



MEETING OF JANUARY 3, 2023

TO: Mayor Jordan and City Council
THRU: Kit Williams, City Attorney
FROM: Blake Pennington, Assistant City Attorney
DATE: December 16, 2022
SUBJECT: **WELCOMEHEALTH SUBRECIPIENT AGREEMENT**

RECOMMENDATION:

A RESOLUTION TO AUTHORIZE MAYOR JORDAN TO SIGN A SUBRECIPIENT AGREEMENT WITH WELCOMEHEALTH TO PROVIDE NO-COST MEDICAL AND DENTAL CARE TO LOW INCOME FAYETTEVILLE RESIDENTS UTILIZING AMERICAN RESCUE PLAN ACT FUNDS IN THE AMOUNT OF \$75,000.00, AND TO APPROVE A BUDGET ADJUSTMENT

BACKGROUND:

Council Member D'Andre Jones is sponsoring a resolution to approve ARPA funding for WelcomeHealth to provide no-cost medical and dental care to low-income, uninsured Fayetteville residents.

DISCUSSION:

BUDGET/STAFF IMPACT:

Budget adjustment attached

ATTACHMENTS: WelcomeHealth - ARPA Funds - Council Member Jones-signed, BUDGET ADJUSTMENT

AGENDA REQUEST FORM

FOR: Council Meeting of January 3, 2023

FROM: Council Member D'Andre Jones

ORDINANCE OR RESOLUTION TITLE AND SUBJECT:

A RESOLUTION TO AUTHORIZE MAYOR JORDAN TO SIGN A SUBRECIPIENT AGREEMENT WITH WELCOMEHEALTH TO PROVIDE NO-COST MEDICAL AND DENTAL CARE TO LOW INCOME FAYETTEVILLE RESIDENTS UTILIZING AMERICAN RESCUE PLAN ACT FUNDS IN THE AMOUNT OF \$75,000.00, AND TO APPROVE A BUDGET ADJUSTMENT

APPROVED FOR AGENDA:

Approved by email

12/16/22

City Council Member

Date

D'Andre Jones

Blake Pennington
Asst. City Attorney Blake Pennington
Approved as to form

12/16/2022

Date

RESOLUTION NO. _____

A RESOLUTION TO AUTHORIZE MAYOR JORDAN TO SIGN A SUBRECIPIENT AGREEMENT WITH WELCOMEHEALTH TO PROVIDE NO-COST MEDICAL AND DENTAL CARE TO LOW INCOME FAYETTEVILLE RESIDENTS UTILIZING AMERICAN RESCUE PLAN ACT FUNDS IN THE AMOUNT OF \$75,000.00, AND TO APPROVE A BUDGET ADJUSTMENT

WHEREAS, the City of Fayetteville has received funding from the American Rescue Plan Act (ARPA) and invited non-profit organizations to submit proposals for projects to fund with the available ARPA funding; and

WHEREAS, WelcomeHealth submitted an application requesting \$75,000.00 in American Rescue Plan Act funds to provide 1,818 no-cost medical and dental services to 361 low income, uninsured Fayetteville residents to aid them in regaining their health and wellbeing.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF FAYETTEVILLE, ARKANSAS:

Section 1: That the City Council of the City of Fayetteville, Arkansas hereby authorizes Mayor Jordan to sign a Subrecipient Agreement with WelcomeHealth utilizing American Rescue Plan Act funds in the amount of \$75,000.00 to provide no-cost medical and dental care to low income, uninsured Fayetteville residents.

Section 2: That the City Council of the City of Fayetteville, Arkansas hereby approves a budget adjustment, a copy of which is attached to this Resolution.

PASSED and **APPROVED** this 3rd day of January, 2023.

APPROVED:

ATTEST:

By: _____
LIONELD JORDAN, Mayor

By: _____
KARA PAXTON, City Clerk/Treasurer



**CITY OF FAYETTEVILLE
AMERICAN RESCUE PLAN ACT
2022 SUBRECIPIENT GRANT APPLICATION**

NOTE: Submission of a Subrecipient Grant Application provides no guarantee that the applicant will receive funding. All organizations selected to receive funds will be subject to entering into a contract with the City of Fayetteville and subject to the rules and regulations pertaining to the American Rescue Plan Act.

