Song Brown

40 YEARS • 1973-2013

FAMILY MEDICINE RESIDENCY TRAINING PROGRAM

Application for Funding

Information and Guidance

CAPITATION FUNDING

California Healthcare Workforce Policy Commission
400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700

April 2016

OSHPD

Office of Statewide Health Planning and Development
Healthcare Workforce Development Division
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ATTACHMENTS

A California Healthcare Workforce Policy Commission Evaluation Criteria
B Health and Safety Code, Section 128200-128241
C Standards for Family Medicine Residency Training Program
D Guidelines for Funding Applicants/Program Evaluation for Family Medicine Residency Training Programs
E Contract Criteria for Family Medicine Residency Training Programs Contracts
F California Healthcare Workforce Policy Commission Operating Guidelines
G California Healthcare Workforce Policy Commission's Race/Ethnicity Definition
H California Endowments 14 Building Healthy Communities
I Supplement Criteria - The California Endowment (TCE) Map

Technical Guide

Accessing the Application System

A web-based application system, CalREACH (California Responsive Electronic Application for California's Healthcare) is being utilized to submit applications. The information contained in this guide has been provided for your instruction and contains all the basic technical information needed to complete an application in the system.

Access to the CalREACH portal can be found at: www.CalREACH.oshpd.ca.gov.

Registration and Log In

All new applicant organizations and their designees must register in CalREACH. To register for the first time, **click** the **New User?** Link on the Login Page and follow the instructions. You must then wait for approval by Song-Brown staff. (The maximum approval process is 24 hours.)

Once you have been approved by the Song-Brown staff you will log-in using your created **Username** and **Password**. You will then be directed to the Welcome Page. From the Welcome page you have the option to View Available Opportunities, Open My Inbox or Open My Tasks.

Initiating an Application

Once you have successfully logged into CalREACH you can View Available Opportunities from the Welcome Page and apply for Family Medicine Capitation funding by choosing apply now. From the Agreement page you have the opportunity to copy forward select data from your previous application. If you did not apply in 2015 you will need to fill out the entire application.

Application Format and Content

Once you have agreed to apply you have the ability to **View, Edit and Complete Forms** on the Family Medicine Capitation Program Menu page. Clicking on the blue "**VIEW FORMS**" button will allow you to access the main Forms of your electronic application.

CalREACH will time-out after two (2) hours from the start of the application. To continue in the system, save your work, log-out and log back in.

Each title under Application Forms (page 13) constitutes a **Form** (click to access) in CalREACH and is required for application submission. Enter the appropriate information into each Form and click the blue "**SAVE**" button on your screen anytime you leave a form or the system to save your work.

CalREACH How To:

Determine Space Availability

Some application forms have character limitations. Please limit your response when completing those forms. The character limit has been clearly noted at the bottom of the text box and you will receive an error message if you go over that limit.

Copy and Paste into the System

Be cautious while utilizing the copy and paste function of most word processing programs to transfer text into text boxes within CalREACH. CalREACH will not recognize certain formatting including tables, graphs, bullets, and certain tabs. Copying and pasting text into any standard “notepad” (or equivalent) program first will demonstrate similar formatting to the text boxes in CalREACH. Copied text may appear correct on the screen but still cause an error when trying to print the page.

Save Applications in the System

Before clicking on to the next Form or exiting the system, click the blue **“SAVE”** button or you will lose your work.

Access a Saved Application

If you stop before completing the application, you will be able to return to the application by simply logging into the system with your username and password, click the blue “**OPEN MY TASKS”** button from the Welcome page and select the application you would like to access by clicking on the name. Do not initiate another application.

Add Individuals to your Organization

The Primary External Program Director has administrative rights to create log-ins for other individuals whom you would like to provide access to your application(s). To do so click on **My Organization’s** link located in the brown bar at the top of the Welcome Page. Click on the **Organization Members** link, then the **Add Member** link. On the next screen you can add an individual by clicking the blue “**NEW MEMBER**” button and enter all the required information. Be careful to enter “date active” consistent with your requirements and select the Grant Preparer “Role” from the drop down menu.

Provide Access to the Application to Others

The Primary External Program Director has administrative rights to add or remove other users to/from applications. Any External Program Director added to the application will also be automatically added to all corresponding related documents when each is created. Other new users to CalREACH will not be automatically added to existing applications.

To add users to an application, click on the application of choice in the **“My Tasks”** section on the Main Menu page. Click on the “**VIEW MANAGEMENT TOOLS**” button and choose the Add/Edit people link.

CalREACH How to: (Continued)

Type in the name of the individual in the search criteria box and click the "**SEARCH"** button. From the search results, select the individual's name, set the security role and fill-in the access date when you would like this individual to begin having access to the application. Click on the blue **"SAVE**" button.

Print an Application for Your Records/Use

At any time you may print out a copy of your full application. From the Song-Brown Menu page click the blue "**VIEW MANAGEMENT TOOLS**" button and then click the **Create Full Print Version** link.

Cancel an Application

To cancel an application that was started Click the My Home link in the blue bar at the top of the page you are on. Click on the blue **"OPEN MY TASKS**" button. Click on the application name, click the blue **"VIEW STATUS OPTIONS**" button and click the **"APPLY STATUS"** button underneath "**APPLICATION CANCELLED**". Your application has been cancelled and it will no longer appear in My Tasks.

Submit an Application

The application is considered submitted when the application status is changed to **submitted** in CalREACH. This is done on the main screen under **Change the Status** on the Song-Brown Menu page and clicking the blue "**VIEW STATUS OPTIONS**" button. On the Status Options page see **APPLICATION SUBMITTED** and click the blue "**APPLY STATUS**" button located underneath.

- Applications will not submit if there are any errors found in the system. An error is denoted by a **read hand** icon next to the FORM link. Go to that page and make changes to clear the error. You may also check page errors by clicking on the Global Errors button prior to submission.

- A completed application includes all completed FORMS including any required attachments. The application and supporting documents must be submitted by the application deadline noted on the Schedule & Deadlines (page 5) of this APPLICATION REQUEST.

- By submitting the application, you/your organization agrees to the APPLICATION REQUEST terms and conditions. Late or incomplete applications will not be considered. Refer to the Schedule & Deadlines (page 5) in this document for more detailed information.

- Once you click the submit button, you **WILL NOT** be able to go back to revise the application. You may print the application but no longer have the ability to edit the document.

- CalREACH will send a confirmation of receipt via email to the designated Program Director.

Department Contact:

Office of Statewide Health Planning and Development
Healthcare Workforce Development Division
Song-Brown Training Program
400 R Street, Room 330
Sacramento, CA 95811

John Ku, Program Administrator
Telephone: (916) 326-3722

Email Address: John.Ku@oshpd.ca.gov

Thank you!

We want to thank you for your interest in applying for Song-Brown Family Medicine Capitation funding and for educating residents for practice in underserved areas.

