

2025 Flex Virtual Financial Workshop

Presented by:
California State Office of Rural Health

Note: This webinar is being recorded.

Housekeeping & Introduction

Before we begin, just a few quick notes to help you get the most out of today's session:

1. Platform: This session is hosted on Zoom Meeting. Your controls are in the toolbar at the bottom of your screen.
2. Q&A: We're using the Q&A feature for all comments and questions. Please type your input at any time. Questions will be moderated before they appear publicly. You can also raise your hand and wait to be called on.
3. Recording: Today's session is being recorded. The recording will be available on our website within 7-10 business days.

Workshop Purpose

This workshop is intended to provide information on HCAI programs including:

1. Seismic Compliance Plan and Small and Rural Hospital Relief Program
2. Health Professionals Shortage Area (HPSA) Designation Process and Benefits
3. Flex CARE Grants for Critical Access Hospitals
4. Updates from the California State Office of Rural Health
5. Live demonstration of HCAI's Open Data Portal and Hospital Financials
6. Small Hospital Improvement Program



HCAI's Vision and Mission



Vision

A healthier California where all receive equitable, affordable, and quality health care.

Mission

HCAI expands equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs.

HCAI Program Areas

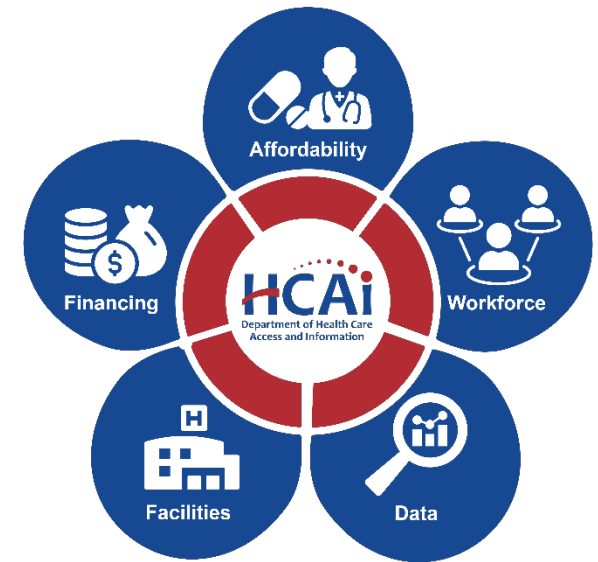
Facilities: Monitor the construction, renovation, and seismic safety of California's hospitals and skilled nursing facilities.

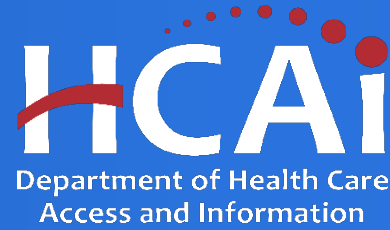
Financing: Provide loan insurance for non-profit healthcare facilities to develop or expand services.

Workforce: Expand and diversify California's health workforce for underserved areas and populations.

Data: Collect, manage, analyze, and report actionable information about California's healthcare landscape.

Affordability: Improve health care affordability through data analysis, spending targets, and measures to advance value. Enforce hospital billing protections, and provide generic drugs at a low, transparent price.





Presentation 1:

Seismic Compliance Plan and Small and Rural Hospital Relief Program

Ali Sumer and Haley Sheddy, Office of Statewide Planning and Development
Dean O'Brien, Office of Health Facility Loan Insurance

Seismic Compliance Plan

What is the overall summary?

- Seismic Compliance Plan Application (new interface, old requirement)
 - Two brief tables that identifies seismic scope and schedule to achieve compliance
 - **Required for ALL hospitals that are not fully compliant with January 1, 2030 deadline.**
- **Download example spreadsheet** from our website for various compliance cases to help build your plan. [\[link to xls file\]](#)
- **Deadline to submit January 1, 2026**

Seismic Compliance Plan Application

- Seismic Compliance Plan is **NOT** a drawing or calculations or an evaluation.
- Seismic compliance plans **outline** the details for how each building in the facility will achieve seismic compliance by the proposed completion date.
- The information includes types of compliance solutions, such as retrofitting a building or removing acute care services, with associated timelines and related project numbers, if any, for each building.

Overview of Seismic Compliance Plan

There are two main tables

- **Compliance Method:** Outlines method of compliance for each building
- **Building Milestones:** Outlines critical and regular milestones for each building

The rest of the application is about facility ownership, applicant contact info, etc.

Seismic Compliance Plan – Change in Plans

California Administrative Code Part 1 Chapter 6 Section 1.4.5 requires:

A change to an approved Compliance Plan shall be submitted by a hospital owner when the method or schedule to achieve compliance changes.

HCAI has not received compliance plan updates from many facilities in the last 24 years.

PIN 80 - Seismic Compliance Plan

- PIN 80 outlines the implementation of the regulations for seismic compliance delay as required by Assembly Bill 869.
- A streamlined seismic compliance plan application has been introduced in PIN 80.
- The rollout of this automated seismic compliance plan is done in conjunction with the AB 869 delay application, since the delay to the 2030 deadline requires close monitoring of the seismic compliance progress.
- Tracking of progress is now centralized through the seismic compliance plan application.
- [Link to PIN 80](#)

Seismic Compliance Plan Application

- Seismic compliance plan applications are projects which are submitted to HCAI via the [*eServices Portal \(eSP\)*](#).
- For step-by-step instructions on how to submit a seismic compliance plan application see [User Guide 21 Application for Seismic Compliance Plan Review](#).

**e-Services
Portal
User
Guide**

**APPLICATION FOR
SEISMIC
COMPLIANCE PLAN**

VERSION 1.0

**Section
21**

Office of Statewide Hospital Planning and Development
February 2025

Compliance Plan – Ownership Info

Property Management Information.

- Include the Facility Property Owner Type
 - Private (Investor – Corporation)
 - Private (Investor – Individual)
 - Private (Investor – Partnership)
 - Private (Investor – Limited Liability Company)
 - Non-profit Corporation (incl/ Church-related)
 - City
 - County
 - District
 - University of California

The screenshot shows a web form titled "Property Management Information". Below the title is a section for "Responsible Parties" with a link to the eSP User Guide. The form includes several fields: "Facility Property Owner Type" (a dropdown menu), "Is the Facility Property Owner also the managing organization/licensee?" (radio buttons for Yes/No), "Managing organization or licensee name" (a text input), and "Who is financially obligated for infrastructure improvements including seismic upgrade (existing or future)?" (a dropdown menu). At the bottom are two buttons: "Continue Application" and "Save and resume later". A red box highlights the "Facility Property Owner Type" dropdown, and a red arrow points from it to a larger red box showing the dropdown's menu. The menu lists the following options: Private (Investor - Corporation), Private (Investor - individual), Private (Investor - Partnership), Private (Investor - Limited Liability Company), Non-profit Corporation (incl. Church-related), City, County, District, and University of California.

Property Management Information

Responsible Parties
Please refer to eSP User Guide 21. Application for Seismic Compliance Plan Review [here](#) for detailed descriptions of the Responsible Parties designations.

Facility Property Owner Type: * --Select--

Is the Facility Property Owner also the managing organization/licensee?: * ☐ Yes ☐ No

Managing organization or licensee name: *

Who is financially obligated for infrastructure improvements including seismic upgrade (existing or future)?: * --Select--

[Continue Application >](#) [Save and resume later](#)

--Select--

- Select--
- Private (Investor - Corporation)
- Private (Investor - individual)
- Private (Investor - Partnership)
- Private (Investor - Limited Liability Company)
- Non-profit Corporation (incl. Church-related)
- City
- County
- District
- University of California

Compliance Plan – Management Info

- Contacts (continued)
 - Please fill in the following information
 - Is the Facility Property Owner also the managing organization/licensee?
 - Managing organization or licensee name
 - Who is financially obligated for infrastructure improvements including seismic upgrades?

The screenshot shows a web form titled "Property Management Information". Below the title is a section for "Responsible Parties" with a link to the eSP User Guide. The form contains three main fields: "Facility Property Owner Type" (a dropdown menu), "Is the Facility Property Owner also the managing organization/licensee?" (radio buttons for Yes/No), and "Managing organization or licensee name" (a text input). Below these is another dropdown menu for "Who is financially obligated for infrastructure improvements including seismic upgrade (existing or future)?". A red box highlights the area containing the second and third fields. A red arrow points from this box to a separate image showing the dropdown menu's options: "--Select--", "Managing Organization/Licensee", "Property Owner", and "Other". At the bottom of the form are two buttons: "Continue Application" and "Save and resume later".

Property Management Information

Responsible Parties
Please refer to eSP User Guide 21. Application for Seismic Compliance Plan Review [here](#) for detailed descriptions of the Responsible Parties designations.

Facility Property Owner Type: * --Select--

Is the Facility Property Owner also the managing organization/licensee?: * ☐ Yes ☐ No

Managing organization or licensee name: *

Who is financially obligated for infrastructure improvements including seismic upgrade (existing or future)?: * --Select--

[Continue Application](#) [Save and resume later](#)

--Select--
--Select--
Managing Organization/Licensee
Property Owner
Other

Overview of Seismic Compliance Plan: Compliance Method

- 2030 Compliant Building
- Demolish Building
- No GAC services, convert to OSHPD 1R
- Relocate services to New building(s)
- Relocate services to other existing compliant building(s)
- SPC Retrofit
- NPC Retrofit
- SPC and NPC Retrofit

Facility will see
HCAI comments
here

☐		Building No.	Building Name	Current SPC Rating	Current NPC Rating	Compliance Type	Narrative	Seismic Compliance Related Project Numbers	HCAI Note	
☐		BLD-00317	Cancer Research Institute (Ezralow Tower)	3	3					Actions ▼ Edit
☐		BLD-03689	Topping Tower	5	2					Actions ▼

Edit Selected

Overview of Seismic Compliance Plan: Building Milestones (max 10 per bldg)

