Spring 2011

CAPITAL LINK

Connecting Health Centers to Capital Resources

capitalink newsletter

A Message from the CEO

All of us at Capital Link were pleased to catch up with friends and colleagues and celebrate the first anniversary of the Affordable Care Act at the NACHC Policy & Issues Forum in Washington D.C. While we acknowledge this milestone, we remain mindful of the opportunities health reform brings as well as the challenges health centers may face with cuts to the federal budget. As always, Capital Link is committed to helping health centers plan their capital projects and select the best financing options, no matter what the funding environment looks like. The ACA goal of providing access to health care for 40 million people through health centers remains at the forefront of all we do.

One of the major opportunities for health center capital project funding is expected to occur as early as this summer with the likely issuance of guidance for the HRSA Capital Development Grant. It's time for health centers to start planning now so that they can write strong, competitive applications when the guidance is released. To help get health centers started, this issue of Capital Ink contains ***"Tips for Putting Together a Winning Capital Grant Application,"*** by project consultant Joe McKelvey. ***"Will We Face Higher Interest Rates?"*** by senior project consultant Terry Glasscock underscores the importance of moving forward now given the likelihood of changing economic conditions in the near future, and ***"Final FY11 Federal Budget Review"*** by Joe McKelvey gives a status of the federal budget.

Health centers expecting to undertake a capital project in 2012 or 2013 are encouraged to investigate the New Markets Tax Credit (NMTC) Program since an application round for NMTC allocations is just around the corner. New Markets Tax Credits can be combined with HRSA and other capital grants and a variety of loans, including from the USDA, to lower the cost of financing. To help health centers understand the benefits of this program and answer questions related to NMTC financing, Capital Link is offering two webinars on June 1st and 2nd. See inside for a schedule.

Capital Link has been busy adding to our collection of resource materials this winter, including three new publications and webinars on various topics. I'm delighted to announce the release of the following publications: ***Creating a Healthcare Facility that Supports the Patient-Centered Medical Home, Preparing for a Capital Project: Are You Ready?***, and ***Estimating Capital Project Costs for Health Centers***. Brief excerpts and information about how to order these free publications are in this issue.

I'm also pleased to announce the closing of financing for four health centers this quarter, all representative of the importance of diverse capital funding plans. Read about the financing structures these centers successfully used. Finally, access to relevant industry information is provided, as well as upcoming Capital Link presentations and training events.

Best regards,

Allison Coleman
Chief Executive Officer

Tips for Putting Together a Winning Capital Development Grant Application

As early as this summer, HRSA may announce another round of ACA Capital Development grants. Given the need to jumpstart capital growth in time for 2015, it's entirely possible this grant opportunity will use the entire remaining $773 million. Since this could likely be the last burst of major capital funding from HRSA for many years to come, it is critically important that health centers present their projects in the best light possible.

Our experience with ARRA and ACA capital grant competition has helped us to better understand what has helped and hurt health centers applying for capital awards. Some of the key highlights are included below.

Do	Don't
• Review ARRA FIP guidance and Application TA materials	• Wait for the application to come out before getting started
• Start gathering materials now	• Expect to receive an award without site control
• Seek alternate financing/fundraising	• Try to do it all yourself
• Complete a thorough economic impact analysis	• Plan to rely entirely on federal funds for the whole project
• Enlist political and community support	• Rely exclusively on UDS data to show need
• Develop detailed financial projections	• Submit detailed budgets that haven't been double-checked for accuracy ("Sources" of funds should always match "Uses" of funds)
• Identify potential environmental issues	
• Consider permits/bureaucracy	

Careful and Ongoing Planning

Not surprisingly, many of the health centers that received Facility Investment Program (FIP) and Capital Development (CD) awards were already working on their capital projects before the grants were announced. Accordingly, those health centers had already begun to resolve many of the most challenging issues. They had developed financial projections, established capital campaigns and fundraising activities, and hired staff exclusively to move the project forward. Many had also conducted market assessments, environmental reviews, and developed a facilities plan. The momentum generated by all of these activities carried over into their applications. Instead of scrambling to brainstorm ideas for the application, they were able to draw from existing project materials and take advantage of staff expertise.

