Grant or Pilot Program Opportunities in Federal Health Reform with a Primary Care or Patient Centered Medical Home Component

Section 2706. Pediatric Accountable Care Organization Demonstration Project

The Secretary will establish the Pediatric Accountable Care Organization Demonstration Project which authorizes a participating State to allow pediatric medical providers that meet requirements to be recognized as an accountable care organization (ACO) in order to receive incentive payments. The demonstration project will run from January 1, 2012 through December 31, 2016.

A State must submit an application that establishes:

- Guidelines to ensure quality of care is at least the same as would have otherwise been provided;
- An annual minimal level of savings in Medicaid and CHIP programs that must be reached by an ACO to receive an incentive payment; and
- An agreement between providers and the State for at least 3 years of participation.

There are authorized such sums as may be necessary to carry out this section.

Section 3024. Independence at Home Demonstration Program

The Secretary will conduct a demonstration program to test a payment incentive and service delivery model that uses home-based primary care teams to reduce expenditures and improve health outcomes for services provided under Medicare parts A and B. The demonstration will test if this model is accountable for providing comprehensive, coordinated, continuous, and accessible care to high-need populations at home and coordinating health care across all treatment settings to meet goals, including reducing hospitalizations and improving efficiency.

An independence at home medical practice is a legal entity:

- Comprised of an individual physician or nurse practitioner or group of such providers who have experience providing home-based primary care to applicable beneficiaries, make in-home visits and are available 24 hours a day, 7 days a week;
- Organized at least in part to provide physicians' services;
- Has documented experience providing home-based primary care services to high-cost chronically ill beneficiaries;
- Provides services to at least 200 applicable beneficiaries; and
- Uses electronic health information systems.

The entity will report to the Secretary on quality measures and provide appropriate data for monitoring and evaluating the demonstration program.

An estimated annual spending target will be assigned for each qualifying entity on a per capita basis. If actual expenditures are estimated to be 5 percent less than the spending target, then the entity will receive a portion of the savings as an incentive payment. An entity may be terminated from the demonstration if no incentive payments are earned for 2 consecutive years or quality standards are not met.

The demonstration program will begin by January 1, 2012 and preference will be given to practices in high-cost areas of the country and with relevant experience and technology use. The number of applicable beneficiaries in the demonstration program will not exceed 10,000.

The Secretary will conduct an evaluation of the demonstration program and submit a report to Congress. A total of $5 million has been allocated for each of fiscal years 2010 through 2015 to administer and carry out the demonstration program.

Section 3026. Community-Based Care Transitions Program

The secretary will establish a Community-Based Care Transitions Program to fund entities that provide improved care transition services to high-risk Medicare beneficiaries. An eligible entity is a hospital with a high readmission rate as defined in the Social Security Act (subsection (d) hospitals) or an appropriate community-based organization that provides transition services across a continuum of care through arrangements with subsection (d) hospitals.

The program will be conducted for a 5-year period beginning January 1, 2011 and may be expanded. An eligible entity must submit an application which includes at least 1 care transition intervention, and may be one of the following:

- Initiating care transition services at least a day before discharge;
- Arranging timely post-discharge follow-up services to the high-risk Medicare beneficiary (and as appropriate their primary care giver);
- Providing assistance to ensure productive and timely interactions between patients and providers;
- Assessing and actively engaging the beneficiary (and as appropriate their primary care giver) through self-management support and relevant information; and
- Conducting comprehensive medication review and management.

This Act allocates a total of $500 million for fiscal years 2011 through 2015 for the program.

Sec. 3129. Extension of and Revisions to Medicare Rural Hospital Flexibility Program

The Medicare rural hospital flexibility program will be extended through 2012. The program will allow grants made after January 1, 2010 to be used by eligible rural hospitals to participate in delivery system reforms stipulated in this Act, such as value-based purchasing programs, ACOs, and the pilot program on payment bundling.

