013 reveals a decline of 2.2% in Guam's homeless population (from 1,301 in 2012 to 1,272 in 2013). Of the 1,301 island-wide homeless people in 2012, the CHCs provided primary health care, acute care, and preventive services to 930 (71%) homeless persons. Clearly, Guam CHCs are the "safety-net" providers for the homeless population providing medical care regardless of ability to pay. The homeless people have difficulty receiving health care since many private clinics refuse to service these patients due to their inability to make payment upfront. Undoubtedly, these patients have an array of health conditions and are susceptible to communicable, chronic, and gastrointestinal diseases; many have skin diseases and are in need of behavioral health services. Additionally, Guam Housing and Urban Renewal Authority (GHURA), being also part of the Homeless Coalition, has taken the leadership role by constructing affordable housing (852 new housing units built in 2013), providing housing assistance from Section 8 and Public Housing programs, and providing housing vouchers for the homeless including the veteran and other homeless subpopulations (i.e., severely mentally ill, chronic substance abuse, people with HIV/AIDS, and victims of domestic violence). Guam remains committed to the goal of ending homelessness. Thus, the decline in the number of Guam's homeless individuals is primarily attributed to the Guam Homeless Coalition's efforts in getting homeless people off the streets and into housing; providing an array of health and social services programs including primary health care services, substance abuse and depression treatment; and providing workforce training and education. With the declining homeless population, the Guam CHC would not achieve the goal of serving 2,485 homeless patients by the end of the project period because there may not be this high of a number of homeless people within the next year. Based on the survey in 2013, of the 1,272 homeless people, 1,143 are unsheltered and 129 people are in shelters (60 in emergency and 69 in transitional shelters). Of the 1,272 persons, 975 (77%) are persons in household with at least one adult and one child and 297 (23%) persons are in households without children. Additionally, the 1,272 persons represent 388 homeless households and of this number, 50 households (13%) comprise the veteran and 64 (17%) consists of other homeless subpopulations. Thus, the decrease in the islandwide homeless population correlates with the declining trend in the number of homeless patients seen at the CHCs in 2012 as compared to 2011. Other key factors impacting the reduction in homeless patient numbers is the lack of transportation. Often times the Guam Mass Transit (public transportation system) is very unreliable so it is not uncommon for homeless patients to fail their medical appointment, which adversely impacts the decline in CHC patient numbers.

TOTAL PUBLIC HOUSING RESIDENT PATIENTS

The **trend of public housing resident patients** has been gradually decreasing over the years by **2.8% in 2011 and then by 6.9% in 2012** correlating with the decline in the number of providers (10.83 FTE providers in 2010; 9.28 FTE providers in 2011; and 8.98 FTE providers in 2012). Undoubtedly, many residents of public housing are in need of an array of primary health care services including, but not limited to: chronic disease care (i.e., cardiovascular and coronary artery diseases, hypertension, diabetes, asthma, cancer), colorectal screening, PAP testing, weight reduction, smoking cessation, nutrition, communicable disease care (Hepatitis B and C, TB), STD/HIV screening and treatment, family planning, prenatal/postpartum care, immunizations, behavioral health and oral health care, case management services, and health education. However, **cultural and educational factors, unemployment, and transportation barriers are key factors adversely impacting patients from accessing primary health care services, resulting in the decline in patient numbers**. From a cultural perspective, Public Housing residents see health care more often from an acute than a preventive perspective so they do not seek routine primary/preventive health care maintenance at the CHC. Additionally, they are unaware and uneducated that preventive health care maintenance including early screening and diagnosis can reduce their chance of developing serious disease complications so they prolong seeking medical attention until their condition warrants hospitalization. Other than cultural factors, many of the Public Housing residents have less than a high school diploma and are at a "socio-economic disadvantage" with limited education and/or vocational skills making it difficult for them to obtain employment in a highly competitive job market. The Guam CHCs are the "safety-net" providers for Public Housing residents since they can access services regardless of their ability to pay. With more and more patients coming to the CHCs because they cannot access services at private clinics, the CHCs have been so overwhelmed with a large volume of patients and having a limited number of providers, patients have to wait longer. Those unwilling to wait long hours simply leave the CHC and forego being seen, which also contributes to the decline in the number of patients served. Other than these key factors, transportation is such a deterrent in accessing primary health care services. The Guam Mass Transit has never been good at providing transportation services as evident in that Public Housing residents have to wait hours just to catch a bus to the CHC. Often, they have a long distance to travel to get to the busing depot. Undoubtedly, the public transportation system has been plagued by limited routes and inefficiencies. Without efficient transportation, many Public Housing residents cannot make their medical appointment at the CHCs and this also led to the reduction in CHC patient numbers.