Needs Assessment

One of the most important aspects of the FIP guidance was to clearly demonstrate a response to community need. Health centers that scored well did much more than reiterate UDS data for their community. They conducted a thorough market assessment of their proposed site that relied on multiple data sources and used a variety of maps and graphics to tell a compelling story of the community need and how the project would meet that need. Since the original FIP application cycle, health centers now have access to the UDS Mapper to better document local need. We strongly encourage health centers to take advantage of the Mapper and other tools to complete a market assessment in advance of the next CD round.

Economic Impact

An economic impact analysis is often the cornerstone of a fundraising effort and should be prioritized when applying for Capital Development funds. It's important to have an understanding of how many jobs your project will create—and the total direct and indirect impact of your capital project on the local economy. Remember, it's not just your immediate direct economic output—but the broader impact your presence has on the community.

Tips for Putting Together a Winning Capital Development Grant Application

Financial Forecast and Business Plan

A thorough and detailed financial forecast and business plan is an absolutely essential part of the capital planning process and a key tool in preparing a CD application. Simply put, it's critically important to explain what you want to do and how you will afford it. The plan not only helps generate credible numbers in support of your project, but it also shows you've done your homework on the project. A good business plan should demonstrate the long-term viability of the effort—even in the midst of federal funding uncertainty. The plan will also allow you to attract a wider variety of financing and funding options—giving your health center added flexibility going forward.

Expect Red Tape

Numerous health center projects have been held up by a variety of bureaucratic challenges both before and after receiving awards. Successful grant applications should anticipate these hurdles and show progress in resolving them. First and foremost, you should have site control for your project. If you have to ask the question "will this scenario be enough to show site control?"—it probably won't. HRSA is already under tremendous pressure to show results from ARRA and ACA projects and will likely have little appetite to fund projects where the final location isn't certain. Additionally, you can expect that many of the same environmental requirements that were important during the last round will resurface. Notice of Federal Interest (NOFI) will also be required and should be considered in advance of preparing an application. Finally, numerous ARRA projects were delayed or dropped altogether because of inadequate local support. Anticipate permit requirements and plan to demonstrate strong and broad community support as part of your application.

Capital Link remains committed to helping health centers meet their expansion goals regardless of where they are in the capital development process. Toward that end, we will be conducting a variety of webinars and trainings in the months ahead designed to help health centers put together outstanding applications. We hope you will join us for those or feel free to contact us individually for assistance.

Final FY11 Federal Budget Review

Although the federal fiscal year is more than half complete, Congress finally agreed on an FY11 budget in April. There are currently two direct federal funding sources for FQHCs: the first is the general appropriation, which in FFY10 was $2.19 billion. The second is the $11 billion Community Health Center Fund, which was created as part of the Affordable Care Act last year to support health center expansion.

Documents released by the House Appropriations Committee indicate that annual funding for the Health Centers program is likely to be reduced by $600 million relative to the FY2010-enacted level of $2.19 billion. Although HRSA has not yet released its spending plan, it is likely that the Community Health Center Fund FY11 funding for health centers should make up for this cut and provide an additional $400 million. Funding at this level should allow the previously awarded ARRA New Access Points (NAP) and Increased Demand for Services (IDS) activities to continue (at an annual cost of $250 million) and allow for somewhat less than $100 million for health center expansion activities. This scenario means that while the funding for established 330 Community Health Centers will likely be secured, there will be fewer than anticipated resources available for new health center sites. Stay tuned for HRSA's spending plan, which should be released shortly, for the final word on this subject.

Overall, the final FY11 budget should provide sufficient funding to continue existing health center operations and services, including the 127 new centers and 3.7 million new patients added in the past two years through ARRA. The final FY11 budget will not affect the remaining $773 million in capital grants available through the Affordable Care Act. We still anticipate these grants will be offered this year, most likely in late Summer or early Fall.

Although much of the attention in the health center community has rightfully focused on operational funding, several important programs useful for health center capital projects were also affected. A brief summary of each is included on the following page.

Final FY11 Federal Budget Review

Community Development Financial Institutions Fund:

The CDFI Fund supports numerous community banks and nonprofits in their efforts to increase lending to underserved communities. In addition to helping to provide local community financing, the CDFI Fund also operates the New Markets Tax Credit Program. The FY11 bill included $227 million for the CDFI fund—8% less than FY10, but equal to the President's request.