Section 3501. Health Care Delivery System Research; Quality Improvement Technical Assistance

The Center for Quality Improvement and Patient Safety of the Agency for Healthcare Research and Quality (AHRQ) will support through contracts or grants health care delivery system improvement and the development of tools to ease adoption of best practices. Supported research will:

- Address priorities identified in the national strategic plan;
- Identify areas lacking evidence;
- Address concerns of health care institutions and providers;
- Reduce preventable morbidity and mortality by building capacity for patient safety research;
- Support the discovery of processes for reliable, safe, and efficient delivery of health care;
- Communicate research findings and translate evidence into practice recommendations;
- Expand demonstration projects for improving the quality of children's health care and the use of health information technology;
- Identify and mitigate hazards;
- Include systemic reviews of existing practices; and
- Include methods for measuring and evaluating progress.

The research findings of the Center will be available to the public in multiple media and formats to meet the needs of health care providers and consumers. A total of $20 million is authorized to carry out these activities for fiscal years 2010 through 2014. Eligible entities will have demonstrated expertise in providing information and technical support to health care providers regarding quality improvement and have non-Federal matching funds for any grant or contract under this section.

Section 3502. Establishing Community Health Team to Support the Patient-Centered Medical Home

A program will be established by the Secretary to provide grants or contracts with eligible entities to establish community-based, interdisciplinary teams (which may include medical specialists, nurses, nutritionists, dieticians, social workers, and physician assistants), to support primary care practices, within the hospital service areas served by the eligible entity. Grants or contracts will be used to establish health teams to provide support services to primary care providers and provide capitated payments to primary care providers.

Eligible entities will be a State, State-designated entity or an Indian tribe or tribal organization and must submit an application with a plan for achieving long-term financial sustainability and a plan for incorporating prevention, patient education, and care management in health care delivery.

Section 3503. Medication Management Services in Treatment of Chronic Disease

The Secretary will establish a program to award grants or contracts to eligible entities to implement medication management (MTM) services to treat targeted individuals with chronic diseases. Eligible entities will provide an appropriate setting for MTM services,

submit a plan for long-term financial sustainability, and where applicable, submit a plan for coordinating MTM services through local community health teams established in section 3502 or in collaboration with primary care extension program established in section 399W of the Public Health Service Act. MTM services will include:

- Performing or obtaining necessary assessments of each patient;
- Formulating a medication treatment plan;
- Selecting, initiating, modifying, or administering medication therapy;
- Monitoring and evaluating patient response to therapy;
- Performing a comprehensive medication review;
- Documenting delivered care and communicating essential information in a timely manner;
- Providing education and information to improve understanding and appropriate use of medications; and
- Coordinating and integrating MTM services within the broader health care management services provided to the patient.

The Secretary will submit a report to Congress on the effectiveness of MTM services.

Section 4002. Prevention and Public Health Fund

A Prevention and Public Health Fund will be established to provide for expanded and sustained investment in prevention and public health programs by increasing funding for programs authorized by the Public Health Services Act. The following amounts have been appropriated: $500 million for 2010, $750 million for 2011, $1 billion for 2012, $1.25 billion for 2013, $1.5 billion for 2014, and $2 billion for 2015 and each subsequent fiscal year.

Section 4101. School-Based Health Centers

A grant program is created for the establishment of school-based health centers. Priority will be given to centers that serve a large population of children eligible for Medicaid or CHIP. Funds may only be used for facilities and equipment. For each fiscal year 2010 through 2013, $50 million is appropriated.

A grant program is established to support the operation of school-based health centers serving medically underserved children. School-based health centers will offer comprehensive primary health services which include:

- Physical- comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions, and referrals.
- Mental health- mental health and substance use disorder assessments, crisis intervention, counseling, treatment, and referral.

Preference may be given to communities with demonstrated barriers to primary care and mental health and substance use disorder prevention services and high numbers of children who are uninsured, underinsured, or enrolled in public programs. Each grantee must match an amount equal to 20 percent of the grant with non-Federal resources. Grant funds must not supplant other Federal or State funds.

