The Bennett County Hospital and Horizon Health Care, Inc. Alternate Non-Emergency Services Partnership

South Dakota Division of Medical Services

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As evidenced by the letter attached to the state's application, this proposal is supported by Larry Iversen, Director, South Dakota Division of Medical Services

Applicant Preference Request

Serving Rural or Underserved Medicaid Beneficiaries

This proposal will provide services to Medicaid beneficiaries in Bennett and Todd counties in South Dakota. These counties are designated by the Health and Resource Services Administration as Health Professional Shortage Areas and Medically Underserved Areas.

HPSA	**ID#**	**Type**	**Score**
007- Bennett County	146007	Single County	12
121- Todd County	146121	Single County	24
MUA/MUP	**ID#**	**Type**	
Bennett County	07026	MUA	
Todd County	03154	MUA	

Partnership with local community hospital

Delivery System Description

The federally Qualified Health Centers (FQHC) operated by Horizon Health Care, Inc. in Martin and Mission have been working in partnership with the Bennett County Hospital since the inception of their FQHC in 2002 and will increase their partnership activities as part of developing this expanded primary care services project as an alternative to non-emergency room services. The Bennett County Hospital and their emergency room is the only community hospital in Bennett and Todd counties. The FQHC in Martin, the Bennett County Community Health Center is physically attached to the hospital and adjacent to the emergency room. The FQHC in Mission, the Mission Medical Clinic is 60 miles east of Martin on the Rosebud Sioux Indian Reservation in Todd County.

Length of Operation

The mission of Horizon Health Care, Inc. and their Bennett County and Mission Medical Clinics is to provide personalized, affordable, high quality primary healthcare through a rural community-based network in South Dakota. Horizon Health Care, Inc. has 30 years experience as an FQHC. The Bennett County Hospital has been in operation since 1953.

Impact to the Current Emergency Services Delivery System

The medical staff currently employed by Horizon Health Care for Bennett County Community Health Center plus the proposed staff in this project will coordinate with the Bennett County Hospital for the continued staffing of their emergency room.

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Abstract

Geography, lack of health care providers, reliance on public financing for health care, and health factors all converge in South Dakota and result in many areas of the state, particularly areas with a high concentration of American Indian people, where improvements in non-emergency health care access will provide fiscal and health outcome benefits.

Access to most health care services, including primary care, is limited due to health care professional shortages in the state. Both Bennett and Todd counties have Health Professional Shortage areas and Medically Underserved per the federal Health and Resources Services Administration. Todd County is the fifth poorest county in the nation and both Todd and Bennett counties have large per capita American Indian and Medicaid enrolled populations. Furthermore, Medicaid recipients in Todd and Bennett counties have numbers of emergency room claims higher than the state average, and recipients in Todd County have an emergency room claim rate at close to twice the state average.

This project will facilitate appropriate access to primary care for Bennett and Todd County Medicaid recipients by offering extended clinic hours at the Federally Qualified Health Centers (FQHCs) in Martin and Mission, a patient education program through the Federally Qualified Health Center and the Bennett County community hospital, expanded laboratory, radiology and pharmacy services, as well as improved patient care coordination through the deployment of a common Practice Management/Electronic Medical Record. This project is a partnership between the Bennett County Hospital in Martin and the two FQHCs in Martin and Mission which are operated by Horizon Health Care, Inc.

The goal of the project is to provide appropriate access to primary care for the 66% of Medicaid patients in Bennett County FQHC and 54% of Medicaid patients in the Mission FQHC by offering alternative non-emergency providers in lieu of emergency room services. The anticipated outcomes of the project are that fewer Medicaid recipients will utilize the emergency department for non-emergency care and patients will see overall health status increases. Specifically, non-emergent visits to the Bennett County emergency room will decrease by 10% as a result of this project.

This project will enable providers of enhanced primary care services to build an enhanced foundation and infrastructure and then rely on established health care funding sources to maintain ongoing access to preventive and primary health care services. The citizens of Todd and Bennett Counties will benefit from having increased access to primary care.

The Bennett County Hospital and Horizon Health Care, Inc. Alternate Non-Emergency Services Partnership

Statement of Project Need

Geographical barriers, a lack of health care providers and a reliance on public financing for health care are all factors that affect South Dakota. The result is many areas of the state, particularly areas with a high concentration of American Indian people, require improvements in non-emergency health care access that will provide fiscal and health outcome benefits.