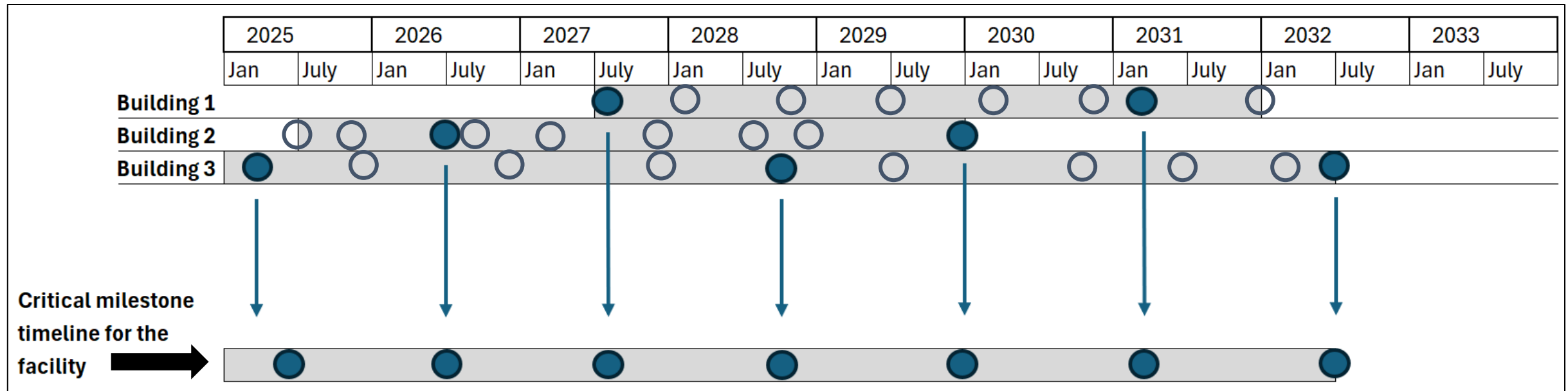
- 2030 Compliant Building
- Evaluation Report Submittal
- Material Testing Report Submittal
- Construction Project Submittal
- Permit Issuance
- Construction Commencement
- Construction Milestone
- Construction Final
- NPC 4/4D Construction Document Submittal
- NPC 4/4D Permit Issuance
- NPC 5 Construction Document Submittal
- NPC 5 Permit Issuance
- N/A (if building milestone is not used or leave blank)
- Additional Milestone

- i. Completed
- ii. In Progress
- iii. Not Started

Facility will see
HCAI comments
here

BUILDING MILESTONES								
Building No.	Milestone Type	Description	Critical Milestone	Completion Date	Status	Related Project Numbers	HCAI Note	HCAI Determination
BLD-00317	Evaluation Report Submittal	NPC 5 Evaluation report submitted in December 21, 2023	No	12/22/2023	Completed	SRU-2023-00863		

Critical vs Regular Milestones



Examples and Webinars



Tip: Don't start
from scratch, start
from the
Template!

- We recommend starting with the template in excel
 - Template file has suggested milestones for most situations
 - [Link to Compliance Plan Template](#)
- Previous Webinars:
 - [Link to March 2025 Compliance Plan Webinar](#) – focuses on navigating the online application and AB 869 Delay
 - [Link to August 2025 Compliance Plan Webinar](#) – focuses on content of the Compliance Plan and examples in the Template
- [Link to Compliance Plan FAQ](#)

Compliance Plan and Application for delay beyond 2030 under AB 869

- Compliance Plan should be submitted with AB 869 delay application.
- HCAI may request additional documentation to determine reasonableness of the compliance schedule
- If not accepted upon initial review, HCAI will provide remarks and facility will have the opportunity to respond.

For facilities applying for delay beyond 2030 under AB869:

The Department shall within 120 days of the submittal deadline approve or deny the hospital's seismic compliance plan and any delay to the seismic compliance deadline submitted in accordance with Section 1.4.

If the Department determines the compliance schedule is unreasonable based on the information submitted, the Department shall notify the hospital and provide the Departmental rationale for its determination. The hospital shall be given the opportunity to address the identified concerns or to provide additional information to substantiate the compliance schedule.

-2025 CAC, Chapter 6 Section 2.3(c)(iii)

Compliance Plan and Application for delay beyond 2030 under AB 869

- Multiple requirements for eligibility – see PIN 80 for full list and details
 - Small or Rural or District or recipient of DHLP Loan
 - And
 - Submitted NPC 4/4D and NPC 5 evaluations by January 1, 2024 Deadline
 - And
 - Facility submitted Compliance Plan and Delay application by January 1, 2026
 - And
 - Facility needs a delay beyond 2030
 - And
 - Facility does not belong to an integrated health care system with more than 1 hospital (There are exceptions to this condition - see PIN 80)
- [Link to User Guide for AB 869 Delay Application](#)
- [Link to PIN 80](#)



See PIN 80
for full list of
requirements

Publication of Compliance Plans on HCAI Website

When approved, remarked or denied, compliance plan will be published on the HCAI Facility Detail page for each facility

[Link to Facility Detail Webpage](#)

Facilities

Workforce

Affordability

Data

Facility Finder

< Building Safety

Facility Detail

Click on the **Facility List Drop-down** below and scroll to find and select a facility. Or click the drop-down and begin typing a facility name or number to filter the list. Data is updated every 2 weeks.

New: AB 2190 Quarterly Reports are now available.

For accessible copies of facility site plans [email Seismic Compliance Unit](#).

Facility Info

Building List/Seismic Info

Building Services

Instrumented Buildings

AB2190 Report

Unauthorized Construction

Compliance Plan

Building Operational Plan

Show facilities:

Facility List Drop-down

10836 Lompoc Valley Medical Center

California

Facility Info

Building List/Seismic Info

Building Services

Instrumented Buildings

AB2190 Report

Unauthorized Construction

Compliance Plan

Building Operational Plan

Critical Milestones

Progress

● Critical

○ Not Critical

■ On Track

Back to Main

Compliance Plan Tracker for 10836 Lompoc Valley Medical Center

Application Status: **Compliance Plan has not been Finalized.** - Out to Applicant

Milestones to achieve Seismic Compliance:

Each circle represents a milestone

Building No.	Bldg Name	NPC	SPC	Progress
BLD-03028	Replacement Facility	4	5s	On Track

Jun 25

Dec 25

Jun 26

Dec 26

Jun 27

Dec 27

Jun 28

Dec 28

Jun 29

Dec 29

Jun 30

Dec 30

Milestone Completion Date

Description of Milestones to achieve Seismic Compliance:

Building No.	Description	Completion Date	HCAI Note (Milestones)	HCAI Note (Compliance Plan)
BLD-03028	Construction Final	01-01-2030		Please respond to SER-2013-00201 regarding changing SPC 5s rating to SPC 5 rating.
	Sesimic Evaluation Report	03-07-2025	Please re-sort the milestones based on the completion dates with the new milestones.	Please respond to SER-2013-00201 regarding changing SPC 5s rating to SPC 5 rating.
	Submit NPC 5 Construction Documents	03-01-2026		Please respond to SER-2013-00201 regarding changing SPC 5s rating to SPC 5 rating.



Small and Rural Hospital Relief Program

SRHRP Mission

“The mission of the Small and Rural Hospital Relief Program (SRHRP) is to support and enhance the effort of small, rural and critical access hospitals to preserve access to general acute care for the communities they serve through provision of state grant funding and technical assistance to advance building seismic safety and resiliency. “

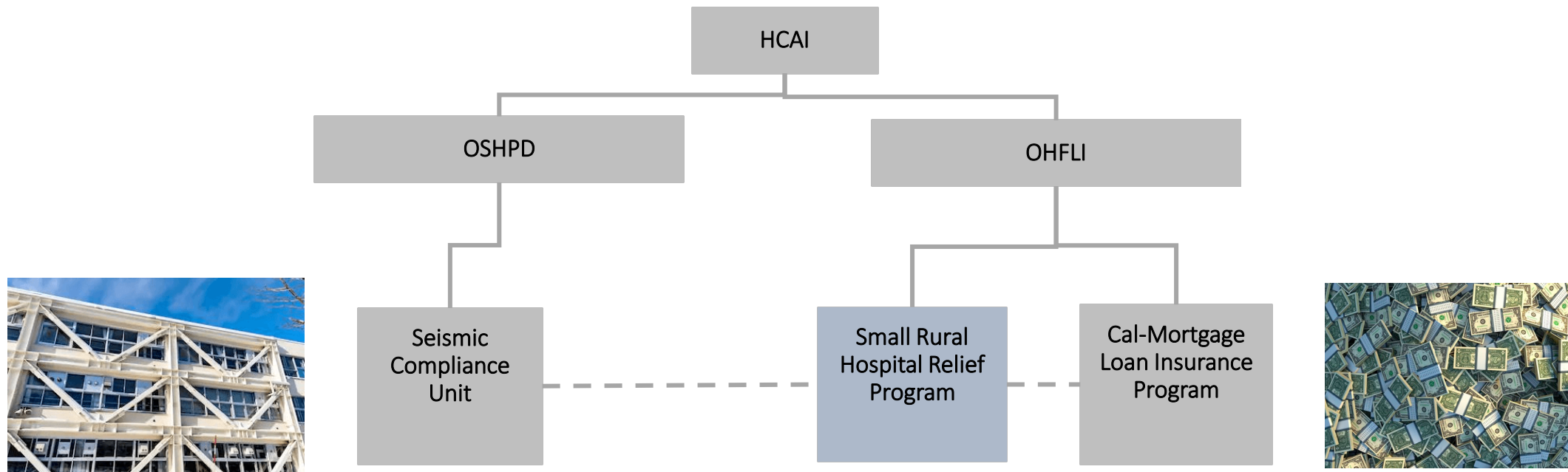


What is Small and Rural Hospital Relief Program?

“The mission of the Small and Rural Hospital Relief Program (SRHRP) is to support and enhance the effort of small, rural and critical access hospitals to preserve access to general acute care for the communities they serve through provision of state grant funding and technical assistance to advance building seismic safety and resiliency. “

SRHRP Administration

- SRHRP is administered by HCAI's Office of Health Facility Loan Insurance (OHFLI) with technical support and assistance from Office of Statewide Hospital Planning & Development's (OSHPD) Seismic Compliance Unit.



Who Can Participate?

- A hospital meeting one of the following criteria may be admitted to the program for grant eligibility and technical assistance:
 - A small hospital (HSC §130076(d)(1))– fewer than 50 beds;
or
 - A rural hospital (HSC §130076(d)(2)) – as defined by Medical Service Study Areas;
or
 - A Critical Access Hospital (HSC §130046(d)(3))– CMS designated
- To qualify for grant funding, a hospital must also indicate that seismic compliance imposes a burden that could result in loss of services for a community.