TOTAL MIGRATORY AND SEASONAL AGRICULTURAL WORKER PATIENTS

The **trend of migratory and seasonal agricultural worker patients** has been gradually increasing over the years by **14% in 2011 and 7% in 2012 respectively and so the target goal of servicing 2,263 patients was attained.** The Farm to Table Corporation, a non profit organization, conducted the "Guam Value Added Agriculture" survey to assess the demographics of farmers, farming history, farming produce, manufacturing, processing, and financial information. The survey result reveals the following: 90% of farmers are the local indigenous people (Chamorro); the average age of local farmers was 53 years old; 63% of farmers were third or fourth generation farmers; 74% of farmers reported having to obtain income elsewhere to sustain their families; 25% would farm full-time if they made an income between $20,000-$40,000 per year; and 32% would farm full-time if they made between $40,000-$60,000. The farmers' produce is sold primarily at supermarkets and farmer's markets. Agricultural workers also have any array of health problems such as: heat exhaustion, foot injuries, wounds, delayed immunizations, skin diseases, chronic diseases, Arthritis, Hepatitis A and B, and respiratory ailments (Asthma), the latter attributed to exposure to fertilizers, chemicals, and pesticides. Many of Guam's agricultural workers do not have a steady income because the farming business is unstable and financially insufficient resulting in many of them falling below poverty level. With limited income, they visit the Guam CHCs knowing that they can apply for the Sliding Fee discount, MIP, and Medicaid programs. Data clearly reveals that primary health care and preventive services were provided to 2,503 individuals in 2012 and so the goal of servicing 2,263 farmers was achieved and this is primarily due to the CHCs providing **portable clinical care through the "Extended Outreach" clinics at isolated areas** and during these clinics, the CHC physicians and the community partners provide primary health care and preventive services including immunizations, blood pressure, blood glucose, and cholesterol screenings, and health education. In 2012, 1,203 individuals participated in 6 "extended outreach" clinics. On the other hand, there are agricultural workers who do not take advantage of the "extended outreach" clinic because they have the mentality that they are not sick and they do not get ill. Given this perception, some do not visit the CHCs and others fail to come to the CHCs due to transportation barriers. Farmers reside in agricultural areas that are geographically isolated and the topography is rocky, muddy, with many pot holes making it not conducive for vehicles and buses to travel. Thus, the Guam Mass Transit bus cannot even go to these isolated areas because it can tumble over. Without transportation, many farmers forego routine preventive health maintenance. Thus, the aforementioned key factors contribute to the reduction in the number of patients served by the CHCs.

