

Rural Provider Access and Affordability Stimulus Grant Program

B. 2023 Application Part IV

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COLORADO
Department of Health Care
Policy & Financing

APPLICATION PART VI

IV. PROGRAM DESIGN, SCOPE OF PROJECT, SERVICES AND GOALS

This section allows the applicant to provide more details about the proposed project by describing the current situation, anticipated or projected needs, and the proposed solution or goal.

Q1. Statement of Need

To be completed by all applicants, 2 pages maximum.

The needs statement outlines the underlying problem your application is addressing. This is sometimes referred to as the problem statement.

- a. Please describe the need in the community that your proposal seeks to address, clarifying the problem in terms of resources and/or capacity challenges.
- b. Why is addressing this problem important to your organization and to the community?
- c. If specific populations are supported by this proposal, please indicate what populations this will help/improve access for.
- d. What is the expected change that you anticipate due to the project? How will the community be impacted?

Q2. Age of plant or equipment

To be completed for capital investment projects only, 1 page maximum.

Recipients of Rural Stimulus Grant funds for capital expenditures must submit a written justification as set forth in 31 Code of Federal Regulations 35.6 (b)(4) to the Department.

- a. What are you seeking to replace or upgrade and why?

- b. Include information on the current age of the plant or equipment you are seeking to upgrade or replace and details on the estimated remaining life for that plant/equipment.
- c. Explain how the age of the facility or equipment you seek to replace is impacting care access and how the upgrades will improve access.
- d. For a plant upgrade, are there more recent plant updates at the facility? If yes, provide details regarding these upgrades (type and age).
- e. Describe the accounting methodology used to determine the age of plant.

Q3. Access to specialty care

To be completed by all applicants, 1 page maximum.

Description of how the project will increase access to specialty care, if applicable. Per SB22-200 this includes surgical care, chemotherapy centers, imaging/advanced imaging including MRI and computerized tomography scans, and behavioral health). Does the proposal increase access to specialty care? If yes, what specialty care is enhanced and how?

Q4. Improving care coordination

To be completed by all applicants, 1 page maximum.

Describe how the project will improve care coordination, if applicable.

- a. Does the proposal improve care coordination? If yes, how?
- b. Please name the organizations you will collaborate with to support improved care coordination and how.
- c. Describe how your project's framework will help to ensure the community has access to care locally.

Q5. Partner engagement

To be completed by all applicants, 1/2 page maximum.

If applicable, what partners are engaged in/supporting this proposal? And please name your partners in the response with information regarding the role you expect them to play in the project.

Q6. Diversity, Equity and Inclusion

To be completed by all applicants, 1 page maximum.

DEI policies promote equity and accessibility of all services, increase equal opportunity for services, and improved relations among all persons regardless of age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion or belief, sex, and sexual orientation.

- a. Does the hospital have a DEI strategy? If yes, please describe it.
- b. How are diverse community needs met by this project?

Q7. Sustainability

To be completed by all applicants, 1 page maximum.

Sustainability refers to how the project's goals and objectives will be sustained beyond the life of the grant. Include a description of how the project's goals and objectives will be sustained for a minimum of five years after the Rural Stimulus Grant funds has been expended.

Q8. Demonstration of financial need

To be completed by applicants that are not listed in Appendix C - 1 page maximum.

Qualified Rural Providers in the bottom 40% of net patient revenues for the three-year average of 2016, 2017, and 2018 or the bottom 6% fund balance for 2019 as determined by the

Department's review of CMS 2552-10 Medicare Cost Reports are considered to meet the financial health requirement. If your facility meets this requirement you are not required to submit additional documentation. Other Qualified Rural Providers may submit additional financial supporting information to support their financial need like low patient revenues and/or cash reserves.

Please see Appendix C for a list of providers who are qualified without additional financial information needed.