Section 4102. Oral Health Care Prevention Activities

The Centers for Disease Control and Prevention (CDC), subject to the availability of appropriations, will establish a 5-year national, public education campaign on oral health care prevention and education. The campaign will be launched within 2 years of the date of enactment of this section and will target activities towards specific populations including: children, pregnant women, and the elderly.

The CDC will award grants for demonstrations on the effectiveness of research-based dental caries disease management. To be eligible, an entity will be a community-based provider of dental services, including an FQHC, a State or local health department, or national organizations involved in improving children's oral health.

Section 4108. Incentives for Prevention of Chronic Diseases in Medicaid

The Secretary will award grants to States to carry out initiatives that provide incentives to Medicaid beneficiaries who participate in programs promoting healthy lifestyles. These programs must be comprehensive and uniquely suited to address the needs of Medicaid beneficiaries, may address co-morbidities, and must have demonstrated success in helping individuals:

- Cease using tobacco products;
- Control or reduce weight;
- Lower cholesterol;
- Lower blood pressure; or
- Prevent or manage diabetes.

A program under this section may also address co-morbidities (including depression) that are related to any of the conditions listed above.

A State must carry out initiatives for at least 3 years and conduct an outreach and education campaign to make providers and Medicaid beneficiaries aware of the programs. Independent evaluation and assessment of initiatives will be contracted by the Secretary. A total of $100 million has been appropriated to carry out this section for the 5-year period beginning January 1, 2011.

Section 4201. Community Transformation Grants

The Centers of Disease Control and Prevention is authorized to award grants to State and local governments and community-based organizations to implement evidence-based community preventive health activities. An eligible entity will submit a community transformation plan to the Director of the CDC which includes policy, environmental, pragmatic, and infrastructure changes needed to promote healthy living and reduce disparities.

Activities in the plan may focus on:

- Creating healthier school environments, including increasing healthy food options, physical activity opportunities, promotion of healthy lifestyle, emotional wellness, prevention curricula, and activities to prevent chronic diseases;

- Creating infrastructure to support active living and access to nutritious foods;
- Developing and promoting programs that target a variety of age levels to increase access to nutrition, physical activity and smoking cessation, improve social and emotional wellness, enhance safety in a community, or address any other chronic disease priority area identified by the grantee;
- Assessing and implementing workplace wellness programming and incentives;
- Working to highlight healthy options at restaurants and other food venues;
- Prioritizing strategies to reduce ethnic/racial disparities, including social, economic, and geographic determinants of health; and
- Addressing special populations needs, including all age groups and individuals with disabilities, and individuals in both urban and rural areas.

An eligible entity will use grant funds to evaluate if activities change the prevalence of chronic disease risk factors. Measures will include:

- Changes in weight;
- Changes in proper nutrition;
- Changes in physical activity;
- Changes in tobacco use prevalence;
- Changes in emotional well-being and overall mental health; and
- Other factors using community-specific data from the BRFSS.

A grantee must submit a report to the Director annually, participate in meetings to discuss best practices and lessons learned, and develop models to replicate successful programs and activities. The Director will provide training on effective strategies, technical assistance to establish community transformation plan, and framework for evaluating programs under this grant.

There are authorized such sums as may be necessary for fiscal years 2010 through 2014. Funds may not be used to create video games or carry out any activities that may lead to higher rates of obesity or inactivity.

Section 4202. Healthy Aging, Living Well: Evaluation of Community-Based Prevention and Wellness Programs for Medicare Beneficiaries

The Centers of Disease Control and Prevention will award grants to State or local health departments and Indian tribes to launch 5-year pilot programs that provide public health community interventions, screenings, and clinical referrals for individuals aged 55-64.

Public health interventions may include efforts to improve nutrition, increase physical activity, reduce tobacco use and substance abuse, improve mental health, and promote healthy lifestyles. Ongoing health screenings will be provided to identify risk factors for cardiovascular disease, cancer, stroke, and diabetes. Individuals found to have risk factors will be referred for follow-up services.

