



*The National Association of Community Health Centers, Inc.*

## **State Policy Report #13**

# **Securing State Direct Funding for Health Centers**

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More than 35 states now have some sort of direct non-Medicaid state funding for FQHCs. As shown in the accompanying table (which is based on both responses from Primary Care Associations and our own research), these state legislatures have taken different approaches on at least five policy matters that every state must address in fashioning such a program.

The state legislature must decide whether the funds come from a general revenue source or from a specified revenue source. While some of the states surveyed rely on general revenues, others rely on a specific revenue source. For example:

- **Colorado** provides that 19 percent of the money collected from its cigarette and tobacco taxes and 3 percent of its settlement with the cigarette companies shall go to a primary care fund. Colorado Revised Statutes, sections 24-22-117(2)(b)(II) and 25.5-3-207(3).
- **New Mexico** has a Primary Care Capital Funding Act which authorizes the New Mexico Financing Authority to make loans from its revolving loan fund for capital projects to enhance delivery of primary care (as well as telemedicine or hospice care). New Mexico Statutes section 24-1C-4.
- **California's** Expanded Access to Primary Care fund is funded from both general revenues and tobacco taxes.
- **New Jersey** provides \$35 million for reimbursement for the uninsured funded by a provider tax.

The state legislature must also decide whether the funds will go only to FQHCs or whether other health care providers also get money. About half of the states surveyed do not limit the funds to FQHCs. For example, **Maryland** authorizes its Board of Public Works to make grants only for a FQHC, while **California's** funding is open to community clinics. Maryland Health Code, section 24-1302.

In most states, the state funds go directly from the state to individual FQHCs (or other providers). However, the **District of Columbia's** Mayor is authorized to make a three-year grant not to exceed \$15 million to the District of Columbia Primary Care Association for distribution to centers, DC Code section 7-1401 and DC Law 15-205 section 5802, and **Virginia** gave a two-year grant of \$1.25 million to the Virginia Primary Care Association to pass on to individual centers.

In some states, funds are allocated pursuant to a formula adopted by the legislature. For example:

- In **Colorado**, the primary care funds are distributed in proportion to the number of poor or uninsured patients served by each provider. Colorado Revised Statutes, section 25.5-3-302(1).
- In **California**, money from the Expanded Access to Primary Care Program is allocated under a formula which is developed by the Department of Health Services in consultation with the clinics based on criteria set forth in the statute. California Health and Safety Code section 124900.
- In some states the allocation of the funds is left to the discretion of the Executive branch (perhaps with formal or informal input from the legislature).

All states have defined the purposes for which the state funds can be used, some very broadly while others are specific. For example:

*In Maryland* the Board of Public Works grants are for the renovation or purchase of capital equipment for a FQHC or for acquisition or conversion of a building to become a FQHC. Maryland Health Code, section 24-1302.

**New Mexico's** Primary Care Capital Funding Act authorizes loans only for capital projects. New Mexico Statutes section 24-1C-4.

**Colorado's** primary care funds from tobacco taxes have no use restrictions. The smaller tobacco settlement dollars can be used for both operating expenses and new sites but cannot be used to buy land or real estate or to pay off existing debt. Colorado Revised Statutes, section 25.5-3-205.

**California's** Expanded Access to Primary Care funds are given to FQHCs (and other clinics) for their uncompensated medical care. California Health and Safety Code section 124900(d)(2)(B).

Please note: The chart that follows is based on responses received from the annual direct funding survey PCAs completed in July and research conducted by NACHC staff and interns. The chart is still in progress-please do not distribute. PCAs should review the information for their state to verify it is correct and provide any missing information. All statutes provided have been posted on the NACHC state web page. PCAs that have not provided the appropriate legislation or statute should send it to Dawn McKinney at [dmckinney@nachc.com](mailto:dmckinney@nachc.com) The website will serve as a clearinghouse so that PCAs can access language other states have used to secure funds.

<b>State</b>	<b>FY 07 State Direct Funding to Health Centers</b>	<b>Source of Funds</b>	<b>Purpose of Funds</b>	<b>Program Description</b>	<b>Funds Distribution Process</b>	<b>Eligible Entities</b>	<b>Statute on Web</b>
<b>Alabama</b>	No Direct Funding	N/A	N/A	N/A	N/A	N/A	N/A
<b>Alaska</b>	No Direct Funding	N/A	N/A	N/A	N/A	N/A	N/A
<b>Arizona</b>	\$13.4 million. (4% goes to the AZ Dept. of Health Services for administration). \$200,000 for a mobile dental unit to serve rural areas Total: \$13.6 million	General Funds-\$10.4 and Tobacco Tax- \$3m	Serving the uninsured	The Program is called the Primary Care program and is a fee scale program.	The Primary Care Program funding is administered by the Arizona Department of Health Services (ADHS) and the funds are distributed to the contractors. The recipients of the funding, who are termed contractors, submit a RFP for funding. The chosen contractors receive funding based on the number of sliding fee scale patients they plan to serve. There are specific deliverables and if the contractor does not serve the number of patients they agree to serve under the contract, the unused funds revert back to ADHS and the funds are redistributed to other contractors who have depleted their PCP funds. During the course of the year, contractors submit invoices for sliding fee visits based upon a contracted reimbursement rate per visit and receive payment from ADHS.	FQHCs and other providers	Yes