SCHEDULE AND DEADLINES

Technical Assistance Webinar Dates: *Overview of registration and log-in process, available opportunities, application menu, tips and tricks, budget section, required attachments, and application submission. To connect to the Web Conference visit our website http://oshpd.ca.gov/HWDD/Song_Brown_Prog.html and link to the webinar. A recorded webinar will be posted to our website.*	***April 12, 2016*** 10:30 am – 11:30 am ***April 19, 2016*** 2:30 pm – 3:30 pm
Application Request *Application request is to be posted to Song-Brown Health Care Workforce Training Program web-site at:* *http://www.oshpd.ca.gov/HWDD/Song_Brown_Prog.html* *or go directly to* *https://calreach.oshpd.ca.gov/login2.aspx?APPTHEME=CAOSHPD_CALREACH*	***April 26, 2016*** ***at 3:00 pm***
Application Deadline	***June 3, 2016*** ***at 3:00 pm***
Review of applications period	*June 6, 2016 thru* *August 6, 2016*
Commission Meeting *Agenda to be posted to Public Meetings website at:* *http://www.oshpd.ca.gov/General_Info/Public_Meetings.html*	***August 24 –*** ***August 25, 2016***
Send notice to Awardees	*November 1, 2016*
Contract preparation period	*January 2017 –* *March 2017*
Contract term	*June 30, 2017 –* *June 30, 2020*
Certifications due from Contractor	*Quarterly in arrears*
Final Report with data outcomes due	*Close of contract*

Application Information

STATUTORY AUTHORITY:

Pursuant to the Song-Brown Health Care Workforce Training Act, Health & Safety Code Sections 128200, et. seq., (see Attachment B) the California Healthcare Workforce Policy Commission (Commission) will be considering applications to support the training of family physicians. After review of the applications, recommendations for the award of contracts will be made by the Commission to the Director of the Office of Statewide Health Planning and Development (OSHPD).

INVITATION:

Application Request:

You are invited to review and submit one application. To submit an application, you must comply with the instructions contained in this document.

By submitting an application, your program agrees to the Song-Brown terms and conditions**.**

All applications will be received through our web-based application CalREACH (California Responsive Electronic Application for California's Healthcare). All applicant organizations and their designees must register in CalREACH and submit all application materials through this system.

Access to CalREACH can be found at: https://calreach.oshpd.ca.gov/login2.aspx?APPTHEME=CAOSHPD_CALREACH . Once you have accessed CalREACH you will be required to register as a new user or login with your previously used Username and Password in order to access the application materials. Detailed information regarding CalREACH; including how to register and how to complete and submit your application, can be found in the Technical Guide Section of this APPLICATION REQUEST.

The applicant must complete and submit the online electronic application through CalREACH by the deadline on **June 3, 2016 at 3:00 p.m.**

Presentation:

The Commission invites the Program Director, or other authorized representative of the applicant to be present at its meeting on **August 24 - 25, 2016,** to provide a summary of the training program and key highlights of the program (no more than ten minutes in length) and answer any questions the Commission might have. While the presentation is not mandatory, it is important to know the Commission finds the presentations very informative and uses them as an opportunity to clarify information that may not have been included or made clear in the application. Your presentation or lack thereof may influence your final score.

ELIGIBILITY:

Each Family Medicine Residency Training Program approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter "the Act") shall, prior to the initiation of training and the transfer of State funds:

A. Be provided by an accredited medical school that has programs or departments that recognize Family Medicine as a major independent specialty, and are approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education (ACGME).

Each postgraduate osteopathic medical program in Family Medicine approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter "the Act") shall, prior to the initiation of training and the transfer of State funds:

B. Be provided by an accredited medical school that has programs or departments that recognize Family Medicine as a major independent specialty, and are approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet accreditation requirements of the AOA to ensure that Osteopathic Programs are comparable to Family Medicine Residency Training Programs.

FUNDING:

AVAILABLE FUNDING:

$4.13 million in Capitation funding is available this year via state funding and a grant from The California Endowment. The Commission may award full funding, partial, or no funding to an applicant based on the applicant's success in meeting the selection criteria and the amount of funds available to award. This is a one-time funding opportunity with no implied or expressed guarantee of subsequent funding after the initial grant award as a result of this APPLICATION REQUEST.

Competitive proposals will meet the Song-Brown Program evaluation criteria, demonstrate a commitment to Song-Brown goals, and may incorporate The California Endowment's priorities as follows:

- Focus on increasing the number of health professionals from racial/ethnic and other underserved communities
- Placement of training sites or graduate practice sites in The California Endowment's 14 Building Healthy Communities http://www.calendow.org/communities/building -healthy-communities/ (See Attachment I)
- Placement of training sites or graduate practice sites in the Central Valley. The Central Valley is defined by the OSHPD's Shortage Designation Unit as Fresno, Kern, Kings, Madera, Merced, Sacramento, San Joaquin, Stanislaus, Tulare and Yolo Counties. (See Attachment J)
- Include activities to increase primary care career pathways.
- Training that occurs in non-hospital settings (community clinics, FQHCs etc.)

FUNDING (Continued):

- Address the Social Determinants of Health (defined by the World Health Organization as the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics).

FUNDING CATEGORIES:

Applicants may apply for renewal of existing capitation cycles, new capitation cycles and capitation expansion cycles. All three (3) categories of capitation cycles provide funding to train one resident at a rate of $17,205 per year for a period not to exceed three years. All capitation cycles are limited to a maximum of four per funding cycle regardless of the number of cycles currently up for renewal.

Renewal cycles are for applicants that have existing contracts with cycles expiring **06/30/2017.**
Renewal of cycles is not automatic

- New cycles are for first time applicants **or** current Song-Brown recipients that have determined the need for an additional cycle.
- Expansion cycles are for applicants that have received approval from the ACGME to permanently expand their resident complement.

New residency positions are those in excess of existing positions available in the program for the 2016-2017 academic years.

Listed on page 9 and 10 are those programs currently eligible to apply for renewal of capitation cycles.

FUNDING (Continued):

Programs eligible to apply for Capitation Cycle renewal are listed below

Training Programs	Cycles Expiring 06/30/2017
Clinica Sierra Vista – Rio Bravo	2
County of Contra Costa	3
County of Riverside	4
County of Ventura	1
Family Health Centers of San Diego	2
Glendale Adventist Medical Center	4
Hanford Family Practice	3
Harbor – UCLA	2
Kaiser – Fontana	1
Kaiser – Los Angeles	1
Kaiser – Orange	4
Kaiser – San Diego	3
Kaiser – Woodland Hills	0
Kaweah Delta Health Care District	3
Loma Linda University	4
Long Beach Memorial Hospital	2
Marian Regional Medical Center	0
Mercy Medical Center, Merced	4
Mercy Medical Center, Redding	1
Natividad Medical Center	4
Northridge Hospital Medical Center	4
Pomona Valley Hospital	1
Presbyterian Intercommunity Hospital	2
San Joaquin General Hospital	4
San Jose – O' Connor	4
Santa Rosa Family Medicine	4
Scripps Mercy, Chula Vista	4
Shasta Community Health Center	2
Sierra Vista Family Medicine	2
University of California , Davis	4
University of California, Irvine	0
University of California, Los Angeles	4
University of California, Riverside	0
University of California San Diego Combined Family Medicine-Psychiatry	2

Training Programs	
University of California San Francisco- Fresno	4
University of California San Francisco, San Francisco General Hospital	4
University of Southern California- California Hospital	4
Valley Family Medicine of Modesto	4
White Memorial Medical Center	4
Total Cycles	108

FUNDING (Continued):

POST AWARD:

Applicants awarded capitation cycles will enter into a grant agreement with OSHPD for the period beginning on June 30, 2017 and ending on or before June 30, 2020. Indirect costs are not allowed on capitation contracts. Payments will be made on a quarterly basis (every three months) for 1/12 of the three-year cycle amount upon receipt of quarterly certification from the program documenting that the program has met the intent of the contract. Final quarterly payment will be withheld pending satisfactory completion by the contractor of all the terms and conditions required by the contract.

