

# Appalachian Mountain Community Health Centers- Buncombe County Healthy Community (BCHC) Project

---

*RFP for Coronavirus State and Local Fiscal  
Recovery Funds*

## ***Appalachian Mountain Community Health Centers***

---

Reuben Pettiford  
141 Asheland Ave. Ste. 300  
Asheville, NC 28803

stennyson@amchc.org  
O: 8287765956

## ***Sarah Tennyson***

---

141 Asheland Ave. Ste 300  
Asheville, NC 28803

Stennyson@amchc.org  
O: 8287765956

# Application Form

---

## *Question Group*

---

Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

## **Coronavirus State and Local Fiscal Recovery Funds\***

Name of Project.

Appalachian Mountain Community Health Centers- Buncombe County Healthy Community (BCHC) Project

## **Amount of Funds Requested\***

\$6,947,000.00

## **Recovery Fund Eligible Category\***

Please select one:

Prevent and mitigate COVID-19

## **Brief Project Description\***

Provide a short summary of your proposed project.

The Appalachian Mountain Community Health Centers' (AMCHC) Buncombe County Healthy Community (BCHC) Project will increase operational capacity at the Mays Healthcare Clinic and expand building capacity of the downtown health center (Dale Fell) by combining operations at a central site to prevent and mitigate

RFP for Coronavirus State and Local Fiscal Recovery

the effects of COVID-19. The current public health emergency and the ongoing efforts to address the collateral consequences of COVID-19 have changed the tactics and strategies of rendering high quality healthcare, particularly for the uninsured/underinsured and those with health care barriers in Buncombe County, but the mission, values, and commitment of AMCHC to ensure a thriving, healthy community remain steadfast. The AMCHC BCHC Project will deliver comprehensive healthcare services to prevent and respond to COVID-19 and address social determinants of health through a responsive workforce committed to excellence, equity, and a holistic approach to each patient's health needs.

## Project Plan\*

Explain how the project will be structured and implemented, including timeframe.

The Appalachian Mountain Community Health Centers' (AMCHC) Buncombe County Healthy Community (BCHC) Project funding will support full operational capacity, Monday through Friday, at the Mays Healthcare Clinic, located in the areas largest homeless shelter and permit increased capacity for healthcare in the downtown center (Dale Fell) by combining both downtown operations at a central healthcare site within two years.

AMCHC has received additional federal support from the Health Resources and Services Administration (HRSA) to build provider capacity, conduct mobile medical services, secure oral health services, and support vaccination efforts to address the effects of COVID-19. As a result of this capacity building funding, AMCHC is requesting a one time infusion of American Rescue Plan funding from Buncombe County to purchase a commercial/medical building to expand service availability and increase healthcare accessibility in the downtown area.

AMCHC will fully staff and expand hours at the Mays Health Clinic if awarded, no later than October 1, 2021, to meet the immediate healthcare and vaccination needs of the population that receives food, shelter, and services at the WNC Rescue Mission and those that are unsheltered.

AMCHC is actively seeking a suitable building for purchase to double the current downtown location healthcenter site- the Dale Fell Health Center. The current healthcare facility at Dale Fell is 4755 square feet and has a 4-6 wait-time for appointment for primary or behavioral healthcare. Space for equipment, laboratory, exam rooms, telehealth, and counseling services is not adequate to meet demand nor provide safe space for social distancing. This funding request for Buncombe County would enable AMCHC to double its footprint in the downtown area while simultaneously using other funding to support capacity and services at a new location. AMCHC anticipates acquisition, renovation/rehabilitation, and combining all central operational activities at the new site within two years if awarded.

As the new healthcare center becomes fully operational, AMCHC would decrease hours at the Mays Health Center (if appropriate after assessing demand) and transition those providers to the new healthcare site downtown. AMCHC will maintain the Leicester Community Health Clinic and its Pharmacy to serve the western portion of the community and continue to provide mobile and in-home healthcare services to the elderly/disabled and medically vulnerable throughout Buncombe County.

## Statement of Need\*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

Statistics show health care spending has grown at an expediential rate over the past four decades. Growing public spending on health care, rising burden of chronic conditions and obesity, increasing opioid

emergencies and deaths, and growing challenges in children's healthcare will only continue to exacerbate this trend. Research has shown that a rise in health costs are attributed to an aging population and a change in prevalence or incidence in the need of direct medical services (SAMSHA, CDC, NCDHHS).