The grantee must measure changes in the prevalence of chronic disease risk factors, and the Secretary will conduct an annual evaluation of the program based on this data. There are appropriated such sums as may be necessary to carry out this pilot program.

The Secretary will conduct an evaluation of community-based prevention and wellness programs and develop a plan for promoting health lifestyles and chronic disease management for Medicare beneficiaries. This includes a review of evidence, literature, best practices and resources on at least the following issues:

- Physical activity, nutrition, and obesity;
- Falls;
- Chronic disease self-management; and
- Mental health.

The Centers for Medicare and Medicaid Services will conduct a study of the impacts of existing community prevention and wellness programs on participating Medicare beneficiaries. This Act makes $50 million dollars available for these activities.

Section 4206. Demonstration Project Concerning Individualized Wellness Plan

A pilot program will be established to test the impact of providing at-risk populations using community health centers an individualized wellness plan to reduce risk factors for preventable conditions indentified by a comprehensive assessment. The Secretary will enter into agreements with no more than 10 community health centers for this program.

Individualized wellness plans may include: nutritional counseling, a physical activity plan, alcohol and smoking cessation services, stress management, and dietary supplements. Risk factors to be assessed and measured include: weight, tobacco and alcohol use, exercise rates, nutritional status, and blood pressure.

Section 5304. Alternative Dental Health Care Providers Demonstration Project

The Secretary will award grants to 15 eligible entities to establish a demonstration program to increase access to dental health care services in rural and underserved communities through training programs for alternative dental health care providers. Eligible entities may include:

- Institutions of higher education;
- Public-private partnerships;
- FQHCs;
- State or county public health clinics; or
- Public hospital or health system.

There is appropriated such sums as may be necessary to carry out this section.

Section 5208. Nurse-Management Health Clinics

The Secretary will award grants to operate nurse-managed health clinics that provide primary care or wellness services to underserved or vulnerable populations. There are appropriated $50 million for fiscal year 2010 and such sums as may be necessary for fiscal years 2011 through 2014 to carry out this section.

Section 5301. Training in Family Medicine, General Internal Medicine, General Pediatrics, and Physician Assistantship

The Secretary may make 5 years grants to or contracts with an eligible entity (accredited public or nonprofit hospital, school of medicine or osteopathic medicine, or academically affiliated physician assistant training program) to:

- Develop and operate an accredited professional training programs in family medicine, general internal medicine or general pediatrics;
- Provide need-based financial assistance for participants of such programs;
- Develop and operate a program for the training of physicians who plan to teach in family medicine, general internal medicine or general pediatrics;
- Develop and operate a program for training physicians teaching in community-based settings;
- Provide financial assistance in the form of traineeships and fellowships to physicians planning to teach in family medicine, general internal medicine or general pediatrics;
- Develop and operate a physician assistant education program; and
- Develop and operate a demonstration program that provides training in new competencies, including training, tools, curricula, and continuing education for primary care providers relevant to patient-centered medical homes.

The Secretary may make 5 years grants to or contracts with schools of medicine or osteopathic medicine to establish, maintain, or improve: academic units or programs that improve clinical teaching in family medicine, general internal medicine, or general pediatrics; or programs that integrate academic administrative units to enhance interdisciplinary recruitment, training, and faculty development. Priority will be given to applicants that:

- Propose a collaborative project between academic and administrative units of primary care;
- Propose innovative approaches to clinical teaching using models of primary care, such as patient-centered medical home, team management of chronic disease, and interprofessional integrated models;
- Have a record of successfully training providers who enter and remain in primary care;
- Establish formal relationships with FQHCs, rural health clinics, area health education centers, or clinics located in underserved areas; or
- Provide training in cultural competency and health literacy.