Please review the City of Fayetteville American Rescue Plan Act 2022 Subrecipient Grant Application Guide for more information on the required items listed in this application.

PART 1 APPLICANT IDENTIFICATION	
Total Amount of Funding Requested (whole dollar) [Minimum \$25,000]	\$75,000
Applicant/Organization Name	WelcomeHealth
Mailing Address (street, city, zip)	1100 N. Woolsey Avenue, Fayetteville, 72703
Organization Website	www.welcomehealthnwa.org
SAM Unique Entity ID Number	pending since 4/7/22 (see supporting documentation)
Organization FEIN/SSN	58-1691790
PART 2 APPLICANT CONTACT INFORMATION	
Contact for Project (name & title)	Brittney Gulley, Director of Development
Contact Phone Number	479-444-6033
Contact Email	bgulley@welcomehealthnwa.org
Signature Authority (name, title & email address)	Monika Fischer-Massie, Executive Director mfischerm@welcomehealthnwa.org
PART 3 PROJECT INFORMATION	
Project Name	Providing no-cost medical and dental care to low-income citizens
Project Address (street, city, zip)	1100 N. Woolsey Avenue, Fayetteville, 72703

PART 3 PROJECT INFORMATION continued

<p>Is anyone with control over the Organization (i.e. owner, manager, director, board member, or other) or any member of that person's immediate family, an employee or elected official of the City of Fayetteville</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>If Yes, above, please identify person and position with the City</p>	
<p>Project Summary (brief synopsis of proposed project)</p>	<p>The effects of Covid-19 have been widespread and disproportionately affected low-income individuals. WelcomeHealth is continuing its mission to provide access to free medical and urgent dental care to low-income, uninsured or underinsured residents. Our medical clinic offers primary care, health promotion, disease prevention, patient education, mental health counseling, patients drug assistance and some specialty care. Our dental clinic provides emergency dental extractions, oral health education, x-rays, exams and limited dental cleanings and fillings.</p>
<p>Describe previous experience in providing similar services</p>	<p>WelcomeHealth was founded in 1986 and has been providing medical care since the beginning and dental care since 1986. It provides services three days and one evening a week. The demand for our services is continuous, as we are the only free health and dental clinic in the Fayetteville and Springdale area. We are constantly looking for ways to expand our services to accommodate the growing needs of our patients and their families.</p>
<p>Programs will typically be funded for a time period not to exceed 12 months from the signed date of the subrecipient agreement. Please describe your organization's ability to plan and utilized requested funds within that timeframe.</p>	<p>WelcomeHealth will budget and spend requested funds over a period of 12 months from signed date. The majority of WelcomeHealth's support comes from grants that need to be budgeted, spent and reported on within one year. Thus far, WelcomeHealth did not have to reimburse a grantor for funds not spent within a 12-month grant period.</p>

PART 4 PROJECT BENEFICIARIES	
Projected number of Fayetteville beneficiaries	361

Because the federal rules vary depending on the type of project for which funds are being requested, the city has grouped project requests in 3 focus categories: Social Services, Economic, and Environmental. Please choose the corresponding category below that most closely identifies your project.

PART 4A SOCIAL SERVICES APPLICATIONS ONLY	
Will ALL beneficiaries live, work and/or go to school in Fayetteville	<input checked="" type="radio"/> Yes <input type="radio"/> No
Will ALL beneficiaries meet US Treasury Low to Moderate Income (LMI) Guidelines (please see Application Guide, Exhibit A).	<input checked="" type="radio"/> Yes <input type="radio"/> No
Will ALL beneficiaries have been negatively impacted by COVID-19	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does this request respond to a negative COVID-19 impact ?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If answering Yes to the question above , please describe the COVID-19 impact and how this proposal will aid in responding to the impact	Prior to the pandemic, there were 60,000 people, living in poverty and without health insurance in Northwest Arkansas. We suspect these numbers have increased as many individuals lost their employment and health benefits. Our demand for services increased, and support from ARPA will help us serve those individuals.
Please indicate how the proposed project meets eligibility standards and requirements described in the <u>U.S. Department of the Treasury's Final Rule for Coronavirus State and Local Fiscal Recovery Funds</u>	WelcomeHealth is a 501(c)(3) corporation that has been facing significant challenges due to an increased demand for its services and changing operational needs. It has been challenging to cover operating costs to continue services to those who have been hit with an economic hardship and inability to pay for their health and dental care. To sustain operations, we had to discontinue two of our programs and terminate the employment of four employees.

