

**PATIENT CENTERED MEDICAL HOME (PCMH)
STATE FISCAL YEAR 2017
Questions & Answers**

	Question	Response
1.	Should the completed Readiness Assessment be placed in the Project Narrative section or as Appendix H following Appendix G?	It should be placed as Appendix H following Appendix G.
2.	Is this only for practices that are in the process of obtaining PCMH recognition? More specifically, could a practice that has already received recognition or that has submitted an application to NCQA but not received a decision still be eligible to participate in the grant?	<p>A practice may still apply if the components of the PCMH application process are complete at the time of grant application and the practice is awaiting the NCQA decision.</p> <p>Practices currently recognized by NCQA are ineligible unless pursuing a higher level; such as a practice with currently recognized at a level 1 or 2 may apply if pursuing a higher recognition status.</p>
3.	Appendix A: At the end of the application where it says Type of Provider and asks if I am a physician, clinic, or primary care. I am all three. Do I check all that apply or consortia of these? It also asks for amount requested. Do I list \$5000 initial grant or the \$15000 total grant?	Please check all that apply. For amount requested, you must request the total grant amount of \$15,000.00.
4.	Appendix B: Ethics Acknowledgement: Should this appendix be completed and signed by me (the owner of the practice applying for the grant) or is this only needed if I have a conflict of interest with or am an employee of the Dept of Community Health? At the end of the form it asks if I am a member of the board of the dept of community health, member/employee of the advisory committee or commission, department employee, or vendor/contractor/subcontractor/grantee. Do I check the box on the line with grantee?	Appendix B must be completed and signed by the Grantee who is the authorized signatory for the entity applying for the Grant.
5.	Appendix C: Ethics In Procurement. Should this appendix be completed and signed by me (the owner of the practice applying for the grant) or is this only needed if I have a conflict of interest with the Dept of Community Health? At the end of the form it asks if I am a contractor, subcontractor, or vendor and none of them apply. Given the verbiage of this form, it leads me to believe this is not something I complete.	Appendix C must be completed and signed by the Grantee who is the authorized signatory for the entity applying for the Grant. For the purpose of this application, you may select Contractor.
6.	Appendix D & D1 Attachment: Should these 2 forms be signed and completed by me (the owner of the practice applying for the grant) or only by my business associates, meaning if anyone might have access to patient data, for example my EHR vendor or the Provider Transformation Network I have joined? As the document reads, it sounds like the later.	Appendix D must be completed and signed by the Grantee who is the authorized signatory for the entity applying for the Grant. Attachments to Appendix D must be completed for anyone who may access DCH's data.

Questions must be submitted in writing to Joanne Mitchell, jmitchell@dch.ga.gov by **Tuesday, September 6, 2016**.
Response to questions will be posted within five business days from closing date.