There are appropriated $125 million for 2010 and such sums as may be necessary for fiscal years 2011 through 2014, with 15 percent of funds in each fiscal year allocated to physician assistant training programs. An additional $750,000 for each of fiscal years 2010 through 2014 is appropriated for integrating academic units.

Section 5313. Grants to Promote the Community Health Workforce

The Centers for Disease Control and Prevention will award grants to promote positive health behaviors and outcomes through the use of community health workers. Funds will be used for community health workers to educate, guide, and provide outreach, referrals, and home visitation services to populations in medically underserved areas. Entities receiving this funding will be encouraged to collaborate with academic institutions and use evidence-based interventions. An eligible entity is a public or nonprofit entity, including a public health

department, free clinic, hospital, or FQHC. There are appropriated such sums as may be necessary for fiscal years 2010 through 2014.

Section 5315. Demonstration Grants for Family Nurse Practitioner Training Programs

The Secretary will establish a training demonstration program for family nurse practitioners with 3-year grants to eligible entities to employ and provide 1-year training for nurse practitioner program graduates for careers as primary care providers in Federally qualified health centers (FQHCs) and nurse-managed health clinics (NMHCs).

An eligible entity is an FQHC or NMHC that submits an application. Priority will be given to FQHCs or NMHCs that: have sufficient infrastructure and capacity, will provide specialty rotations, provide sessions on high-volume and high-risk problems, and collaborate with other safety net providers. Eligible nurse practitioners will be licensed or eligible for licensure and demonstrate commitment to a career as a primary care provider in a FQHC or NMHC.

Each grant will not exceed $600,000 per year. The Secretary may award technical assistance grants to 1 or more FQHCs or NMHCs that have demonstrated expertise in establishing a nurse practitioner residency program to provide assistance to other grant recipients. There are authorized such sums as may be necessary to carry out this section for fiscal years 2011 through 2014.

Section 5403. Interdisciplinary, Community-Based Linkages

The Secretary may make awards for eligible entities to initiate or continue health care workforce educational programs and make awards for eligible entities to maintain and improve the effectiveness and capabilities of an existing area health education center program. Funds will be used to:

- Develop and implement strategies to recruit underrepresented minorities into health professions;
- Develop and implement strategies to provide community-based training and education;
- Prepare individuals to more effectively provide health services to underserved areas through field placements with community-based organizations, accredited primary care residency training programs, FQHCs, rural health clinics, and public health departments;
- Conduct and participate in interdisciplinary training;
- Deliver and facilitate continuing education to health care professionals; and
- Establish a youth public health program to expose and recruit students into health careers.

Funds may also be used to develop and implement innovative curricula with community-based organizations, accredited primary care residency training programs, FQHCs, rural health clinics, behavioral and mental health facilities, and public health departments.

An eligible entity must be able to match an amount equal to 50 percent of grant funds with non-Federal contributions, with at least 25 percent in cash. There is authorized $125 million for each of fiscal years 2010 through 2014. It is the sense of the Congress that each State should have an area health education center program under this section.

The Secretary may make grants or enter into contracts with eligible entities to improve health care, increase retention, increase representation of minority faculty members, and enhance the practice environment through the timely dissemination of research findings. There is appropriated $5 million for each of fiscal years 2010 through 2014, and such sums as may be necessary for each subsequent year.

Section 5405. Primary Care Extension Program

The Agency for Healthcare Research and Quality will establish a Primary Care Extension Program to educate and provide technical assistance to primary care providers about:

- Preventive medicine;
- Health promotion;
- Chronic disease management;
- Mental and behavioral health services; and
- Evidence based therapies and techniques.

The Secretary will award competitive program or planning grants for the establishment of State- or multistate-level Primary Care Extension Program State Hubs. The Hubs will include the State health department, entities responsible for administering the Medicaid and Medicare programs in the State, and the departments of one or more health professions schools in the State that train providers in primary care.