South Dakota is a geographically large state with an estimated population of 781,919. There are approximately 10 persons per square mile, compared to about 80 per square mile across the United States. It is also one of the least urbanized states; more than 50 percent of South Dakotans live in rural areas. In fact, only four counties in the state have more than 30,000 people. Nine Indian reservations are also located in South Dakota, some of which are located in the poorest counties in the nation.

According to the U.S. Census Bureau per capita income data, four of the top five poorest counties in the nation are in South Dakota (1. Buffalo; 2. Shannon; 4. Ziebach; 5. Todd). These and other counties have a large per capita American Indian and Medicaid enrolled population.

County	Total Pop.	AI Pop.	% AI	Medicaid Clients	% Pop on Medicaid	AI Medicaid Clients	% Medicaid
Shannon	13,824	12,230	88.5%	6,436	46.6%	6,351	98.7%
Todd	10,088	8,364	82.9%	4,925	48.8%	4,846	98.4%
Corson	4,288	2,832	66.0%	1,526	35.6%	1,412	92.5%
Dewey	6,112	4,538	74.2%	2,158	35.3%	2,044	94.7%
Jackson	2,900	1,547	53.3%	912	31.4%	811	88.9%
Bennett	3,543	2,157	60.9%	1,344	37.9%	1,244	92.6%
Mellette	2,099	1.211	57.7%	686	32.7%	632	92.1%
Statewide	781,919	72,298	9.2%	101,867	13.0%	36,641	36.0%

Access to most health care services, including primary care, is limited due to health care professional shortages in the state. Primary care Health Professional Shortage Areas exist in 55 of South Dakota's 66 counties, or 83% of all counties. Furthermore, 47 entire counties are considered by the Health and Resource Services Administration to be Medically Underserved. This represents 71% of the counties in the state. An additional 9 counties have Medically Underserved communities.

In state fiscal year 2007, 128,400 different people were covered by Medicaid for at least one month. American Indians are the largest racial minority in the state and comprise 9.2% of the population and 36% of total Medicaid eligibles. Put another way, Medicaid covered 50% of all American Indians in South Dakota, and 80% of American Indian youth under age 20. The table below indicates the health care payer mix for South Dakotans and those served by Horizon Health Care, Inc.

Type of Coverage	**US**[i]	**SD**[ii]	**HHC Service Area**[iii]	**HHC Patients**[iv]
Medicare	12%	13%	15.9%	17.8%
Medicaid	13%	12%	24.7%	17.1%
Uninsured	16%	12%	25.4%	34.9%
Private / Underinsured	59%	63%	34.0%	30.2%

The rate of emergency room use by South Dakota Medicaid eligibles is 74.2 per 100 eligibles for the latest twelve months available. This compares to a national rate of 80.3. 40% of

all emergency room claims were for non-emergency care. This represents $5,713,666 in dollar value of claims.

While the state average for emergency room use is not above the national rate, residents of certain counties have extremely high rates of emergency room use. See table below.

County	Percent of eligibles with emergency room claim	Claim rate per 100 eligibles	Medicaid emergency room claim costs
Charles Mix*	69%	219.2	$1,087,043
Todd	58%	134.8	$1,523,052
Bennett	40%	64.9	$314,193
Shannon*	38%	65	$1,158,170
State	38%	74.2	$17,160,307

*Counties where Indian Health Service hospital and emergency room is currently located.

Actual use of emergency room services by Medicaid eligibles is likely understated due to IHS claim coding practices.

American Indians also have several disparate health statuses compared to whites. According to the 2005 Behavioral Risk Factor Surveillance System survey, American Indians rate their general health status as “Fair” or “Poor” at a rate of 20%, compared to 13% of white South Dakotans. South Dakota American Indians had the highest death rate of any race/ethnic group in the nation. According to South Dakota Department of Health vital statistics, leading causes of death for American Indians in 2005 include heart disease (17%), cancer (15%), accidents (15%) diabetes (9%), lower respiratory illnesses (4%) and suicide (3%).

The lack of access to primary care in South Dakota is serious. The lack of health care providers in South Dakota is aggravated by the vast geography that many people must travel to receive health care and the reliance on public financing for payment for health care. Recruitment

and Retention of health care providers, especially primary care, to this area is difficult. This proposal will increase access to non-emergency health care services that will result in less use of in-patient and emergency room services and improved health status for South Dakotans in Bennett and Todd Counties.