SUPPLEMENTAL AWARD FY 2013 OUTREACH AND ENROLLMENT ASSISTANCE SUPPLEMENT

In 2013, Guam was awarded $124,234 to expand "in reach" and "outreach" activities for the enrollment of uninsured health center patients into Medicaid/Child Health Insurance Program (CHIP). The plan involves increasing public awareness of the "Outreach and Enrollment Assistance" program through public service announcements, pamphlets, and flyers. Additionally, eligibility workers would be recruited to navigate and assist **4,160 uninsured persons** in the completing the Medicaid application at two CHC sites as well as through "outreach activities" so that at least **10% (416) of uninsured people would receive eligibility determination and/or enrollment in Medicaid/CHIP.** The Guam CHCs have made great progress in that 3 FTE Eligibility Outreach (E/O) workers have been recruited and the Guam Medicaid Office staff provided "on the job" state consumer assistance training to determine and enroll individuals into Medicaid/CHIP. While the workers were being recruited, **the CHCs utilized the existing "seasoned" Medicaid eligibility workers on site to screen and enroll applicants into Medicaid/CHIP. This contingency plan was implemented since the grant requires E/O workers to be hired within 60 days, and having a delay in the hiring of these staff due to the local government's lengthy recruitment bureaucratic process, the aforementioned contingency plan had to be done to sustain progress to ensure the achievement of the program goal.** During the 1st quarter of this grant, 1,248 uninsured patients were identified and of this number, 613 people were successfully called, but 635 could not be reached. **Of 613 folks contacted, all were screened for Medicaid/CHIP eligibility, representing 12% progress in the goal of assisting 4,160 uninsured patients.** Of the 613 persons, 512 people were enrolled in Medicaid/CHIP; 44 patients were not qualified; and 57 were pending qualification, the latter due to the incomplete submission of required documents. **Other than the delay in recruitment, another restraining factor is the difficulty in contacting uninsured patients and scheduling them for an interview with the eligibility worker due to the change in patient's phone number/residency, phone disconnection, or migration of the patient.** Thus, these key restricting factors also affected progress towards the goal. On the other hand, **factors contributing to progress in reaching the goal include having a robust partnership with Guam Medicaid Office; a structured referral system (referral of uninsured patients to the CHC E/O worker); updated patient phone numbers and alternate numbers, the latter overcoming barriers to communication.** The CHC also **plans to implement outreach activities through health fairs, extended outreach clinics, night markets, and flea markets in partnership with the community** so that more uninsured patients can be assisted with eligibility determination so that the goal of having at least 416 people enrolled in Medicaid/CHIP can be attained.

CLINICAL PERFORMANCE MEASURES
PERINATAL HEALTH

Data reveals an increase of 4.5% of women receiving prenatal care services in the first trimester of pregnancy in 2012. The increase in women receiving early prenatal care services is attributed to **the hiring of an additional 1FTE nurse practitioner and the "re-engineering" of the perinatal care unit.** With the addition of a full-time nurse practitioner, the CHCs opened its doors to prenatal clients enrolled in the Maternal and Child Health (MCH) program, which led to the gradual rise of patients presented to the clinic. With more and more patients visiting, the patient wait time was getting longer, prompting the CHCs to "re-engineer" the Women's Health Clinic by establishing a perinatal care unit with its own clinical team of providers, medical support staff, and a perinatal care coordinator exclusively focused on providing prenatal, postpartum, and family planning services and this team was removed from taking care of other patients so that their work is streamlined. Given this **significant change**, patients were now being processed much quicker, lessening the patient wait time, resulting in increased provider productivity. Although these key factors positively impacted performance, the goal of 30%, however was not attained and **restraining factors in accessing early prenatal care was attributed to: financial barriers, women lacking education on the importance of early prenatal care as well as not perceiving the need for such services**. This in turn adversely impacts the number of patients accessing prenatal care in the first trimester of pregnancy. Thus, the CHCs plan to minimize financial barriers to care by directing all uninsured pregnant women to the newly hired eligibility outreach worker so that these ladies can be assisted in applying for the Medicaid and/or the Sliding Fee Discount program. The CHCs also are in the process of recruiting another nurse practitioner so that more appointment slots can be added, and a prenatal pamphlet has been completed and is currently being translated in the Chuukese language to educate Micronesian women of the importance of early prenatal care (most FSM women lack prenatal care). Thus, education is the key in preventing poor pregnancy outcomes such as low birth weight. Data reveals Guam's **low birth weight rose by 1.7 percentage points in 2012 as compared to 2011**, which is due to **the lack of access to prenatal care services, unhealthy lifestyle practices, (e.g., smoking, substance use), untreated infections (e.g., urinary tract infection, Syphilis, STDs, and/or HIV).** Thus, in an efforts to increase public awareness and education of healthy pregnancy outcomes, the CHCs have developed a Perinatal Curriculum and staff will be training Micronesian women so that they can become perinatal care outreach workers and be "infectious" in spreading prenatal care education to the entire community so that a vast number of women access prenatal care services in the first trimester of pregnancy.