All awardees will be required to submit a final report with data outcomes by the end of the contract term.

SELECTION CRITERIA:

Applications received will be evaluated based on each applicant's ability to demonstrate in the application and presentation to the Commission that they meet the statutory priorities set forth in the Song-Brown Health Care Workforce Training Act and the Standards and Guidelines for Funding adopted by the Commission. (See attachments B-F) Applications will also be evaluated based on The California Endowment's priorities listed under Available Funding on page 7 and Attachments I & J.

Applications will be scored using the evaluation criteria outlined in Attachment A.

APPLICATION SUBMISSION:

A submitted on-line application must contain all information and conform to the format described in the Information and Guidance. It is the applicant's responsibility to provide all necessary information for the Commission to evaluate the application. Using any other version of the application may disqualify the applicant.

A completed application consists of the following main sections:

- Application
- Statutory Criteria
- Budget
- Other Considerations
- Attachments
- Assurances

All questions included in the application must be addressed. If a question is not applicable to your program, answer N/A. If a question is left blank, the application will be considered incomplete and could result in the application being disqualified.

The applicant must complete and submit the online electronic application through CalREACH by the deadline on **June 3, 2016**.

APPLICATION QUESTIONS AND ANSWERS:

Read the application it in its entirety. Answers to most questions can be found in this document and/or in the CalREACH system.

Contact your Song-Brown Program Administrator (contact information on pg. 4) if you have any questions.

TECHNICAL ASSISTANCE WEBINARS:

The Song-Brown staff invites potential applicants to participate in at least one webinar (see Schedule and Deadlines for dates on page 5). Each webinar will include an overview of the registration and login process, available opportunities, application menu, tips and tricks, budget section, required attachments and application submission to assist you in completing and submitting an application in the system. Please refer to the Technical Guide to assist you during the webinars.

Application Form Lists:

Application:
- Program Information
- Contractor Information
- Executive Summary
- Statistics
- Languages
- Family Practice Center Payer Mix

Statutory Criteria
- Graduates Information
- Program Strategies
- Underrepresented Minorities
- Training in areas of Unmet Need

Budget
- Program Expenditures

Other Considerations
- Faculty Qualifications
- Residency Training

Attachments
- Required Attachments

Assurances
- Program Director Assurances

Asterisk (*)
Any question marked with an asterisk is required. You will not be allowed to submit your application if any asterisked item is left unanswered.

Application

Program Information

1. Program Director is the individual who is to direct the proposed program and who will be responsible for the program. The Program Director is responsible for all contract deliverables including quarterly certifications and final reports.
2. Any changes of the Program Director during the application period must be made known to OSHPD, by formal letter as soon as possible.
3. If the training program is in the dropdown list, the address will be populated once “saved”.
4. If the training program is not in the dropdown list, fill in title of Training Program, complete address information and county where instructed.
5. A complete address is considered to be: street address, city, state and zip code.
6. Do not use a PO Box address
7. Funding Requested is $51,615 per resident over a three year period (or $17,205 per year). You may request support for a maximum of 4 residents.

Contractor Information

1. Provide the name of the Contract Organization which will be legally and financially responsible and accountable for all State funds awarded on the basis of this application. The grant agreement is written with this organization.
2. Provide the name of the current **post award** Contracts Officer, complete address information where the grant agreement should be mailed, county, telephone number, e-mail address and Federal Tax ID Number (9 digit number).
3. Incomplete or incorrect contractor information will result in the delay of receiving your grant agreement.
4. A complete address is considered to be: street address, city, state and zip code.
5. Do not use a PO Box address.
6. Any changes of Contract Organization or Contracts Officer during the application period (submission through award) must be made known to OSHPD by formal letter as soon as possible.

Executive Summary

1. Executive Summary – Provide a summary of your application (no more than 3000 characters).
2. Provide justification for continued or expanded funding.
3. Describe how your residency program addresses one or more of the Social Determinants of Health for your patient population. **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section III.7**

Statistics – For Song-Brown purposes, an academic year is July 1 through June 30

1. Provide graduate information for questions 1-5 for the academic years indicated in the first table
2. Provide current resident information for questions 1-6 in the second table
3. Provide clarifying information in the comment box if applicable
4. Current Residents/Students is considered to be those residents/students that will started in July 2015.

Languages

1. Fill in the languages spoken of your current residents.
2. Provide clarifying information in the comment box if applicable.

Family Practice Center Payer Mix

1. Provide the Family Practice payer mix for a one year period beginning July 1, 2014. **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section I.4**
2. Provide clarifying information in the comment box if applicable.

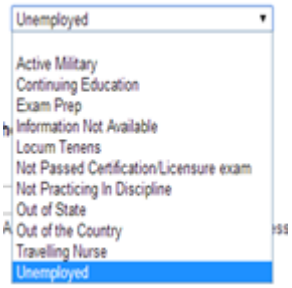
Statutory Criteria

Please read the following before continuing on to the Graduates Information instructions:

1. **Only one graduate per page. If you have 36 residents you should have 36 individual graduate pages.**
2. **The Graduates Information page is intended to capture addresses for graduates currently working in the State of California; all other graduates should be identified through the page section titled "For graduates not practicing in California or without practice location information, check the unknown box and provide reason".**
3. **It is the responsibility of the applicant to provide current practice site data. If you choose to copy forward data from a previous year you are certifying that all graduate data is current.**
4. **Do not provide home addresses of graduates**
5. **Providing data other than the current practice site may affect your scores.**

Graduates Information

1. Provide graduates for all years identified in the Grad Year dropdown list. The graduate data being collected are for the years 2012/13, 2013/14, 2014/15. If you chose to copy forward data, make sure you remove the graduates from 2011/12.
2. Graduates are to be listed in alphabetical order by graduating class.
3. Provide the National Provider Identifier number for each graduate.
4. If graduate is splitting time between two or more locations, list only the site where the graduate spends 50% or more of their time.
5. Follow the instructions in Section 1 to begin using the Add/Edit Address feature to input graduate practice site data.
6. Section 2. **For graduates not practicing in California or without practice location information**, check the unknown box and provide reason from the dropdown list. All out of state graduates belong here regardless if you know where they are working out of state.