State	FY 07 State Direct Funding to Health Centers	Source of Funds	Purpose of Funds	Program Description	Funds Distribution Process	Eligible Entities	Statute on Web
Arkansas	\$5 to 6 million to serve the uninsured proposed for 2007. \$0 UAMS-CHCA AGE-ARGEMS \$0 UAMS-CHCA Bioterrorism Professional CE Preparedness \$739, 288-DHHS Outstation Enrollment Contracts \$0 \$345,600 Minority Health Commission for Hypertension Screening, Treatment & medications \$0 \$15,000 DHHS, Division of Health & cardiovascular & diabetes collaborative registries & reporting. 2006 funds: \$45,000 General Improvement Funds for capital \$20,828 IDA \$31,228 CASA \$24, 105 DART \$2,600 Dental Sealants \$64,478 Tobacco Prevention \$ 63,955 Arkansas Better Choice \$ 32,999 Parenting Skills \$126,117 Childcare Resources/referral \$ 94,355 Title II \$ 65,000 Tobacco Cessation \$ 24,853 State Highway Department \$ 27,000 Resource Center CHCs anticipate level funding for 2007 as reported for 2006 above	various state agencies	various diseases, outstationing, capital and other purposes as well as sub-grants to CHC's for primary medical, dental, mental health, Rx, and preventive care for the uninsured/underinsured (ending in FY 06-07)		Contracts	FQHCs	Yes

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	<p>except State General Improvement funds for Capital. Dental sealants will be \$5,200 as the agreement extends into Feb of 2007.</p> <p>\$ 588,770 UAMS-CHCA-CHC Department of Psychiatry-Tele-Mental Health óCHC staff, equipment, T-1 line charges, administrative support \$25,000 DHHS Heart and Stroke Grant 2007 total</p> <p>\$2,291,156 without state line item funding</p> <p>\$8,291,156 with state line item funding of \$6 million being proposed.</p>						
California	<p>The final budget includes: \$30.2 million in the Expanded Access to Primary Care Program (\$13.5 million state general funds, \$16.7 million tobacco tax funds) Ongoing grants to clinics and health centers to care for the uninsured. Distributed utilizing a funding methodology. \$8.7 million in the Rural Health Services Development Program (general funds + \$500,000 augmentation in tobacco tax funds) Ongoing grants to clinics and health centers to serve geographically-isolated communities. Distributed utilizing a</p>	General revenues and tobacco tax	<p>uninsured and indigent, geographically isolated, and farmworkers</p> <p>Additional grant monies available to defray operating expenses including personnel and technical assistance costs (But not for equipment, renovations, or land acquisition).</p>	<p>Multiple grant programs open only to community providers to fund 'innovative and creative programs of such clinics, designed to provide high quality care at minimum cost'. In some cases the applicant must match at least 20% (not more than 40%) of the amount granted to qualify for funding.</p>	formulas & RFP	FQHCs and other providers	Yes

State	FY 07 State Direct Funding to Health Centers	Source of Funds	Purpose of Funds	Program Description	Funds Distribution Process	Eligible Entities	Statute on Web
	<p>funding methodology. \$7.4 million in the Seasonal Agricultural Migratory Worker Program (general funds + \$500,000 augmentation in tobacco tax funds) Ongoing grants to clinics and health centers to serve farmworker population. Distributed utilizing a funding methodology. \$3 million in Rural Health Demonstration Project (\$1 million in state tobacco tax &amp; \$2 million in federal matching funds) Competitive grants for the care of children in geographically isolated and/or farmworker families. Distributed based on successful application for specific projects. total: \$47.3 million (\$2 million federal matching funds not included)</p>						