PREVENTIVE HEALTH SCREENINGS AND SERVICES

Weight assessment and counseling for children and adolescents more than doubled in 2012 as compared to 2011 and this significant improvement is primarily attributed to the implementation of the RPMS EHR and partnership with the WIC program housed within the Guam CHCs. Although the CHC clinical staff provided nutrition and physical activity counseling, youths under or overweight were referred to the WIC program for nutrition education and enrollment in the supplemental assistance program. WIC Farmer's markets were also conducted outside the CHC sites where local farmers sell fruits and vegetables. Conversely, **adult weight screening and follow up drastically declined by more than 50% in 2012 compared to 2011** primarily due to the lack of documentation of an individualized follow-up plan. CHC staff were not familiar with the RPMS case management module, and to overcome this barrier, training was provided showing them how to navigate and use the case management module to improve clinical performance. From the training, staff learned how to use many health components of this module, for instance, they use the "tobacco assessment" to query smokers on the amount of cigarettes smoked per day, or use of smokeless tobacco. **This has resulted in a significant increase (88.5%) in adults assessed for tobacco use in 2012 compared to 2011.** Patients using tobacco were continuously monitored, educated, and received the 1800 QUIT smoking cards so that they seek professional help in quitting. Unfortunately, patients failed to "kick the habit" as data reveals a **decrease from 75% to 21% in 2012 of adults receiving advice to quit smoking or tobacco use. Other preventive screenings such as colorectal and cervical cancer also were conducted at the CHCs and data** reveals **a 7% increase of patients receiving colorectal cancer screening and a 30% rise in cervical cancer screening in 2012. The colorectal screening** increase was attributed to clinical protocols being followed (i.e., annual fecal occult test given to patients 50 years and older) and coverage of this test by insurance providers. On the other hand, sigmoidoscopy and colonoscopy were procedures not commonly covered by insurance providers and so asymptomatic patients forego this screening due to financial barriers. To overcome such barrier, the CHCs partnered with Guam Cancer Care so that this non-profit organization pays for cancer screening and treatment. In addition, PAP Smear testing was provided and **the goal of 50% of patients receiving PAP Smear screening was attained** due to the hiring of two female providers and the enrollment of uninsured women into the Guam Breast and Cervical Cancer program. **Immunization services also were provided and the measure was 0%.** This poor performance results from **children not receiving Rotavirus and/or Varicella vaccine(s).** To overcome such barrier, parents were given the recommended vaccine schedule so that they bring their children to the CHCs to be vaccinated on time.