PART 4B ENVIRONMENTAL APPLICATIONS ONLY

Please describe the effect of the proposed environmental impact or benefit. Please indicate how the proposed project meets eligibility standards under the EPA's Clean Water State Revolving Fund (CWSRF), Drinking Water State Revolving Fund (DWSRF), or eligible projects as described in the U.S. Department of the Treasury's Final Rule for Coronavirus State and Local Fiscal Recovery Funds. See Subrecipient Application Guide for more information.

PART 4C ECONOMIC APPLICATIONS ONLY

Please describe the residents or industry sector this grant request is intended to serve or benefit. Please indicate how the proposed project meets eligibility standards and requirements described in the U.S. Department of the Treasury's Final Rule for Coronavirus State and Local Fiscal Recovery Funds.

Does this request respond to a negative COVID-19 impact

Yes

No

If yes, please describe the COVID-19 impact and how this proposal will aid in the City's economic recovery

PART 5 FAYETTEVILLE BUSINESS LICENSE

City Code Chapter 118 Business Registry and Licenses delineates what businesses are required to have a Fayetteville Business License. Submission of this grant application indicates that, if required, a current business license is in place.

PART 6 SIGNATURE OF SIGNATURE AUTHORITY AND DATE

I am an authorized employee/agent of the applicant organization and I am authorized to submit this application.

I have read and reviewed the American Rescue Plan Act documentation. I understand that as a subrecipient of the City of Fayetteville's American Rescue Plan Act funds, I will be responsible for maintaining records, complying with provisions of the subrecipient agreement, and providing any/all records and information necessary for the City of Fayetteville to report on this award.

All applications and documentation are subject to disclosure pursuant to the Arkansas Freedom of Information Act. All documentation may be provided to Federal and/or State government agencies for accounting and auditing purposes.


Name/Title/Date

MONIKA FISCHER-MASSIE, EXECUTIVE DIRECTOR

4/21/2022

PART 7 ORGANIZATION DESCRIPTION Provide a brief description of your organization and the services offered.

Year of Incorporation	1985
Philosophy, Purpose and/or Mission Statement	<p>WelcomeHealth provides quality medical care, dental care and support services in partnership with other community resources to low-income individuals regardless of their ability to pay. WelcomeHealth provides opportunities for and encourages a spirit of volunteerism and service to the community.</p>

Provide a brief description of your organization including information about programs and/or services other than the proposed project.

Since 1986, WelcomeHealth has been providing free medical care to low-income families in our community. We celebrate and are thankful for the small group of concerned citizens who, under the leadership of local icon Ms. Jessie Bryant, recognized the imperative need for affordable medical care for their uninsured neighbors. The dire necessity for dental care was prevalent as well; thus, Dr. JB Hays started our dental extraction clinic in 1988.

The growing demand for our services and limited space necessitated four moves in our history. Our name changed from Northwest Arkansas' Free Health Center to WelcomeHealth in 2015; however, our mission to help those in need stayed the same. WelcomeHealth remains true to its original vision of Ms. Bryant and her supporters!

In the beginning, our clinic was volunteer based and offered services only one evening a week. Now, WelcomeHealth provides services three days and one evening a week. General medical care is provided by our part-time staff nurse practitioner and RN Monday through Wednesday, and specialty medical and dental care by our volunteer doctors and dentists on Thursday evening. We are grateful for our army of professional volunteers from the community who help us carry out our mission; WelcomeHealth would not survive without them!

