Chapter 182-20 WAC
STANDARDS FOR COMMUNITY HEALTH CLINICS

WAC

182-20-001 Purpose.
182-20-010 Definitions.
182-20-100 Administration.
182-20-130 Application for funds.
182-20-160 Eligibility.
182-20-200 Allocation of state funds.
182-20-300 Dispute resolution procedures.
182-20-320 Audit review.
182-20-400 Limitations on awards.
182-20-500 Dental residency pilot project.
182-20-600 Community health care collaborative program.
182-20-610 Administration.
182-20-620 Application process.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

182-20-250 Allocation of state noncitizen immigrant funds. [Statutory Authority: RCW 41.05.220. 02-18-089 (Order 02-04), § 182-20-250, filed 9/3/02, effective 10/1/02.] Repealed by 07-01-107 (Order 06-03), filed 12/19/06, effective 1/19/07. Statutory Authority: RCW 41.05.-220.

WAC 182-20-001 Purpose. The purpose of this chapter is to establish procedures at the Washington state health care authority for determining eligibility and distribution of funds for:

(1) Medical, dental, and migrant services to community health clinics under section 214(3), chapter 19, Laws of 1989 1st ex. sess., including other state general fund appropriations for medical, dental, and migrant services in community health clinics since 1985; and

(2) Other grant programs assigned to the authority. The authority shall disburse grant awards to community-based organizations to develop innovative health care delivery models that address:

(a) Access to medical treatment;

(b) Efficient use of health care resources; or

(c) Improve quality of care.

[Statutory Authority: RCW 41.05.160, 41.05.220, 41.05.230, and 2006 c 67. 07-02-055 (Order 06-07), § 182-20-001, filed 12/28/06, effective 1/28/07. Statutory Authority: RCW 41.05.160. 01-04-080 (Order 00-06), § 182-20-001, filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-001, filed 5/26/95, effective 6/26/95.]

WAC 182-20-010 Definitions. For the purposes of these rules, the following words and phrases shall have these meanings unless the context clearly indicates otherwise.

(1) "Community health clinic" means a public or private nonprofit tax exempt corporation with the mission of providing primary health care to low income individuals at a charge based upon ability to pay.

(2) "Authority" means the Washington state health care authority.

(3) "Encounter" means a face-to-face contact between a patient and a health care provider exercising independent judgment, providing primary health care, and documenting the care in the individual's health record.

(4) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care including:

(a) Physicians under chapters 18.57 and 18.71 RCW;

(b) Dentists under chapter 18.32 RCW;

(c) Advanced registered nurse practitioner under chapter 18.79 RCW;

(d) Physician's assistant under chapters 18.71A and 18.57A RCW;

(e) Dental hygienist under chapter 18.29 RCW;

(f) Licensed midwife under chapter 18.50 RCW;

(g) Federal uniformed service personnel lawfully providing health care within Washington state.

(5) "Low-income individual" means a person with income at or below two hundred percent of federal poverty level. The poverty level has been established by Public Law 97-35 § 652 (codified at 42 U.S.C. 9847), § 673(2) (codified at 42 U.S.C. 9902 (2)) as amended; and the *Poverty Income Guideline* updated annually in the *Federal Register*.

(6) "Primary health care" means comprehensive care that includes a basic level of preventive and therapeutic medical and/or dental care, usually delivered in an outpatient setting, and focused on improving and maintaining the individual's general health.

(7) "Relative value unit" means a standard measure of performance based upon time to complete a clinical procedure. The formula is one unit equals ten minutes. A table is available from the authority stating the actual values.

(8) "Administrator" means the administrator of the health care authority or the administrator's designee.

(9) "User" means an individual having one or more primary health care encounters and counted only once during a calendar year.

(10) "Contractor" means the community health clinic or other entity performing services funded by chapter 182-20 WAC, and shall include all employees of the contractor.

[Statutory Authority: RCW 41.05.160. 01-04-080 (Order 00-06), § 182-20-010, filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-010, filed 5/26/95, effective 6/26/95.]

WAC 182-20-100 Administration. The authority shall contract with community health clinics to provide primary health care in the state of Washington by:

(1) Developing criteria for the selection of community health clinics to receive funding;

(2) Establishing statewide standards governing the granting of awards and assistance to community health clinics;

(3) Disbursing funds appropriated for community health clinics only to those clinics meeting the criteria in WAC 182-20-160;

(4) Distributing available state funds to community health clinics, including:

(a) Community health clinics that are private, nonprofit corporations classified exempt under Internal Revenue Service Rule 501 (c)(3) and governed by a board of directors including representatives from the populations served;

(b) Local health jurisdictions with an organized primary health clinic or division;

(c) Private nonprofit or public hospitals with an organized primary health clinic or department; and

(d) Tribal governments.