Community Development Block Grants:

CDBG is funding provided to states and local governments through the Department of Housing and Urban Development (HUD) to support a variety of housing and community development activities. Many health centers have benefitted from accessing these funds via their state or local government. Although the program was threatened with elimination, ultimately, the CDBG program absorbed a $650 million cut, or 16 percent below FY10 levels.

Economic Development Administration:

EDA provides substantial capital grants to projects that demonstrate community economic impact and job creation. The FY11 budget provides $246 million for EDA grant programs—an increase of $11 million.

USDA Rural Development:

Health centers located in rural areas are frequent beneficiaries of USDA grants, loans, and loan guarantees. Rural development accounts were reduced by 3% in the final legislation—though they avoided larger cuts included in earlier versions. As USDA Rural Development resources tighten, health centers can expect an increased emphasis on loan guarantees and loans instead of grant funding.

Capital Link closely monitors the federal budget with the assistance of NACHC and legislators so health centers and Primary Care Associations can maximize funding opportunities and move ahead with their capital project plans. For more information, contact Joe McKelvey at jmckelvey@caplink.org. For additional information on the federal budget, visit NACHC's Policy Issues page on their website, which includes an FY2011 Federal Funding Cuts Information Center: http://nachc.com/federal-policy.cfm.

Will We Face Higher Interest Rates? A Prediction by Terry Glasscock

Terry Glasscock, Senior Project Consultant

As they say, even a broken clock is right twice a day. How long have I been warning that we are facing higher interest rates? To be honest, I've been saying it for more than ten years. However, in my defense, I've always said that this scenario will begin sometime after 2011. Why have I said 2011? Because this is the year that the first baby boomers turn 65.

What affects interest rates?

Supply and Demand: I'm not going to subject you to a long discussion on Fiscal Policy and Monetary Policy. But you can look at money pretty much like any other commodity that is affected by supply and demand. The more demand or the lower the supply, the higher the cost. Fiscal policy and monetary policy are simply governmental means of increasing or decreasing supply. Simply put, the higher the national deficit goes the more demand the government has to borrow money. No one disagrees that at some point interest rates will rise due to nothing more than this reality. So what do the baby boomers retiring have to do with this? Unless Congress radically changes tax policy or spending policies (or both), as boomers pay less income tax and take more from government programs (Social Security, Medicare and even Medicaid) the deficit will grow. Keep in mind there are 76 million boomers and only 46 million genXers.

International Perceived Risk: Globally the level of confidence in the U.S. economy has an impact. If international buyers of U.S. debt begin to feel the U.S. deficit is out of control, they will demand higher returns on U.S. debt which will, in turn, effect domestic rates similarly. It's fair to say that the growth of the deficit has never been more out of control than it is now.

Domestic Perceived Risk: As was seen two and three years ago, the perception of the U.S. economy by lenders plays a big role in interest rate levels. It has only been because of the more dramatic government intercession that interest rate levels were brought down from their rapid increase in 2008 in response to the mortgage crisis. If it were not for the Federal Reserve lowering the short term loan rate to 0% and the federal government pumping nearly a trillion dollars into the economy, rates would be very high today. In effect, the government has "artificially" lowered interest rates. But, the result is a massive increase in the annual deficit…and we have already discussed where this will lead. We have begun to see a rise in rates for tax-exempt bonds for government issuers.

A second consideration of risk is associated with segments of the economy. I'm thinking mostly about the "municipal" bond market. As the economy has provided lower tax revenues, the ability of states and cities to make payments on their outstanding bonds has diminished. I'm afraid that as these tax-exempt bond rates rise, so will all TE bond rates, which will effect many of our health center clients.