This project will facilitate appropriate access to primary care for Bennett and Todd County Medicaid recipients by offering extended clinic hours at the FQHC, a patient education component through the hospital and FQHC, as well as expanded laboratory, radiology, and pharmacy services. Recruitment and retention of the additional primary care providers to this area will be challenging and is identified as a significant activity to meet the goals set forth in this partnership project.

In addition, patients will gain improved access to Horizon Health Care, Inc.'s Chronic Care Model developed by Institute for Health Improvement (IHI) and supported by Health Resources and Services Administration (HRSA).

Project Justification

Bennett and Todd are large adjacent counties located along the Nebraska border in south central and south western parts of South Dakota. These two counties are located on and between two of the largest Indian Reservations in South Dakota, the Pine Ridge Reservation and the Rosebud Sioux Indian Reservation. The patient population in the two county areas is served by a U.S. Indian Health Service Hospital located in the community of Rosebud and one community non-profit hospital (Bennett County Hospital in the community of Martin) and Federally Qualified Health Center clinics in Martin and Mission, which are operated by Horizon Health Care, Inc (HHC), an organization with 30 years experience as an FQHC.

In the year 2006, 66% of Bennett County Clinic patients utilized Medicaid and 54% of Mission Medical Clinic patients utilized Medicaid. Frequent emergency department use has been associated with socioeconomic distress, poor mental and physical health, and recent use of other health care resources, including hospitalization.[v] 61.5% of Bennett County's population is living at or under 200% of the poverty level guidelines.[vi] The number is higher in Todd County where 73.4% of the population is living under 200% of the poverty level guidelines.[vii] The population in both counties experience significantly higher health status indicators than the state and national averages. For example, mortality for Diabetes Mellitus rate in Bennett County is 66.5% and Todd County is 67.8%, compared to the State percentage of 25.0 and National percentage of 24.4.[viii]

This project is a partnership between South Dakota Medicaid, the Bennett County Hospital in Martin, and the two FQHC operated by Horizon Health Care, Inc. The proposed project will facilitate increased and more appropriate access to primary care for Bennett and Todd County Medicaid recipients by offering alternative non-emergency providers in lieu of emergency room services for delivery of non-emergency care. In addition, patients will participate in Horizon Health Care, Inc.'s Chronic Care Model developed by Institute for Health Improvement (IHI) and supported by Health Resources and Services Administration (HRSA). This will occur with the partnership working together to develop creative recruitment and retention incentive strategies (loan repayment and/or scholarships), retaining a recruitment firm to escalate the additional placements of a primary care physician, three physician assistants or family nurse practitioners. The timely recruitment of health care providers will directly impact the start of the expanded services. The expanded services could start as early as three months

based on successful recruitment of the physician assistants and nurse practitioners. Physician services could start as early as six months to fifteen months based on successful recruitment.

The Horizon Health Care's clinics in Martin and Mission will provide comprehensive primary care and preventive services during the additional after hours as an alternative to non-emergency room services. These expanded hour services will also include acute care, (i.e., non-emergent services for minor laceration repair, sprains, rule out of fractures, etc.), basic lab services and basic x-ray services. Additionally, the expanded hours include access to behavioral health services and pharmacy services. Todd County does not have a retail pharmacy. The pharmacy in Bennett County closes at 6:00 p.m. each weeknight and at noon on Saturdays. It is not open on Sundays. The clinic in Mission will be dispensing "Pre-packaged prescriptions under a physician's office dispensary" in Martin. This will occur only when the retail pharmacy is not open. Horizon Health Care is a 340 (b) discounted drug pricing provider and prescriptions will be sold for $15.00 and third party and Medicaid reimbursement will be sought. ***Project Goals and Outcomes***

The anticipated outcomes of the project are that fewer Medicaid recipients will utilize the emergency department for non-emergency care. Patients will be educated to utilize the Mission Medical Clinic and Bennett County Clinic for their non-emergency care. The Bennett County Hospital will provide an essential component to the proposed project through enhanced patient education and coordination. A patient educator will work with patients in an effort to improve access to more appropriate primary care services.

The goal is to provide increased and appropriate access to primary care for the 66% of Bennett County Clinic patients and the 54% of Mission Medical Clinic patients that are Medicaid

recipients by offering alternative non-emergency providers in lieu of emergency room services for delivery of non-emergency care.