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<b>Colorado</b>	TOTAL PREDICTED: \$48,600,000 PCF expected to be \$27.5 million in FY07, declining due to decreased tobacco tax revenues. CICP expected to be \$6.1million plus additional \$13 M in CICP expansions for adults up to 250% FPL, totaling approximately \$19.6M. CPPC program expected to stay relatively stable or decline slightly. Approximately \$2M expected to be available in FY07.	CPPC: Tobacco settlement and CICP: General Fund	CPPC Grants: expand primary and preventive care to low-income and uninsured. CICP: payment for providers for provision of medical services to eligible persons who are medically indigent. PCF: Allocate money to CHCs and others providing a disproportionate amount of care to the indigent and uninsured.	Primary Care Fund: 19% of Tobacco tax revenue is given to Colorado Dept of HCP&F to be distributed annually in proportion to the number of uninsured or medically indigent patients served. CICP: no public money for abortion, open to certain licensed providers for contract with reimbursement rate- the Dept. establishes procedures to allocate funds to providers based on anticipated utilization of services, made through annual appropriation.	PCF: Distributed to qualified providers, based on the number of uninsured served. Payments made quarterly based on annual application/numbers submission. Payments made from Department of Health Care Policy and Financing (HCPF) directly to Health Centers. CICP: Payments made quarterly to qualified providers, based on annual application/numbers submission. HCPF pays Health Centers directly. CPPC: Grant program. Payments made only to grant recipients on an annual basis. HCPF makes payments directly to Health Centers.	FQHCs and other providers	Yes
<b>Connecticut</b>	\$4,780,567						Yes
<b>Delaware</b>	No Response	No Response	No Response	No Response	No Response	No Response	
<b>District of Columbia</b>	Total proposed: \$18.7 million Unity will receive access payments (\$10.5 m proposed) as they did in previous years, however, the amount is unknown. A grant of \$170,000 from the Department of Health to Mary's Center for Maternal and Child Health (FQHC) and La	General	PCA: Medical Homes DC ó targeted improvement and capital development of the primary care safety net infrastructure Health Centers: Providing care for uninsured DC residents enrolled	Medical Homes DC is a targeted infrastructure and capital development initiative for the safety net clinics (both FQHC and non-FQHC).	The PCA dollars will be distributed to the health centers through an RFP process with the PCA. The Health Center dollars are distributed directly to the health centers through grants from the Department of Health.	FQHCs and other providers	Yes

State	FY 07 State Direct Funding to Health Centers	Source of Funds	Purpose of Funds	Program Description	Funds Distribution Process	Eligible Entities	Statute on Web
	<p>Clinica del Pueblo(non-FQHC) PCA - Medical Homes DC: \$8.2 million for targeted infrastructure and capital development for the health centers (both FQHC and non-FQHC). (A) Of the fiscal year 2007 funding, \$6 million shall be directed to the Northwest One Community Health Center project, as part of the Mayor's New Communities Initiative; provided, that any portion of the \$6 million not used for the Northwest One Health Center shall be used for any other Medical Homes capital project. (B) Of the remainder of the grant, \$2.2 million in fiscal year 2007 and shall be used to develop an electronic health record system for community health centers to promote higher quality of care, improved coordination of services among providers, and more accurate reporting of health statistics to the Department of Health; provided, that of the \$2.2 million allocated for fiscal year 2007, \$200,000 shall be used to support information technology needs for District of Columbia</p>		<p>in the DC Healthcare Alliance; capital development of health centers</p>				

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<b>Florida</b>	No Response	No Response	No Response	No Response	No Response		Yes
<b>Georgia</b>	July 1, 2006-June 30, 2007 \$250,000 to GAPHC to develop and strengthen FQHC sites \$750,000 to GAPHC to establish a statewide EMR system linking the FQHCs \$75,000 to GAPHC to six FQHCs with strategic planning (tentatively approved) \$1,075,000 Total state funds anticipated for FY 07.	General funds	develop and strengthen FQHC sites,	Funds appropriated for the FQHCs are budgeted under the Health Care Access and Improvement Section, Georgia Department of Community Health	Funds are distributed through GAPHC in the form of a grant or contract to GAPHC for each separate line item (\$250,000 to develop FQHC sites, \$750,000 for EMR system, etc.). Payments are made to GAPHC monthly or quarterly based on the progress reports which must be submitted to the Department of Community Health in accordance with the contract agreement.	FQHCs	

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Hawaii	<p>\$19,785,000 in total:</p> <p>Primary care for uninsured contracted to all CHCs: \$5.6 million.</p> <p>Hawaii Immigrant Health Initiative to all CHCs: \$550,000</p> <p>Operating or capital funding appropriated for specific CHCs and HPCA: \$11,785,000.</p> <p>Dental service contract to CHCs for TANF beneficiaries: \$1million.</p> <p>Delinking outreach funds: \$850,000</p>	General Funds for all except item e) which is matched by federal funding.	uninsured, immigrants, operating, capital, dental, and outreach.		<p>a) Primary care for uninsured contracted to CHCs by Dept. of Health, which puts out an RFP. Payment is on a per visit basis until funds available are exhausted.</p> <p>b) Immigrant Health Initiative funds are contracted by Dept. of Human Services to HPCA which subcontracts to CHCs. Payments on a per visit basis until funds are exhausted.</p> <p>c) Capital funding appropriated by the legislature is contracted directly with respective CHCs.</p> <p>d) HPCA manages CHC subcontracts for Dept. of Human Services TANF dental services but payments are made by the Medicaid fiscal intermediary on a per visit basis.</p> <p>e) Funds are contracted by Dept. of Human Services to HPCA which subcontracts to CHCs for outreach and enrollment assistance in Medicaid and other public benefit programs.</p>	FQHCs	Yes