PART 7 ORGANIZATION DESCRIPTION continued

The medical services we offer include primary and preventive care, gynecology, pediatrics, physical therapy, diabetes and nutrition education, indigent prescription drug program enrollment, mental health and education in COVID-19 infection prevention. WelcomeHealth is the only health clinic in Northwest Arkansas that does not charge its patients, even on a sliding scale based on income.

WelcomeHealth also receives referrals from other healthcare providers and from offices of our professional volunteers, partner non-profits, social organizations or family/friends of our current patients.

We are fortunate to have a collaboration with Quest Diagnostics and NWA Pathology Associates which conduct labs, and WRMC which offer imaging for our uninsured patients free of charge. In addition, several of our volunteer doctors provide follow-up care for our patients at their own clinics at a reduced rate.

In 2020, at the beginning of the pandemic, we made the tough decision to discontinue our restorative dental and dental hygiene program due to budgetary constraints. We continued to offer emergency dental extractions and oral surgery. We started a new oral health education class in 2021. Thanks to the dedication of our loyal dental volunteers who saw the need to do more than extractions, we are now offering limited restorative dental and dental hygiene during our Thursday evening dental clinic. Saving patients' teeth rather than extracting them is a better solution to dental problems, and we are committed to doing that in hopes to reinstate our full restorative program in the near future.

WelcomeHealth strives to be a stepping stone to better health and quality of life to those who cannot afford or access care elsewhere. Regardless of income or insurance status, we are happy to provide 100% FREE healthcare as long as one's household income is not more than 200% of the federal poverty level, but the majority of our patients are at the 100% level of poverty.

PART 8 PROJECT BUDGET Provide a descriptive line-item budget for the entire project including the American Rescue Plan Act (ARPA) funds being requested. **Provide specific information on how American Rescue Plan Act funds will be used and include any necessary supporting documentation. Please indicate whether any American Rescue Plan Act funds have been requested or received from other sources, and if so, provide detailed information on the source and proposed use of those funds. Please indicate how you will spend all awarded ARPA funding by the project end date.**

WelcomeHealth
Budget 2022

Expenses		Income ARPA Funding	Other
Bank Service Charge	\$ 500		\$ 500
Conference/Workshops/Meetings	\$ 3,000		\$ 3,000
Contract Labor/Computer	\$ 3,500		\$ 3,500
Dues and Subscriptions	\$ 1,200		\$ 1,200
Fringe Benefits	\$ 25,300		\$ 25,300
Fundraising Expense	\$ 16,000		\$ 16,000
Insurance	\$ 8,450	\$ 2,000	\$ 6,450
Licenses and Permits	\$ 1,100		\$ 1,100
Maintenance	\$ 7,300	\$ 2,550	\$ 4,750
Dental and Medical Supplies	\$ 14,700	\$ 2,500	\$ 12,200
Mileage	\$ 1,500		\$ 1,500
Office Supplies	\$ 3,500		\$ 3,500
Payroll & Payroll Taxes	\$ 369,889	\$ 59,750	\$ 310,139
Postage and Delivery	\$ 1,400		\$ 1,400
Prof. Fees, Payroll Services	\$ 15,776		\$ 15,776
Recruiting	\$ 600		\$ 600
Rent	\$ 12,000	\$ 5,000	\$ 7,000
Software Licensure	\$ 6,720		\$ 6,720
Supplies Volunteers	\$ 1,200	\$ 500	\$ 700
Telephone, Internet	\$ 5,400	\$ 2,700	\$ 2,700
	\$ 499,035	\$ 75,000	\$ 449,035

*Other funding (foundations, corporations, civic clubs, churches, special events and individuals) is projected and not guaranteed.

Received PPP loan on 4/17/20 which was forgiven on 5/17/21.
Funds were spent on payroll, fringe benefits, rent, utilities.

PART 9 PROJECT DESCRIPTION Describe the proposed project and provide the information requested under PART 9 of the American Rescue Plan Act 2022 Subrecipient Application Guide. Please provide any additional information that will assist in evaluating the project.