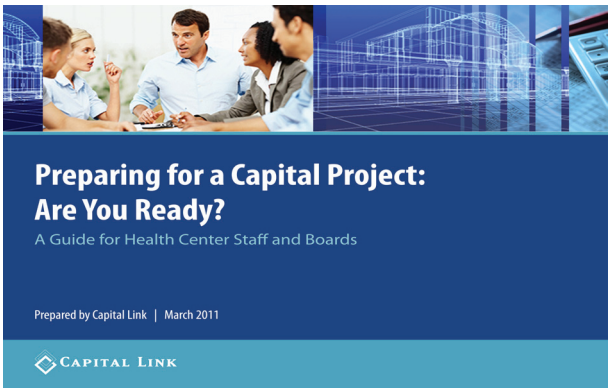
Inflation: This is the only unpredictable influence on interest rates at the present time. Everything points to significant increases in rates in the future; however, the inflation rate effect is uncertain. One school says the growing deficit together with the government "printing" money to stimulate the economy for the past three years will lead to a long inflationary period… perhaps even super-inflation. Others argue that the condition of the economy may lead us into deflation (much like the housing market) where everything loses value and salaries decrease as well. From a lender's point of view, inflation is simply the measurement of the annual decrease in the value of money. To a banker, an inflation rate of 3% means that next year a dollar will be worth $.97. So when a lender provides you a loan they are going to charge an interest rate that gives them a profit and protects them from losing value of their money. Theoretically, this means if a bank would lend you money at 4% in a 1% inflationary period, they will charge 6% in a 3% inflationary period. Of course, theoretically, the opposite is true during deflation. So, I guess you can take your pick.

I continue to believe that in the long-term interest rates will rise significantly. How long do we have before this trend reaches "significant"? I'd say a couple of years. I expect rates to rise over the next year but more so after that. What we need to keep in mind is that our clients are all accessing long-term financing. I still believe in fixed rate loans for loan terms as long as can be obtained. Also, when it comes to capital projects, I continue to feel highly confident in urging CHCs to "do it now!" I truly believe that five years from now any center who is in need of new facilities will be hard-pressed to arrange and service debt at the level interest rates will be at that time. This advice and $2.25 will buy you a cup of coffee these days.

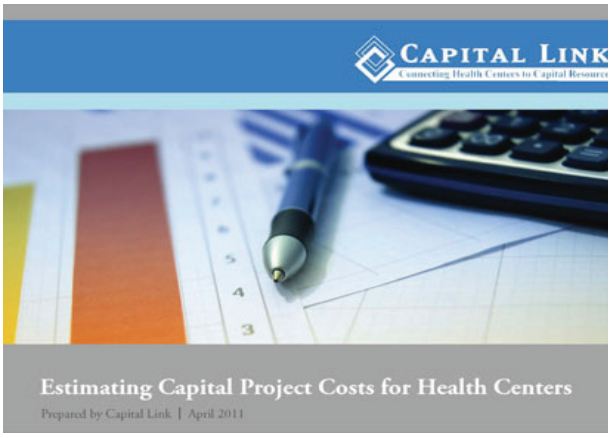
New Resource Publications

As part of our assistance to health centers, Capital Link has developed a variety of resources for health centers seeking to complete a capital project. Depending upon the needs of the community health center, Capital Link provides Federally Qualified Health Centers (FQHCs) and Primary Care Associations (PCAs) with these resource documents to assist in accomplishing specific tasks related to the capital development process. Please contact us for copies of any of the resource documents listed in this section. To order the new publications described below, please email Mark Lurtz, Senior Director of Marketing and Project Consulting, at mlurtz@caplink.org and a PDF will be sent to you.

Creating a Healthcare Facility that Supports the Patient-Centered Medical Home. This publication provides tips and tools to support the Patient-Centered Medical Home Model of Care in both existing and new health center facilities. It educates health center staff on the PCMH principles and provides available resources for implementation. The publication is presented in two parts: the first section focuses on design and flow interventions for existing facilities that communicate a patient-centered rather than staff-centered environment, and the second focuses on creating new spaces that support care delivery in a medical health home.



Preparing for a Capital Project: Are You Ready? This publication provides a tool-kit to evaluate health center readiness to begin the capital development process, with the goal of helping CHCs avoid the pitfalls that insufficiently planned projects can encounter. This resource is presented as a series of questions to assess different aspects of pre-planning activities that should be completed before a health center considers contacting an architect, lender or project manager to begin a capital project. Also included are descriptions of why the questions are relevant and advice for next planning steps.



Estimating Capital Project Costs for Health Centers. This publication outlines the main components of a capital project budget and provides assistance in estimating top-line construction costs. Based on the review of approximately 450 community health center capital project budgets from 2008-2011, the resulting recommendations provide preliminary guidelines to health centers contemplating capital projects.

Additional free capital planning resource documents (such as ***Developing a Capital Project Work Plan***, ***Tips for Managing Facility Development Risk***, and ***Developing a Health Center***) are available at www.caplink.org.