<b>State</b>	<b>FY 07 State Direct Funding to Health Centers</b>	<b>Source of Funds</b>	<b>Purpose of Funds</b>	<b>Program Description</b>	<b>Funds Distribution Process</b>	<b>Eligible Entities</b>	<b>Statute on Web</b>
<b>Idaho</b>	No Direct Funding	N/A	N/A	N/A	N/A	N/A	N/A
<b>Illinois</b>	\$6 million for CHC Expansion;\$4.9 million in one time project funding Total \$11.6 million	General Revenue Funds (income, sales, other taxes) and tobacco	Expand CHC access sites, and services	Grant dollars are made available to expand CHC, i.e. new site development, capacity development, service expansion.	Three year competitive grant cycle. Grants are distributed by the Illinois Department of Public Health. Once the three year funding cycle is up, the funding reverts/recycles back into grant to fund other projects. Grantees who can demonstrate continued financial need may make application for a fourth year of additional funding of up to 50% of their year three grant award.	FQHCs, look-alikes	Yes
<b>Indiana</b>	\$15 million	Tobacco settlement	CHC operations	Similar to incubator program	Monies are given to Indiana State Department of Health (ISDH). ISDH distributes through a grant process.	FQHCs	Yes
<b>Iowa</b>	\$650,000 for a health center incubator program \$425,000 to continue the Iowa Collaborative Safety Net Provider Network Total: \$1,075,000	General funds	\$650,000 ó CHC Incubator program; \$425,000 ó Iowa Collaborative Safety Net Provider Network	\$650,000 ó Incubator program; \$425,000 ó Funds to develop and implement cooperative efforts among CHCs, free clinics, and rural health clinics.	Incubator program: funds are distributed directly to the health center; Safety Net: funds were distributed directly to the PCA.	FQHCs and other providers	Yes

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<b>Kansas</b>	Funding for both health centers and other safety net providers is \$3.25 million of which \$750,000 is directed towards support of 340B programs and manufacturers assistance drug programs. Public health departments and not-for-profits that have sliding fee scales are also eligible for the funding	General funds	Serving the uninsured or operating funds	Competitive grant funding based on the needs of community/target population, costs per users, cost per visit, unmet need, proposed response to fulfill needs such as expanded staff, new site, extended hours, additional services, health center utilization and productivity trends, patient characteristics, and geographic distribution.	Funds are distributed directly to the center. Awards are made quarterly subject to receive of financial expenditures affidavit.	FQHCs and other providers	
<b>Kentucky</b>	No Response	No Response	No Response	No Response	No Response	No Response	
<b>Louisiana</b>	FY 07 ó The total funding proposed for Health Centers is \$8,745,000  \$715,000 Direct Appropriations + \$8,030,000 Capital outlays dollars (proposed)	General Funds and Capital Outlay *State pulled GF money after Katrina.	Capital, equipment, prescription drugs, and for other reasons not specified		Lump sum per center	FQHCs	Yes

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<b>Maine</b>	\$160,000 for Public Health Emergency Preparedness \$75,000 for a HIT connectivity needs assessment Total: \$235,000	a. HRSA Bioterrorism and Pandemic Influenza preparedness funding; b. as a telephone surcharge routed through the Public Utilities Commission	a. Bioterrorism and Pan Flu preparedness; b. a HIT connectivity needs assessment coupled with technical assistance to FQHCs in pulling down the USF benefit to offset communications costs of rural providers	a. Bioterrorism and Pan Flu preparedness; b. a HIT connectivity needs assessment coupled with technical assistance to FQHCs in pulling down the USF benefit to offset communications costs of rural providers	a. ½ goes to support PCA personnel and operations, the other half is proposed as an allocation to health centers; b. the \$75,000 is to be awarded through RFP to the best qualified vendor(s) for the jobs listed above.	FQHCs and other providers	None
<b>Maryland</b>	\$2.5m in capital grants, \$6m in operational grants, \$150,000 for Emergency preparedness	General Fund, Tobacco, Retroactive insurance monies (Wal-Mart)	Emergency Preparedness, Capital development, Operations	Community Health Resource Commission was created to allocate funds.	No Response	FQHCs and other providers	Yes
<b>Massachusetts</b>	\$4.4 million for CHC services; \$2.6 million for CHC managed care; \$3.9million for school based HCs; \$9.4 million from the Essential community provider Trust Fund; \$10 million in state dollars for Medicaid rate increase; \$56 million Uncompensated Care Pool; \$326,000 for emergency	Uncompensated Care Pool, General Funds, Safety Net Care Pool, Health Safety Net Trust Fund	services, managed care, school-based health centers, Medicaid rate, and uncompensated care, funding expanded services to uninsured/underinsured, operation of CHC services program, emergency preparedness, and IT		Some HC specific allocations, Supplemental payments through MassHealth based on per patient formulas.	FQHCs	

