

2009 – 2010 CDBG/HOME APPLICANT QUESTIONS AND RESPONSES

Name of Organization: CommuniCare Health Centers

Project Title: Medical and Dental Care for the Uninsured

1. The project plans to provide a total of 550 medical and dental care visits. Is it correct that the 550 represents the total anticipated output of the Davis community Clinic?

Our project plans to use the requested \$23,000 of CDBG funds to provide a total of 550 medical and dental care visits (250 medical, 300 dental) to very low-income and low-income, uninsured Davis residents ages 6 and older. The 550 patient visits we are asking City of Davis CDBG to help fund is only a small percentage of the patients we see without health coverage.

As stated in paragraph 2 on page 1 of our CDBG narrative, a total of 4,673 patient visits were provided for very low-income and low-income (those with incomes below 200% of the federal poverty level) Davis residents ages 6 and older at Davis Community Clinic last year. 35% of these visits (over 1,635) were provided for patients without any form of health coverage – in other words, uninsured. We also see many patients at Davis Community Clinic who do have health care coverage (such as Medi-Cal, Healthy Families, and YCHIP among other sources), and we see many patients who are younger than age 6 (who also have Medi-Cal, Healthy Families and Healthy Kids coverage). In all, a total of 19,326 patient visits were provided last year at Davis Community Clinic for medical and dental services.

2. Regarding the Budget Summary figure on page 11, is the total cost of the Davis Community (\$353,010)?

The Budget Summary for the Proposed Project shown on page 7 of our CDBG grant application shows the cost of maintaining the minimum of provider staff hours, medical and dental supplies and clinical infrastructure to support the current level of access to medical and dental care at Davis Community Clinic, a total of \$353,010 projected for the year ending June 30, 2010. As stated in paragraph 1 of the Project Description on page 4 of the narrative, “CDBG funds will be used to maintain current staffing of mid-level practitioner hours at Davis Community Clinic.” As stated in paragraph 2 of the Project Description on page 4 of the narrative, “CDBG funds will be used to maintain the staffing of dentist hours at Davis Community Clinic.”

This project budget represents only a fraction of the budget for operating the Davis Community Clinic. The total projected budget for medical and dental services is shown in the Davis Community Clinic Medical and Dental Services Projected Annual Budget provided as an attachment to our CDBG application. The total expenses projected for the year ending June 30, 2010 are \$1,974,100.

3. The projected Total Project Budget of \$353,010 funding 550 visits results in a cost per medical or dental visit of \$640. The actual number of visits provided under the prior grant was 2,374 which puts the cost per service in the neighborhood of \$150 per visit. Please clarify the actual projected budget to operate the Davis Clinic, as stated on page 7 of the grant proposal.

The “Cost per CDBG beneficiary” shown in the Beneficiary Summary on the cover page of this proposal is not the actual cost CommuniCare incurs for providing the services. We allocate 550 patient visits to be served by this proposal because it is a reasonable objective given the amount of CDBG funding we have received over the years. This works out to \$42.81 per patient visit for the proposed services as calculated by the stated formula on the cover page: (CDBG request/CDBG beneficiaries).

To understand the actual cost of care, it is necessary to look at the overall budget for the Davis Community Clinic. As stated in the answer to the Question #2 above, the complete budget for Davis Community Clinic's medical and dental services is \$1,974,100. As stated in the answer to Question #1 above, this budget provides for a total of 19,326 patient visits at Davis Community Clinic. Therefore the average cost of providing medical and dental services at Davis Community Clinic is approximately \$102 per patient visit, which is still a remarkably low cost for medical and dental care in relation to other health care providers.

Last year in reporting the visits for the 2007-2008 grant, we reported a total of 2,374 visits meeting the criteria for the grant objectives because a large funding source ended mid-year that would have otherwise provided coverage for many of those uninsured visits. We project this might happen again this year, as well.

As stated on page 2 of our narrative, "we depend on funding from the City of Davis Community Development Block Grant Program as our last resort for maintaining access to care for uninsured families and for providing services that are otherwise uncompensated." The \$42.81 per visit requested from City of Davis CDBG for providing medical and dental visits for the very low-income and low-income, uninsured Davis residents ages 6 and older covers only 40% of CommuniCare's cost of providing those visits. If we were to request our actual cost per visit for those 550 visits, our request would need to be \$56,100. If we were to request funding for the full cost of care for all of the uninsured visits provided annually at Davis Community Clinic for the very low-income and low-income, uninsured Davis residents ages 6 and older, the amount would be even greater.

4. If you cannot secure all the necessary funding, how will you prioritize the number of medical hours vs the number of dental hours you can provide?

We do not prioritize the services we provide. The need for medical care and dental care is of equal importance to the population we serve. We provide clinical services based on our ability to budget for those services, which includes balancing our expenses with our funding streams. We provide more clinical hours of medical services than dental services at Davis Community Clinic because of the higher relative expense of providing dental services, but that does not have any bearing on the community need for access to dental services.

5. Do you see more requests from beneficiaries in one category over another? i.e., are medical visits more severe and immediate than dental visits?

The way we measure client's need for services is based on data we compile in access to care reports and by measuring the wait times for patients to get in and be seen. There are different wait times for appointments based on the type of medical or dental service. The overall demand for dental care for people without dental coverage is always high and the wait time is usually greatest for those services. That is why we request CDBG funding to support a greater number of dental visits than medical visits. However, if someone is acutely ill or in dental pain, we will fit them into the schedule that same day. That's why the CDBG funding is so important to us – the funding we receive from City of Davis CDBG helps us maintain our level of access to medical and dental care so that we can fit those patients presenting as acutely ill or with dental pain into the schedule that same day. A reduction in the funding received from the City of Davis CDBG would have an equally negative impact on the amount of medical and dental care we can afford to provide for uninsured patients at the Davis Community Clinic.

6. Due to limited funds, what is the minimum amount that your agency could benefit from/use?

As stated above in our answer to Question #3, if we requested all of the funding we really need to cover the cost of providing the 550 medical and dental visits of our objective, we would really be asking for over twice as much funding. However, in the past years we have received CDBG funds averaging \$20,000 to \$21,000.