SRHRP Technical Assistance



\$\$\$ PROJECT BUDGET



fluff

CUT HERE

Seismic compliance
related scope

- Help on identifying seismic compliance scope
- Provide recommendations on minimum required seismic scope.
- Contract and cost review
- Help on applying to grant program
- Continue to support during construction



Small and Rural Hospital
Relief Program

SRHRP Technical Assistance

- **Collaborate with Facility Engineers:** Meet with the design engineer to align on scope and material testing requirements.
- **Optimize Testing Scope:** Collaborate with design engineer to identify testing that can be minimized
- **Implement Phased Testing:** Develop a two-phase plan to minimize testing if early results meets expectations.
- **Support Cost-Efficient Retrofits:** Work with facility engineers to reassess high-cost, low-value retrofit items.
- **Review Contracts & Costs:** Provide feedback on construction costs using current industry benchmarks.
- **Validate Scope:** Review project scope and contracts to flag work beyond minimum requirements

Eligible Projects

1) Evaluation & Predesign

- Material Testing and Condition Assessment Program (MTCAP)
- Material Testing and Condition Assessment Results (MTCAR)
- SPC 4D evaluation reports
- NPC evaluation reports that help identify overall seismic budget
- Feasibility studies
- Geotech for SPC 4D

2) Design phase activities

- SPC 4D Construction drawings (structural, arch, mech etc.)
- NPC design when coupled with SPC 4D retrofit work
- Project Management

3) Construction phase

- SPC 4D Construction Expenses Including: Contractor, IOR, Testing labs, consultant fees

Only Seismic Compliance Scope is eligible



Not Eligible Scope

- Scope that is not related to Seismic Compliance
 - Scope that is not seismic compliance related, but desired to be done at the same time with seismic project should be submitted to HCAI as a separate project and will not be included in the grant application.
- New Buildings or New Additions
- Demo or RACs projects
- Facilities doing only NPC 4/4D/5 scope



Awards and Fund Availability

- \$9.5 million Small and Rural grants awarded so far
- \$4 million potential awards in progress
- \$52 million in Small and Rural Grant funds currently available
- The fund receives ~\$2.6 million/year

Facility Name	Grant Awards	
Adventist Health Reedley (Sierra Kings	Award 1	\$310,000
Colorado River Medical Center	Award 1	\$603,000
Community Memorial Hospital Ojai	Award 1	\$270,000
	Award 2	\$172,000
George L. Mee Memorial Hospital	Award 1	\$280,000
	Award 2	\$500,000
Good Samaritan Hospital - Bakersfield	Award 1	\$140,000
Hazel Hawkins Memorial Hospital	Award 1	\$185,000
Kern Valley Healthcare District	Award 1	\$180,000
Mad River Community Hospital	Award 1	\$625,000
	Award 2	\$220,001
Marshall Medical Center	Award 1	\$1,250,000
Mountains Community Hospital	Award 1	\$325,000
Oak Valley Hospital District	Award 1	\$65,000
Plumas District Hospital	Award 1	\$25,000
	Award 2	\$2,799,999
Pioneers Memorial Healthcare District	Award 1	\$480,000
Ridgecrest Regional Hospital	Award 1	\$530,000
Southern Inyo Hospital	Award 1	\$165,000

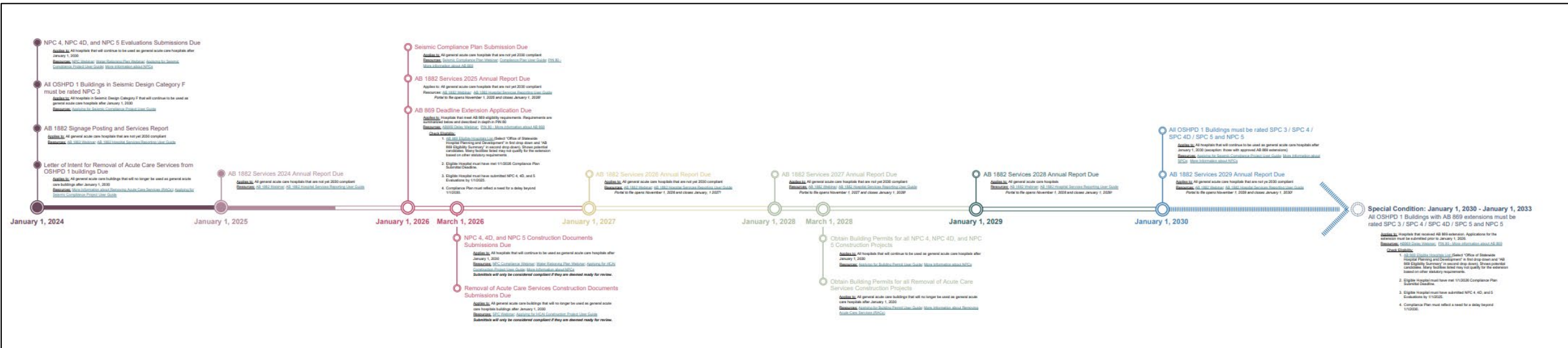
Upcoming Seismic Compliance Deadlines

- January 1, 2026:
 - Compliance Plan Submittal Due
 - AB 869 Application due
- March 1, 2026:
 - Construction Drawings Due to Region for NPC 4,4D,5 retrofit, demo, and RACs projects
- March 1, 2028:
 - Obtain a Permit for NPC 4,4D,5 retrofit, demo, and RACs projects
- January 1, 2030:
 - All GAC Buildings must be compliant
 - Exception: Facilities who have an approved AB 869 Extension

Upcoming Seismic Compliance Deadlines

- A new visual timeline is now provided on our website, please see the link below to download.

[Link to Seismic Compliance Timeline](#)



Seismic Compliance Deadlines Timeline for GAC Hospitals



Small and Rural Hospital Relief Program

- Program Website:

<https://hcai.ca.gov/facilities/health-facility-financing/srhrp/>

- Contact:

Dean O'Brien (OHFLI) – dean.obrien@hcai.ca.gov

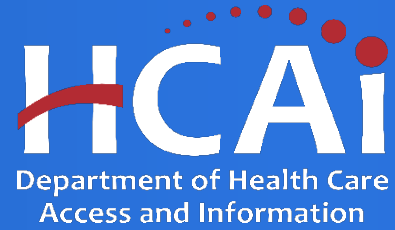
Ali Sumer (OSHPPD) – ali.sumer@hcai.ca.gov

Haley Shetty (OSHPPD) – haley.shetty@hcai.ca.gov

General email

SRHRP@hcai.ca.gov





Presentation 2:

HPSA Designations and Benefits

Darby Maas, Office of Health Workforce Development

What is a Health Professional Shortage Area?

Health Professional Shortage Area (HPSA) is a designation based upon the evaluation of criteria established through regulation by the federal Health Resources and Services Administration (HRSA) Bureau of Health Workforce (BHW) to identify geographic areas or population groups with a shortage of primary/dental/mental health care professionals in a Medical Service Study Area (MSSA).

- Only two Critical Access Hospitals (CAH) in California are not located in a HPSA.
- The California Primary Care Office is currently reviewing and updating HPSA designations.

Benefits of a HPSA Designation

Recruitment and Retention Benefits:

- NHSC Loan Repayment and Scholar Placement
- State Loan Repayment Program (SLRP)
- Nurse Corps Loan Repayment and Scholar Placement
- Office of Health Workforce Development (OHWD) Loan Repayment and Scholarship Programs
- J-1 Visa Waiver Program
- Expedited Medical Licensure - Medical Board of California

Financial Benefits:

- Rural Health Clinic (RHC) Certification
- 10% Medicare Bonus Payment – Does not apply to FQHCs or RHCs (Geographic HPSAs only)
- Registered Dental Hygienist in Alternative Practice (RDHAP) – Dental Board of California

Benefits of HPSA Designation

Designation Type	NHSC/ SLRP	Medicare Incentive Payment	Rural Health Clinic Certification	J-1 Visa Waiver	OHWD Programs	Priority Licensure	RDHAP
Primary Care HPSA (Area)	X	X	X	X	X	X	
Primary Care HPSA (Population)	X		X	X	X		
Dental Care HPSA	X						X
Mental Health HPSA (Area)	X	X		X	X		
Mental Health HPSA (Population)	X			X		X	
Facility HPSA	X					X	
Auto-Facility HPSA (FQHCs, RHCs, Triba)	X					X	

National Health Service Corps

National Health Service Corps (NHSC) programs were created to address a growing primary care workforce shortage. NHSC programs provide scholarships and student loan repayment to health care professionals in exchange for a service commitment to practice in designated Health Professional Shortage Areas. Providers must serve in a HPSA that matches their discipline.

National Health Service Corps

NHSC Site Information:

- Before a provider can participate in any NHSC program, the site where the provider is working must apply and be approved as a NHSC site.
- While some site types are automatically approved, CAHs are not and must apply during the application window.
- The application window is typically open during the spring of each year.

NHSC Site Benefits:

- Recruiting
- Hiring
- Retaining qualified clinicians

National Health Service Corps

NHSC Loan Repayment Program:

- NHSC-approved sites can offer loan repayment opportunities for providers.

NHSC Loan Repayment Benefits for Providers:

- Flexible Service Options
 - Two-year full-time clinical practice at an NHSC-approved site.
 - Two-year half-time clinical practice at an NHSC-approved site.
- Loan Repayment
 - **Full-time service:** Up to \$75,000 (primary care providers) or \$50,000 (for all providers) for a two-year initial term.
 - **Half-time service:** Up to \$37,500 (primary care providers) or \$25,000 (for all providers) for a two-year initial term.
- Complete Repayment of Qualifying Loans
 - Occurs after the initial two-year service contract.

National Health Service Corps

NHSC Scholarship Program:

- The National Health Service Corps (NHSC) Scholarship Program awards scholarships to students pursuing an eligible training or degree program for a primary care health profession. In return, scholars commit to providing primary care health services in a HPSA.

NHSC Scholarship Payment of Educational Expenses:

- NHSC pays for full-time enrollment in an eligible degree or training program.
- NHSC will support up to four school years with:
 - Payment of tuition and eligible fees
 - An annual payment for other reasonable educational costs
 - Monthly stipends to assist with living expenses while a student is in school

Nurse Corps

Nurse Corps programs offer help to address shortages of nurses across the country. Nurse Corps offers loan repayment to nurses who work in health care facilities experiencing a critical shortage of nurses. They also offer scholarships to students enrolled--or accepted for enrollment--in nursing degree programs. Nurses can serve in either primary care or mental health HPSAs.

Nurse Corps

Nurse Corps Loan Repayment:

- Loan repayment to **nurses** who work in health care facilities experiencing a critical shortage of nurses.
- Nurses do not have to be working at an approved site; they just have to be working at a site that is in either a primary care or mental health HPSA.