CHRONIC DISEASE MANAGEMENT

In 2012,**Asthma treatment decreased by 42.8 percentage points** due to the inappropriate classification of this disease, the lack of an Asthma action plan, and the inappropriate use of Asthma medication. To overcome this barrier, the CHC pediatrician created the "Pediatric Asthma" questionnaire to aid clinical staff in properly classifying Asthma as either mild, moderate, or severe and this questionnaire is now in the "Well Child" & "Pediatric SOAP Note" templates of the RPMS EHR. The CHC pediatrician also conducted an "Asthma Classification" training for the CHC staff so that they can properly classify and treat Asthma, develop and document an Asthma action plan, and educate parents/patients on the appropriate use of spacers and inhalers so that patients can properly use Asthma medications. Similarly, in 2012, there was a decline of **47 percentage points of patients diagnosed with coronary artery disease (CAD) who were prescribed a lipid lowering therapy** and so the target goal was not attained. Restraining factors in achieving this goal include: unhealthy lifestyle practices, failed medical appointments, and non-compliance in obtaining laboratory tests, the latter preventing providers from prescribing lipid lowering therapy medication. To overcome these restraining factors, the CHC staff spend enormous amount of time educating patients and providing case management and ancillary services. Moreover, after an aggressive dietary and lifestyle change advice, CHC providers immediately prescribed lipid lowering therapy for patients with cholesterol levels above the acceptable range. Conversely, in 2012, there was an **increase of 12 percentage points of patients with Ischemic Vascular Disease (IVD) who had aspirin use or other anti-thrombotic therapy** resulting in the goal attainment due to appropriate CPT & ICD 9 coding, proper clinical documentation of IVD, Aspirin, and other anti-thrombotic medication in the RPMS EHR system, and patients' adherence to the treatment plan. Other chronic diseases such as hypertension and diabetes continue to be highly prevalent in Guam. **Blood pressure and diabetes control decreased by 12.9 and 10 percentage points respectively in 2012** due to unhealthy lifestyle practices. Although patients were educated about healthy lifestyle practices and received supplemental nutrition assistance, they simply did not buy healthy foods because it is too expensive. Thus, many of them consumed "processed foods" high in sodium, fat, and cholesterol and had sedentary lifestyles making them susceptible to the aforementioned chronic diseases. Undoubtedly, weight reduction, proper nutrition, smoking cessation, and avoidance of alcohol & drugs were heavily promoted through the "extended outreach" clinics and during these clinics, patients also received blood pressure/glucose screenings. Those with elevated levels were referred to the CHCs for evaluation & treatment and patients newly diagnosed with diabetes were given free glucometers.

OTHER MEASURES

The percentage of adults screened for depression decreased slightly by 0.1 percentage point in 2012 and so the target goal was not attained. The main restricting factor is the incompletion of the "depression screening" questionnaire and CHC staff not collecting the questionnaire. To overcome this barrier, the clinical psychologist revised the "Depression Screening" questionnaire and provided training so that staff are familiarized with the screening tool in order to assist patients having difficulty completing the survey. Moreover, the CHC clinical psychologist developed clinical protocols for the implementation of the 'Depression Screening". Questionnaires with scores indicative of depression were given to the clinical psychologist who contacted the patient for further clinical evaluation and diagnosis. Currently, the CHCs have a Memorandum of Agreement with Guam Behavioral Health and Wellness Center and the MOA is under revision to incorporate Screening, Brief Intervention, Referral, and Treatment (SBIRT) for patients with alcohol or drug problems. The CHCs opened its doors so that SBIRT program staff can be physically available at the CHC site for the provision of mental health and substance abuse services in a primary health care setting, so there is no stigma in obtaining such services in conjunction with primary health care services at the CHCs and by doing so, this would increase the number of new patients. Other than behavioral health, oral health services were also integrated with primary health care services. The CHCs made great progress in that **the percentage of children with untreated dental decay has been decreasing over the past 3 consecutive years** however, the goal of 6% was not attained. Restraining factors include: lack of oral health care and nutrition education as well as the lack of a fluoridated water system. To overcome these restraining factors, the CHCs implemented fluoride varnish treatment to children 6 months to 7 years during well child and immunization services at the CHCs. Additionally, fluoride varnish treatments were conducted during the "extended outreach" clinics to many of the poor children residing in isolated areas. Through partnerships with the DPHSS Dental and Head Start programs, the CHCs also supply these programs with fluoride varnish, tooth brushes, and toothpastes so that staff apply fluoride varnish at their respective work sites. The DPHSS Dental program also conducted fluoride varnish treatment and nutrition education at the NRCHC site so services were available to WIC children and Children with Special Health Care Needs. In CY 2012, 1,117 children received fluoride varnish treatment, nutrition and oral health hygiene education at the CHCs and 145 received the same services during the "extended outreach" clinics. Fluoride Varnish Oral Health screening forms were also completed to monitor the application of fluoride varnish and ensure that children receive varnish every 3 months.