The underserved/uninsured have numerous known barriers to healthcare in Buncombe County. Accessibility and affordability address some barriers but a comprehensive approach is required to mitigate social determinants of health. Supportive services, food access, increased income/benefits are all shown to have positive outcomes in whole health. AMCHC deploys strategies and tactics to address each patient's immediate medical needs and provide supportive care by engaging community health workers and other community resources to help patients secure medications, food, housing resources, and access to opportunity which effect overall health and well-being. This funding request is in alignment with Buncombe County 2025 and AMCHC mission to increase accessibility and deliver quality healthcare so community members can thrive.

### **Link to COVID-19\***

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

NC Deaths Due to Covid-19 are currently reported at 13,483. In 50 counties reported in NC, Buncombe was ranked 8th of the highest vaccinated (33.6 %) population, the actual number of resident's fully vaccinated is only 87,844. Of those vaccinated ages 65 and up (66.2%) in Buncombe County, this vulnerable population that is vaccinated only reflects a 0.2% higher rate than the state's average. While current studies show that the vaccines have a neutralizing effect on all variants, the Delta variant has shown to be more transmissible than the other known variants and also infect persons that have been previously vaccinated. After months of a decline in reported COVID-19 cases as well as increased education, outreach and vaccination efforts, the emergence of the known variants in NC is now an understood quantity that demands continued vaccination vigilance.

### **Population Served\***

Define the population to be served by this project, including volume and demographic characteristics of those served.

AMCHC serves the uninsured/underinsured, Medicaid/Medicare recipients, high risk patients with complex acute healthcare needs, populations with mental health and substance use disorders, ethnic and racial minorities disproportionately affected by barriers to healthcare and federal entitlements, the elderly, persons with housing instability, all persons with barriers to whole healthcare such as income, housing instability, education opportunity, employment status, chronic health conditions known to place patients at higher risk of contracting or having complications from COVID-19, and behaviors barriers that inhibit access to healthcare.

Collected data include demographic characteristics, living status, mode of exposure to HIV and case definition category, birthplace, income, acculturation questions regarding language usually spoken at home, selected diseases and conditions, including HIV and STDs, drug use and behavioral health conditions.

## Results\*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

AMCHC works continuously to achieve measurable improvements in whole patient care by monitoring performance rates of quality-improvement measures. Measures that will be tracked and reported include but are not limited to those that place persons at higher risk of contracting or having complications from COVID-19:

COVID-19 Vaccine: Percentage of AMCHC patients ages 18 years and older who have received a COVID-19 vaccination;

Diabetes A1c Tests < 9: Percentage of diabetic patients whose most recent A1c lab value was less than 9.0;

Controlling High Blood Pressure: Percentage of patients ages 18-85 years of age who were diagnosed with hypertension and whose most recent blood pressure was less than 150/90;

Body Mass Index (BMI) Screening & Follow-Up: Percentage of patients ages 18 years and older with recorded BMI outside the normal parameters, who have had follow-up plan documented; and

Increased patient encounters across all three healthcare clinics.

## Evaluation\*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

AMCHC Quality and Data Specialist will collect and measure current data, rates, and trends through the Electronic Health Record (EHR) software. Monitoring performance measurements, rates, and trends over-time (monthly) ensures that AMCHC is effectively meeting contract requirements and achieving set goals. The Quality & Data Specialist works in coordination with the AMCHC Chief Medical Officer, the Data Quality Sub-Committee, and other clinical staff to ensure that quality measures/goals are being met. Quality Improvement (QI) meetings occur every month where a review of all of the measures are tracked and analyzed and ways to improve data collection and each measure that is currently below the set goal.

## Equity Impact\*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

As a Federally Qualified Healthcare Center (FQHC), AMCHC has a mandated mission to provide comprehensive whole healthcare to low-income patients regardless of the ability to pay for services. The operational expansion of the Mays Health Clinic will provide direct primary and behavioral health services for those least likely to have access or engage with healthcare professionals and have vaccine hesitancy in a central location embedded inside the areas largest homeless shelter and food distribution site. The Dale Fell capital expansion, will enable AMCHC to fully maximize additional providers secured with HRSA funding to optimize capacity, increase patient volume, conduct community and outreach and engagement by providing in-home healthcare, particularly to the elderly and disabled through mobile medical and telehealth services and provide vaccination services targeted to disproportionately affected sub-populations across Buncombe County. AMCHC recognizes that health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these relevant factors. People who identify in such groups not only experience worse health and face access

barriers to healthcare but also tend to have less access to the social determinants or conditions (e.g., healthy food, stable/safe housing, education/employment opportunities, safe neighborhoods, freedom from racism and/or other forms of discrimination) that support wholehealth. Therefore, by increasing capacity and creating access points to deliver healthcare, AMCHC will provide expanded services, decrease patient care wait-times, and better serve the community so that every person, regardless of social position, ability to pay, or other socially determined circumstance, has the opportunity to attain their full health potential.