Estimate of Impact to Beneficiaries

The project area will be all of Todd County and all of Bennett County. The projected number of individuals regardless of payer source who will be directly affected by the project is 13,631. Currently, about 25% of Bennett County Hospital's emergency room visits are classified as non-emergent. The goal is to lower that number by at least 10%. Furthermore, residents of Todd and Bennett counties utilize other emergency rooms in South Dakota at a higher rate than the state average, and residents of Todd County have a claim rate close to twice the state rate. This project will seek to lower both the rate of visits and claims by a statistically significant number. This can be accomplished by increasing essential staff to support a 50% increase in hours of operation of Federally Qualified Health Center clinics in Martin and Mission, South Dakota.

Description of Magnitude of the Impact to Medicaid

With the large proportion of Medicaid clients in Todd and Bennett counties, increasing the availability of primary care services will have a material impact upon emergency room utilization. Nearly half of the residents of Todd County and 38 percent of Bennett County residents are currently recipients of Medicaid. Over the last twelve months, 3,125 Medicaid recipients visited an emergency room resulting in 6,854 claims. This excludes those recipients who had Medicare as their primary coverage. Including Medicare coverage adds another 1,100 visits. Over 54 percent of the Medicaid recipients utilize at least one emergency room visit each month with a claim rate per 100 eligibles of 119.3. The national rate is 80.3. The three days

where emergency room visits occur the most often are Saturday, Sunday, and Monday. Sixty-seven percent of all the visits are for individuals age 19 and under.

Transportation issues, particularly for areas with no community hospital or Indian Health Services facility either in the area or one that has an operational emergency room, result in serious hurdles in accessing timely and appropriate care. Location and availability of primary care services will reduce transportation expenditures and relieve some of the pressures involved in finding transportation in rural and tribal areas. Transportation issues are particularly dire in Todd County where there is no community hospital.

Description of Sustainability of Project

This proposal will enable providers of enhanced primary care services to build a foundation and infrastructure, and then rely on third party and Medicaid funding for covered services to cover the costs of ongoing operations. Involvement of a community health center will result in Medicaid reimbursement for covered services at the established FQHC per diem rate. It is estimated that $704,224 in patient revenue from Medicaid, Medicare, third party insurers and self payments will be provided in the first year alone of enhanced service delivery provided through this project. However, strategies such as additional and enhanced Medicaid funding such as differential payments to providers offering services after normal business hours will also be considered to incentivize the delivery of regular, non-emergency care.

Future discussions with provider associations regarding where to direct available inflation for reimbursement will include an emphasis on primary care services, urgent care services, and after-hours clinic care. This can be accomplished in a budget-neutral manner by applying savings attributable to reduced emergency room utilization to future increases to promote

primary health care services. The true long-term savings to the Medicaid program will be in the improved health outcomes as a result of better primary healthcare services.

Evaluation Plan

Effectiveness of the project will be determined by measuring various factors to determine if the following occurs: an increase in the number of local health care visits outside of existing clinic hours, reduction in number of emergency room visits for non-emergency care, reduced travel for emergency room care, reduced costs associated with emergency room visits for target population, and increased patient perception of health status. These elements will be measured and reported quarterly. Baselines of all measures will be developed during the first quarter of service delivery.

Description of Project Implementation Readiness

Key Action Steps	**Deliverables**	**Timeline**
1. <u>Recruitment</u>	A1. Plan for incentives	A1. 2 months
A. Develop loan repayment and scholarship incentives for physician assistants, family nurse practitioners (PA / FNP) and medical students		
B. Retain a professional recruiter to assist in the hiring of 1 physician and 3 PA / FNP providers in a 6-15 month time frame.	B1. Professional recruiter contract signed	B1. 30-45 days
C. Recruit and advertise for	C1. Recruit and hire:	C1. 6-15

ancillary clinical staff to facilitate the extended hours	1 family or primary care physician , 3 physician assistants or family nurse practitioners, 1 family or primary care physician , 2 nurses, 2 case managers and 2 part time diabetes educators	months
	C2. Hire 2 receptionists	C2. 1-3 months
2. <u>Extended Hours</u> A. Increase clinic hours by 50% at Martin / Mission FQHCs	1. Extended hours of Monday – Friday 5:00 p.m. to 8:00 p.m. and Saturdays 9:00 a.m. to 3:00 p.m.	1. 6-9 months
3. <u>Case Management</u> A. Train nurse's assistant on staff during peak hours of 11:00 a.m. to 11:00 p.m.	A1. Training completed. Educational materials developed to explain to patients the difference between emergent and non-emergent care and where they can find appropriate care locally.	A1. 6-9 months
B. Direct non-emergent patients to local clinics and urgent care clinics	B1. Patient will be offered the alternate care site.	B1. 6 months-ongoing