FINANCIAL MEASURES

The total cost per patient ratio reached 415.79, representing an increase of 7.65% in 2012 and so the target goal was attained. In 2012, the CHCs had a total cost of $5,437,657 and medical services ranked as the highest cost of all services representing 55% ($2,996,751) of the total cost. In an effort to sustain financial viability, the CHCs implemented cost saving practices by enrolling in the 340 B Drug Discount Pricing program and so medications were procured at the lowest price resulting in $298,000 saved in 2012. The savings provided additional resources for the CHCs to hire more staff and replace part-time contracted nurses with full-time new nursing graduates from University of Guam and Guam Community College, and by doing so, cost savings were made since the new nurses' salaries were much lower than unclassified nurses under contract. Additionally, the CHCs recruited more mid-level providers in lieu of physicians which also contributed to more savings. As mentioned previously, medical services ranked as the highest cost among all services and in 2012, data reveals that the **medical cost per medical visit ratio increased by 24% in 2012 and so the goal was attained.** Contributing factors to the increase in medical service cost include: salary increments, the hiring of two mid-level providers and nurses, and the rising cost of medical supplies. Moreover, the CHCs are progressing forward in increasing its assets so that monthly expenses can be paid on time. Data clearly reveals the **net assets to expense ratio decreased by 55% in 2012 (from 0.20 in 2011 to 0.09 in 2012),** and with this ratio greater than 0, the goal was attained. Additionally, **the working capital to monthly expense ratio was 11.18 in 2012 and so this goal was achieved.** Contributing factors to the gradual increase in working capital is mainly attributed to the increase of CHC assets through program income revenues as well as other sources such as compact-impact and local funds appropriated by the Guam Legislature. Over the past years, the CHCs applied for the Compact-Impact Assistance grant and every year the CHCs were awarded such funds. Moreover, contributing factors to the increase in program income revenues include: financial counseling provided at every clinic visit to all CHC patients having a delinquent account; aggressively collecting aged account receivables; and more claims processed due to less billing errors resulting from proper CPT and ICD9 coding. Additionally, the passage of a local public law allowed the CHCs to establish its own bank account and so revenues were easily tapped on to promptly pay monthly expenses. These strategies were very effective in that **the goal of collecting 33% of overall charges was attained.** Contributing factors also include staff attending "Medical Billing" courses which improved their performance in minimizing billing errors through appropriate CPT coding, the latter maximizing revenues.

OMB No.: 0915-0285. Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FEDERAL OBJECT CLASS CATEGORIES	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Total Proposed Budget	Amount
Section 330 Federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary) 10500	$1,396,989
Non-Federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)	$6,592,432
Total	

Budget Categories			
Object Class Category	**Federal**	**Non Federal**	**Total (from Section B – Budget Categories)**
a. Personnel	$526,040	$3,281,716	$3,807,756
b. Fringe Benefits	$307,374	$1,463,268	$1,770,642
c. Travel	$50,070	$11,750	$61,820
d. Equipment	$20,910	$0	$20,910
e. Supplies	$472,411	$1,054,452	$1,526,863
f. Contractual	$2,221	$206,810	$209,031
g. Construction	0	0	0
h. Other	$4,770	$574,436	$579,206
i. **Total Direct Charges (sum of a-h)**	$1,383,796	$6,592,432	$7,976,228
j. Indirect Charges	$13,193	$0	$13,193
k. **Total Budget Specified in Section A - Budget Summary**	$1,396,989	$6,592,432	$7,989,421