(5) Reviewing records and conducting on-site visits of contractors or applicants as necessary to assure compliance with these rules; and

(6) Withholding funding from a contractor or applicant until such time as satisfactory evidence of corrective action is received and approved by the authority, if the authority determines:

(a) Noncompliance with applicable state law or rule; or

(b) Noncompliance with the contract; or

(c) Failure to provide such records and data required by the authority to establish compliance with section 214(3), chapter 19, Laws of 1989 1st ex. sess., this chapter, and the contract; or

(d) The contractor or applicant provided inaccurate information in the application.

[Statutory Authority: RCW 41.05.160, 41.05.220, and 41.05.230. 10-05-046 (Order 09-04), § 182-20-100, filed 2/10/10, effective 3/13/10. Statutory Authority: RCW 41.05.160. 01-04-080 (Order 00-06), § 182-20-100, filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-100, filed 5/26/95, effective 6/26/95.]

WAC 182-20-130 Application for funds. (1) The authority shall, upon request, supply a prospective applicant with an application kit for a contract requesting information as follows:

(a) Include in the application a request for information as follows:

(i) The applicant's name, address, and telephone number;

(ii) A description of the primary health care provided;

(iii) A brief statement of intent to apply for funds;

(iv) The signature of the agency's authorized representative;

(v) Description of the nature and scope of services provided or planned;

(vi) Evidence of a current financial audit establishing financial accountability; and

(vii) A description of how the applicant meets eligibility requirements under WAC 182-20-160;

(b) Notify existing contractors at least ninety days in advance of the date a new contract application is due to the authority;

(c) Review completed application kits for evidence of compliance with this section;

(d) Develop procedures for:

(i) Awarding of funds for new contractors, special projects, and emergency needs of existing contractors; and

(ii) Notifying existing and prospective contractors of procedures and application process.

(2) The applicant shall:

(a) Complete the application on standard forms provided or approved by the authority; and

(b) Return the completed application kit to the authority by the specified due date.

[Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-130, filed 5/26/95, effective 6/26/95.]

WAC 182-20-160 Eligibility. Applicants shall:

(1) Demonstrate private, nonprofit, tax exempt status incorporated in Washington state or public agency status under the jurisdiction of a local or county government;

(2) Receive other funds from at least one of the following sources:

(a) Section 329 of the Public Health Services Act;

(b) Section 330 of the Public Health Services Act;

(c) Community development block grant funds;

(d) Title V Urban Indian Health Service funds;

(e) Tribal governments; or

(f) Other public or private funds providing the clinic demonstrates:

(i) Fifty-one percent of total clinic population are low income;

(ii) Fifty-one percent or greater of funds come from sources other than programs under WAC 182-20-160;

(3) Operate as a community health clinic providing primary health care for at least eighteen months prior to applying for funding;

(4) Provide primary health care services with:

(a) Twenty-four-hour coverage of the clinic including provision or arrangement for medical and/or dental services after clinic hours;

(b) Direct clinical services provided by one or more of the following:

(i) Physician licensed under chapters 18.57 and 18.71 RCW;

(ii) Physician's assistant licensed under chapters 18.71A and 18.57A RCW;

(iii) Advanced registered nurse practitioner under chapter 18.79 RCW;

(iv) Dentist under chapter 18.32 RCW;

(v) Dental hygienist under chapter 18.29 RCW;

(c) Provision or arrangement for services as follows:

(i) Preventive health services on-site or elsewhere including:

(A) Eye and ear examinations for children;

(B) Perinatal services;

(C) Well-child services; and

(D) Family planning services;

(ii) Diagnostic and treatment services of physicians and where feasible a physician's assistant and/or advanced registered nurse practitioner, on-site;

(iii) Services of a dental professional licensed under Title 18 RCW on-site or elsewhere;

(iv) Diagnostic laboratory and radiological services on-site or elsewhere;

(v) Emergency medical services on-site or elsewhere;

(vi) Arrangements for transportation services;

(vii) Preventive dental services on-site or elsewhere; and

(viii) Pharmaceutical services, as appropriate, on-site or elsewhere;

(5) Demonstrate eligibility to receive and receipt of reimbursement from:

(a) Public insurance programs; and

(b) Public assistant programs, where feasible and possible;

(6) Have established for at least eighteen months an operating sliding scale fee schedule for adjustment of charges, based upon the individual's ability to pay for low-income individuals;

(7) Provide health care regardless of the individual's ability to pay; and

(8) Establish policies and procedures reflecting sensitivity to cultural and linguistic differences of individuals served and provide sufficient staff with the ability to communicate with the individuals.

