

Home Based Primary Care COVID Equity Outreach Program

RFP for Coronavirus State and Local Fiscal Recovery Funds

MAHEC

Jeff Heck
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Asheville, North Carolina 28803

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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. To date, Buncombe County has awarded projects totaling \$23,093,499, leaving a balance of \$27,639,791 available to award.

Visit <http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding> for details.

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](#)

Organization Type*

Nonprofit

Nonprofit documentation

If nonprofit, attach IRS Determination Letter or other proof of nonprofit status.

IRS 501(c)(3)LetterRevised 2007.pdf

Name of Project.*

Home Based Primary Care COVID Equity Outreach Program

New/Updated Proposal*

Is this a new project proposal or an updated version of a proposal submitted during the earlier (July 2021) Recovery Funding RFP?

New project proposal

Amount of Funds Requested*

\$212,500.00

Category*

Please select one:

- Affordable Housing
- Aging/Older Adults
- Business Support/Economic Development
- Environmental/Climate
- Homelessness
- K-12 Education
- Infrastructure and/or Broadband
- Mental Health/Substance Use
- NC Pre-K Expansion
- Workforce

Aging/Older Adults

Brief Project Description*

Provide a short summary of your proposed project.

The HBPC COVID Equity Outreach Program (HCEOP) aims to expand MAHEC's Home Based Primary Care (HBPC) services by 1) broadening its services into BIPOC and historically marginalized communities in Buncombe County 2) leveraging partnerships with and incorporating services offered by community-based agencies serving these areas, and 3) streamlining HBPC services through the addition of a clinical nurse to optimize workflow and increase the program's clinical capacity. Since 2019 HBPC has provided in-home primary care, social support, and economic services to adults 60+ who are primarily homebound. While the program has gained traction in the community, COVID-19 has significantly impacted the aging population, particularly BIPOC older adults. By expanding the program, HBPC can continue to support Buncombe County's older adults to age in place safely or receive support to transition to long-term care facilities, if needed, aligning with the goals of Age Friendly Buncombe County.

Project Plan*

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

HBPC COVID Equity Outreach Program (HCEOP) will integrate into the existing structure of MAHEC's Home Based Primary Care program. MAHEC HBPC has extensive experience incorporating new clinical staff and program development with community partnerships; a detailed infrastructure supports the proposed additions. HBPC also employs a project manager to support the development and monitor the program's progress.

Implementation Timeline

Pre-Award

May 2022-August 2022

- Partner with MAHEC Talent management to create a job description for the HBPC Nurse Care Coordinator
- Meet with Institute for Preventative Healthcare and Advocacy (IFPHA) to identify and communicate initiatives

Upon Notice of Award

September-December 2022

- Generate and complete sub-award agreements with project partners
- Identify, recruit, and train HBPC RN Care Coordinator
- Create data tracking and evaluation systems
- Generate referral criteria and process for IFPHA Community Nurse
- Host grant Kick-Off Meeting with staff and project partners
- Onboard Community Nurse as MAHEC affiliate

Project Implementation

January 2023-March 2023

- Complete referral criteria and process for community nurse
- Community Nurse will complete the first Community Nursing Assessment
- RN and Community Nurse will integrate into weekly HBPC Interdisciplinary Team (IDT) Meetings
- Implement quarterly check-in meetings with project partners

April 2023-June 2023

- Attend weekly IDT Meetings
- Begin scheduling recurring RN supervision meetings
- RN initiates processing referrals, creating charts, and assisting with scheduling appointments
- RN starts attending new patient appointments with providers
- Community Nurse reports Q1 data to project manager
- Quarterly check-in meetings with project partners

July 2023-September 2023

- Continue weekly IDT Meetings, quarterly check-ins, and quarterly data reporting

October 2023-December 2023

- Continue weekly IDT Meetings, quarterly check-ins, and quarterly data reporting
- End of YR1 team meeting to assess successes and challenges and make changes

January 2024-June 2024

- Continue weekly IDT Meetings, quarterly check-ins, and quarterly data reporting

July 2024-December 2024

- Continue weekly IDT Meetings, quarterly check-ins, and quarterly data reporting
- End of YR2 team meeting to assess successes and challenges and make changes

January 2025-June 2025

- Begin assessing project sustainability options/preparation
- Continue weekly IDT Meetings, quarterly check ins, and quarterly data reporting