## Project Partners\*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

The AMCHC Buncombe County Healthy Community Project non-funded key partners essential for project success are: Western Carolina University Nursing Program, Western Carolina Medical Society (LatinX community), NC COUNTS Coalition, Dogwood Health, Sunrise Community Service, Homeward Bound of WNC, MAHEC, ADATC, Eleanor Health, seven 340B Pharmacy partners, Genoa Pharmacy, the Housing Authority of the City of Asheville (HACA), Western Region Catholic Charities, and the WNC Rescue Mission.

## Capacity\*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

Since 2015, AMCHC, a federally qualified health center (FQHC), has provided no or low cost healthcare to the residents of WNC. AMCHC maintains six health center sites and two pharmacy sites across Buncombe, Graham, Cherokee and Jackson County and employs 105 healthcare professionals in service to the community. The AMCHC Board of Directors is composed of twelve members with broad experience and diverse backgrounds including healthcare practitioners, legal services, homeless service providers, human resources, finance, housing providers, and AMCHC healthcare consumers.

In Buncombe County, eleven healthcare professionals serve at the Dale Fell Community Health Center, the Leicester Community Health Center, and the Mays Health Clinic located in the WNC Rescue Mission. Buncombe County staff include a Chief Medical Officer, a Director of Pharmacy, a Pediatrician, nine direct healthcare service Providers, a Psych-PA, two LCSWs, a Pharmacist and pharmacy technician, two Registered Nurses, four Peer Support Specialists, and twenty operational support staff.

Since May of 2020, AMCHC conducted bi-weekly pop-up testing events for over 8 months targeted to the underserved/uninsured, held 9 vaccination events in central locations, and vaccinated over 3000 in Buncombe County. The extended operations and additional scaled access site will provide maximum access to both primary healthcare and COVID-19 testing and vaccination.

AMCHC receives direct federal funding from the US Department of Health and Human Services- Health Resources and Services Administration (HRSA), state funding from the Department of Health and Human Services, and private/philanthropic funding. AMCHC is accustomed to filing monthly, quarterly and end-term reports, submitting project and demographic data, and reporting on project outcomes as well as adhering to federal/state regulatory requirements in the delivery of healthcare, grants management, and organizational financial compliance.

## Budget\*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

AMCHC Buncombe County Healthy Community Project Budget\_ARP 2021.xlsx

## Special Considerations\*

Provide any other information that might assist the County in its selection.

NoA AMCHC.PDF

Funds received from the Buncombe County ARP would give AMCHC the access to reach even more residents who potentially may be at risk for life threatening conditions as well as educate and help facilitate any and all programs that will help community members have a healthier outcome as well as higher level of whole care.

## File Attachment Summary

---

### *Applicant File Uploads*

- AMCHC Buncombe County Healthy Community Project Budget\_ARP 2021.xlsx
- NoA AMCHC.PDF



# Coronavirus State

<b>Organization Name:</b>	Appalachian Mountain Community Health
<b>Project Name:</b>	Buncombe County Healthy Community Initiative
<b>Amount Requested:</b>	\$6,947,000

Proposed Project Revenue Funder	
Proposed Buncombe COVID Recovery Funds	
Health Resources and Service Administration-ARP	
List other sources here	
List other sources here	
List other sources here	
List other sources here	
List other sources here	
List other sources here	
List other sources here	
List other sources here	
List other sources here	
List other sources here	
List other sources here	
List other sources here	
List other sources here	
<b>Total</b>	

Proposed Project Expenses	Proposed Recovery Funds	Other Funds
Health Center Expansion Acquisition	\$ 5,200,000.00	
PSYCH/PA (1 FTE)-4 years	\$ 680,000.00	
RN (1 FTE)- 4 years	\$ 304,000.00	
CHW/Patient Health Navigator (1 FTE)	\$ 225,000.00	
CHW LCHC & DFHC (2 FTE) 4 years	\$ 480,000.00	
Project Director .25 FTE 4 years	\$ 58,000.00	
Equipment		\$ 51,796.00
Contract Dentist		\$ 200,000.00
Travel		\$ 5,000.00