State	FY 07 State Direct Funding to Health Centers	Source of Funds	Purpose of Funds	Program Description	Funds Distribution Process	Eligible Entities	Statute on Web
	preparedness (\$79,000 of which goes to the PCA) \$1.5 million to the PCA for CHC information technology development Total: \$88.13 million						
<b>Michigan</b>	\$1.5 million			Primary care grant dollars to support services for the underserved	Grant to 6 CHCS and 3 other primary care organizations (lump sum)	FQHCs and other providers	Yes
<b>Minnesota</b>	No Direct Funding	N/A	N/A	N/A	N/A	N/A	N/A
<b>Mississippi</b>	\$3,497,997	Tobacco Tax Funds	The purposes of these are to augment the CHC Federal Grant Funds by serving additional indigent and uninsured CHC patients.	The program is known as the MS Qualified Health Center (MQHC) Grant Program. It is a program to provide CHC services to the indigent and uninsured.	The funds are distributed on a formula basis as determined and approved by the State Health Officer.	FQHCs	Yes

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<b>Missouri</b>	\$9 million	General Funds	Serving the underserved, capital, provider recruitment, equipment, IT, chronic disease management, FQHC expansion	FQHC expansion program	The funding comes directly to the PCA. The PCA then contracts with the health centers. Each CHC's funding is based on a formula that takes the following into account: growth, uninsured encounters, service area, volume, base.	FQHCs	Yes
<b>Montana</b>	No Direct Funding	N/A	N/A	N/A	N/A	N/A	N/A
<b>Nebraska</b>	\$875,000 divided among the health centers from the general fund. \$1,400,000 from tobacco settlement funds for One World Community Health Center and Charles Drew Health Center in Omaha. Total \$2.275 million	General funds. Tobacco Settlement	General funds: Providing care to the uninsured. Tobacco Settlement funds: Providing care to minority uninsured to decrease health care disparities	Funds are provided to health centers to offset costs to provide care to the uninsured. Tobacco settlement funds were allocated to two health centers in Congressional District Two with large minority population (both located in Omaha).	Each center receives a base of \$100,000. The remainder is distributed proportionally based on the percentage of uninsured at each center. Tobacco funds are provided in a lump sum annually directly to each CHC.	FQHCs	Yes

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Nevada	\$570,603 Total (final) \$30,000 oral health outreach \$122,741 for specialty care for uninsured \$107,000 for specialty care for uninsured \$227,000 public health preparedness \$83,862 for the uninsured	Fund for a Healthy Nevada (\$83,862): Tobacco Settlement Funds. AccessHealth Program (\$122,741): General Fund carryover. AccessHealth Program (\$107,000): Clark County funds. State/Public Health Preparedness (\$227,000): Center for Disease Control funds. Oral Health Outreach (\$30,000): State ORH	Fund for a Healthy Nevada ó Serving the uninsured. General Fund carryover ó Serving the uninsured. Clark County funds ó Serving the uninsured. Public Health Preparedness funds ó Assisting FQHCs and Tribal Health Clinics prepare for health emergencies. Oral Health Outreach ó Funding expansion of oral health services at rural dental clinic (Healthy Smiles)	AccessHealth program ó This is a specialty care physician network where working, uninsured residents who are at 100 to 250% of the FPL are able to see specialty physicians at a significantly reduced rate. GBPCA is the fiscal agent for the program. Healthy Smiles Dental Clinic ó This is a dental clinic in rural Nevada that sees all patients, regardless of ability to pay. GBPCA is currently the fiscal agent, but they are in the process of becoming their own 501c(3) organization.	The funds are distributed through the PCA. The funds pay for PCA program staff to provide technical assistance and program services.	FQHCs and other providers	Yes
New Hampshire	\$6,463,089 (final)	Title X Family Planning, TANF, Maternal and Child Health, CDC ó HIV, CDC ó Breast and Cervical Cancer, WIC, Substance Abuse Prevention and Treatment, Block Grant, General Funds.	Serving uninsured	N/A	Health Centers respond to competitive RFPs. Contracts are awarded. The State develops contracts with each Health Center.	FQHCs	Yes

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New Jersey	<p>\$41.9 Million is the total. The breakout is \$35 million for reimbursement for uninsured visits, \$5 million for expansion of staff, hours, locations, and \$1.9 million for care to pregnant undocumented patients with no other source of care. \$1.9 and \$5 million come out of general revenues, and the \$35 Million comes from a tax on providers that has been in existence for more than 10 years.</p>	<p>general revenues and provider tax</p>	<p>uninsured, expansion, and undocumented pregnant women</p>	<p>Health Care Subsidy Fund- comprised of employee/employer contributions, hospital assessment and revenues from interest. Non-lapsing fund to distribute charity care and other uncompensated care disproportionate payments to eligible providers/hospitals, provide subsidies for Health Access NJ, funding for Children's healthcare coverage, FQHC funding, some Medicaid expenses.</p>	<p>Each center negotiates with the state for reimbursement under the uncompensated care pool to determine the number of uninsured that can be served with these dollars. It is a yearly process with each CHC signing a letter of agreement for care to the uninsured. Agreements can range from \$250,000 up to \$5,000,000 depending on the health center.</p>	<p>FQHCs</p>	<p>Yes</p>

