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## 42 U.S. Code § 256

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### Grants to strengthen the effectiveness, efficiency, and coordination of services for the uninsured and underinsured

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#### **(a) In general**

The Secretary may award grants to eligible entities to assist in the development of integrated health care delivery systems to serve communities of individuals who are uninsured and individuals who are underinsured —

- (1) to improve the efficiency of, and coordination among, the providers providing services through such systems;
- (2) to assist communities in developing programs targeted toward preventing and managing chronic diseases; and
- (3) to expand and enhance the services provided through such systems.

#### **(b) Eligible entities**

To be eligible to receive a grant under this section, an entity shall be an entity that —

- (1) represents a consortium —
  - (A) whose principal purpose is to provide a broad range of coordinated health care services for a community defined in the entity's grant application as described in paragraph (2); and
  - (B) that includes at least one of each of the following providers that serve the community (unless such provider does not exist within the community, declines or refuses to participate, or places unreasonable conditions on their participation) —
    - (i) a Federally qualified health center (as defined in section 1395x(aa) of this title);
    - (ii) a hospital with a low-income utilization rate (as defined in section 1396r-4(b)(3) of this title), that is greater than 25 percent;
    - (iii) a public health department; and
    - (iv) an interested public or private sector health care provider or an organization that has traditionally served the medically uninsured and underserved; and
- (2) submits to the Secretary an application, in such form and manner as the Secretary shall prescribe, that —
  - (A) defines a community or geographic area of uninsured and underinsured individuals;
  - (B) identifies the providers who will participate in the consortium's program under the grant, and specifies each provider's contribution to the care of uninsured and underinsured individuals in the community, including the volume of care the provider provides to beneficiaries under the medicare, medicaid, and State child health insurance programs and to patients who pay privately for services;
  - (C) describes the activities that the applicant and the consortium propose to perform under the grant to further the objectives of this section;
  - (D) demonstrates the consortium's ability to build on the current system (as of the date of submission of

the application) for serving a community or geographic area of uninsured and underinsured individuals by involving providers who have traditionally provided a significant volume of care for that community;

(E) demonstrates the consortium's ability to develop coordinated systems of care that either directly provide or ensure the prompt provision of a broad range of high-quality, accessible services, including, as appropriate, primary, secondary, and tertiary services, as well as substance abuse treatment and mental health services in a manner that assures continuity of care in the community or geographic area;

(F) provides evidence of community involvement in the development, implementation, and direction of the program that the entity proposes to operate;

(G) demonstrates the consortium's ability to ensure that individuals participating in the program are enrolled in public insurance programs for which the individuals are eligible or know of private insurance programs where available;

(H) presents a plan for leveraging other sources of revenue, which may include State and local sources and private grant funds, and integrating current and proposed new funding sources in a way to assure long-term sustainability of the program;

(I) describes a plan for evaluation of the activities carried out under the grant, including measurement of progress toward the goals and objectives of the program and the use of evaluation findings to improve program performance;

(J) demonstrates fiscal responsibility through the use of appropriate accounting procedures and appropriate management systems;

(K) demonstrates the consortium's commitment to serve the community without regard to the ability of an individual or family to pay by arranging for or providing free or reduced charge care for the poor; and

(L) includes such other information as the Secretary may prescribe.

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