

**WEST VIRGINIA**  
**SECRETARY OF STATE**  
**KEN HECHLER**  
**ADMINISTRATIVE LAW DIVISION**

Form #4

**FILED**

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OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF RULE MODIFICATION OF A PROPOSED RULE**

AGENCY: Division of Health TITLE NUMBER: 64

CITE AUTHORITY W. Va. Code §16-2H-2(e)

AMENDMENT TO AN EXISTING RULE: YES \_\_\_ NO X


IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 71

TITLE OF RULE BEING PROPOSED: Primary Care Seed Money Grants

THE ABOVE PROPOSED LEGISLATIVE RULE, FOLLOWING REVIEW BY THE LEGISLATIVE RULE MAKING REVIEW COMMITTEE IS HEREBY MODIFIED AS A RESULT OF REVIEW AND COMMENT BY THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE. THE ATTACHED MODIFICATIONS ARE FILED WITH THE SECRETARY OF STATE.

  
Ruth Ann Panepinto, Ph.D.  
Secretary

1957

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[PROPOSED]

TITLE 64

WEST VIRGINIA ADMINISTRATIVE RULES  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

PRIMARY CARE SEED MONEY GRANTS

Series 71

199\_\_

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Modifications Requested by the  
Legislative Rule-Making Review Committee

[PROPOSED]  
WEST VIRGINIA ADMINISTRATIVE RULES  
DIVISION OF HEALTH  
PRIMARY CARE SEED MONEY GRANTS  
64 CSR 71

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[PROPOSED]  
TITLE 64  
WEST VIRGINIA ADMINISTRATIVE RULES  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

SERIES 71  
PRIMARY CARE SEED MONEY GRANTS

§64-71-1. General.

1.1. Scope - This rule establishes standards and procedures for the awarding of seed money grants and technical assistance to help nonprofit, community-based organizations create new primary care services, including preventive services and health education, for people in their community. Seed money grants and technical assistance are provided from funds appropriated for this purpose by the State legislature.

1.2. Authority - W. Va. Code §16-2H-2(e).

1.3. Filing Date -

1.4. Effective Date -

§64-71-2. Application and Enforcement.

2.1. Application - This rule applies to applicants for and recipients of seed money grants and technical assistance to help nonprofit, community-based organizations create new primary care services, including preventive services and health education, for people in their community.

2.2. Enforcement - This rule is enforced by the director of the division of health of the department of health and human resources.

§64-71-3. Definitions.

3.1. Community Involvement - Active participation from organizations including health care organizations and other community individuals or groups.

3.2. Community-Based - Located within the community or a surrounding contiguous area immediately adjacent to the community and having community members as a governing body.

3.3. Consortium - An association of two (2) or more entities, functioning under a set of written rules to which each entity (member) agrees to abide, for purposes of conducting joint actions to benefit each member.

3.4. Director - The director of the division of health of the department of health and human resources or his or her lawful designee.

3.4. Eligible Applicant - Nonprofit community based organi-

zation.

3.5. **Health Education** - A health promotion process which includes activities designed to increase the abilities of people to make informed decisions affecting their personal, family, and community well-being. Health education is designed to facilitate learning and behavioral change in both health personnel and consumers, including children and youth.

3.6. **Lead Agency** - The organization which is responsible for the primary care seed money grant application and the allocation of funds to consortium members in accordance with the conditions of the grant award.

3.7. **New Primary Care Service** - Primary care service which is not currently provided or is under-provided in a community.

3.8. **Nonprofit** - Registered with the secretary of state as a nonprofit organization and recognized as such for tax purposes or having filed an application for such designation.

3.9. **Preventive Services** - Services which are comprised of activities or events which are performed by health professionals to effect change in or for patients either clinically, educationally, or personally in order to thwart the onset of a health crisis, disease, or risk-enhancing lifestyle.

3.10. **Primary Care Service** - A health care, including medical care, service which emphasizes first contact patient care and assumes overall and ongoing responsibility for the patient in both health maintenance and treatment of illness. Primary care involves a unique interaction between the patient and primary care physician or a multi-disciplinary team under the supervision of a physician or both. The appropriate use of referrals and community resources is an important part of effective primary care. The care is generally provided by a physician, but may be provided by other members of a multi-disciplinary team such as registered nurses, nurse practitioners, physician assistants and nurse-midwives. The purpose of this interaction is to achieve comprehensive coordination of health care including educational, behavioral, biological, and social aspects of care. It is a patient care-oriented approach which emphasizes the continuity of care over the full spectrum of health services. It begins with patient assessment, wellness, and prevention through medical management, lifestyle modification, and health education. The primary care provider is the patient's advocate through the complex system of health care delivery. For purposes of this rule the term "primary care service" shall be interpreted to include preventive services and health education.

3.11. **Service Area** - The geographical area served by the applicant.

3.13. Technical Assistance - A program utilizing various clinical, administrative and educational expertise to assist applicants in the administration of their projects.

3.14. Unmet Need - A primary care service which is not being provided or which is under-provided in a given community, and for which there is a demonstrable demand.

§64-71-4. Applications.

4.1. Eligible applicants may submit an application to create new primary care services.

4.2. Applications shall be submitted by May 15 each year to the division on forms approved by the director.

4.3. The director shall not consider incomplete applications for grant awards. In the event of an incomplete application, the director may return the application with a request for additional information.