Hubs will contract with county- or local-level entities to serve as Primary Care Extension Agencies. These agencies will assist primary care providers to implement patient-centered medical home, support learning communities to disseminate research findings for evidence based practice, and develop a plan for financial sustainability to facilitate the reduction in Federal funds expected after the initial 6 year program. Primary Care Extension Agencies may:

- Provide technical assistance for community health teams;
- Collect data and primary care provider feedback;
- Collaborate with local health departments, community health centers, tribes and tribal entities to identify community health priorities and workforce needs; and
- Develop measures to monitor the impact of proposed program on the health practice enrollees and the wider community served.

There is authorized $120 million for each of fiscal years 2011 and 2012, and such sums as may be necessary for 2013 and 2014.

Section 5508. Increasing Teaching Capacity

The Secretary may award grants to teaching health centers to establish new accredited or expanded primary care residency programs. Such grants will have a term of no more than 3 years and be no more than $500,000. Eligible entities include FQHCs, community mental health centers, rural health clinics, and health centers operated by the Indian Health Service, an Indian tribe or tribal organization. There are appropriated $25 million for 2010, $50 million for 2011 and for 2012, and such sums as may be necessary for subsequent years.

The Secretary will make payments for direct and indirect expenses to qualified teaching health centers for expansion of existing or establishment of new graduate medical residency training programs. There are appropriated such sums as may be necessary to carry out this section, not to exceed $230 million for the period 2011 through 2015. Qualified teaching health centers will submit an annual report and may be audited.

Section 5601. Spending for Federally Qualified Health Centers (FQHCS)

This section authorizes the following appropriations: $2.99 billion in 2010, $3.86 billion in 2011, $4.99 billion in 2012, $6.45 billion in 2013, $7.33 billion in 2014, and $8.33 billion in 2015, with appropriations increasing in 2016 and subsequent years based on the cost and number of patients served.

Nothing in this section will prevent a community health center from contracting with a Federally certified rural health clinic, critical access hospital, sole community hospital, or Medicare-dependant share hospital to provide primary health care services to individuals who would otherwise qualify for free or reduced cost care if they were able to access such care at a community health center.

Section 5604. Co-Locating Primary and Specialty Care in Community-Based Mental Health Settings

The Secretary will award grants and cooperative agreements to establish demonstration projects that provide coordinated and integrated services by co-locating primary and specialty care services in community-based mental and behavioral health settings. In application eligible entities will describe partnerships or other arrangements with local primary care providers, including community health centers, to serve special populations. There are authorized $50 million for fiscal year 2010 and such sums as may be necessary for 2011 through 2014.

Section 10333. Community-Based Collaborative Care Network Program

The Secretary may award grants to eligible entities to support community-based collaborative care networks, which are a consortium of health care providers that provide comprehensive coordinated and integrated services for low-income populations. A network will include a disproportionate share hospital and all FQHCs located in the community. Priority will be given to networks that have the capability to provide the broadest range of services, have the broadest range of providers, and are a county or municipal department of health. Grant funds may be used to:

- Assist low-income individuals to access health services, enroll in health coverage, and obtain a regular primary care provider or medical home;
- Provide case management and care management;
- Perform health outreach using neighborhood health workers;
- Provide transportation;
- Expand capacity, including telehealth, after-hours service, and urgent care; and
- Provide direct patient care services.

The Secretary may limit grant funds spent on direct services provided by grantees of HRSA programs. There are authorized such sums as may be necessary for fiscal years 2011 through 2015 to carry out this section.

Section 10503. Community Health Centers and the National Health Service Corps Fund

A Community Health Center Fund (CHC Fund) is established to expand and sustain national investment in community health centers and the National Health Service Corps. The CHC Fund will be administered through the Office of the Secretary of the Department of Health and Human Service.

Within the CHC fund for fiscal years 2011 through 2015, $9.5 billion is appropriated to provide enhanced funding for community health centers and $1.5 billion is allocated for the National Health Service Corps. An additional $1.5 billion is appropriated for the construction and renovation of community health centers. These funds will remain available until expended.