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<b>New Mexico</b>	\$20.9 Million Total \$12.1 Million Recurring operating funds \$2.9 Million Individual Clinic Capital Appropriations. \$3 million existing revolving loan fund \$750,000 Telehealth Infrastructure Funds \$ 2.4 million School-based Clinic support 6 Not restricted to CHCs, but health centers get 60% of the funds (\$920,000 OEW Contract Medicaid)		operating, capital, telehealth, and school-based clinics	Rural Primary Health Fund- About \$12m in contracts/grants of which about 85% go to FQHCs. Administered by the secretary of finance and administration.	Grants/Contracts	FQHCs and other providers	Yes
<b>New York</b>	\$19.9 million Indigent Care \$3.7 million Transition to managed care \$331,500 Migrant health Care Total \$23,931,500	General Funds, Provider surcharge, tobacco, bonds	Serving uninsured, assisting with transition to managed care, migrant health care, CHC capital	Indigent care pool is an uncompensated care pool for voluntary diagnostic and treatment centers (D&TCs). CHCs are licensed as diagnostic and treatment centers in NYS, as are other facilities (certain other non FQHC "clinics). Funds are distributed to facilities based on a formula that includes the number of self-pay visits, the facility's Medicaid rate, and other factors. On average, health centers receive 16 cents on the dollar (16 cents for each dollar of	Indigent care pool is an uncompensated care pool for voluntary diagnostic and treatment centers (D&TCs). CHCs are licensed as diagnostic and treatment centers in NYS, as are other facilities (certain other non FQHC "clinics). Funds are distributed to facilities based on a formula that includes the number of self-pay visits, the facility's Medicaid rate, and other factors. On average, health centers receive 16 cents on the dollar (16 cents for each dollar of care) through this	FQHCs and other providers	Yes

State	FY 07 State Direct Funding to Health Centers	Source of Funds	Purpose of Funds	Program Description	Funds Distribution Process	Eligible Entities	Statute on Web
				<p>care) through this pool. Transition to managed care funds aim to assist with D&amp;TCs' transition to a managed care environment. The distribution is based on Medicaid managed care visits and only centers with a certain percentage of Medicaid patients and of Medicaid managed care penetration qualify. Thus the funds tend to go to the more urban centers, with some rural centers left out. Migrant health care funds support the provision of migrant health care at FQHCs and one public (county) entity. They are divided equally among four facilities. Community Health Centers Capital Program will allcate bond funs for CHC capital development. Funds will be allocated through a competitive bidding process that is presently being developed.</p>	<p>pool. Transition to managed care funds aim to assist with D&amp;TCs' transition to a managed care environment. The distribution is based on Medicaid managed care visits and only centers with a certain percentage of Medicaid patients and of Medicaid managed care penetration qualify. Thus the funds tend to go to the more urban centers, with some rural centers left out. Migrant health care funds support the provision of migrant health care at FQHCs and one public (county) entity. They are divided equally among four facilities. Community Health Centers Capital Program will allcate bond funs for CHC capital development. Funds will be allocated through a competitive bidding process that is presently being developed.</p>		

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North Carolina	Available grant funding increased to \$5 million. Program and eligibility unchanged. Health centers should compete for, and be awarded, \$2.2 million.	General funds	1. Increase access to preventive and primary care services by uninsured or medically indigent patients in existing or new health center locations; 2. Establish community health center services in counties where no such services exist; 3. Create new services or augment existing services provided to uninsured or medically indigent patients, including primary care and preventive medical services, dental services, pharmacy, and behavioral health; and 4. Increase capacity necessary to serve the uninsured by enhancing or replacing facilities, equipment, or technologies	Grants to safety net providers to expand primary and preventive medical services to uninsured or medically indigent patients	Grant program	FQHCs and other providers	
North Dakota	No Response	No Response	No Response	No Response	No Response	No Response	