Nurse Corps Loan Repayment Benefits for Nurses:

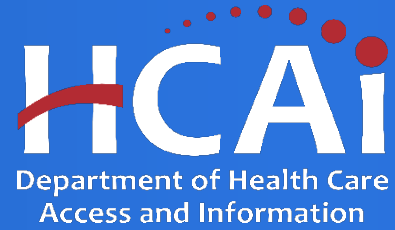
- The Nurse Corps Loan Repayment Program will pay up to 85% of unpaid nursing education debt in exchange for at least two years of service at an eligible health care facility with a critical shortage of nurses or an eligible school of nursing.
- Nurses can apply to the Nurse Corps Loan Repayment Program if they are a registered nurse (RN), advanced practice registered nurse (APRN), or nurse faculty.

Thank You!

For further questions, please contact:

California Primary Care Office

shortage@hcai.ca.gov



Presentation 3:

Flex Program Overview, CARE Grants

Lisa Geraty, California Hospital Association



What is FLEX?

- 1) Overview of FLEX Program
 - Eligibility
- 2) Grant funding – CARE Grants
 - Applications: Topics, Expectations, Timeline
 - Reporting: Interim, Final, and Peer Sharing

FLEX Overview



Established in 1997 to secure access to health care in rural areas



Federally funded grant dollars are allocated annually to state offices of rural health across the U.S.



Each state utilizes these funds as they deem appropriate, within the guidelines of the program.



In California, the State Office of Rural Health (SORH) and California Hospital Association (CHA) work together to administer the program and grant funds.



All California CAHs are eligible to participate in grant-funded activities.

Grant cycle: September 1 – August 31

First Quarter (Sept – Nov)

Second Quarter (Dec – Feb)

Third Quarter (Mar – May)

Fourth Quarter (Jun-Aug)

Annual Activities

FLEX Overview : Grant Cycle



CARE Grants: Funding & Eligibility

CARE Grant Focus Areas in California



QUALITY
IMPROVEMENT

POPULATION
HEALTH

FINANCIAL &
OPERATIONAL
IMPROVEMENT

Quality Improvement Topics



HCAHPS Improvement
Projects



Staff Training



Investment in
Materials and Tools

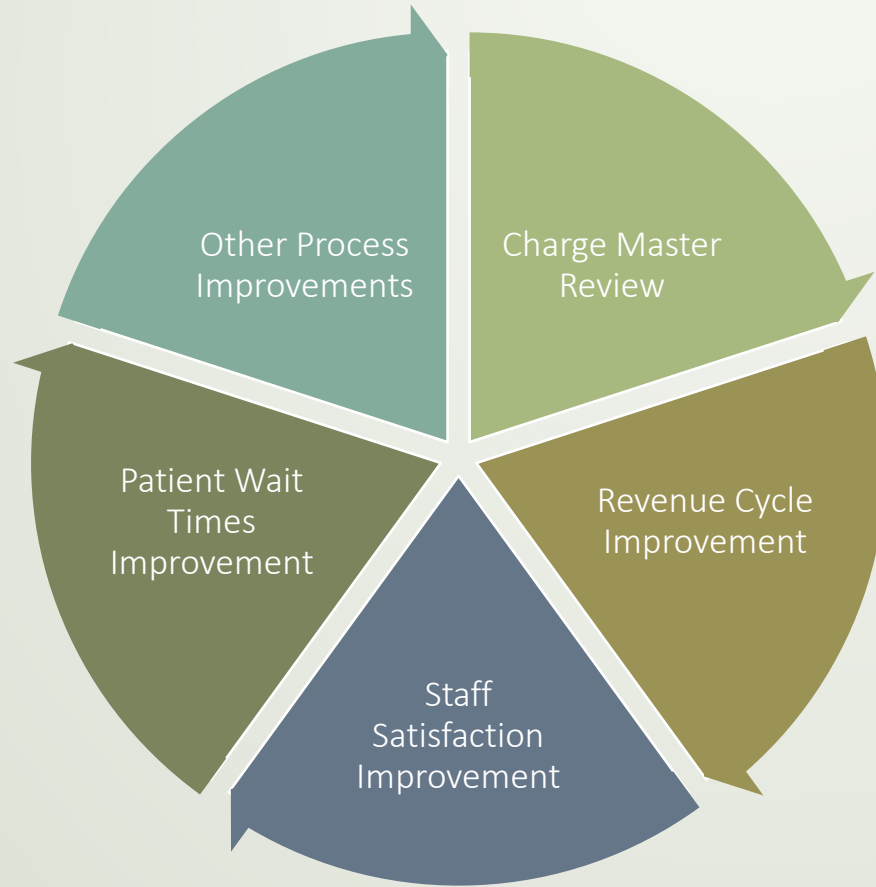


Virtual Technology

Population Health Improvement

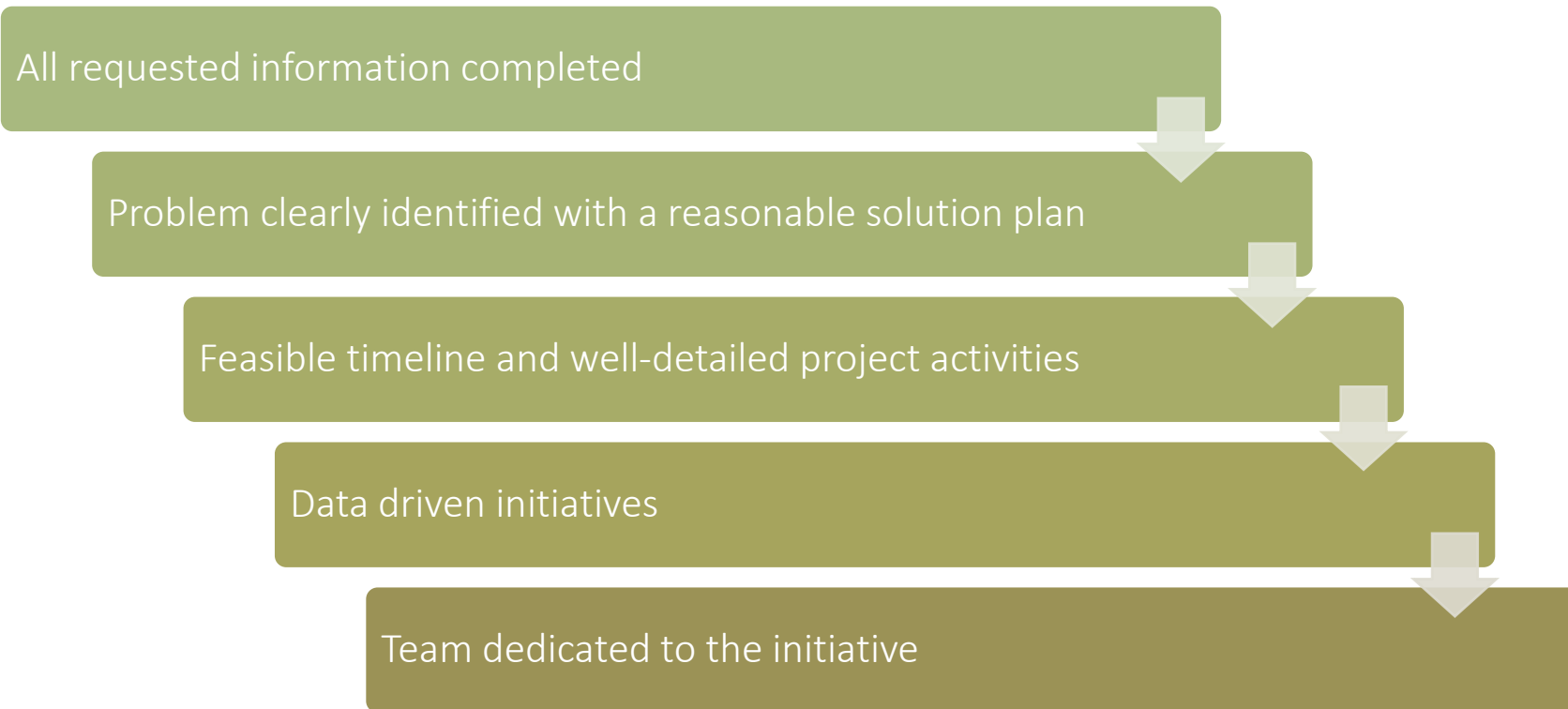
Data Driven

- Electronic Health Records
- Community Events
- Mobile Mammography
- Cancer Screening Rate
- Investment in Materials



Financial & Operational Improvement Topics

CARE Grants: Keys to Success



CARE Grant Application

2025-26 CAH Assistance for Rural Health Care Enrichment (CARE) Funding

Funding and Eligibility: CARE Grant funding is made available through the California Department of Health Care Access and Information (HCAI), Medicare Rural Hospital Flexibility (FLEX) Program. The grants are administered by the California Hospital Association. All California Critical Access Hospitals (CAHs) participating in the Medicare Beneficiary Quality Improvement Project (MBQIP), as evidenced by a signed MBQIP MOU and data submitted, are eligible to apply. ***One CARE Grant application per CAH, per year, up to a maximum request of \$15,000 may be submitted.*** Grant funds must be used for initiatives addressing quality, financial/operational, and/or population health improvement needs. All applications must include outcome measures and associated baseline data. **This is a competitive grant program.** Grant awards are for a grant period ending ***August 31, 2026.*** CARE Grant Applications must be completed by ***November 13, 2025.*** Grant awards are expected to be announced December 1, 2025. Questions should be directed to Lisa Geraty (lgeraty@calhospital.org).

Instructions:

- To **save your progress** and complete later or edit responses at a later time, click through the survey and **"submit"** - you will be able to edit until the survey closes
- The **survey will close** on ***November 13, 2025 at 11:59 PM PST*** and you will no longer be able to edit responses on this survey

1. Critical Access Hospital (CAH) City

CARE Grant Application

1. Critical Access Hospital (CAH) City

2. Contact Name (Last, First)

3. Contact Title

4. Contact Email

Email Address

5. Verify Email

Email Address

6. Phone Number

Country
Code



Phone
number

+1



7. Funding Requested

Total Funding Requested in dollars

Please note: Funding being requested from the FLEX program not to exceed \$15,000

8. Total Project Cost

If the project exceeds what is being requested, please indicate that here

9. Project Focus (check all that apply)

Please note - Later in the application, you must provide at least one outcome measure for each project focus selected

- ☐ Quality Improvement
- ☐ Financial/Operational Improvement
- ☐ Population Health

10. Project Title

11. What problem(s) are you trying to solve using this grant funding?

Examples:

- 1) We are trying to improve hospital finances by improving our revenue cycle
- 2) Our HCAHPS scores continue to be below state and national benchmarks
- 3) We don't know how to best respond to SDOH needs once they are identified, and we don't have any organized community groups in place to respond to needs and/or provide care coordination

Describe Problem(s):

CARE Grant Application

13. Project Activities, Work Plan, and Timeline

Note: You are not required to utilize all lines below - use as many as needed to show chronological steps and separate activities as you progress through the project

Activity 1

Person(s) Responsible

Start Date

End Date

Activity 2

Person(s) Responsible

Start Date

End Date

Activity 3

Person(s) Responsible

Start Date

End Date

CARE Grant Application: Topic Selection

Project Outcome Measures and Baseline Data

14. Is this a Quality Improvement project?

☐ Yes

☐ No



Prev

Next

Quality Improvement

All projects **MUST** include at least one outcome measure and the associated baseline data relevant to the problem you are trying to solve and the project you plan to implement. These measures will determine if project objectives are met. Please note – final reports must include data for all measures selected.