July 2025-December 2025

- Continue weekly IDT Meetings, quarterly check ins, and quarterly data reporting
- End of Project team meeting to assess successes and challenges
- Prepare project final narrative and financial reports for submission
- Prepare for dissemination of program information to MAHEC networks and partners

Statement of Need*

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

A lifetime of social and economic disadvantages reinforced by structural racism has created a culture of neglect in North Carolina and Buncombe County, specifically for aging persons of color. According to the American Census Bureau, in 2019, Black Indigenous People of Color (BIPOC) account for 16.7% of the population of Buncombe County, and 28.5% live in poverty. In contrast, 83.3% of Buncombe County residents are white, and 71.5% live in poverty (American Census Bureau, 2019). This trend of disproportionate poverty rates to the proportion of the population also extends to Asheville, Buncombe County's largest city, where BIPOC are far more likely to live in areas of concentrated poverty, with at least 40% of residents living below the poverty line. In Asheville, Black residents are 11.6% of the city's population, while 25.1% live in poverty. In some historically African American neighborhoods of Asheville, the poverty rate is as high as 50% (American Census Bureau, 2019). Black/African American communities are often under-resourced, lacking essential community assets and healthcare services. Older adults living in low socioeconomic neighborhoods have a higher rate of early mortality and poorer overall health-related to a cumulative effect of disadvantage over their lifespan (Zhang, Chung, Zhang & Shuz, 2019). In 2020 32% of Buncombe County residents were over 60, and the number is expected to increase by 50% in the next 20 years (NC Office of State Budget and Management, 2020). With this knowledge in mind, it is imperative that programming is available to support Buncombe County's aging community. MAHEC's HBPC COVID Equity Outreach Program uses an interdisciplinary approach that has vast potential to change at-risk and BIPOC older adults' health trajectories and assist them to age in place more safely. HCEOP can expand in-home primary care support and services into Buncombe County's least-resourced communities with partnership from local grassroots agencies.

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.

COVID-19 has strongly impacted older adults, mainly related to social isolation, mental well-being, and physical health. According to the NC State Center for Health Statistics, COVID-19 is now the third leading cause of death in adults 65+ (NC State Center for Health Statistics, 2020). Social distancing was essential to reduce the spread of COVID-19. However, the social distancing mandate decreased the availability of support services for the elderly such as adult day care, in-home aides, and companionship services. The addition of restrictions such as agencies' limited program capacity, altered hours of operation, and temporarily halting of services to reduce the spread of COVID-19 increased this feeling of social isolation. The decreased access to social support and in-home services for adults over 60 increased rates of isolation, depression, anxiety, sleep disturbances, cognitive decline, food insecurity, and early mortality in an already vulnerable population (Lebrasseur, Fortin-Bedard, Lettre, et al, 2021; Warren, Frongillo, Alford & McDonald, 2020) Buncombe County COVID Recovery funds would allow for more older adults to receive healthcare and support services safely from their homes, eliminating the physical and mental challenges that accompany in-office visits. It also acts as a network of social support for patients who have been isolated from their loved ones because participants receive quarterly medical visits and referrals to community-based agencies that support aging in place safely. With the help of community-based nurses, community health workers, resource specialists, and a team of highly dedicated medical professionals, HCEOP will provide care and support, unique to this region, for the part of our community that has suffered significantly during COVID-19.

Population Served*

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

- a. The project aims to provide Home Based Primary Care (HBPC) and resource navigation to homebound/home-limited residents of Buncombe County aged 60+, focusing on individuals in underserved communities identified by MAHEC, community partners, and Buncombe County's Adult Protective Services
- b. Currently, 134 eligible Buncombe County residents have been referred to HBPC with the hope of increasing this number to 150 patients by the end of 2022. 84.2% of HBPC participants are white, while only 15.7% identify as BIPOC. We want to increase our census by 15 patients per year, with 25% of new patients identifying as BIPOC and/or residing in historically marginalized communities. By the end of the program in December 2025, HBPC aims to serve 195 patients. With the support of the Institute for Preventative Healthcare and Advocacy (IFPHA) and Asheville Buncombe Institute for Parity Achievement (ABIPA), HBPC will focus on outreach in identified underserved and BIPOC communities, including Shiloh, Southside, Burton St., and East End Communities.

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.