7. Section 3. For a practice site not located in Section 1, enter practice site name and use Add/Edit Address feature to add street address, city, state and zip code. You must provide county.
8. Section 4. For a new private practice site not located in Section 1, enter private practitioner's first and last name, title and use Add/Edit feature to add street address, city, state and zip code. You must provide county.
9. **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section I.1 and Section III.1-4.**

Program Strategies

1. What components of the training program are designed for medically underserved multi-cultural communities, lower socioeconomic neighborhoods or rural communities? **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section I.1a.**

2. Describe the program's approach and associated activities used to encourage graduates to practice in areas of unmet need. **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section I.1b**

3. Describe how your program incorporates cultural competency and responsive care training into the programs curriculum and how it furthers Song-Brown efforts of increasing the racial and ethnic diversity of California's healthcare workforce. **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section I.1c.**

4. Explain the program strategies developed to identify, recruit and admit trainees who possess characteristics that would suggest a predisposition to practice in areas of unmet priority need and express commitment to serve in those areas. **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section I.2a.**

5. How does your program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups? **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section I.2b and Section III.5.**

Underrepresented Minorities

1. List the racial/ethnic background of graduates for the graduate years identified. The Total number of graduates must match the total number of graduates input into the Graduates Information page.
2. List the racial/ethnic background of current residents of your program by residency class (PGY 1, PGY 2, and PGY 3) for the current academic year identified.
3. Categories highlighted in yellow are considered to be underrepresented by the California Healthcare Workforce Policy Commission (See Attachment H for additional information).
4. **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section I.2 and Section III.9.**

Training in Areas of Unmet Need – One training site per page

1. List all training sites alphabetically and only if used within the last academic year.
2. Follow the instructions in Section 1 to begin using the Add/Edit Address feature to input training site data.
3. Section 2. For training sites not in Section 1, enter practice site name and use Add/Edit Address feature to add street address, city, state and zip code. You must provide county
4. Section 3. For a new private practice site not Section 1, enter private practitioner's first and last name, title and use Add/Edit feature to add street address, city, state and zip code. You must provide county
5. For each training site entered, identify if the site is a principal, secondary or continuity training site.
6. For each training site entered, provide total hours spent by a PGY-1, PGY-2 and PGY-3 at that site for a complete year.
7. **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section I.3.**

Budget

PROGRAM EXPENDITURES

1. Provide program expenditures for all categories identified for a one year period beginning July 1, 2015.
2. Provide clarifying information in the comment box if applicable.

Other Considerations

Faculty Qualifications

1. Using the table provided, describe how your programs faculty possesses the knowledge, skills and experience needed to deliver a primary care curriculum with an emphasis on health care disparities. (Include examples of staff honors, awards, publications, and professional and/or related research experience relevant to primary care health disparities). **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section II.1.**

   Please note: (The CHWPC is not looking for you to provide the faculty member CV but rather provide distinct examples of the faculty members' staff honors, awards, publications, and professional and/or related research experience relevant to primary care health disparities**)**

Residency Training

1. Describe how your program integrates or includes different education modalities into the learning delivery models. **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section II. 2.**

   Examples of education modalities may include but aren't limited to: 1:1 teaching, group sessions, case presentations and discussion, working in the clinic with group patient visits, participation in multi-disciplinary rounds as well as health information technology use.

2. Describe the primary care career pathways and/or pipeline activities in which your residents participate. **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section III.6.**

3. Explain how the residency program structures training to encourage graduates to practice as a health care team that includes inter-disciplinary providers. Inter-disciplinary providers are non-physician team members (i.e., FNPs, PAs, social workers, pharmacists, care managers, home health workers, etc.) **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section II.3.**

4. Do the program residents train side by side with FNP and/or PA students? **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section II.4.**

5. Describe how practicing family physicians from the local community are utilized in the training program. **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section II.5.**

6. Describe the programs strategies used to promote training in ambulatory and community settings in underserved areas. **For associated possible points see the attached Family Medicine Capitation Evaluation Criteria Section II.7.**

Attachments

Required Attachments

1. Provide copies of the most recent approval letter from the appropriate accrediting/approval bodies. At least (1) one letter is required however you may upload up to three (3) letters.
2. Provide letters of support from inter-disciplinary providers that demonstrate how the program structures its training to encourage graduates to practice as members of a health care team. Three (3) letters maximum. (no form letters, these should be letters from other members of the health care team preferably not from the same sponsoring institution/organization as the residency program).
3. Provide letters documenting an affiliation with an FNP and/or PA program. You may upload up to three (3) letters.

    - Provide letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods.

    - Please note: The Commission is looking for letters that indicate a presence in the community. They do not want to see letters from your own institution or hospital consortiums. Examples: FQHCs, community or rural clinics, YMCA, school sports programs, etc.

4. If requesting Capitation – Expansion funding, provide a copy of your ACGME or AOA approval letter showing approval to expand your resident complement.
5. If requesting Capitation – New funding, Upload documentation of how the funding will be used. Specifically, is this funding to support new resident positions or new activities within the program?

Assurances

Program Director Assurances

1. You must agree to both statements before moving page onto Application Submission.
2. When finished, click SAVE.
3. To submit your application, change the status to Application Submitted on the Status Change page.

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Attachment A

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA
FAMILY MEDICINE RESIDENCY PROGRAMS
CAPITATION FUNDING

Section I	Statutory Criteria	Total Points Available
1	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN)	15
1.a	What components of the training program are designed for medically underserved multi-cultural communities, lower socioeconomic neighborhoods or rural communities? 0 points - the program's current or proposed curriculum does not specifically address underserved communities 4 points - the program's current or proposed curriculum specifically addresses underserved communities 1 point for each example of a continuity clinic or required rotation in an underserved in each year of the program. Maximum of 4 points allowed.	8
1.b	Describe the program's approach and associated activities used to encourage graduates to practice in areas of unmet need. 0 points - no mention 2 points - structured counseling program in place 1 point for each example cited up to 3 points	5
1.c	Is cultural competency/culturally responsive care incorporated into the program curriculum? 0 points – no mention 1-2 points – program provided a well-defined description of culture competency/culturally responsive care 1 additional point for each example cited up to 3 points maximum	5
2	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM graduates)	15
2.a	Explain the program strategies developed to identify, recruit and admit residents, who possess characteristics which would suggest a pre-disposition to practice in areas of unmet need. 0 points - no mention 2 points - program shows interest in recruiting residents speaking a second language 2 points - program shows interest in recruiting students coming from an underserved community 2 points - program shows interest in recruiting students who have a professional commitment to practice in a medically underserved community in California (i.e. NHSC, Stephen M. Thompson Loan Repayment, SLRP) 1-2 points - program is engaged in clinics that contain student rotations in underserved areas and/or underserved populations 1-2 points - program is participating in pipeline program with underserved school and engages residents in that process	10

Attachment A

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA
FAMILY MEDICINE RESIDENCY PROGRAMS
CAPITATION FUNDING

Section I	Statutory Criteria	Total Points Available
2.b	How does the program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups? 1 point - option for residents to collaborate with students (undergrad, medical students, or other health professional students) in health education programs, career fairs, etc. 2 points - program is actively engaged in a K-12 school highlighting community medicine at various levels. 2 points – program is actively engaged with an undergraduate program in a structured, comprehensive and longitudinal pipeline program with an emphasis on primary care.	5
3	Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN)	15
4	Payer mix of the Family Practice Center 0 points – 0-49% Medi-Cal (Managed Care/Traditional), County Indigent Program, Other Indigent, and Other Payers. 3 points – 50-74% Medi-Cal (Managed Care/Traditional), County Indigent Program, Other Indigent, and Other Payers. 5 points - 75-100% Medi-Cal (Managed Care/Traditional), County Indigent Program, Other Indigent, and Other Payers.	5
	Total points possible for Section I	**83**
Section II	**Other Considerations**	
1	Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities? 0 points - no mention 1 point for each example per unique faculty member up to 3 points	3
2	Does the program integrate different educational modalities into learning delivery models? 0 points - no mention 1 point - per example cited 3 points - three or more examples cited Examples: 1:1 teaching, group sessions, case presentations and discussion, working in the clinic with group patient visits, participation in multi-disciplinary rounds as well as health information technology use.	3
3	Does the residency program structure its training to encourage graduates to practice as a health care team that includes inter-disciplinary providers as evidenced by the application or letters from the disciplines? 0 points - no mention of either team training or PCMH 1 point - some team training in hospital or clinic settings as evidenced by the application or letters from the disciplines	See next pg.