[Statutory Authority: RCW 41.05.160, 41.05.220, and 41.05.230. 10-05-046 (Order 09-04), § 182-20-160, filed 2/10/10, effective 3/13/10. Statutory Authority: RCW 41.05.160. 01-04-080 (Order 00-06), § 182-20-160, filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-160, filed 5/26/95, effective 6/26/95.]

WAC 182-20-200 Allocation of state funds. The authority shall allocate available funds to medical, dental and migrant contractors providing primary health care based on the following criteria:

(1) **Medical.**

(a) The authority may withhold appropriated funds as follows:

(i) As specified under law or up to ten percent to provide funding for new contractors, special projects, and emergency needs:

(A) With distribution of any remaining portion of this ten percent among contractors by the end of each funding year;

(B) Prorated according to the percentage of total medical contract funds distributed to each contractor;

(ii) Up to ten percent for administration.

(b) The remainder of the appropriated funds is referred to as the "medical base." The medical base means the total amount of money appropriated by the legislature for the medical program minus the amounts specified in (a)(i) and (ii) of this subsection. The medical base is distributed to medical contractors based upon the following formulas:

(i) Starting July 1, 1996, the medical base is distributed to medical contractors based upon the following formula:

(A) Forty percent of the medical base is distributed equally among all medical contractors;

(B) Thirty percent of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical sliding fee users divided by the total medical sliding fee users of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical sliding fee users}}{\text{total of all contractors' medical sliding fee users}} \times 30\% \text{ medical base}$$

(C) Thirty percent of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical sliding fee encounters by the total number of medical sliding fee encounters reported by all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical sliding fee encounters}}{\text{total of all contractors' medical sliding fee encounters}} \times 30\% \text{ medical base}$$

(2) **Dental.**

(a) The authority may withhold appropriated funds as follows:

(i) As specified under law or up to ten percent of appropriated funds to provide funding for new contractors, special projects, and emergency needs:

(A) With distribution of any remaining portion of this ten percent among contractors by the end of each funding year;

(B) Prorated according to the percentage of total dental contract funds distributed to each contractor.

(ii) Up to ten percent for administration.

(b) The remainder of the funds is referred to as the dental base. The dental base means the total amounts appropriated by the legislature for dental programs minus the amounts specified in (a)(i) and (ii) of this subsection and as follows:

(i) Starting July 1, 1996, the dental base is distributed to dental contractors based upon the following formula:

(A) Forty percent of the dental base is distributed equally among all dental contractors;

(B) Thirty percent of the dental base is distributed by the ratio of the contractor's primary health care (PHC) dental sliding fee users divided by the total dental sliding fee users of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's dental sliding fee users}}{\text{total of all contractors' dental sliding fee users}} \times 30\% \text{ dental base}$$

(C) Thirty percent of the dental base is distributed by the ratio of the contractor's primary health care (PHC) dental sliding fee relative value units (RVU) divided by the total number of dental sliding fee relative value units (RVU) reported by all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's dental sliding fee RVUs}}{\text{total of all contractors' dental sliding fee RVUs}} \times 30\% \text{ dental base}$$

(3) **Migrant.**

(a) The authority may withhold appropriated funds as follows:

(i) As specified under law or up to ten percent to provide funding for new contractors, special projects, and emergency needs:

(A) With distribution of any remaining portion of this ten percent among contractors by the end of each funding year;

(B) Prorated according to the percentage of total migrant contract funds distributed to each contractor.

(ii) Up to ten percent for administration.

(b) The remainder of the appropriated funds is referred to as the "migrant base." The migrant base means the total amount of money appropriated by the legislature for the migrant program minus the amounts specified in (a)(i) and

(ii) of this subsection. The migrant base is distributed to migrant contractors based upon the following formula:

The migrant base is distributed to migrant contractors based upon the following formula starting July 1, 1995: One hundred percent of the migrant base is distributed by the ratio of the contractor's primary health care (PHC) migrant users divided by the total migrant users of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's migrant users}}{\text{total of all contractors' migrant users}} \times 100\% \text{ migrant base}$$

[Statutory Authority: RCW 41.05.160. 01-04-080 (Order 00-06), § 182-20-200, filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-200, filed 5/26/95, effective 6/26/95.]