- Goal 1: Examine the effectiveness of the addition of a clinical nurse
- Measures
- Number of patients served quarterly
 - Health outcome data, including # of ER visits, hospitalizations, and SNF placements at baseline and end Y1, Y2, and Y3
 - % of time APP/MDs spend on admin tasks at baseline and Y1, Y2, and Y3
 - Measure high healthcare utilization cost savings at Y1, Y2, and Y3
- Expected Outcomes:
- Decreased time spent on administrative tasks
 - Increased provider time/availability for higher-level clinical tasks
 - Programmatic and patient healthcare utilization cost savings
- Goal 2: Build and examine the effectiveness of a partnership with an agency providing community nursing
- Measures
- # patients referred to IFPHA for community nursing
 - Types of unique services offered by a community nurse
 - Measure perceptions of care/extent to which the program meets needs
- Expected Outcomes
- Increased time/availability for advanced practitioners
 - Increased patient satisfaction/perception of services
 - Improved health outcomes
 - Decrease barriers to accessing medical care
- Goal 3: Expand HBPC's reach into underserved and Historically Black Communities, including Southside, Burton St., Shiloh, and East End communities
- Measures
- # of patients residing in these regions at program initiation and end of Y1, Y2, and Y3
 - Race/ethnicity of participants at the beginning of the program and Y1, Y2, and Y3
 - Measure patient perceptions of care/extent to which the program meets needs
- Expected Outcomes
- Increased # of patients seen in historically underserved areas

- Increase number of BIPOC patients enrolled in HBPC
- Traditionally underserved communities have better access to home-based care

Evaluation*

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

As an AAAHC-accredited organization, MAHEC is required to follow standards for quality improvement, including plans for data collection, analysis, performance assessment, and reporting. MAHEC incorporates “Plan-Do-Study-Act” processes. By following these steps, we will ensure we develop, implement, and monitor both processes and progress towards meeting the designated goals and objectives: 1) Develop a plan for data collection, analysis, and dissemination, including data sources, analytical tools, and distribution processes; 2) Establish performance benchmarks; 3) Implement planned activities with documentation of responsibilities, status, and completion dates; 4) Evaluate processes, including successes and opportunities; 5) Refine processes based on the above analysis; and 6) Report on the status of performance and learning. Data validation will be performed to ensure data accuracy, data completeness, and data quality through various methods, including cross-system consistency checks, data spot checks, audits from EMR reports, ensuring referential integrity, and others. These experiences and our experience as a grantee of other grants will prepare us well for this project’s data collection and performance assessment protocols.

Data will be collected through the MAHEC’s Electronic Health Record (EHR) and through a database that can appropriately protect PHI. All project partners will have secure access to this database, and partners that need access to EHR for documentation will be granted access through MAHEC’s Talent Management and Risk/Compliance department. Program staff and project partners will update database information before weekly Interdisciplinary Team Meetings to ensure accurate and up-to-date information

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?

HBCP COVID Equity Outreach Program (HCEOP) will help contribute towards equitable and sustainable COVID-19 recovery by building upon existing resources and partnerships and supporting accessible, community based healthcare. HCEOP is committed to providing equitable care for all Buncombe County residents. To reduce healthcare inequities, we have learned that we must follow the philosophy of “nothing about us, without us,” focusing on planning with the community. An essential part of this community collaboration is building upon our existing relationship with the Institute for Preventative Healthcare and Advocacy (IFPHA). IFPHA’s mission is to “promote optimum health for all residents of Buncombe County and surrounding areas by addressing the social determinants of health and the inequities in access to affordable and preventative healthcare.” Their model of care includes collective action, real help in real-time, and community engagement. By working together, we will help remove and reduce system barriers and provide medical care and supportive services to communities that have been affected the most by COVID.

We will also seek feedback from and make decisions with HBPC participants and the community through participant surveys and bi-monthly Community Advisory Board meetings to address actual needs and gaps in services.

As an organization, MAHEC is committed to incorporating equity, diversity, and inclusion (EDI) in its mission and core values. We have implemented an 11-point EDI strategic plan centered on disseminating and integrating equity throughout the organization and community. In November 2020, MAHEC joined the

Institute for Healthcare Improvement and other leading healthcare organizations to kick off an 18-month initiative to improve health equity.

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.