Line Items Explained:

Measure – Briefly detail the item/score/process you plan to improve

Baseline – The current quantitative level of your measure (could be zero if implementing a new process)

Aim – The measure's intended result at project completion, moving the baseline to an improved level

Example Project:

HCAHPS Improvement – Comp 5 Communication about Medicine and Survey Response Rate

1. Measure: Comp 5 Comm about Medicine, Bottom Box Score
 - Baseline - 17% in 2Q25
 - Aim - 7% in 2Q26
2. Measure: Comp 5 Comm about Medicine, Top Box Score
 - Baseline - 53% in 2Q25
 - Aim - 66% in 2Q26
3. Measure: Survey Response Rate
 - Baseline - 13% in 2Q25
 - Aim - 20% in 2Q26

15. Quality Improvement Measure 1

Measure

Baseline

Aim

16. Quality Improvement Measure 2

Measure

Baseline

Aim

17. Quality Improvement Measure 3

Measure

Baseline

Aim

CARE Grant Application: Topic Selection

Project Outcome Measures and Baseline Data

18. Is this a **Financial/Operational Improvement** project?

☐ Yes

☐ No

50%

Prev

Next

Financial/Operational Improvement

All projects **MUST** include at least one outcome measure and the associated baseline data relevant to the problem you are trying to solve and the project you plan to implement. These measures will determine if project objectives are met. Please note – final reports must include data for all measures selected.

Line Items Explained:

Measure – Briefly detail the item/score/process you plan to improve

Baseline – The current quantitative level of your measure (could be zero if implementing a new process)

Aim – The measure's intended result at project completion, moving the baseline to an improved level

Example Project:

Improving Hospital Finances through Revenue Cycle Improvement

1. Measure: Days Revenue in A/R
 - Baseline - 102 days in 2Q25
 - Aim - 85 days in 2Q26
2. Measure: Days Cash-On-Hand
 - Baseline - 32 days in 2Q25
 - Aim - 60 days in 2Q26

19. Financial/Operational Measure 1

Measure

Baseline

Aim

20. Financial/Operational Measure 2

Measure

Baseline

Aim

21. Financial/Operational Measure 3

Measure

Baseline

Aim

CARE Grant Application: Topic Selection

Project Outcome Measures and Baseline Data

22. Is this a Population Health project?

☐ Yes

☐ No



Prev

Next

Population Health

All projects **MUST** include at least one outcome measure and the associated baseline data relevant to the problem you are trying to solve and the project you plan to implement. These measures will determine if project objectives are met. Please note – final reports must include data for all measures selected.

Line Items Explained:

Measure – Briefly detail the item/score/process you plan to improve

Baseline – The current quantitative level of your measure (could be zero if implementing a new process)

Aim – The measure's intended result at project completion, moving the baseline to an improved level

Example Project:

Tackling Diabetes One Patient at a Time

1. Measure: Number of patients participating in the project with an A1C over 7
 - Baseline - 12
 - Aim - 0
2. Measure: Number of participants at each of the 14 diabetes education sessions
 - Baseline - 0
 - Aim - 10
3. Measure: Number of participants meeting virtually with the dietician on a monthly basis
 - Baseline - 0
 - Aim - 10

23. Population Health Measure 1

Measure

Baseline

Aim

24. Population Health Measure 2

Measure

Baseline

Aim

25. Population Health Measure 3

Measure

Baseline

Aim

CARE Grant Application - Budget

Project Budget

Please Read Before Completing this Section

- **Funding from Other Sources**, which you will notice is part of each question in this section, indicates other funding/resources that will be used in addition to CARE funding to complete the project
- Funding/resources from **other sources are not required** as a part of this program
- FLEX funds **may NOT be used for salaries/benefits**
- FLEX funding requested **cannot exceed \$15,000**
- No more than **25% of requested grant funding can be used for equipment** (Equipment is any item with a lifespan greater than 5 years)

26. Project Budget | Supplies

Note: Supplies can include equipment that depreciates over a period of 5 years or less.

Supplies Description	
Supplies Funding Requested	
Supplies Funding from Other Sources	
Supplies Total	

Additional Project Budget Sections include: Travel, Equipment, Consultants/Subcontractors, Other, and Total

CARE Grant Application Terms

32. Terms of Application

I certify that the information contained herein is true and accurate to the best of my knowledge.

I submit this application on behalf of the applicant organization.

On behalf of the applicant organization, I agree to use the funds in accordance with the final budget on which the grant was based, as shown in the Project Budget section above.

As a condition of this application, I understand that a completed final report is to be submitted to CHFT by **September 3, 2026**, which shall include the following:

- **Final Report** - Complete the final report which includes reporting measures, outcomes and associated data
- **Financial Statement** - A complete financial statement showing all funds received and expended for the programs covered by the grant, as well as a comparison of planned and actual expenditures
- **Invoices** - All items purchased under the grant

☐ Agree

☐ Please enter your Full Name & Title



Prev

Done

CARE Grant Application Sample

Q7 Funding Requested (Total Funding Requested in dollars) Please note: Funding being requested from the FLEX program not to exceed \$15,000

\$15,000

Q8 Total Project Cost(If the project exceeds what is being requested, please indicate that here)

\$0

Q9 Project Focus (check all that apply) Please note - Later in the application, you must provide at least one outcome measure for each project focus selected

Financial/Operational Improvement

Q10 Project Title

Coding Integrity and Quality Audits

Q11 What problem(s) are you trying to solve using this grant funding?

We are trying to optimize our revenue cycle, specifically within the HIM department. We need to gain better visibility on coding quality and benchmarking to ensure we are meeting industry standards.

Q12 Project Description (Describe in detail the project you plan to complete and how it will address the problem(s) you identified above)

With this funding, we will be able to increase our Coding Integrity and Quality audits to ensure all records are coded at the highest level of specificity for accurate records and reimbursement. Additionally, we will be able to provide more in-depth education to our coding team to increase their knowledge and awareness of all regulatory guidelines. Any coder falling below the industry standard of 95% accuracy will be provided education and mentorship.

CARE Grant Application Sample

Q13 Project Activities, Work Plan, and Timeline Note: You are not required to utilize all lines below - use as many as needed to show chronological steps and separate activities as you progress through the project

Activity 1	Coder Review
Person Responsible	Director of RevCycle/HIM Manager
Start Date	12/01/2024
End Date	8/31/2025

Activity 2	Coding Mentorship and Education
Person Responsible	Director of RevCycle/HIM Manager
Start Date	12/01/2024
End Date	8/31/2025

Q14 Is this a Quality Improvement project?

No

Q18 Is this a Financial/Operational Improvement project?

Yes

Q19 Financial/Operational Measure 1

Measure	Perform a baseline audit of correct coding
Baseline	0%
Aim	95%

Project Activities, Workplan, and Timeline

Activity	Person(s) Responsible	Start Date	End Date
Completion of contract	Friar Tuck, Director of Outpatient Clinics	12/1/2024	12/1/2024
Build Cerner Interface	Maid Marian, Chief Operating Officer	12/1/2024	1/15/2025
<u>Align</u> protocols between orthopedic surgeons and automated PT solution	Zack Brown and Vince McMahon, Orthopedic and Clinic Program Manager	12/10/2024	1/15/2025
Complete testing with one orthopedic surgeon	Tom Finn, M.D., Orthopedic Surgeon	12/20/2024	1/15/2025
Project go live	Zack Brown	1/15/2025	1/15/2025
Collect reporting data	Zack Brown	1/15/2025	8/29/2025
Submit final report	Robin Hood, Foundation Coordinator	9/3/2025	9/10/2025

Project Activities, Workplan, and Timeline

Activity	Person(s) Responsible	Start Date	End Date
Completion of contract	Friar Tuck, Director of Outpatient Clinics	12/1/2024	12/1/2024
Build Cerner Interface	Maid Marian, Chief Operating Officer	12/1/2024	1/15/2025
<u>Align</u> protocols between orthopedic surgeons and automated PT solution	Zack Brown and Vince McMahon, Orthopedic and Clinic Program Manager	12/10/2024	1/15/2025
Complete testing with one orthopedic surgeon	Tom Finn, M.D., Orthopedic Surgeon	12/20/2024	1/15/2025
Project go live	Zack Brown	1/15/2025	1/15/2025
Collect reporting data	Zack Brown	1/15/2025	8/29/2025
Submit final report	Robin Hood, Foundation Coordinator	9/3/2025	9/10/2025

CARE Grant Application Sample

Q26 Project Budget | Supplies(Note: Supplies can include equipment that depreciates over a period of 5 years or less.)

\$0.00

Q27 Project Budget | Travel

\$0.00

Q28 Project Budget | EquipmentNo more than 25% of requested grant funding can be used for equipment.

\$0.00

Q29 Project Budget | Consultants/Subcontractors

Consultants/Subcontractors Description	Coding Auditor and Educator
Consultants/Subcontractors Funding Requested	\$15,000
Consultants/Subcontractors Total	\$15,000

Q30 Project Budget | Other

\$0.00

Highlights

- Think of a project that fits within FLEX parameters: Quality, Operations, Finances, or Population Health
- Verify your hospital is participating in MBQIP
- Engage staff and leadership for project support
- Suggest use printed version to write project, then put in electronically. Can revisit online later, doesn't have to be completed all at once
- Submit a complete and detailed application
- Contact Lisa Geraty with questions prior to deadline
- This is a competitive grant process; all applications may not be approved and/or fully funded
- All Ca CAHs can participate in the other annual activities, whether your hospital received a CARE grant or not.

Questions?