Mobile Medical Unit/Vehicle		\$ 45,000.00
Support activities		\$ 15,750.00
Supplies		\$ 10,050.00
RN 2 FTE (2 yrs)		\$ 320,000.00
Psych-PA/NP (2yrs.)		\$ 313,999.00
MA 1.5 FTE Covid Care		\$ 110,033.00
Part-time Pharmacist		\$ 100,000.00
Other Personnel		\$ 347,471.00
List expenses here		
List expenses here		
List expenses here		
List expenses here		
List expenses here		
List expenses here		
List expenses here		
		<b>Total</b>

# and Local Fiscal Recovery Funds

th Center  
 Project

Amount	Confirmed or Pending?
\$ 6,947,000.00	Pending
\$ 1,519,099.00	Confirmed
\$ 8,466,099.00	

Total	Capital or Operating Expense?
\$ 5,200,000.00	Capital
\$ 680,000.00	Operating
\$ 304,000.00	Operating
\$ 225,000.00	Operating
\$ 480,000.00	Operating
\$ 58,000.00	Operating
\$ -	
\$ 51,796.00	Operating
\$ 200,000.00	Operating
\$ 5,000.00	Operating









**Recipient Information**

- 1. Recipient Name**  
Appalachian Mountain Community Health Centers  
7 MCDOWELL ST STE 200  
ASHEVILLE, NC 28801-4136
- 2. Congressional District of Recipient**  
10
- 3. Payment System Identifier (ID)**  
1463984362A1
- 4. Employer Identification Number (EIN)**  
463984362
- 5. Data Universal Numbering System (DUNS)**  
079416500
- 6. Recipient's Unique Entity Identifier**
- 7. Project Director or Principal Investigator**  
Christiana G Tugman  
board@AMCHC.org  
(828)215-7819
- 8. Authorized Official**

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Patrick Johnson  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
pjohnson3@hrsa.gov  
(301) 443-0157
- 10. Program Official Contact Information**  
Darryl Burnett  
Project Officer  
Bureau of Primary Health Care (BPHC)  
DBurnett@hrsa.gov  
(301) 594-4449

**Federal Award Information**

- 11. Award Number**  
6 H8FCS40853-01-01
- 12. Unique Federal Award Identification Number (FAIN)**  
H8F40853
- 13. Statutory Authority**  
American Rescue Plan Act (P.L. 117-2)
- 14. Federal Award Project Title**  
American Rescue Plan Act Funding for Health Centers
- 15. Assistance Listing Number**  
93.224
- 16. Assistance Listing Program Title**  
Community Health Centers
- 17. Award Action Type**  
Administrative
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 04/01/2021 - End Date 03/31/2023</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,458,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$2,458,000.00
<b>26. Project Period Start Date 04/01/2021 - End Date 03/31/2023</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$2,458,000.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Sarah Hammond on 07/14/2021

**30. Remarks**

Prior Approval Request Tracking Number PA-00097673. Prior Approval Request Type: Project Director(PD) Change



Notice of Award  
Award Number: 6 H8FCS40853-01-01  
Federal Award Date: 07/14/2021

**Bureau of Primary Health Care (BPHC)**

**31. APPROVED BUDGET: (Excludes Direct Assistance)**

Grant Funds Only  
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$2,458,000.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$2,458,000.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$2,458,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$2,458,000.00

**32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	\$2,458,000.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$2,458,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

**33. RECOMMENDED FUTURE SUPPORT:**  
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
	Not applicable

**34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)**

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

**35. FORMER GRANT NUMBER**

**36. OBJECT CLASS**  
41.51

**37. BHCMI#**  
04E01135

**38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:**

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

**39. ACCOUNTING CLASSIFICATION CODES**

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 398A160	93.224	21H8FCS40853C6	\$0.00	\$0.00	CH	21H8FCS40853C6
21 - 398A879	93.224	21H8FCS40853C6	\$0.00	\$0.00	HCH	21H8FCS40853C6



## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Term(s)

1. This revised Notice of Award is issued to change the Program Director in accordance with your Prior Approval request.

All prior terms and conditions remain in effect unless specifically removed.

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Christiana G Tugman	Program Director	board@amchc.org
Joseph D Jones	Point of Contact	jjones@amchc.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).