<b>State</b>	<b>FY 07 State Direct Funding to Health Centers</b>	<b>Source of Funds</b>	<b>Purpose of Funds</b>	<b>Program Description</b>	<b>Funds Distribution Process</b>	<b>Eligible Entities</b>	<b>Statute on Web</b>
<b>Ohio</b>	Final \$2,700,000 - \$900,000 uninsured care \$950,000 uninsured pregnant women and kids. \$850,000 tobacco medications.	GRF (uninsured care) Tobacco (Uninsured women and kids and tobacco medications.	Serving uninsured and those with tobacco related illnesses	N/A	All programs contributed through the PCA	FQHCs	
<b>Oklahoma</b>	FINAL ó \$1,041,120 for contracts with OSDH for reimbursement of uncompensated care to uninsured patients.  \$700,000 for contracts through OSDH to assist communities with FQHC or FQHC Look-Alike development ó e.g. grant writer services and temporary operational assistance Total: \$1,741,120	General Revenues	Uninsured patient care and health center development and transitional assistance	Uncompensated care pool and health center development	The state's health centers share a pool of money for this purpose. The pool is distributed in even monthly amounts less a new start caveat explained later. Each established center has a contract with the State Department of Health which requires individual UDS reports and monthly cost reporting. Each month, each center completes and submits a report detailing revenues and expenses related to uninsured care for a given month which ultimately yields an amount of uncompensated care (or none). This amount from each reporting center is used to calculate their proportion of that month's available money from the pool.	FQHCs and other providers	Yes
<b>Oregon</b>	No Direct Funding	N/A	N/A	N/A	N/A	N/A	N/A
<b>Pennsylvania</b>	No Direct Funding	N/A	N/A	N/A	N/A	N/A	N/A
<b>Puerto Rico</b>	No Direct Funding	N/A	N/A	N/A	N/A	N/A	N/A

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Rhode Island							
South Carolina	\$1m to FQHCs for the purpose of providing health care for uninsured patients. This is a one year program.	General funds	These funds are to be used exclusively to serve uninsured patients	The South Carolina State 2007 Budget includes a one-time \$1m appropriation to Federally Qualified Health Center for the purpose of providing primary health care service to additional uninsured patients. The South Carolina Department of Health and Human Services will distribute these appropriated funds based on a methodology agreed to by SCDHHS and the South Carolina Primary Health Care Association.	Actual distribution methodology had not been approved at the time of this survey.	FQHCs	
South Dakota	No Response	No Response	No Response	No Response	No Response	No Response	

State	FY 07 State Direct Funding to Health Centers	Source of Funds	Purpose of Funds	Program Description	Funds Distribution Process	Eligible Entities	Statute on Web
Tennessee	<p>\$6 million to supplement care to the uninsured. \$1 million increase for alternative PPS. \$2.5 million for FQHC expansion in counties with no current safety net provider. Total: \$9.5 million</p> <p>Eligible to apply for grants from an additional \$6 million pool of money for diabetes care.</p>	General funds	To serve the uninsured, expand FQHCs into counties with no current safety net provider, to enhance diabetes care	Safety net funds	<p>\$6 million is appropriated for FQHCs in safety net funding and is distributed quarterly based on the uninsured encounters for that quarter for the FQHC relative to total uninsured encounters for the quarter for all FQHCs.</p> <p>\$2.5 million is appropriated for FQHC expansion and will be distributed through a grant process through the TN Department of Health. Currently, TPCA is working with the Dept. to create the application and we anticipate funds being distributed beginning in January 2007.</p> <p>\$6 million was appropriated to administer and fund grants for diabetes care. FQHCs are specifically mentioned as one of the provider types that can apply for these funds</p>	FQHCs and other providers	Yes

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Texas	FQHC Incubator Program \$5 million - final Primary Healthcare Program: \$5,453,387 (This amount represents 46% of the entire program distributions for FY 06) - final Family Planning Funds (Titles V, X, and XX): \$10 million expected Total: \$20,453,387 (Family planning funds are not yet final)	Incubator and Primary Health Care funds are general revenue, Family planning funds are federal pass through dollars through the Titles: V, X, and XX	Incubator program provides seed money for developing new and existing FQHCs, The Primary Health Care Program (PHC) serves women, children, and men whose income is at or below 150% of the Federal Income Poverty Level (FPIL) and who are unable to access the same care through insurance or other programs. Services include early prevention, early detection and early intervention of health problems. Family planning funds provide a variety of family planning services, depending on the funding source.			FQHCs and other providers	Yes

<b>State</b>	<b>FY 07 State Direct Funding to Health Centers</b>	<b>Source of Funds</b>	<b>Purpose of Funds</b>	<b>Program Description</b>	<b>Funds Distribution Process</b>	<b>Eligible Entities</b>	<b>Statute on Web</b>
<b>Utah</b>	<p>\$1.457M Total in State Primary Care Grants for FY07 (\$1.1M ongoing, \$357K one-time funding) Final Funding decisions have not been completed for SPCG program at this time so it is unknown what proportion of these funds will be for CHCs.</p> <p>\$255K for Immunization Final  \$50K for Zyban Final  \$24K for Asthma Final  \$71K for Diabetes Final</p>	General Funds	Primary Care to Underserved/Uninsured	State Primary Care Grants Program This state-funded program was created to increase access to appropriate, high quality, cost-effective primary health care. It targets Utah's low-income individuals and families who: Do not have health insurance, have limited health insurance, cannot qualify for public insurance This often includes the working poor, chronically ill, homeless, migrant workers, ethnic/racial groups, single-parent families, and the elderly.	Primary Care Grants are distributed directly to CHCs. The other 4 grants described above are awarded to the PCA and distributed to the health centers based on levels of participation.	FQHCs and other providers	Yes