To ensure the success of the HBPC COVID Equity Outreach Program, we will partner with the Institute for Preventative Healthcare and Advocacy. IFPHA provides community nursing assessments and services to seniors in Buncombe County who reside in senior living and public housing communities with a focus on COVID-19 education and prevention. IFPHA assesses individuals with physical, mental, and substance use disorders at risk of eviction or poor quality of life. The agency provides physical and emotional support, health education, and training classes in underserved and BIPOC communities. IFPHA will provide .10 FTE for their Community Nurse to support the highest need HBPC participants. The Community Nurse will complete community nurse assessments, care plan development, and regular community nursing visits. IFPHA will also coordinate intensive cleaning services for fall prevention and sanitization to improve home conditions and coordinate transportation assistance to medical appointments to support aging in place.

Key Partners not funded by the HCEOP:

Council on Aging of Buncombe County (COA)

COA provides .5 FTE for a Resource Support Specialist to coordinate aging services. These services include but are not limited to home repair assistance and respite care referrals.

Asheville Buncombe Institute of Parity Achievement (ABIPA)

ABIPA provides HBPC with .50 FTE of a Community Health Worker that completes Social Determinants of Health assessments and provides resource coordination and health education services.

InSIGHTful Rehab (IR)

IR provides .12FTE of an Occupational Therapist who completes home safety assessments and modifications to prevent falls and make homes accessible for patients.

Mission Health Partners (MHP)

MHP provides nursing care coordination, social work services, and certified community paramedics (CaraMedics), who can provide education, treatment, and support to high-risk or chronically ill patients in the MHP network.

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.

MAHEC was established in 1974 as one of nine state Area Health Education Centers (AHECs) across NC and serves a region of 16 counties in WNC. MAHEC is an independent non-profit organization governed by a diverse board of 17 directors. MAHEC's Chief Executive Officer is William Hathaway, MD. MAHEC educates

healthcare professionals, provides clinical services, participates in community-based programs, conducts health research, and creates new models of teaching and healthcare.

MAHEC's teaching programs include residency programs (Family Medicine, Internal Medicine, OB/GYN, Pharmacy, Psychiatry, General Surgery, Dentistry), fellowship programs (Addiction Medicine, Rural Health, Palliative Care, Sports Medicine), a campus for third- and fourth-year medical students, a public health program, internships to build the pipeline of future health careers students, a surgery and trauma simulation center used to train emergency services and health professionals, and a robust continuing education program to maintain the quality of the healthcare workforce.

MAHEC employs approximately 850 people, including physicians, nurses, dentists, mental health providers, pharmacists, public health and epidemiological researchers, librarians, continuing education planners, practice support coaches, and data analysts.

MAHEC has extensive experience developing, implementing, and overseeing multiple grant-funded programs, including active projects funded by the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

As a member of AHEC's state-funded programs, our commitment to providing innovative, high-standard patient care is supported throughout our organizational structure. In 2021, MAHEC received over \$12,000,000 in external funding and provided matching funds to support projects that address health equity, rural workforce development, COVID-19, and opioid education/substance use disorders.

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.

GR10114 BC COVID Recovery Budget.xlsx

Special Considerations*

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

US DHHS N7983 Nonprofit Indirect Rate Agreement MAHEC 8-17-20 (fully executed).pdf

Due to character limit, please contact ellen.mcangus-jones@mahec.net for complete list of references

File Attachment Summary

Applicant File Uploads

- IRS 501(c)(3)LetterRevised 2007.pdf
- GR10114 BC COVID Recovery Budget.xlsx
- US DHHS N7983 Nonprofit Indirect Rate Agreement MAHEC 8-17-20 (fully executed).pdf

Internal Revenue Service

Date: March 27, 2007

MOUNTAIN AREA HEALTH EDUCATION
CENTER INC
501 BILTMORE AVE
ASHEVILLE NC 28801-4601

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Ms. Mills 31-08706

Customer Service Representative

Toll Free Telephone Number:

877-829-5500

Federal Identification Number:

56-1071426

Dear Sir or Madam:

This is in response to your request of March 27, 2007, regarding your organization's tax-exempt status.