Attachment A

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA
FAMILY MEDICINE RESIDENCY PROGRAMS
CAPITATION FUNDING

Section II	Other Considerations	
3 cont'd.	1 point - regular focus on team training in all settings of care as evidenced by the application or letters from the disciplines 2 points - program is NCQA or The Joint Commission accredited as a PCMH at any level as evidenced by the application or letters from the accrediting bodies.	4
4	Do the program residents train side by side with FNP and/or PA students? 0 points - No 3 points - Yes	3
5	Does the program utilize family physicians from the local community in the training program? 0 points - No 3 points - Yes	3
6	Does the program promote training in ambulatory and community settings in underserved areas? 0 points - No 3 points - Yes	3
7	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support from community based organizations? 0 points - no letters attached 1 point per letter attached, up to 3 points maximum	3
	Total points possible for Section II	**22**
	Total points possible for Section I and II	**105**
Section III	**The California Endowment Priorities**	**Total Points Available**
1	Placement of graduates in one of the 14 Building Healthy Communities identified by the California Endowment.	
2	Placement of graduates in one of the Central Valley counties	
3	Location of the program and/or clinical training sites in one of the 14 Building healthy Communities identified by the California Endowment	
4	Location of the program and/or clinical training sites in one of the Central Valley counties	**5***

Attachment A

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA
FAMILY MEDICINE RESIDENCY PROGRAMS
CAPITATION FUNDING

Section III	The California Endowment Priorities	Total Points Available
5	Program encourages students to help recruit and mentor underrepresented minorities and/or underrepresented groups. 0 points - no mention 1-2 points - pipeline/recruitment program in development 1-2 points - rotation based in junior high/high school focused around health education and/or career fair 1-2 points - requirement that residents regularly participate in mentoring activities	6
6	Does the program include activities to increase primary care career pathways/pipelines? 0 points - no mention 1 point for each example of activities to increase primary care career pathways/pipelines up to 5 points maximum	5
7	Is the program addressing one or more of the Social Determinants of Health for their patient population 0 points - no mention 1 point for each example of Social Determinants of Health addressed in the patient population up to 4 points total	4
8	Is the applicant program a Teaching Health Center? 0 points – No 5 points – Yes	5
9	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM current residents)	30
	Total points possible for Section III	**55**
	Total points possible for Sections I, II, and III	**160**

*Counts of Graduates and/or Training Sites in BHC Communities and Central Valley Counties	Total Points Available
1 through 5	1 point
6 through 10	2 points
11 through 15	3 points
16 through 20	4 points
Above 21	5 points

Attachment B

HEALTH AND SAFETY CODE
SECTION 128200-128241

128200. (a) This article shall be known and may be cited as the Song-Brown Health Care Workforce Training Act.

(b) (1) The Legislature hereby finds and declares that physicians engaged in family medicine are in very short supply in California. The current emphasis placed on specialization in medical education has resulted in a shortage of physicians trained to provide comprehensive primary health care to families. The Legislature hereby declares that it regards the furtherance of a greater supply of competent family physicians to be a public purpose of great importance and further declares the establishment of the program pursuant to this article to be a desirable, necessary, and economical method of increasing the number of family physicians to provide needed medical services to the people of California. The Legislature further declares that it is to the benefit of the state to assist in increasing the number of competent family physicians graduated by colleges and universities of this state to provide primary health care services to families within the state.

(2) The Legislature finds that the shortage of family physicians can be improved by the placing of a higher priority by public and private medical schools, hospitals, and other health care delivery systems in this state, on the recruitment and improved training of medical students and residents to meet the need for family physicians. To help accomplish this goal, each medical school in California is encouraged to organize a strong family medicine program or department. It is the intent of the Legislature that the programs or departments be headed by a physician who possesses specialty certification in the field of family medicine, and has broad clinical experience in the field of family medicine.

(3) The Legislature further finds that encouraging the training of primary care physician's assistants and primary care nurse practitioners will assist in making primary health care services more accessible to the citizenry, and will, in conjunction with the training of family physicians, lead to an improved health care delivery system in California.

(4) Community hospitals in general and rural community hospitals in particular, as well as other health care delivery systems, are encouraged to develop family medicine residencies in affiliation or association with accredited medical schools, to help meet the need for family physicians in geographical areas of the state with recognized family primary health care needs. Utilization of expanded resources beyond university-based teaching hospitals should be emphasized, including facilities in rural areas wherever possible.

(5) The Legislature also finds and declares that nurses are in very short supply in California. The Legislature hereby declares that it regards the furtherance of a greater supply of nurses to be a public purpose of great importance and further declares the expansion of the program pursuant to this article to include nurses to be a desirable, necessary, and economical method of increasing the number of nurses to provide needed nursing services to the people of California.

(6) It is the intent of the Legislature to provide for a program designed primarily to increase the number of students and residents receiving quality education and training in the primary care specialties of family medicine, internal medicine, obstetrics and gynecology, and pediatrics and as primary care physician's assistants, primary care nurse practitioners, and registered nurses and to maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need. This program is intended to be implemented through contracts with accredited medical schools, teaching health centers, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems based on per-student or per-resident capitation formulas. It is further intended by the Legislature that the programs will be professionally and administratively accountable so that the maximum cost-effectiveness will be achieved in meeting the professional training standards and criteria set forth in this article and Article 2 (commencing with Section 128250).

Attachment B

HEALTH AND SAFETY CODE
SECTION 128200-128241

128205. As used in this article, and Article 2 (commencing with Section 128250), the following terms mean:
(a) "Family physician" means a primary care physician who is prepared to and renders continued comprehensive and preventative health care services to families and who has received specialized training in an approved family medicine residency for three years after graduation from an accredited medical school.
(b) "Primary care physician" means a physician who is prepared to and renders continued comprehensive and preventative health care services, and has received specialized training in the areas of internal medicine, obstetrics and gynecology, or pediatrics.
(c) "Associated" and "affiliated" mean that relationship that exists by virtue of a formal written agreement between a hospital or other health care delivery system and an approved medical school that pertains to the primary care or family medicine training program for which state contract funds are sought.
(d) "Commission" means the California Healthcare Workforce Policy Commission.
(e) "Programs that train primary care physician's assistants" means a program that has been approved for the training of primary care physician assistants pursuant to Section 3513 of the Business and Professions Code.
(f) "Programs that train primary care nurse practitioners" means a program that is operated by a California school of medicine or nursing, or that is authorized by the Regents of the University of California or by the Trustees of the California State University, or that is approved by the Board of Registered Nursing.
(g) "Programs that train registered nurses" means a program that is operated by a California school of nursing and approved by the Board of Registered Nursing, or that is authorized by the Regents of the University of California, the Trustees of the California State University, or the Board of Governors of the California Community Colleges, and that is approved by the Board of Registered Nursing.
(h) "Teaching health center" means a community-based ambulatory patient care center that operates a primary care residency program. Community-based ambulatory patient care settings include, but are not limited to, federally qualified health centers, community mental health centers, rural health clinics, health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization, and entities receiving funds under Title X of the federal Public Health Service Act (Public Law 91-572).