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 2: STAFFING PROFILE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Administrative Staffing Positions	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a*b)	Total Federal Support Requested
Executive Director/CEO	1	63,983	63,983	0
Finance Director (Fiscal Officer)/CFO	2	37,081	74,162	32,693
Chief Operating Officer/COO	0	0	0	0
Chief Information Officer/CIO	1	44,273	44,273	0
Administrative Support Staff	10	27,438	274,388	81,186
Medical Staffing Positions	**Total FTEs (a)**	**Average Annual Salary of Position (b)**	**Total Salary (a*b)**	**Total Federal Support Requested**
Medical/Clinical Director	1	165,703	165,703	0
Family Physicians	1.4	136,564	191,190	0
General Practitioners	0	0	0	0
Internists	4.2	123,862	520,221	0
OB/GYNs	0.8	127,034	101,627	0
Pediatricians	2.88	136,710	393,725	0
Other Specialty Physicians Please Specify:____________	0	0	0	0
Physician Assistants/Nurse Practitioners	2	72,758	145,517	0
Certified Nurse Midwives	2	76,725	153,450	0
Nurses (RNs, LVNs, LPNs)	14.5	48,646	705,362	87,822
Pharmacist, Pharmacy Support, Technicians	4	50,613	202,450	22,887
Other Medical Personnel Please Specify: Medical Record Clerk	13.4	25,481	341,450	177,788
Laboratory Personnel (Lab Technicians)	4	35,733	142,932	22,819
X-Ray Personnel	0	0	0	0
Clinical Support Staff (Medical Assistants, etc.)	3.4	25,329	86,119	0
Volunteer Clinical Providers (Medical and Dental)	N/A	N/A	N/A	N/A
Dental Staffing Positions	**Total FTEs (a)**	**Average Annual Salary of Position (b)**	**Total Salary (a*b)**	**Total Federal Support Requested**
Dentists	0	0	0	0
Dental Hygienists	0	0	0	0
Dental Assistants, Aides, Technicians	0	0	0	0

Behavioral Staffing Positions	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a*b)	Total Federal Support Requested
Behavioral Health Specialists (BH Provider)	0	0	0	0
Alcohol and Substance Abuse Specialists	0	0	0	0
Psychiatrists	0	0	0	0
Psychologists	0.6	107,120	64,272	0
Enabling Staffing Positions	**Total FTEs (a)**	**Average Annual Salary of Position (b)**	**Total Salary (a*b)**	**Total Federal Support Requested**
Patient Education Specialists (Health Educators)	1	18,044	18,044	0
Case Managers	1	18,044	18,044	0
Outreach (Outreach Staff)	3	22,942	68,826	68,826
Other Enabling Personnel Please Specify:____________	0	0	0	0
Other Staffing Positions	**Total FTEs (a)**	**Average Annual Salary of Position (b)**	**Total Salary (a*b)**	**Total Federal Support Requested**
Other Professional Staff(discuss in narrative as appropriate)	0	0	0	0
Other Staff(discuss in narrative as appropriate)	1	32,019	32,019	32,019

Totals	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a*b)	Total Federal Support Requested
Total FTEs, Salary and Federal Support Requested	74.18	N/A	3,807,757	526,040

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OMB No.: 0915-0285 Expiration Date: 9/30/2016

Department of Health and Human Services Health Services and Resources Administration Form 3: Income Analysis Year 1 ___	For HRSA Use Only	
	Applicant Name:	GOVERNMENT OF GUAM- DEPARTMENT OF ADMINISTRATION
	Grant Number:	H80CS02468
	Application Tracking Number:	111695

Part 1: Patient Service Revenue - Program Income

Line #	Payer Category	Patients	Billable Visits	Income Per Visit	Projected Income	Prior FY Income Mo/Yr: 2012-2013
		(a)	(b)	(c)	(d)	(e)
1	Medicaid	7,453	19,155	87	499,946	360,327
2	Medicare	311	798	87	45,821	10,000
3	Other Public	3,571	9,179	73	201,020	943,051
4	Private	311	798	87	35,407	12,545
5	Self Pay	3,882	9,977	73	218,496	385,424
6	Total (lines 1-5)	15,528	39,907	407	1,000,690	1,711,347
Part 2: Other Income - Other Federal, State, Local and Other Income						
7	Other Federal				0	
8	State Government				0	
9	Local Government				5,590,742	
10	Private Grants/Contracts				0	
11	Contributions				1,000	
12	Other				0	
13	Applicant (Retained Earnings)				0	
14	Total Other (lines 7-13)				5591742	
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)						
15	Total Non-Federal (lines 6 + 14)				6,592,432	
Comments/Explanatory Notes (if applicable)						

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.