4. <u>On-Site Mental Health Counselor</u> A. Implement contract with Southern Plains Behavioral Health, Winner and Behavioral Management Systems Rapid City for on-site and tele-health behavioral health services.	A1. Provide on-site behavioral health services one night a week in both Martin and Mission Horizon Sites. A2. Provide specialty mental health services via tele-health network as needed	A1. 1 month A2. 1 month - ongoing

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[i] Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2004 and 2004 Current Population Surveys. Total US numbers are based on March 2004 estimates.
[ii] South Dakota Department of Social Services 2005.
[iii] South Dakota Department of Social Services 2005 and Estimated Numbers.
[iv] Horizon Health Care, 2004 Uniform Data System Reports.
[v] Sun BC, Burstin HR, Brennan TA. Predictors and outcomes of frequent emergency department users. Acad Emerg Med 10:320-8. 2003.
[vi] South Dakota Vital Statistics: State and County Comparison of Leading Health Indicators – 2005 report.
[vii] Id.
[viii] Id.

BUDGET

	Year 1	Year 2	Total
Federal Grant	$738,795	$345,547	$1,084,342
In-Kind	$704,224	$725,351	$1,429,575
Total	$1,443,019	$1,070,898	$2,513,917

Budget			**Year 1**	**Year 1**	**Year 1**
			Federal Grant $	**In-Kind $**	**Total $**
Personnel	*Salary*	*Time*			
Physician	$ 150,000	1.00 FTE	$ 55,000	$ 95,000	$ 150,000
Mid Level Provider	$ 75,000	3.00 FTE	$ 100,000	$ 125,000	$ 225,000
Administrative Staff	$ 50,000	0.10 FTE		$ 5,000	$ 5,000
RN	$ 40,000	2.00 FTE	$ 25,000	$ 55,000	$ 80,000
Case Managers	$ 35,000	2.00 FTE	$ 12,500	$ 57,500	$ 70,000
Diabetic Educator	$ 40,000	1.00 FTE	$ 10,000	$ 30,000	$ 40,000
Pharmacy Personnel	$ 25,000	0.25 FTE		$ 6,250	$ 6,250
Lab Personnel	$ 40,000	0.50 FTE	$ 5,000	$ 15,000	$ 20,000
X-ray Personnel	$ 26,000	0.50 FTE	$ 5,000	$ 8,000	$ 13,000
Receptionists	$ 25,000	2.00 FTE		$ 50,000	$ 50,000
Personnel sub-total			**$ 212,500**	**$ 446,750**	**$ 659,250**
Fringe Benefits					
Benefits			$ 42,967	$ 92,199	$ 135,166
Fringe sub-total			**$ 42,967**	**$ 92,199**	**$ 135,166**
Contractual					
Lab Costs				$ 38,775	$ 38,775
Professional Dues				$ 15,000	$ 15,000
Mental/Behavioral Health			$ 20,000		$ 20,000
Transcription Services				$ 28,000	$ 28,000
Patient Education			$ 5,000		$ 5,000
Utilities				$ 10,000	$ 10,000
Contractual sub-total			**$ 25,000**	**$ 91,775**	**$ 116,775**

Supplies			
Medical Supplies		$ 36,000	$ 36,000
Pharmacy Supplies		$ 37,500	$ 37,500
Supplies sub-total	**$ -**	**$ 73,500**	**$ 73,500**
Equipment			
Digital X-ray Equipment	$ 81,500	$ -	$ 81,500
Equipment Sub-total	**$ 81,500**	**$ -**	**$ 81,500**
Other			
Recruitment Costs	$ 60,000	$ -	$ 60,000
Loan Repayment	$ 300,000	$ -	$ 300,000
Other Sub-total	**$ 360,000**	**$ -**	**$ 360,000**
Total Direct Charges	**$ 721,967**	**$ 704,224**	**$1,426,191**
Indirect			
Indirect Costs	$ 16,828	$ -	$ 16,828
Indirect Sub-total	**$ 16,828**	**$ -**	**$ 16,828**
TOTALS	**$ 738,795**	**$ 704,224**	**$1,443,019**