What will the proposed project do?

The project will provide access to no-cost medical and dental care to uninsured or underinsured, low-income families who live in the City of Fayetteville.

Providing access to preventive medical and emergency dental services will reduce complications that could lead to additional and more severe problems. Furthermore, it gives families from low-income backgrounds and those disproportionately affected by the COVID-19 pandemic an alternative to emergency room care which may have been their only option in the past.

Adults who are sick cannot work to support their families. Sick children have elevated school absenteeism rates and low academic achievement which can affect high school graduation and ultimately success in life. By being a resource for our community, we help patients stay and get healthy so they do not miss work or school due to illness.

How will it be executed?

Our part-time staff nurse practitioner and RN, assisted by our army of professional volunteers and pre-med students, will provide free services Monday through Thursday to help our medical patients return to and stay at an optimal level of health which affects their economic prosperity, quality of life and well-being.

Our professional dental volunteers and pre-dental students will staff our Thursday evening dental clinics to give patients an option for relief of pain and suffering caused by infected teeth or long-time neglected oral care. At our clinic, treatment plans will be set-up for each patient and follow-up appointments will be scheduled until patients are feeling better and report they are out of pain.

How will beneficiaries be assisted and selected?

Providing low-income residents within the City of Fayetteville access to quality medical and dental care is a worthwhile investment in our community. Healthy residents contribute to a healthy and productive community! Individuals who are healthy make better employees, better students/learners, better parents and better neighbors.

PART 9 PROJECT DESCRIPTION continued

Patients can call or walk-in to receive an appointment. Income verification is required for all new and returning patients. In addition, demographic info and past medical history is obtained. Finally, all patients will be asked during intake if they have been negatively impacted by COVID-19. When patients have submitted all required paperwork and provided evidence that they meet the clinic's income guidelines (household cannot make more than 200% above Federal Poverty Level), their enrollment process is complete.

Supporting WelcomeHealth's proposed project will enable us to treat/serve our most vulnerable families in our community. By giving our low-income, uninsured residents a medical home, we allow them to concentrate on their other basic life necessities (roof over their heads, food on their table, clothing on their back, etc.) instead of worrying where the funds for a health or dental care visit will come from. This eliminates the decision of skipping payment on something else, like rent, utilities, food, etc. which ultimately affects their entire family. WelcomeHealth offers a long-term solution to the lack of affordable health and dental care for low-income families.

Our clinic's mission and purpose is to help those in need which is achieved by providing free health and dental care to low-income families. We plan to serve 2,400 patients within the next year. Funding of \$75,000 from ARPA will allow us to provide 1,818 services to 361 Fayetteville residents. Our assistance will aid them in regaining their health and wellbeing.

PART 10 PROJECT TIMELINE Provide a complete and specific timeline for all activities related to proposed project.

	ACTIVITY	April 2022	April – June 2022	July – Sept 2022	Oct – Dec 2022	Jan – March 2023
1	Apply for ARPA funds (April '22).	X				
2	Conduct annual fundraising campaign with foundations and other donors.	X	X	X	X	X
3	Provide free medical and dental care to 361 uninsured, low income persons who reside in Fayetteville.		X	X	X	X
5	Pay for medical and dental expenses, including staff salaries and other overhead expenses.		X	X	X	X
6	Request reimbursement for ARPA expenses (approximate date).			X	X	X
7	Provide quarterly Sub-recipient Beneficiary Reports.			X	X	X

PART 11 DATA COLLECTION, RECORD MAINTENANCE, AND REPORTING Describe how the organization will collect data and maintain records to track program activities and eligibility verification. Please also describe your organization's ability to produce required documentation including financial reports, performance reports, progress reports, expenditure information, etc.

WelcomeHealth will collect and track the project in the following manner:

Data Collection/Tracking –

All patient information is entered into our two electronic records systems, eClinicalWorks for medical and Dentrix for dental. This will include all patient demographic information, household size, income verification and place of residence. In addition, every service provided and patient visit will be recorded.

