



## **Provider Grant Program 2021-2022**

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### **Program Overview:**

Kern Health Systems (KHS) continues its commitment to maintaining a strong network of quality physicians that provide medical care to our 290,000+ membership. KHS is also preparing to add non-clinical resources through the CalAIM initiative, that will focus on address our member's social determinates of health. For this grant cycle, KHS is investing \$10,000,000 in grant funds to develop these programs.

### **Provider Grant Program Description:**

The goal of Kern Health Systems is to provide grant proposals for innovative ideas and creation of **Provider Grant Programs focusing on CalAIM Initiatives and Access to Care.**

The grant funds can be used for a variety of activities such as:

- Access to Care
  - Professional resources and/or skill acquisition
  - Community Resources addressing Social Determinations of Health
  - Medical and Mental Health Integration
  - Asthma program for children and teens
- Medical Service Area Expansion
  - Service Delivery Expansion of hours/days
  - Clinic or hospital infrastructure projects
  - Home Bound Primary Services (HBP)
    - To ensure the provision of primary care services and coordination of healthcare services for Home Bound KHS members who reside with family or in other community arrangements.
    - Partnership with “Champion” HBP Provider(s) to provide primary services in home.
- Minor Technology / Medical Equipment
  - Medical equipment or technology improvements
  - Data sharing & EMR system improvements
- Cal AIM Initiatives
  - In-Lieu of Services (non-clinical resources)



- For a complete review of the CalAIM initiative, including eligibility and program requirements, please visit:  
<https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-Updated-02172021.pdf>

### **Provider Financial Opportunity**

KHS has allocated \$10,000,000 in grant funding for this program distributed in the following provider categories:

Safety Net Providers	\$8,000,000
Non-Safety Net/Community Providers	\$2,000,000

Upon award and approval of the Scope of Projects and Budget, KHS will develop a grant agreement. The contracting agency can then invoice monthly (see financial reporting template attached).

### **Provider Requirements:**

Provider Grant Program Funds are available to providers who meet the following criteria:

- 1) Must be KHS Contracted Individual or Group Provider
- 2) Contracted provider must be in good standing
- 3) Proposed projects must demonstrate alignment to the grant program focus areas
- 4) Provider must meet ALL KHS Credentialing Requirements

### **Reporting:**

The provider will report to KHS on their proposed workplan on a monthly basis or when submitting for reimbursement of expenses.

On a monthly basis, grantee will submit the following:

- a. Progress report: Narrative of measured progress of proposed project
- b. Financial report: Detailed Expenses being requested for reimbursement
- c. Evaluation reporting based on goals and objectives outlined in pre-approved grant Scope of Work



**Program Timeline:**

- Kern Health Systems will publish Grant – March 3, 2021
- Grant Responses will be due – April 30, 2021
- KHS Proposal Reviews – May 1 – 31, 2021
- Grant Awards Announced and Contracting – June 1-30, 2021
- Grant Agreement Start Date – July 1, 2021
- Grant Period – 1 year (12 months)

**Work Plan, Financial and Budget Documents:**

Please submit a copy of the following:

- a. Application
- b. Proposed Scope of Work Plan
- c. Proposed Budget
- d. Recent Annual Fiscal Report (if available)
- e. 501(c) (3) or other tax status designation
- f. The grantee may be required to indemnify KHS against potential liability depending on the type of project be funded

Send completed grant application packet to:

Kern Family Health Care  
Attention: Leslie Scerbo, Community Resources Network Manager  
2900 Buck Owens Blvd.  
Bakersfield, CA 93308

Or via email at [leslie.scerbo@khs-net.com](mailto:leslie.scerbo@khs-net.com) (you will receive a delivery confirmation. If you do not receive confirmation, please call Leslie Scerbo at (661) 617-2652).

**Grant Proposals are due – April 30, 2021 – no later than 5:00pm PST**

**For questions regarding this program, please contact:**

Amisha Pannu – Deputy Director of Provider Network  
(661) 664-5157/[Amisha.Pannu@khs-net.com](mailto:Amisha.Pannu@khs-net.com)  
Leslie Scerbo – Community Resources Network Manager  
(661) 617-2652/ [Leslie.Scerbo@khs-net.com](mailto:Leslie.Scerbo@khs-net.com)  
Emily Duran – Chief Network Administration Officer  
(661) 664-5000/[Emily.Duran@khs-net.com](mailto:Emily.Duran@khs-net.com)



**Kern Health Systems  
2021 – 2022 Grant Application**

**CONTRACTING ORGANIZATION/AGENCY INFORMATION**

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Organization Tax ID: \_\_\_\_\_  
Speciality/Services: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**PROJECT TO BE FUNDED**

Provider Type:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Practice Location(s)/Address(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours of Location(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Description:

Outline in detail the proposed project, goals, and milestones

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Amount and Use of Funds:

Provide a description of how funds will be used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Geographic Service Area:

What is the geographic area that the project will serve?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Kern Health Systems Grant: Scope of Work

## I. WORKPLAN

Please describe your proposed project by completing the chart below. Include as many measurable objectives and specific details as possible. Please be sure information detailed in this section corresponds to the project and budget narrative.

**Organization Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Project Period** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

Use the following table to summarize your proposal. You may replicate and expand as needed.

<b>Project Goal:</b>					
<b>Target Population:</b>		<b>Estimated Number of KHS members served:</b>			
Major Tasks	Activities	Timeline		Expected Outcome(s)	Evaluation Method(s)
		Start Date	Target End Date		



# Kern Health Systems Grant: Proposed Budget

**BUDGET:** Complete template below and provide justification for each item in a separate written narrative.

<b>Organization Name:</b>	_____
<b>Project Period:</b>	_____
<b>Project Title:</b>	_____
<b>Budget Contact Name and Phone:</b>	_____

Project Budget	Total Budget	Other Revenue Sources	In-Kind (if applicable)	Total Grant Funding Request
<b>PERSONNEL/STAFFING EXPENSES</b> (List title and % FTE on project)				
<b>Benefits ( _____% of Personnel)</b>				
<b>Total Personnel</b>				
<b>OPERATING EXPENSES</b>				
<b>TOTAL OPERATING EXPENSE</b>				
<b>OTHER COSTS</b>				
<b>TOTAL EXPENSES</b> (Personnel + Operating + Other Costs)				