WAC 182-20-300 Dispute resolution procedures. The authority shall define dispute resolution procedures in the contract which shall be the exclusive remedy and shall be binding and final to all parties.

[Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-300, filed 5/26/95, effective 6/26/95.]

WAC 182-20-320 Audit review. Contractors shall:

(1) Maintain books, records, documents, and other materials relevant to the provision of goods or services adequate to document the scope and nature of the goods or services provided;

(2) Make the materials in subsection (1) of this section available at all reasonable times with prior notice for inspection by the authority;

(3) Retain these materials for at least three years after the initial contract with the authority;

(4) Provide access to the facilities at all reasonable times with prior notice for on-site inspection by the authority; and

(5) Submit annual reports consistent with the instructions of the authority.

[Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-320, filed 5/26/95, effective 6/26/95.]

WAC 182-20-400 Limitations on awards. Specific to the medical, dental, and migrant base as referenced in WAC 182-20-200 (1)(b), (2)(b), and (3)(b):

Starting July 1, 1997:

(1) Any approved contractor shall initially receive funding based on no more than a ratio of one hundred twenty-five percent of that contractor's previous year's initial allotment.

(2) Any approved contractor shall initially receive funding based on no less than a ratio of seventy-five percent of that contractor's previous year's initial allotment. In the event that funding is inadequate to provide seventy-five percent, criteria shall be established to equitably allocate the available funds.

(3) Funds in excess of the initial allocation shall be distributed in a supplemental allotment pursuant to WAC 182-20-200.

Starting July 1, 2004:

(4) Funds distributed pursuant to WAC 182-20-200 (1)(b)(i)(A) and (2)(b)(i)(A), the forty percent base, shall be limited to no more than $30,000.

Funds distributed in excess of the $30,000 limitation shall be added to the appropriate medical formulae in WAC 182-20-200 (1)(b)(i)(B) and (C), or dental formulae in WAC 182-20-200 (2)(b)(i)(B) and (C), productivity portions of the funding formulae.

[Statutory Authority: RCW 41.05.220. 04-03-006 (Order 03-03), § 182-20-400, filed 1/8/04, effective 2/8/04. Statutory Authority: RCW 41.05.160. 01-04-080 (Order 00-06), § 182-20-400, filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 43.70.040. 95-12-010, § 182-20-400, filed 5/26/95, effective 6/26/95.]

WAC 182-20-500 Dental residency pilot project. (1) The provisions of this section apply to organizations that wish to apply for funding to operate a dental residency program pursuant to the provisions of RCW 18.32.040.

(2) The authority will, upon request, supply to interested parties the application forms and information needed to apply for funding for a dental residency program.

(3) The forms shall require applicants to provide the following information:

(a) The applicant's name, address, and telephone number;

(b) A full description of the dental residency program to be funded;

(c) A brief statement of intent to apply for funding.

(4) Clinics that wish to apply for funding must meet the following criteria:

(a) Have American Dental Association (ADA) accreditation;

(b) Comply with the department of health's dental residency licensure requirements; and

(c) Operate a one-year advanced education in general dentistry residency (AEGD) program.

(5) The authority will allocate funds pursuant to written procedures which may be updated annually. The authority will, upon request, supply a copy of the allocation procedures to interested parties.

[Statutory Authority: RCW 41.05.220. 06-07-101 (Order 05-07), § 182-20-500, filed 3/15/06, effective 7/1/06.]

WAC 182-20-600 Community health care collaborative program. The purpose of this chapter is to establish procedures for the community health care collaborative grant program. The authority is responsible for disbursing funds to further the efforts of community-based organizations that address:

(1) Access to medical treatment;

(2) Efficient use of health care resources; or

(3) Improve quality of care.

The program is a two-year grant. The continuation of disbursement of funds for the second year of the grant is determined upon recipients' satisfactory performance measures reported for the first year.

The authority may also subcontract administrative activities with a statewide community health care organization that can facilitate program policy regarding best practices and standardized performance measures among grantees.