4.4. Applications shall be limited to:

4.4.1. One (1) per applicant; and

4.4.2. No more than one project per application, which may include more than one (1) related component.

4.5. Applications shall include the following:

4.5.1. The legal name, street address and mailing address of the organization or lead agency making the application;

4.5.2. The legal name, street address and mailing addresses of any other organization, entity or consortium member with which the applying organization contracts or is legally affiliated;

4.5.4. Information that demonstrates that the applicant is community-based;

4.5.5. Documentation of the organization's nonprofit tax status;

4.5.6. Documentation of the particular unmet need for primary care services that will be addressed in the community by the project;

4.5.7. Projection of the number of users to be served, and the costs attributable to the users during the grant period;

4.5.8. Documentation of the need for physical facility development or improvement and any equipment that is addressed in the application;

4.5.9. Identification of the projects consistency with goals and objectives of the division of health;

4.5.10. A detailed account, including a budget, of how the applicant's project will use financial and technical assistance from the primary care support program of the division of health and other sources to develop the primary, preventive or health education services within one (1) year that will be available to the public regardless of ability to pay; how the services provided under the project will continue to be funded once established and whether and how potential federal and charitable funds will be maximized;

4.5.11. Identification of projected revenue generated by the project, if applicable;

4.5.12. Identification of any in-kind support for the project;

4.5.13. A description of community involvement and support through linkages and cooperative efforts with other appropriate community resources or consortium members;

4.5.14. A statement of goals and measurable objectives for the project;

4.5.15. A description of the methods which will be used to evaluate the progress and outcome of the project; and

4.5.16. A description of how the project will be coordinated with local activities of the division of health, regional health advisory councils, the health care planning commission, medical schools, local health departments, primary care clinics and other public health agencies.

4.6. The director may request additional information pertinent to the evaluation of an application.

4.7. Technical assistance will be provided to awarded projects by the division of health when available and only upon request.

#### **§64-71-5. Award Process**

5.1. The director shall award grants for a period of one (1) year. The director may renew a grant twice for periods of one (1) year each. The division of health is under no obligation to fund any project for a period of more than one (1) year. Under no circumstances is a specific project entitled to receive grants for more than three (3) years.

5.2. The director shall award ten percent (10%) of the grants to support the development of community-based preventive

services and health education services which are not required to be self-supporting at the conclusion of the grant period.

5.3. The division of health may limit the amount of the grant awarded to any applicant based on the availability of funds.

5.4. The director shall give preference to applications for projects which:

5.4.1. Satisfy unmet needs of the service area;

5.4.2. Involve the formation of a consortium with other community-based organizations when applying for grants. The consortium may not exceed five (5) organizations and shall be within the applicant's service area. Consortium members may be like entities (horizontal), or different entities (vertical), and the consortium may be formed for such purposes as shared staffing or systems, joint purchasing of supplies or products, access to capital financing, and the proposal of new services;

5.4.3. Are consistent with goals and objectives of the division of health;

5.4.4. Do not duplicate services provided in the service area. The expansion of an under-provided service shall not be considered to be a duplication of services;

5.4.5. Are designed to become self-supporting within one (1) year.

5.4.6. Maximize funding from potential federal and charitable sources;

5.4.7. Demonstrate community involvement and support for the project;

5.4.8. Meet the most severe needs or serve the most people, compared to other applications under consideration; and

5.4.9. Have objectives which are measurable and relevant to the goals of the project.

§64-71-6. Reporting - Recipients of grant awards shall provide reports on the grant project as requested by the director.

§64-71-7. Administrative Due Process - Those persons adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in the Rules of Procedure for Contested Case Hearings and Declaratory Rulings, 64 CSR 1.

§64-71-8. Severability - The provisions of this rule are severable. If any portion of this rule is held invalid, the remaining provisions remain in effect.



WEST VIRGINIA LEGISLATURE  
 LEGISLATIVE RULE-MAKING REVIEW COMMITTEE  
 Room M-152, State Capitol  
 Charleston, West Virginia 25305  
 (304) 340-3286

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Senator Joe Manchin III, Co-Chair  
 Delegate Brian A. Gallagher, Co-Chair

Debra A. Graham, Counsel  
 Marie Nickerson, Admr. Assistant

NOTICE OF ACTION TAKEN BY LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

February 8, 1993

TO: Ken Hechler, Secretary of State, State Register

TO: Dr. Ruth Ann Panepinto, Secretary  
 Department of Health & Human Resources  
 Division of Health  
 Building 3, Capitol Complex  
 Charleston, WV 25305

FROM: Legislative Rule-Making Review Committee

PROPOSED RULE: Primary Care Center Seed Money Grants, Series 71

The Legislative Rule-Making Review Committee recommends that the West Virginia Legislature:

1. Authorize the agency to promulgate the Legislative Rule
  - (a) as originally filed \_\_\_\_\_
  - (b) as modified by the agency     X
2. Authorize the agency to promulgate part of the Legislative rule; a statement of reasons for such recommendation is attached. \_\_\_\_\_
3. Authorize the agency to promulgate the Legislative rule with certain amendments; amendments and a statement of reasons for such recommendation is attached. \_\_\_\_\_
4. Authorize the agency to promulgate the Legislative rule as modified with certain amendments; amendments and a statement of reasons for such recommendation is attached. \_\_\_\_\_
5. Recommends that the rule be withdrawn; a statement of reasons for such recommendation is attached. \_\_\_\_\_

Pursuant to Code 29A-3-11(c), this notice has been filed in the State Register and with the agency proposing the rule.

cc: Kay Howard  
 Regulatory Division

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