Contact Information

California Hospital Association

Peggy Wheeler

VP, Policy

916-552-7689

pwheeler@calhospital.org

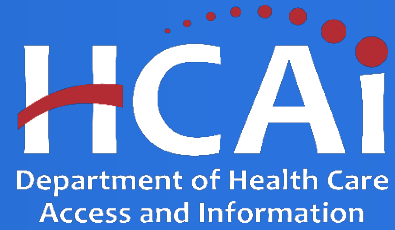
Lisa Geraty

Assistant to Peggy Wheeler

916-552-7595

lgeraty@calhospital.org

**THANK
YOU!**



Presentation 4:

CalSORH Updates

Eddie Wong, Office of Health Workforce Development

FY24-25 SORH Projects

Completed Projects:

- Maternal Health Webinar
- Annual Rural Health Workshop

Ongoing Projects:

- Rural Health Transformation Program
- Site Visits
- Rural Health ListServ



Maternal Health Webinar

- Held on March 20, 2025
- Featured Speakers and Topics:
 - **California Department of Public Health**
 - [CA - Pregnancy Associated Review Committee \(CA-PARC\)](#)
 - Adverse Pregnancy Outcomes Prevention (APOPOP)
 - [Regional Perinatal Programs of California \(RPPC\)](#)
 - [Black Infant Health \(BIH\)](#) and [Perinatal Equity Initiative \(PEI\)](#)
 - [Maternal, Child, & Adolescent Health Division Data Dashboards](#)
 - **Plumas District Hospital**
 - [Plumas Model](#)
 - [Assembly Bill 55](#) and [Senate Bill 669](#)

Annual Rural Health Workshop

- Held on May 6-7, 2025
- Featured Speakers and Topics:
 - **California Telehealth Resource Center:** [AI in Health Care](#)
 - **HCAI Grants Management:** [Loan Repayment Programs](#)
 - **Vision Design Capacity**
 - Strategic Framing, Logic Models
 - Hands-On Grant Writing Training



Rural Health Transformation Program

Program overview

- Established by **Public Law 119-21**, funded at **\$50B**.
- States must invest in **≥ 3 permissible uses of funds**

“Supporting rural communities to improve healthcare access, quality, and outcomes through system transformation”

Funding must enhance rural healthcare systems, not replace/supplement existing Medicaid resources.

Strategic Goals

1. Make Rural America Healthy Again

- Expand rural health innovations and access points to address root causes of disease, focusing on **prevention**, **chronic disease management**, **behavioral health**, and **prenatal care**.

2. Sustainable Access

- Strengthen rural providers as long-term access points by improving **efficiency**, **sustainability**, and **partnerships** with regional systems for coordinated operations, care, and emergency services.

3. Workforce Development

- **Recruit** and **retain** skilled providers, enable them to practice at the top of their license, and broaden the workforce with roles like community health workers, pharmacists, and patient navigators.

4. Innovative Care

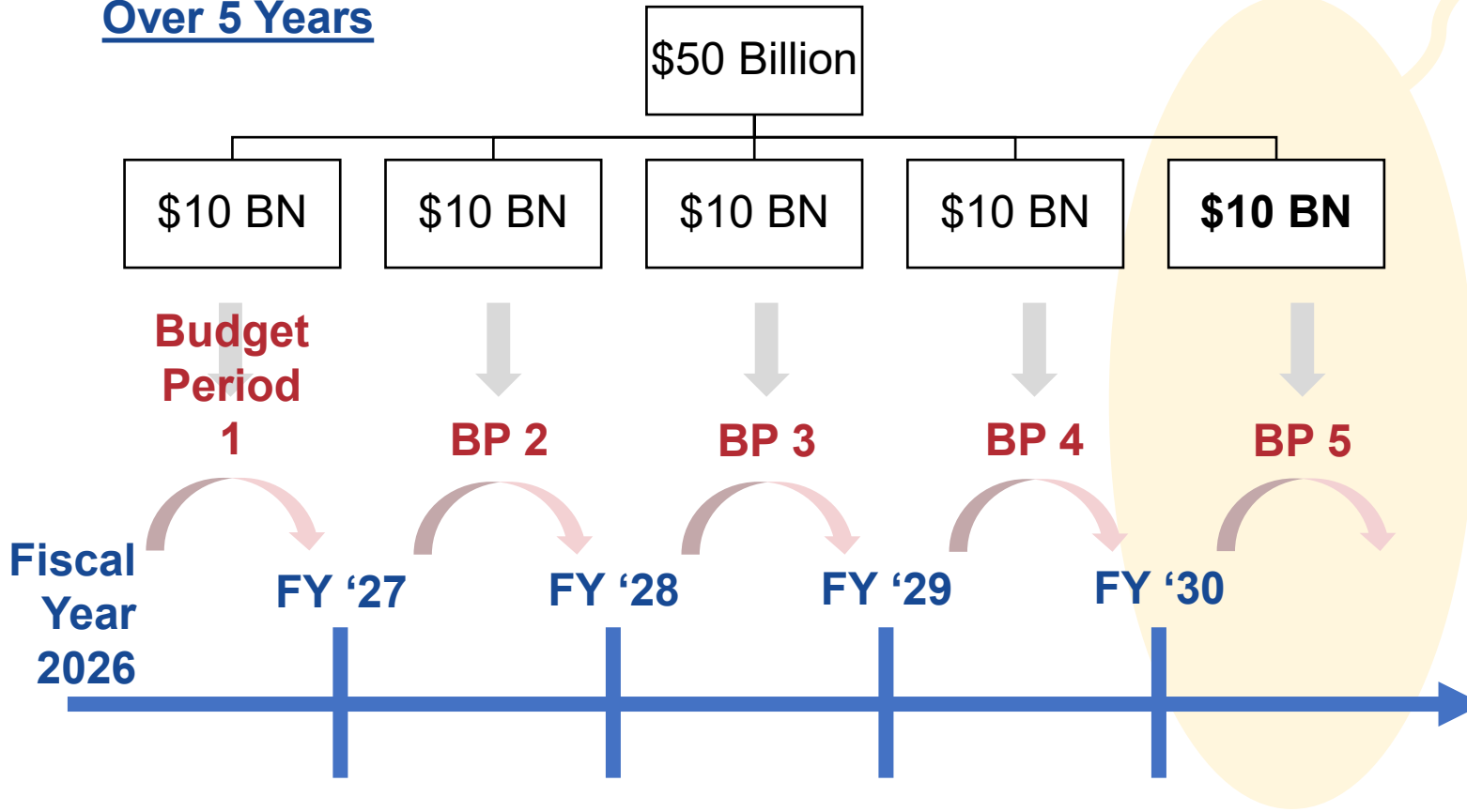
- Advance new care models and payment mechanisms that improve outcomes, coordinate **services**, reduce **costs**, and shift care to **lower-cost** settings.

5. Tech Innovation

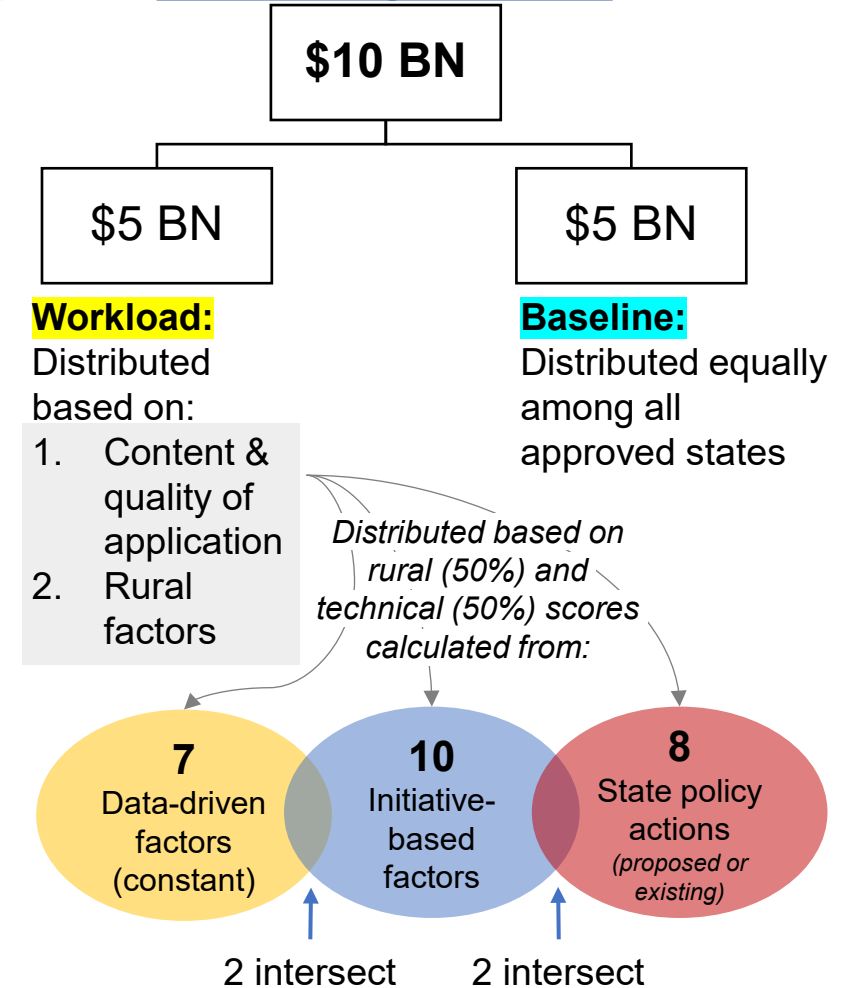
- Support technology adoption for **remote** care, **data** sharing, **cybersecurity**, and emerging digital health **tools** to enhance efficiency and access in rural healthcare.

Funds distribution across states

Over 5 Years



Each Budget Period



11 permissible uses of funds

BP = Budget Period

Cagory	Summary
A. Prevention & Chronic Disease	Evidence-based interventions for prevention and chronic disease management.
B. Provider Payments	Payments to providers for care items/services (some restrictions). ≤ 15% per BP.
C. Consumer Tech Solutions	Technology-driven tools for prevention & disease management.
D. Training & Technical Assistance	Support for adopting tech-enabled care (<i>e.g., AI, robotics, remote monitoring</i>).
E. Workforce	Recruitment/retention with ≥ 5-year rural service commitments.
F. IT Advances	Software, hardware, and cybersecurity to improve efficiency and outcomes.
G. Appropriate Care Availability	Optimize rural service lines (<i>e.g., preventive, inpatient, emergency, etc.</i>).
H. Behavioral Health	Opioid use disorder, substance use disorder, and mental health services access.
I. Innovative Care Models	Value-based care and alternative payment models.
J. Capital & Infrastructure	Minor renovations, equipment, facility upgrades. ≤ 20% per BP.
K. Collaboration	Partnerships to improve quality, financial stability, and access.