128207. Any reference in any code to the Health Manpower Policy Commission is deemed a reference to the California Healthcare Workforce Policy Commission.

128210. There is hereby created a state medical contract program with accredited medical schools, teaching health centers, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems to increase the number of students and residents receiving quality education and training in the primary care specialties of family medicine, internal medicine, obstetrics and gynecology, and pediatrics, or in nursing and to maximize the delivery of primary care and family physician services to specific areas of California where there is a recognized unmet priority need for those services.

128215. There is hereby created a California Healthcare Workforce Policy Commission. The commission shall be composed of 15 members who shall serve at the pleasure of their appointing authorities:
(a) Nine members appointed by the Governor, as follows:
(1) One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.
(2) One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.
(3) One representative of practicing family medicine physicians.

(4) One representative who is a practicing osteopathic physician or surgeon and who is board certified in either general or family medicine.
(5) One representative of undergraduate medical students in a family medicine program or residence in family medicine training.
(6) One representative of trainees in a primary care physician's assistant program or a practicing physician's assistant.
(7) One representative of trainees in a primary care nurse practitioners program or a practicing nurse practitioner.
(8) One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.
(9) One representative of practicing registered nurses.
(b) Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
(c) Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
(d) Two representatives of students in a registered nurse training program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
(e) The Deputy Director of the Healthcare Workforce Development Division in the Office of Statewide Health Planning and Development, or the deputy director's designee, shall serve as executive secretary for the commission.

128220. The members of the commission, other than state employees, shall receive compensation of twenty-five dollars ($25) for each day's attendance at a commission meeting, in addition to actual and necessary travel expenses incurred in the course of attendance at a commission meeting.

128224. The commission shall identify specific areas of the state where unmet priority needs for dentists, physicians, and registered nurses exist.

128225. The commission shall do all of the following:
(a) Identify specific areas of the state where unmet priority needs for primary care family physicians and registered nurses exist.
(b) (1) Establish standards for primary care and family medicine training programs, primary care and family medicine residency programs, postgraduate osteopathic medical programs in primary care or family medicine, and primary care physician assistants programs and programs that train primary care nurse practitioners, including appropriate provisions to encourage primary care physicians, family physicians, osteopathic family physicians, primary care physician's assistants, and primary care nurse practitioners who receive training in accordance with this article and Article 2 (commencing with Section 128250) to provide needed services in areas of unmet need within the state. Standards for primary care and family medicine residency programs shall provide that all of the residency programs contracted for pursuant to this article and Article 2 (commencing with Section 128250) shall be approved by the Accreditation Council for Graduate Medical Education's Residency Review Committee for Family Medicine, Internal Medicine, Pediatrics, or Obstetrics and Gynecology. Standards for postgraduate osteopathic medical programs in primary care and family medicine, as approved by the American Osteopathic Association Committee on Postdoctoral Training for interns and residents, shall be established to meet the requirements of this subdivision in order to ensure that those programs are comparable to the other programs specified in this subdivision. Every program shall include a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare program graduates for service in those neighborhoods and communities. Medical schools receiving funds under this article and

Article 2 (commencing with Section 128250) shall have programs or departments that recognize family medicine as a major independent specialty. Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program established under this article and Article 2 (commencing with Section 128250). Teaching health centers receiving funds under this article shall have programs or departments that recognize family medicine as a major independent specialty.

(2) For purposes of this subdivision, "primary care" and "family medicine" includes the general practice of medicine by osteopathic physicians.

(c) Establish standards for registered nurse training programs. The commission may accept those standards established by the Board of Registered Nursing.

(d) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of primary care and family medicine programs or departments and primary care and family medicine residencies and programs for the training of primary care physician assistants and primary care nurse practitioners that are submitted to the Healthcare Workforce Development Division for participation in the contract program established by this article and Article 2 (commencing with Section 128250). If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article and Article 2 (commencing with Section 128250) does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections.

The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article and Article 2 (commencing with Section 128250).

(e) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of registered nurse training programs that are submitted to the Healthcare Workforce Development Division for participation in the contract program established by this article. If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article.

(f) Establish contract criteria and single per-student and per-resident capitation formulas that shall determine the amounts to be transferred to institutions receiving contracts for the training of primary care and family medicine students and residents and primary care physician's assistants and primary care nurse practitioners and registered nurses pursuant to this article and Article 2 (commencing with Section 128250), except as otherwise provided in subdivision (d). Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of these single capitation formulas. The director may grant the waiver in exceptional cases upon a clear showing by the institution that a waiver is essential to the institution's ability to provide a program of a quality comparable to those provided by institutions that have not received waivers, taking into account the public interest in program cost-effectiveness. Recipients of funds appropriated by this article and Article 2 (commencing with Section 128250) shall, as a minimum, maintain the level of expenditure for family medicine or primary care physician's assistant or family care nurse practitioner training that was provided by the recipients during the 1973-74 fiscal year. Recipients of funds appropriated for registered nurse training pursuant to this article shall, as a minimum, maintain the level of expenditure for registered nurse training that was provided by recipients during the 2004-05 fiscal year. Funds appropriated under this article and Article 2 (commencing with Section 128250) shall be used to develop new programs or to expand existing programs, and shall not replace funds supporting current family medicine or registered nurse training programs. Institutions applying for or in receipt of contracts

pursuant to this article and Article 2(commencing with Section 128250) may appeal to the director for waiver of this maintenance of effort provision. The director may grant the waiver if he or she determines that there is reasonable and proper cause to grant the waiver.

(g) (1) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of special programs that may be funded on other than a capitation rate basis. These special programs may include the Development and funding of the training of primary health care teams of primary care and family medicine residents or primary care or family physicians and primary care physician assistants or primary care nurse practitioners or registered nurses, undergraduate medical education programs in primary care or family medicine, and programs that link training programs and medically underserved communities in California that appear likely to result in the location and retention of training program graduates in those communities. These special programs also may include the development phase of new primary care or family medicine residency, primary care physician assistant programs, primary care nurse practitioner programs, or registered nurse programs.

(2) The commission shall establish standards and contract criteria for special programs recommended under this subdivision.

(h) Review and evaluate these programs regarding compliance with this article and Article 2 (commencing with Section 128250). One standard for evaluation shall be the number of recipients who, after completing the program, actually go on to serve in areas of unmet priority for primary care or family physicians in California or registered nurses who go on to serve in areas of unmet priority for registered nurses.