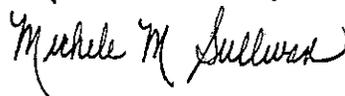
In September 1975 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1

Coronavirus State and Local Fiscal Recovery Funds Proposed Project Budget

Organization Name:	Mountain Area Health Education Center, INC (MAHEC)
Project Name:	HBPC COVID Equity Outreach Program
Amount Requested:	\$212,500

Proposed Project Revenue Funder	Amount	Confirmed or Pending?	Notes
Proposed Buncombe COVID Recovery Funds	\$ 212,500.00	Pending	
WNC Bridge Foundation	\$ 90,000.00	Confirmed	IMPACT grant: 12/01/21-12/31/22
Buncombe County	\$30,000	Confirmed	HCCBY FY 22: 07/01/21-06/30/22
Buncombe County	\$ 60,093.00	Pending	HCCBG FY23: 07/01/22-06/30/23
City of Asheville	\$ 409,000.00	Pending	COVID Recovery Funding, ARPA
List other sources here			
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List other sources here			
Total	\$ 801,593.00		

Proposed Project Expenses	Proposed Recovery Funds	Other Funds	Total	Capital or Operating Expense?	Notes
Tasha Woodall, PharmD, Co-PI		\$ 51,873.80	\$ 51,873.80	Operating Expense	MAHEC Personnel - In-Kind
William McLean, MD, Co-PI		\$ 37,183.00	\$ 37,183.00	Operating Expense	MAHEC Personnel - In-Kind
Ellen McAngus-Jones, LCSW, Project Manager	\$ 29,122.00		\$ 29,122.00	Operating Expense	MAHEC Personnel, .2FTE
TBD, Nurse Care Coordinator	\$ 73,450.00		\$ 73,450.00	Operating Expense	MAHEC Personnel, .4FTE
TBD, Evaluations Associate	\$ 2,836.00		\$ 2,836.00	Operating Expense	MAHEC Personnel .1 FTE for 6 months of total project
Fringe Benefits MAHEC Employees	\$ 37,072.00	\$ 8,819.00	\$ 45,891.00	Operating Expense	Includes Retirement, FICA, Insurance, STD/LTD, Workers Compensation, Professional Liability 31% > 90,000; 17% <132,000
Kathy Avery, Community Nurse IFPHA	\$ 22,502.00		\$ 22,502.00	Operating Expense	Sub Award: IFPHA .1FTE for Community Nursing Assessments
Community Nurse Mileage	\$ 2,632.50		\$ 2,632.50	Operating Expense	Sub Award: IFPHA 30 miles/week at \$.858/mi
Transportation Assistance	\$ 3,780.00		\$ 3,780.00	Operating Expense	Sub Award: IFPHA 2 appts/month @ \$35/hr
Intensive Cleaning Services	\$ 4,800.00		\$ 4,800.00	Operating Expense	Sub Award: IFPHA 4 patients/yr at \$400/service
Federally Approved Indirect Costs @ 20.6%	\$ 36,296.00		\$ 36,296.00	Operating Expense	
List expenses here			\$ -		
List expenses here			\$ -		
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List expenses here			\$ -		
List expenses here			\$ -		
Total			\$ 310,366.30		

NONPROFIT RATE AGREEMENT

EIN: 56-1071426

DATE:08/17/2020

ORGANIZATION:

Mountain Area Health Education Center,
Inc.

121 Hendersonville Road

Asheville, NC 28803

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PROV.	05/01/2020	06/30/2023	20.60	All	All Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000 and flow-through funds.

ORGANIZATION: Mountain Area Health Education Center, Inc.

AGREEMENT DATE: 8/17/2020

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Fringe Benefits:

Employer Payroll Tax

Health Insurance

Life Insurance

Paid Time Off

Retirement Contribution

Workers Compensation

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year, and a per-unit acquisition cost which equals or exceeds \$3,000.

The next proposal based on actual costs for the fiscal year ending 6/30/2021 is due in our office by 12/31/2021.

ORGANIZATION: Mountain Area Health Education Center, Inc.

AGREEMENT DATE: 8/17/2020

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Mountain Area Health Education Center, Inc.

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(INSTITUTION)

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes -S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People,
0.9.2342.19200300.100.1.1=2000131669, cn=Darryl
W. Mayes -S
Date: 2020.08.25 10:56:02 -0400

(SIGNATURE)

(SIGNATURE)

ZACH LEVIN

for Arif Karim

(NAME)

(NAME)

CFO

Director, Cost Allocation Services

(TITLE)

(TITLE)

9-8-20

8/17/2020

(DATE)

(DATE) 7983

HHS REPRESENTATIVE: Olulola Oluborode

Telephone: (214) 767-3261