Key funding limitations

Program-Specific Restrictions (per budget period)

- **New construction** unallowable; minor renovations (**category J**) capped at $\leq 20\%$
- **Provider payments** (**category B**) capped at 15% of CMS award
- **EMR replacement** $\leq 5\%$ if HITECH-certified system already in place
- **Rural Tech Catalyst Fund-type initiatives** capped at lesser of 10% or $\$20M$
- **Clinician salaries** restricted if tied to non-compete clauses
- Cannot replace **reimbursable insurance payments** or duplicate billable services
- **Administrative costs** capped at $\leq 10\%$ of total state budget*

General Restrictions

- **Pre-award** costs, lobbying, supplanting existing funds
- **Services/equipment** legally covered by other entities (*e.g., education, civil rights accommodations*)
- **Construction**, major renovations, cosmetic upgrades
- Independent **R&D**, telecom/broadband support, meals (limited exceptions)
- **Goods/services** not allocable to the project
- Salary rate limits (**\$225,700** Jan '25)

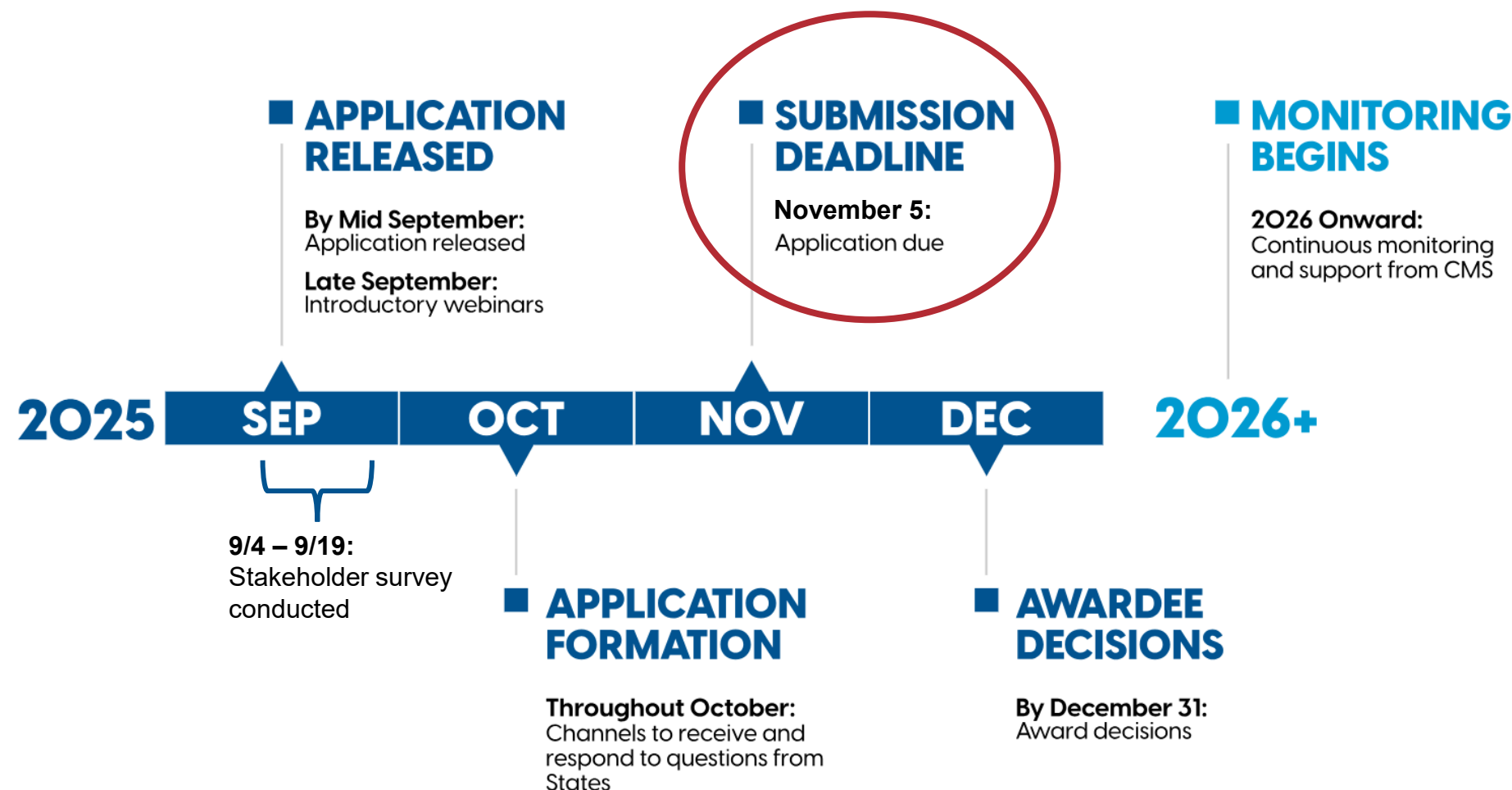
Noncompliance Violations Include:

- Unapproved/restricted activities
- Not finalizing proposed state policy actions
- Failing to benefit rural areas broadly
- Missing reporting deadlines/requirements
- Failing to follow through on commitments
- Violating award terms and conditions
- Mismanagement, fraud, waste, abuse, or criminal activity

Noncompliance Consequences:

- Funds may be withheld, reduced, or recovered
- Must remedy within 90 days of notice (+/- remediation plan)
- Violations tied to technical score result in proportional funding recovery
- Violations not tied to technical score assessed on a case-by-case basis
- Funds withheld or recovered returned to the U.S. Treasury

Program timeline



350+ stakeholders participated in the survey

43% Non-Providers

57% Health Care Providers



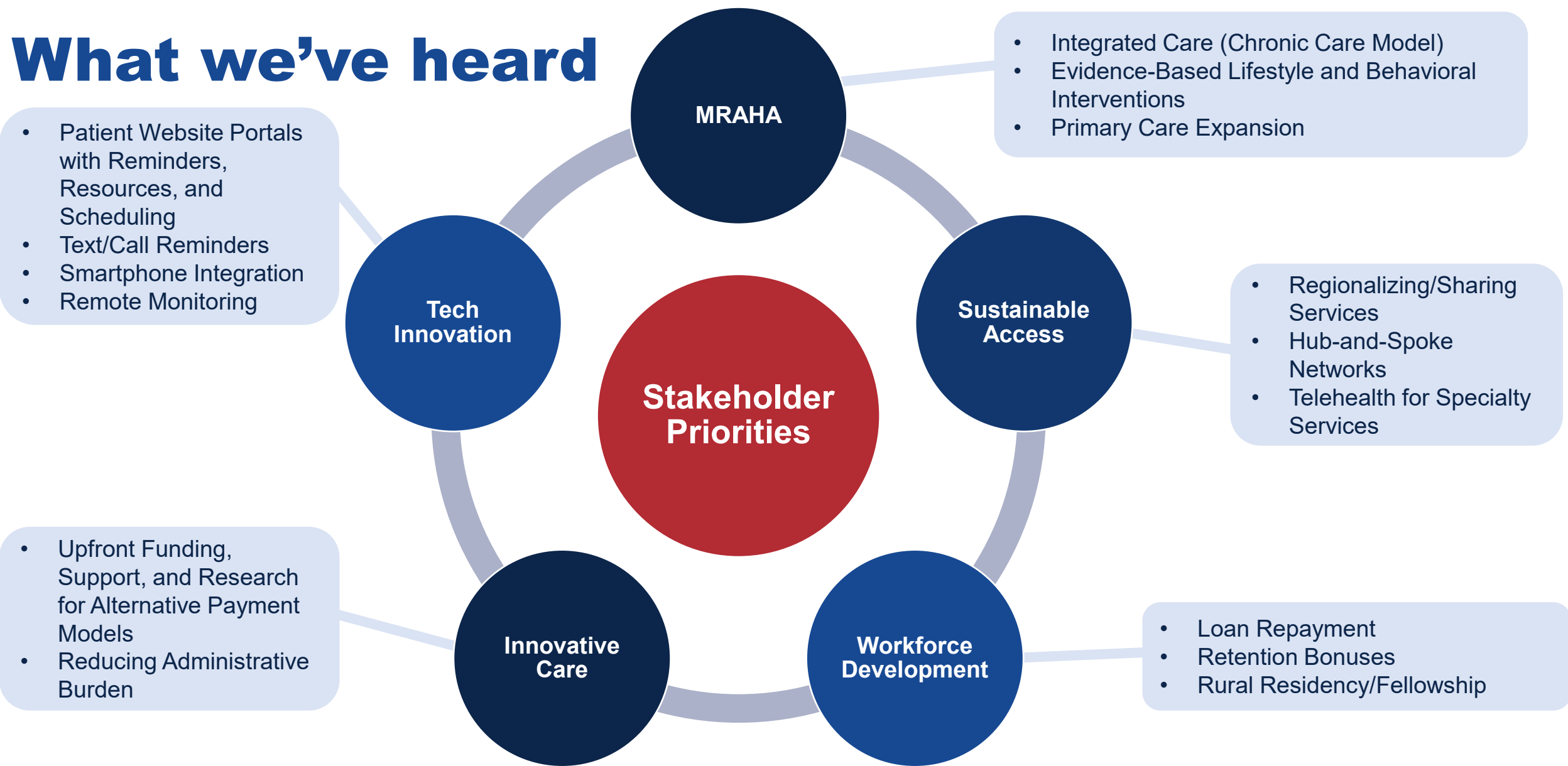
60 Hospitals including Critical Access

36 Federally Qualified Health Centers

11 Indian Health Service, Tribal Health or Urban Indian Health Organizations

11 Mental Health Programs

What we've heard



Stakeholder/partner engagement

- HCAI held six community Listening Sessions:
 - One for each Rural Health Transformation goal
 - One for Community Health Workers
 - Over 900 attendees across the six Listening Sessions
- Over 100 rural health stakeholders submitted feedback and provided information through our State Office of Rural Health mailbox
- Tribal consultation occurred on Oct. 17

Key takeaways from stakeholder feedback

Consistent priorities identified across all stakeholders:

- Workforce Development
- Improving chronic disease management/prevention
- Optimizing health care delivery
- Technology based solutions to expand access and promote prevention and management

Additional key input:

- Expand access to care for rural populations through innovative technology and expansion of community-based providers
- Regional collaboration within the communities to ensure shared resources, best practices, and coordination of services

Next steps

- HCAI will submit the Rural Health Transformation Program proposal by Nov. 5
- HCAI will continue to provide updates through:
 - Rural Health mailing list, <https://hcai.ca.gov/mailling-list/>
 - The State Office of Rural Health webpage, <https://hcai.ca.gov/workforce/health-workforce/california-state-office-of-rural-health/>

CalSORH Resources

National Partners:

[Rural Health Information Hub \(RHIfhub\)](#)

[National Rural Health Association](#)

[National Rural Recruitment and Retention Network \(3RNet\)](#)

[Federal Office of Rural Health Policy](#)

[Rural Health Research Gateway](#)

State Partners:

[Area Health Education Centers \(AHEC\)](#)

[California Primary Care Office](#)

[California Department of Healthcare Access and Information](#)

[California Primary Care Association](#)

[California Health Professions Consortium](#)

[California Telehealth Resource Center](#)

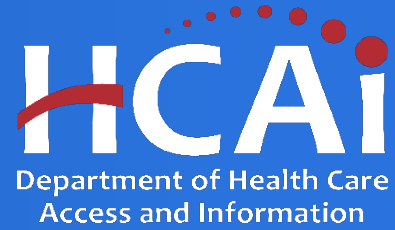
[The Office of Binational Border Health](#)

Thank You!