State	FY 07 State Direct Funding to Health Centers	Source of Funds	Purpose of Funds	Program Description	Funds Distribution Process	Eligible Entities	Statute on Web
Vermont	Final appropriation for SFY07 is a total of \$200,000 to the uncompensated care pool for FQHC Look-Alikes. We also are succeeding in getting language carrying forward unspent funds from SFY06.	General Funds, with a partial match through the VT "Global Commitment" 1115 waiver mechanism. I am unable to say at this time what % of the \$200,000 is General Fund vs. "GC match."	Provides a state level grant (similar to 330 funding, albeit in a much smaller amount) to FQHC Look-Alikes for uncompensated care to the uninsured.	The appropriation is for an uncompensated care pool for FQHC Look-Alikes, but the methodology by which those funds flow to the LAL has yet to be determined. The SFY06 appropriation ended up being directed very specifically (if somewhat obliquely) in the carry forward language	Anticipate switching from this year's lump sum payment to some kind of pro rata basis linked to the # of uninsured patients served. Hope to have language introduced next session that would enshrine the uncompensated care pool in statute, rather than have to depend upon getting it into the budget act each year.	FQHCs and other providers	Yes
Virginia	New funding: \$500,000 the first year and \$750,000 the second year from the general fund shall be provided to the Virginia Primary Care Association to expand existing or develop new community health centers; New Funding: \$175,000 each year from the general fund shall be provided to the Virginia Primary Care Association to expand access to	General Funds	1) Capital for building new health centers 2) Operational for expanding access to services 3) Pharmaceutical assistance programs	We consider this a pilot program for the state to participate in the capital and operational funding needs of health centers in the Commonwealth. Future funding will be dependent on the success of the state's investment during the next two years.	Will be distributed based on competitive proposals and need. Final formula to be determined.	FQHCs	Yes

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	<p>care provided through community health centers.</p> <p>New Funding: \$60,000 for a specific health center to add a family nurse practitioner to provide services at two sites.</p> <p>Continuance of existing ending:\$433,750 for pharmaceuticals to be distributed between all health centers in state; \$95,625 direct funding to a specific health center; and \$15,300 in direct funding to another health center</p> <p>Total \$1,279,675</p>						

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<b>Washington</b>	Final FY07: \$9,152,040, which is 83.38% of the total grants awarded.	These funds come out of the Health Services Account and are appropriated each biennium by the Legislature.	The purpose of these funds is to serve the uninsured	The Community Health Services Program within the Washington State Health Care Authority allocates state dollars to community health centers and other safety net providers that provide medical and dental care to the uninsured. Grant money is available to non-profit community health clinics that provide care on a sliding scale fee schedule, regardless of an individual's ability to pay, and that have policies and procedures reflecting sensitivity to the cultural and linguistic needs of patients. There are three funding streams: medical, dental, and migrant.	The grants are awarded to centers through a formula established by the Washington Authoritative Code. - Medical: 40% of the medical grants are distributed evenly among grantees; 30% by the percentage of sliding fee patients to total sliding fee encounters; and 30% by the percentage of sliding fee encounters to total sliding fee encounters. - Dental: is calculated similarly, except instead of calculating by encounters they are calculated based on RVUs - Migrant grants are distributed by the ratio of migrant users to total migrant users.	FQHCs and other providers	Yes
<b>West Virginia</b>	\$6.8 million	General funds	to help offset the cost of providing uncompensated care and mortgage assistance (\$800K)	The WV Uncompensated Care fund is only for organizations that the state believes are FQHC eligible and specially designated primary care organizations (one women's health and one children's health clinic). The money is applied for on an annual basis and distribution and oversight	Lump sum paid in quarterly installments directly to the centers through the PCO. The PCO has considered a formula but that has been opposed by the PCA and has not yet been implemented. Such a decision would be made at the agency, not legislative, level. To get the money, the centers have to provide much of the data that is provided to the federal government via the UDS. There is other data required in addition to the UDS data. Thus, even look-alikes and other non-330 organizations in WV	FQHCs and other providers	Yes

State	FY 07 State Direct Funding to Health Centers	Source of Funds	Purpose of Funds	Program Description	Funds Distribution Process	Eligible Entities	Statute on Web
				are done by the PCO.	have to keep data as required by UDS.		
<b>Wisconsin</b>	\$3 million	General Funds	Capital, expansion of services, expanding dental access	Community Health Center State Grant program; State budget item	Distributed based on a formula. The formula divides the money among the 16 Health Centers by the amount of Federal grant money each Health Center receives.	FQHCs	Yes
<b>Wyoming</b>	No Direct Funding	N/A	N/A	N/A	N/A	N/A	N/A