Record Maintenance –

All patient information and services are recorded in eClinicalWorks and Dentrix as mentioned above. Additionally, our intake forms will include a question asking patients if they have been negatively impacted by COVID-19.

Our executive director tracks expenditures, and a volunteer accountant enters bills and payments into QuickBooks once a month. Our Board of Directors reviews expenses, income and all financial reports for each month at their board meetings held every other month. WelcomeHealth pays a CPA firm to audit its financial records every year.

Reporting -

Within our medical records systems, staff can pull reports and run queries for each of the project participants at any given time. In addition, the executive director can submit financials and progress reports whenever requested.

PART 12 PROJECT EVALUATION | OBJECTIVES AND OUTCOMES List the objectives (not activities) of the proposed project. Describe how each objective will be measured to determine if it has been met.

Use the following format

Objective #:

Outcome(s):

Method of Measurement:

Objective: Provide 1,818 FREE medical and dental services to 361 low-income patients who live, work or attend school in the City of Fayetteville.

Outcome(s): Success is measured by the number of happy comment cards and testimonies we receive on a monthly basis, as well as the number of patients we serve and number of services we provide.

When patients report they are feeling better, they are free from pain or their four key health numbers improved (blood pressure, glucose, cholesterol, weight) and are in a healthy range, we know that we were successful and the resource the patients needed to improve their health!

Patients are educated about how to maintain optimal health and assured that we are here for them if they need us in the future. Regular check-ups and maintenance exams are encouraged and our front desk staff will schedule follow-ups as needed for each patient.

At the onset of COVID-19, we had patients who were apprehensive of seeking care due to the fear of contracting the virus. Our staff has worked hard to insure our patients of all safety and health protocols and regained their trust in visiting our clinic for care. In the process, we educate our patients on how to stay healthy and prevent the spread of COVID-19.

Method of Measurement: All patient information including demographics, place of residence, income verification and services provided are entered into our electronic records systems, eClinicalWorks for medical and Dentrix for dental. Those databases can be queried at any time to determine if project objectives are being met. Furthermore, our intake forms will provide a place for every patient to record if he/she has been negatively impacted by COVID-19.

PART 13 PARTIAL FUNDING Indicate whether the project can proceed with partial funding. If **YES**, indicate the minimum amount the applicant will accept with line items arranged from highest to lowest priority. Describe the impact that partial funding will have on the project. If **NO**, the project will not be considered for partial funding.

YES – There is no minimum amount that we would not accept as we are grateful for any extra support we may receive from the American Rescue Plan Act! However, partial funding may affect the number of patients we can serve. Funding priorities below are listed from highest to lowest level of acceptance.

Any partial funding will go toward the following line items (highest to lowest priority):

1. Payroll - this is an important line item because our nurse practitioner, RN and support staff are paid to serve the patients we see.
2. Rent
3. Telephone
4. Maintenance
5. Dental and Medical Supplies
6. Insurance
7. Volunteer Supplies

PART 14 ADDITIONAL DOCUMENTATION CHECKLIST

Please provide these items with your application. See page 10 of the 2022 American Rescue Plan Act Subrecipient Application Guide for more information

<input checked="" type="checkbox"/> Accessibility Narrative
<input checked="" type="checkbox"/> Board of Directors
<input checked="" type="checkbox"/> Bylaws
<input checked="" type="checkbox"/> Certificate of Good Standing
<input checked="" type="checkbox"/> Financial Audit (see Application Guide for more information)
<input checked="" type="checkbox"/> Intake Forms
<input checked="" type="checkbox"/> Non-Profit Status Verification [IRS 501(c)(3) letter, IRS form 990 or 990-EZ, etc.]
<input checked="" type="checkbox"/> Resumes
<input checked="" type="checkbox"/> System Award Management (SAM) registration <i>See supporting documentation</i>
<input checked="" type="checkbox"/> Status of Funding (if applicable)
<input checked="" type="checkbox"/> Additional Documentation Checklist (this page)
<input checked="" type="checkbox"/> Additional Information <i>clinic flyer</i>