State Office of Rural Health:

CALSORH@hcai.ca.gov

[California State Office of Rural Health](#)



Presentation 5:

Open Data Portal and Hospital Financials

Ty Christensen, Office of Information Services

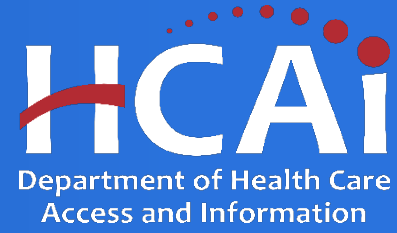
Our mission is to expand **equitable access** to health care for all Californians—ensuring every community has the health workforce they need, safe and reliable health care facilities, and **health information** that can help make care more effective and affordable.

We have over 40 years of experience supporting informed decisions in health care with data, transparency, and evidence-based analysis.



Purpose and Goals

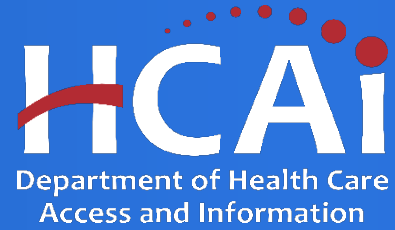
- Purpose:
 - Demonstrate data products
 - Offer tips on using these data support your work with data
- Goals:
 - Advance healthcare cost transparency
 - Leverage existing financial data products for an easy-to-use visual platform
 - Highlight popular/commonly-used financial data items



Live Demo

Resources

- Hospital Financial Data Interactive Series Pages:
 - [Landing Page](#)
 - [Part 1](#)
 - [Part 2](#)
 - [Part 3](#)
- Have more questions, suggestions? Contact an analyst at dataandreports@hcai.ca.gov
- Subscribe for notifications of public meetings and future events like this at hcai.ca.gov/mailling-list
- Check out all our featured visualizations: hcai.ca.gov/visualizations



Presentation 6:

Small Hospital Improvement Program Overview

Matthew Garcia, Office of Health Workforce Development

Program Overview

- The Small Rural Hospital Improvement Program (SHIP) offers grants to eligible hospitals to support activities intended to improve quality of health care in rural areas.
- The goal is to assist small rural hospitals in meeting value-based payment and care goals through investments in hardware, software, and training.
- The program is funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration's (HRSA), Federal Office of Rural Health Policy (FORHP).



Hospital Requirements



- Must be in California, outside Metropolitan Statistical Areas (MSA) or in a rural census tract of an MSA.
- Must be a non-federal, short-term general acute care facility.
- Must staff 49 or fewer beds.
- Must meet federal priorities as specified in the yearly application.
- May be for-profit, non-for-profit, tribal, and faith-based hospitals.
- Critical Access Hospitals (CAH) are automatically eligible.

Funding and Award Information

- SHIP Program Year is June 1 to May 31 of each year.
- Funding and award amounts are announced each year by HRSA after all applications are submitted.
- Annual award amount is estimated at \$13,000.
- Every eligible, approved participant hospital receives an equal award.
- Continued yearly funding for the program and active grants is dependent on receiving federal funds.

Application Cycle – Important Dates

Date	
Dec. 1, 2025	Application cycle opened
Dec. 15, 2025	Technical Assistance Webinar: Application
January 30, 2026	Application cycle closed
March 20, 2026	Final workplan edits and corrections due
June 1, 2025	Program Year start date

Application Process

- Applicants and continuing grantees must complete an annual online application.
- Applications are submitted via HCAI's Funding Portal. In the application, applicants and continuing grantees will:
 - Provide certification or recertification that they meet program eligibility requirements.
 - Select allowable projects for the next program year.
 - Complete detailed work plans for each selected project.
 - Provide a mid-term update on project(s) selected for the current program year (continuing grantees only).
 - The Funding Portal is located at: <https://funding.hcai.ca.gov/>

Application Review Process

After applications are submitted, HCAI staff will review your application for hospital eligibility and project eligibility.

- If edits are necessary, HCAI staff will contact you and return the application to “In Progress” so edits can be made.
 - Due to federal deadlines, failure to submit necessary final edits by March 20, 2026, may result in loss of grant funds for this program year.
 - Participants who do not receive grant funds this program year are still eligible to participate in future program years.
- If no edits are necessary, HCAI staff will contact you to confirm your application.

Allowable Project Categories

Eligible hospitals apply for funding to assist in the implementation of activities related to:

- **Value-Based Purchasing (VBP) Investment Activities**
 - Activities that support improved data collection to facilitate quality reporting and improvement
- **Accountable Care Organization (ACO) or Shared Savings Investment Activities**
 - Activities that support the development or the basic tenets of ACOs or shared savings programs
- **Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities**
 - Activities that improve hospital financial processes

Value-Based Purchasing (VBP)

Value Based Purchasing investment activities:

- Quality reporting data collection/related training or software
- MBQIP data collection process/related training
- Efficiency or quality improvement training in support of VBP related initiatives
- Provider-Based Clinic quality measures education
- Alternative Payment Model and Quality Payment Program training/education

Payment Bundling (PB) or Prospective Payment System (PPS)

Payment Bundling or Prospective Payment Systems investment activities:

- ICD-11 software
- ICD-11 training
- Efficiency or quality improvement training in support of PB or PPS related initiatives
- S-10 Cost Reporting training
- Price Transparency training

Accountable Care Organization (ACO)

Accountable Care Organization or Shared Savings investment activities:

- Computerized provider order entry implementation and/or training.
- Pharmacy services training, hardware/software and machines (Not pharmacists' services or medications).
- Social Determinants of Health Screening software/training.
- Efficiency or quality improvement training in support of ACO or shared savings related initiatives.
- Systems performance training in support of ACO or shared savings related initiatives.
- Mobile health and telehealth hardware/software (not telecommunications).
- Community Paramedicine hardware/software and training.
- Health Information Technology (HIT) training for value and ACO including training, software and risk assessments associated with cybersecurity.

Award Process

- HCAI passes completed, eligible applications to FORHP in April 2025.
- All eligible applicants are awarded if funding is available.
- Final award amounts are determined by FORHP after reviewing all applications.
- HCAI will contact applicants and grantees with award information when it is available.
- Awards are paid out at the end of each program year, after each participant submits a Year-End Report confirming completion of their selected projects.

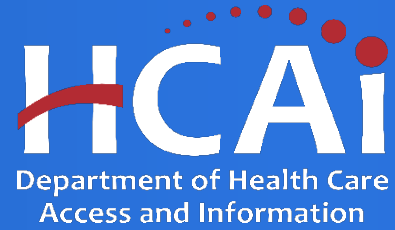
Yearly Program Priorities

The Federal Office of Rural Health Policy (FORHP) announces yearly program priorities. SHIP participants are expected to show they are meeting these priorities, with or without the assistance of SHIP grant funding.

For Program Year 2025/26 the priorities were:

- Medicare Beneficiary Quality Improvement Program (MBQIP) reporting.
- ICD-11 training and software.

These priorities may change for each program year. Applicants will be informed if these priorities change.

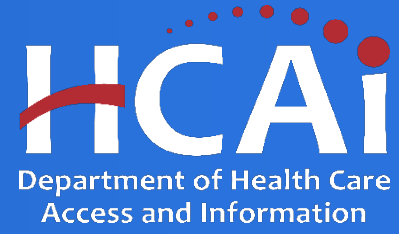


Thank You!

For further questions, please contact:

Small Rural Hospital Improvement Program

SHIP@hcai.ca.gov



Closing

What We Covered Today



We covered the following topics:

1. Seismic Compliance Plan and Small and Rural Hospital Relief Program
2. Health Professionals Shortage Area (HPSA) Designation Process and Benefits
3. Flex CARE Grants for Critical Access Hospitals
4. Updates from the California State Office of Rural Health
5. Live demonstration of HCAI's Open Data Portal and Hospital Financials
6. Small Hospital Improvement Program

Contact List

Office of Statewide Planning and Development

Ali Sumer: Ali.Sumer@hcai.ca.gov

Haley Sheddy: Haley.Sheddy@hcai.ca.gov

Office of Health Facility Loan Insurance: SRHRP@hcai.ca.gov

Dean O'Brien: Dean.OBrien@hcai.ca.gov

California Primary Care Office: Shortage@hcai.ca.gov

California Hospital Association

Peggy Wheeler: PWheeler@calhospital.org

Lisa Geraty: LGeraty@calhospital.org

California State Office of Rural Health: CalSORH@hcai.ca.gov

Data: DataandReports@hcai.ca.gov

Small Hospital Improvement Program: SHIP@hcai.ca.gov

Websites and Resources

Seismic Compliance Plan and Small and Rural Hospital Relief Program

[eServices Portal](#)

[Seismic Compliance Plan User Guide](#)

[AB 869 Delay Application User Guide](#)

[Compliance Plan Template](#)

[Seismic Compliance Timeline](#)

[Small and Rural Hospital Relief Program](#)

Websites

[California Primary Care Office](#)

[California Hospital Association](#)

[California State Office of Rural Health](#)

[HCAI Data - Cost Transparency](#)

Follow Us!



Website



X
(formerly Twitter)



Threads



Facebook



Bluesky



YouTube



LinkedIn



Instagram

**#WeAreHCAI #HCAI #HealthWorkforce
#HealthFacilities #HealthInformation**

Sign Up to our Newsletter!



<https://hcai.ca.gov/mailing-list/>

Contact Us!



Phone (916) 326-3700



Email CalSORH@hcai.ca.gov

**#WeAreHCAI #HCAI #HealthWorkforce
#HealthFacilities #HealthInformation**