Year 1 Budget Narrative

Personnel – Includes 1 Physician, 3 Mid Level Providers, .10 FTE Administrative Support Staff, 2 Nurses, 2 Case Managers, 1 Diabetic Educator, .25 FTE Pharmacy Personnel, .50 FTE Lab Personnel, .50 FTE X-Ray Personnel, and 2 Receptionists. **Fringe Benefits -** Fringe benefits include a standard benefits package, including health insurance, retirement support, unemployment insurance, etc. **Contractual -** Costs are budgeted for lab costs, professional dues, transcription services, utilities, patient education, and mental/behavior health services. **Supplies -** This includes standard disposable clinic supplies including bandages, syringes, sutures, and a variety of medications. **Equipment -** $81,500 is budgeted during the 1st year for digital X-ray equipment. **Other -** $60,000 is budgeted for costs associated with recruitment for clinical staff.

$300,000 is budgeted for costs associated with a Loan Repayment or Practice Enhancement Loans.

Budget			**Year 2**	**Year 2**	**Year 2**
			Federal Grant $	**In-Kind $**	**Total $**
Personnel	*Salary*	*Time*			
Physician	$ 154,500	1.00 FTE	$ 60,500	$ 94,000	$ 154,500
Mid Level Provider	$ 77,250	3.00 FTE	$ 106,000	$ 125,750	$ 231,750
Administrative Staff	$ 51,500	0.10 FTE		$ 5,150	$ 5,150
RN	$ 41,200	2.00 FTE	$ 31,000	$ 51,400	$ 82,400
Case Managers	$ 36,050	2.00 FTE	$ 15,000	$ 57,100	$ 72,100
Diabetic Educator	$ 41,200	1.00 FTE	$ 12,500	$ 28,700	$ 41,200
Pharmacy Personnel	$ 25,752	0.25 FTE		$ 6,438	$ 6,438
Lab Personnel	$ 40,000	0.50 FTE	$ 7,500	$ 12,500	$ 20,000
X-ray Personnel	$ 26,000	0.50 FTE	$ 7,500	$ 5,500	$ 13,000
Receptionists	$ 25,750	2.00 FTE		$ 51,500	$ 51,500
Personnel sub-total			**$ 240,000**	**$ 438,038**	**$ 678,038**
Fringe Benefits					
Benefits			$ 59,988	$ 114,524	$ 174,512
Fringe sub-total			**$ 59,988**	**$ 114,524**	**$ 174,512**
Contractual					
Lab Costs				$ 40,714	$ 40,714
Professional Dues				$ 15,000	$ 15,000
Mental/Behavioral Health			$ 21,000		$ 21,000
Transcription Services				$ 29,400	$ 29,400
Patient Education			$ 5,000		$ 5,000
Utilities				$ 10,500	$ 10,500
Contractual sub-total			**$ 26,000**	**$ 95,614**	**$ 121,614**
Supplies					
Medical Supplies				$ 37,800	$ 37,800
Pharmacy Supplies				$ 39,375	$ 39,375
Supplies sub-total			**$ -**	**$ 77,175**	**$ 77,175**
Total Direct Charges			**$ 325,988**	**$ 725,351**	**$1,051,339**
Indirect					
Indirect Costs			$ 19,559	$ -	$ 19,559

Indirect Sub-total	**$ 19,559**	**$ -**	**$ 19,559**
TOTALS	**$ 345,547**	**$ 725,351**	**$1,070,898**

Year 2 Budget Narrative

Personnel – Includes 1 Physician, 3 Mid Level Providers, .10 FTE Administrative Support Staff, 2 Nurses, 2 Case Managers, 1 Diabetic Educator, .25 FTE Pharmacy Personnel, .50 FTE Lab Personnel, .50 FTE X-Ray Personnel, and 2 Receptionists.

Fringe Benefits - Fringe benefits include a standard benefits package, including health insurance, retirement support, unemployment insurance, etc.

Contractual - Costs are budgeted for lab costs, professional dues, transcription services, utilities, patient education, and mental/behavior health services.

Supplies - This includes standard disposable clinic supplies including bandages, syringes, sutures, and a variety of medications.