[Statutory Authority: RCW 41.05.220 and 41.05.230. 09-23-100 (Order 09-03), § 182-20-600, filed 11/17/09, effective 12/18/09. Statutory Authority: RCW 41.05.160, 41.05.220, 41.05.230, and 2006 c 67. 07-02-055 (Order 06-07), § 182-20-600, filed 12/28/06, effective 1/28/07.]

WAC 182-20-610 Administration. The authority is responsible for:

(1) Grant development, including:

(a) Setting criteria for the selection of community-based organizations to receive grant funding;

(b) Determining equitable standards governing the granting of awards;

(c) Determining nature and format of the application and process.

(2) Award determinations, including:

(a) Accepting grant applications;

(b) Selecting recipients based upon documented health care access and quality improvement goals aligned with state health priorities;

(c) Reviewing and making final determination based upon the applicant's ability to:

(i) Meet the eligibility criteria;

(ii) Meet the program goals; and

(iii) Best utilize funds and resources available to meet the goals of the program;

(d) Conducting on-site visits to ensure applicant's ability to achieve grant objectives and performance measures identified in the application;

(e) Contracting with successful applicants; and

(f) Disbursing grant funds according to program policy.

(3) Post-award actions, including:

(a) Reviewing periodic progress reports from contractors;

(b) Conducting on-site visits of contractors to provide assistance and ensure compliance of grant objectives as necessary;

(c) Reviewing and approving distribution of the second half of a grant based upon satisfactory performance reports; and

(d) Compiling periodic reports as requested by the governor and legislature, which may include:

(i) Description of organizations and programs funded;

(ii) Description and analysis of results achieved;

(iii) Recommendations for improvements to the program; and

(iv) Highlights best practices that can be replicated statewide.

[Statutory Authority: RCW 41.05.220 and 41.05.230. 09-23-100 (Order 09-03), § 182-20-610, filed 11/17/09, effective 12/18/09. Statutory Authority: RCW 41.05.160, 41.05.220, 41.05.230, and 2006 c 67. 07-02-055 (Order 06-07), § 182-20-610, filed 12/28/06, effective 1/28/07.]

WAC 182-20-620 Application process. (1) Eligibility.

(a) Applicants must meet the application requirements prescribed by the authority.

(b) Applicants must be able to show:

(i) Evidence of private, nonprofit, tax exempt status incorporated in Washington state or public agency status under the jurisdiction of a local, county, or tribal government;

(ii) Evidence of the specific geographic region served;

(iii) Evidence of a formal collaborative governance structure and decision-making process that demonstrates structure, operation, and accountability to the region served;

(iv) Evidence of representation from hospitals, public health, behavioral health, community health centers, rural health clinics, and private practitioners that serve low-income persons in the region, unless there are no such providers within the region, or providers decline or refuse to participate or place unreasonable conditions on their participation;

(v) Amount of funds requested and how the dollars will be spent;

(vi) Data to evaluate program progress and ability to meet grant objectives.

(c) Applicants will be evaluated competitively on their ability to:

(i) Address documented health care access and quality improvement goals aligned with state policy priorities and health care needs in the specific region served;

(ii) Document engagement of key community members;

(iii) Document evidence of matching funds of at least two dollars for each grant dollar requested. All matching fund contributions must meet the criteria determined by the administrator and the application guidelines;

(iv) Address how the grant will enhance long-term capacity and sustainability of programs;

(v) Show innovation in program approaches that could be replicated throughout the state;

(vi) Make efficient and cost-effective use of funds by simplifying administration affecting the health care delivery system;

(vii) Clearly describe size of organization, program objectives, and populations served.

(d) Application access.

(i) The call for grant applications will be made by posting the announcement to the authority's official web site and by notification sent to interested parties.

(ii) To be placed on the interested parties' distribution list, send contact information, including mailing and e-mail addresses to community health care collaboration at Washington State Health Care Authority, P.O. Box 42721, Olympia, Washington 98504-2721.

(2) The guidelines and application forms will be available on the authority's official web site and included with the published guidelines distributed by e-mail to those who request an application. The application will be available in hard copy and sent by United States mail upon request. Applications must be completed and submitted in the format and filed by the deadlines prescribed by the authority and published in the guidelines.

[Statutory Authority: RCW 41.05.220 and 41.05.230. 09-23-100 (Order 09-03), § 182-20-620, filed 11/17/09, effective 12/18/09. Statutory Authority: RCW 41.05.160, 41.05.220, 41.05.230, and 2006 c 67. 07-02-055 (Order 06-07), § 182-20-620, filed 12/28/06, effective 1/28/07.]