(i) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development on the awarding of funds for the purpose of making loan assumption payments for medical students who contractually agree to enter a primary care specialty and practice primary care medicine for a minimum of three consecutive years following completion of a primary care residency training program pursuant to Article 2 (commencing with Section 128250).

128225.5. (a) The commission shall review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the provision of grants pursuant to this section. In making recommendations, the commission shall give priority to residency programs that demonstrate all of the following:

(1) That the grant will be used to support new primary care physician slots.

(2) That priority in filling the position shall be given to physicians who have graduated from a California-based medical school.

(3) That the new primary care physician residency positions have been, or will be, approved by the Accreditation Council for Graduate Medical Education prior to the first distribution of grant funds.

(b) The director shall do both of the following:

(1) Determine whether the residency programs recommended by the commission meet the standards established by this section.

(2) Select and contract on behalf of the state with accredited primary care or family medicine residency programs for the purpose of providing grants for the support of newly created residency positions.

(c) This section does not apply to funding appropriated in the annual Budget Act for the Song-Brown Health Care Workforce Training Act (Article 1 (commencing with Section 128200)).

(d) This section shall be operative only if funds are appropriated in the Budget Act of 2014 for the purposes described in this section.

(e) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

HEALTH AND SAFETY CODE
SECTION 128200-128241

128230. When making recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of primary care and family medicine programs or departments, primary care and family medicine residencies, and programs for the training of primary care physician assistants, primary care nurse practitioners, or registered nurses, the commission shall give priority to programs that have demonstrated success in the following areas:

(a) Actual placement of individuals in medically underserved areas.

(b) Success in attracting and admitting members of minority groups to the program.

(c) Success in attracting and admitting individuals who were former residents of medically underserved areas.

(d) Location of the program in a medically underserved area.

(e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund.

128235. Pursuant to this article and Article 2 (commencing with Section 128250), the Director of the Office of Statewide Health Planning and Development shall do all of the following:

(a) Determine whether primary care and family medicine, primary care physician's assistant training program proposals, primary care nurse practitioner training program proposals, and registered nurse training program proposals submitted to the California Healthcare Workforce Policy Commission for participation in the state medical contract program established by this article and Article 2 (commencing with Section 128250) meet the standards established by the commission.

(b) Select and contract on behalf of the state with accredited medical schools, teaching health centers, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, hospitals, and other health care delivery systems for the purpose of training undergraduate medical students and residents in the specialties of internal medicine, obstetrics and gynecology, pediatrics, and family medicine. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for primary care family physicians. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(c) Select and contract on behalf of the state with programs that train registered nurses. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for registered nurses. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(d) Terminate, upon 30 days' written notice, the contract of any institution whose program does not meet the standards established by the commission or that otherwise does not maintain proper compliance with this part, except as otherwise provided in contracts entered into by the director pursuant to this article and Article 2 (commencing with Section 128250).

128240. The Director of the Office of Statewide Health Planning and Development shall adopt, amend, or repeal regulations as necessary to enforce this article and Article 2 (commencing with Section 128250), which shall include criteria that training programs must meet in order to qualify for waivers of single capitation formulas or maintenance of effort requirements authorized by Section 128250.
Regulations for the administration of this chapter shall be adopted, amended, or repealed as provided in Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

128240.1. The department shall adopt emergency regulations, as necessary to implement the changes made to this article by the act that added this section during the first year of the 2005-06 Regular Session, no later

than September 30, 2005, unless notification of a delay is made to the Chair of the Joint Legislative Budget Committee prior to that date. The adoption of regulations implementing the applicable provisions of this act shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect for no more than 180 days, by which time the final regulations shall be developed.

128241. The Office of Statewide Health Planning and Development shall develop alternative strategies to provide long-term stability and non-General Fund support for programs established pursuant to this article. The office shall report on these strategies to the legislative budget committees by February 1, 2005.

Attachment C

HEALTHCARE WORKFORCE POLICY COMMISSION
STANDARDS FOR FAMILY MEDICINE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Revised May 2015)

I. Each Family Medicine Residency Training Program shall be approved by the Accreditation Council for Graduate Medical Education's Residency Review Committee or the American Osteopathic Association.

II. Each Family Medicine Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Medicine, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare family physicians for service in such neighborhoods and communities.

III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the California Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:

A. An established procedure to identify, recruit and match family medicine residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.

B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.

C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

Attachment D

HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY MEDICINE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised May 2015)

Definition of Family Medicine

For the purposes of this program, family medicine is defined as that field of medical practice in which the physician, by virtue of training and experience, is qualified to practice in several fields of medicine and surgery, with special emphasis on the family unit, serving as the physician of first contact and means of entry into the health care system, providing comprehensive and continuing health care, and utilizing consultation with other medical experts where appropriate.

Strategies Relating to Areas of Need

Special consideration by the California Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for locating their graduates in California's areas of unmet need for primary care family physicians as defined by the Commission; which have developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Concept of Health Care Teams

Training programs should be so organized as to teach family medicine residents how to work with and utilize physician assistants and/or nurse practitioners in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given family medicine residency training programs, which are integrated with primary care physician assistant or primary care nurse practitioner training programs.

Involvement of Local Community Physicians

Involvement of local community physicians should be utilized in the residency training programs.

Board-Certified Training Program Director

The family medicine residency training program director should be a physician certified by the American Board of Family Medicine or American Osteopathic Board of Family Physicians.

Existence of Department of Family Medicine or Equivalent

Training institutions shall have a family medicine department or administrative unit equivalent to those of the major clinical specialties.

Attachment E

SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
PRIMARY CARE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)

I. Contract Awards

A. Each contract entered into, pursuant to the Song-Brown Health Care Workforce Training Act, Health and Safety Code, Sections 12800, et., (hereinafter "the Act"), shall be based on the recommendation of the [1]Healthcare Workforce Policy Commission to the Director of the Office of Statewide Health Planning and Development recorded in the Healthcare Workforce Policy Commission official minutes.

B. Each contract shall be for a purpose authorized by the Healthcare Workforce Policy Commission Standards for Family Medicine Residency Training Programs.

C. Each contract shall be between the Office of Statewide Health Planning and Development and a Contractor authorized to apply for funds by the Healthcare Workforce Policy Commission Standards for Family Medicine Residency Training Programs.

D. Purpose for Which Contract Funds May be Expended

1. Contract funds may be expended for any purpose which the training institution judges will most effectively advance the training of family medicine residents, but may not be expended for any purpose specifically prohibited by State law, by these contract criteria, or by the contract with the training institution.

2. Contract funds may be used for expenses incurred for the provision of training, including faculty and staff salaries, family medicine residents stipends, alterations and renovations necessary to the provision of the residency training programs, and supplies and travel directly related to the training program.

3. Contract funds may be used for new construction only when such construction is specifically provided for in the contract.

E. Maintenance of Effort

Training institutions approved for funding under the Act shall, as a minimum, maintain a level of expenditures equivalent to that expended on the family medicine residency training programs during the 1973-74 fiscal year. Capitation contracts that begin July 1, 2003 or thereafter will have no resident maintenance of effort requirement beyond the number of Song-Brown cycles awarded.

SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
PRIMARY CARE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)

II. Contract Terms

A. Funds must be expended during such months and in accordance with such provisions as are provided in the Contract, which shall be in accordance with recommendations of the Healthcare Workforce Policy Commission.

B. Payment shall be made quarterly in arrears on the basis of amounts set forth by the Contractor with final invoice submitted within 120 days of contract's end to the Healthcare Workforce and Community Development Division. The invoice shall include the name of the person employed under this contract, certification by the Program Director that the person was engaged in activities authorized by this agreement, and costs to the Contractor for the services for which reimbursement is sought. The required invoice format shall be provided to the Contractor prior to the effective date of the Contract.

C. Each Contract shall specify the total amount allowable under the Contract and allowable in each budget category authorized under the Contract, and shall be in accordance with recommendations of the Healthcare Workforce Policy Commission. Transfer of funds between budget categories is permitted only with express written permission of the Deputy Director of the Healthcare Workforce and Community Development Division, and only when not prohibited by other provisions of these Contract Criteria.

D. Method of Payment

Payment under the Act shall be at a capitation rate of $17,205 per year for each full-time family medicine resident enrolled in the training program as a result of a training contract funded under this Act.

III. Accounting Records and Audits

A. Accounting

Accounting for contract funds will be in accordance with the training institution's accounting practices based on generally accepted accounting principles consistently applied regardless of the source of funds. Supporting records must be in sufficient detail to show the exact amount and nature of expenditures.

SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
PRIMARY CARE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)

Training institutions may elect to commingle capitation funds received under the Act with any other income available for operation of the family medicine residency training program provided that the institution maintains such written fiscal control and accounting procedures as are necessary to assure proper disbursement of, and accounted for, such commingled funds, including provisions for:

1. The accurate and timely separate identification of funds received under the Act.
2. The separate identification of expenditures prohibited by the contract criteria.
3. An adequate record of proceeds from the sale of any equipment purchased by funds received under the Act.

B. Expenditure Reporting

Reports of training program expenditures and enrollment of family medicine residents under the contract must be submitted as requested by the Commission or the Director of the Office of Statewide Health Planning and Development for purposes of program administration, evaluation, or review.

C. Record Retention and Audit

1. The training institution shall permit the Director of the Office of Statewide Health Planning and Development, or the Auditor General, or the State Controller, or their authorized representatives, access to records maintained on source of income and expenditures of its family medicine residency training program for the purpose of audit and examination.

2. The training institution shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this contract (hereinafter collectively called the “records”) to the extent and in such detail as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this contract.

3. The training institution agrees to make available at the office of the training institution at all reasonable times during the period set forth in subparagraph 4 below any of the records for inspection, audit or reproduction by an authorized representative of the State.

4. The training institution shall preserve and make available its records (a) for a period of three years from the date of final payment under this contract, and (b)

for such longer period, if any, as is required by applicable statute, by any other clause or this subcontract, or by subparagraph a or b below:

a. If this contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement.

b. Records which relate to (1) litigation of the settlement of claims arising out of the performance of this contract, or (2) costs and expenses of this contract as to which exception has been taken by the State or any of its duly authorized representatives, shall be retained by the training institution until disposition of such appeals, litigation, claims, or exceptions.

5. Except for the records described in subparagraph 4 above, the training institution may in fulfillment of its obligation to retain the records as required by this clause substitute photographs, microphotographs, or other authentic reproductions of such records, after the expiration of the two years following the last day of the month or reimbursement to the training institution of the invoice or voucher to which such records relate, unless a charter person is authorized by the State or its duly authorized representatives.

Attachment F

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OPERATING GUIDELINES
ADOPTED JUNE 10, 1999
(Updates to be adopted July 31, 2012)

The California Healthcare Workforce Policy Commission values the expertise and perspective of applicants and encourages their input. In order to manage the application process in the most effective and efficient manner, the Commission has adopted operating guidelines to provide open communication that is fair and manageable and allows for progress to be made in the limited time available. The Commission hopes that the operating guidelines will allow everyone adequate opportunity for input.

GENERAL COMMUNICATIONS:

Information and/or materials should be forwarded to the Song-Brown Program Director who will consult with the Commission Chair as to how best to disseminate the information to Commissioners.

APPLICATIONS:

The deadline date for completed applications is firm. Exceptions will be made at the discretion of the Chair. Information missing from incomplete applications may be submitted **only until deadline date**. Exceptions will be made at the discretion of the Chair. Past funding does not guarantee future funding.

FORMAL PRESENTATIONS DURING COMMISSION MEETINGS:

Formal presentations are not mandatory however, it is important to know the Commission finds the presentations very informative and uses them as an opportunity to clarify information that may not have been included or made clear in the application. Your presentation or lack thereof may influence your final score.

No special audio visual aids may be used during presentations. Any changes in the order of presentations required by a Program Director's schedule are the responsibility of that Program Director. Staff should be notified in advance of any changes. Presenters should identify themselves by name, title and institution at the podium. Presentations will be a maximum of 10 minutes, not including question and answer period from the Commission. The number of presenters per program should be limited, preferably to one.

Presentations are to include the following items:

- A brief summary of the program and its mission
- No more than 3 key highlights/accomplishments that reflect your commitment to meeting Song-Brown goals.

Any new written information not in the application must be submitted to the Song-Brown Program Director and approved by the Chair before presentation to the Commission.

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CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION'S

RACE/ETHNICITY DEFINITIONS

American Indian, Native American or Alaska Native means persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community.

Asian means persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, Indonesia, Japan, Korea, Laos, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam .

Black, African American or African means persons having origins in any of the black racial groups of Africa.

Hispanic or Latino means persons of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander means persons having origins in any of the original peoples of Hawaii, Fiji, Guam, Samoa, Tonga or other Pacific Islands.

White/ Caucasian, European/Middle Eastern means persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Other means persons of any race or ethnicity not identified as American Indian, Native American or Alaska Native, Asian, Black, African American or African, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and White, Caucasian, European/Middle Eastern.

UNDERREPRESENTED MINORITY DEFINITION

Underrepresented Minority (URM) refers to racial and ethnic populations that are underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include Black, African Americans or Africans, Hispanics or Latinos, American Indians, Native Americans or Alaskan natives, Native Hawaiians or other Pacific Islanders, and Asians **other than: Chinese, Filipinos, Japanese, Koreans, Malaysians, Pakistanis, Asian Indian, and Thai.**

Revised **6-23-15**

The California Endowment

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Making Health Happen by

Building Healthy Communities

Building Healthy Communities is a ten-year, comprehensive community initiative that is creating a revolution in the way Californians think about and support health in their communities. In 14 places across California, residents are proving that they have the power to make health happen in their neighborhoods, schools and with prevention—and in doing so, they're creating a brighter future for their children and for our state.

The 14 Communities

Click on a location to learn more about the community and its focus.

Boyle Heights

Central Santa Ana

Central/SE/SW Fresno

City Heights

Del Norte County and Adjacent Tribal Lands

East Oakland

East Salinas (Alisal)

Eastern Coachella Valley

Long Beach

Richmond

Sacramento

South Kern

South Los Angeles

SW Merced/East Merced

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Attachment J

Song-Brown Funding

Supplemental Criteria for The California Endowment