Health Center Project Highlights

Since its inception, Capital Link has worked with funding groups and partners to develop innovative financing structures so health centers can expand to meet the primary and preventive health care needs of their low-income, uninsured and disadvantaged communities. Four health centers are profiled below that used very different financing structures to achieve the goal of moving ahead with affordable capital projects.

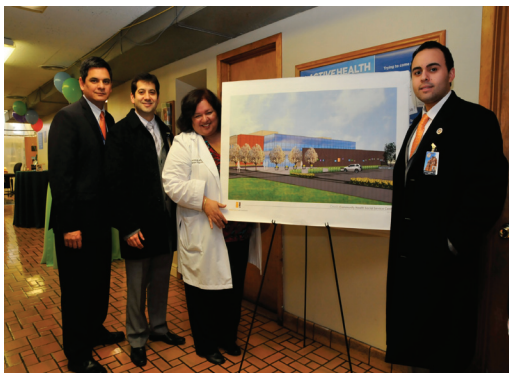
Community Health and Social Services Center, Inc. (CHASS), Detroit, MI completed financing in February, 2011 for a new, 48,000 square foot facility that will triple clinical operations for its southwest location and expand the organization's administrative headquarters. Established in 1970 through the efforts of community residents and organizations, CHASS is a multi-site FQHC offering comprehensive primary care and wellness services, including dental and mental health services, to the uninsured and underinsured of Detroit. The health center is responding to increased demand for its services: total number of patients is expected to increase 93% by 2018, while total visits are expected to more than double. Expanding will enable the health center to fulfill its vision of providing a patient-centered medical home for its community, reduce wait times, offer a comfortable environment and increase the number of patients served. Improved operational efficiencies and a revised reimbursement model are projected to ensure CHASS's long-term sustainability.

The $17 million capital project was funded with a New Markets Tax Credit (NMTC) structure utilizing a wide variety of sources that ultimately resulted in only $2.3 million of the total financing needing to be repaid or refinanced in full. Sources of funds included a successful capital campaign generating over $8 million in grants, including grants from the Henry Ford Health System, the Michigan Medicaid Matching Program, the Kresge Foundation and the McGregor Fund. Additional funding was provided by Michigan State Brownfields Tax Credit proceeds, a $1.3 million Local Initiatives Support Corporation (LISC) loan, a $1 million loan from Capital Link's Loan Fund and $5 million in NMTC investor equity. Total NMTC allocation of $17 million was provided by two Community Development Entities (CDEs): Nonprofit Finance Fund (NFF) and Invest Detroit (ID).

Capital Link assisted CHASS with key pre-planning activities including a financial trends analysis, an economic impact analysis to quantify the health center's role as a community anchor and estimated employment growth, and a capital funding plan to identify the most advantageous financing structure. Capital Link then helped procure sources of project capital, including a loan from Capital Link's National Loan Fund that provides interest only payments for seven years as well as structuring the New Markets Tax Credit transaction.

The "green" medical complex will more than double CHASS's exam facilities, add 50 full-time staff, and triple the number of healthcare providers, thereby reducing the disparity between the physician-to-patient ratio in Southwest Detroit. The facility will also allow CHASS to add preventive services and plans are underway to enhance the center's wellness program. A ground breaking took place on March 4th and the facility is expected to be complete in the spring of 2012.

The lenders who worked together to finance the new facility participate in a symbolic ground breaking ceremony. Capital Link's Mary Ann Wayne, Senior Director, Loan Fund, is on the right.



CHASS medical providers and staff stand with a rendering of the new facility.

Health Center Project Highlights (continued)

St. Thomas Community Health Center (STTCHC), New Orleans, LA completed financing in March, 2011 to purchase and renovate a 10,000 square foot historic building, consolidating two of the health center's three existing sites and enabling the center to double the number of patients it currently serves. STTCHC was established in 1987(originally as St. Thomas Community Health Services) with the mission of providing comprehensive adult, pediatric, obstetrical, and behavioral medical care to the uninsured, underinsured and working poor residents of the New Orleans community. The organization's operations were severely disrupted by Hurricane Katrina in 2005, but STTCHC managed to quickly reopen to serve community residents impacted by the storm, many newly unemployed and now uninsured. STTCHC has been recognized by the National Council for Quality Assurance as a Level 3 Certified Patient-Centered Medical Home, which acknowledges the systematic use of patient-centered, coordinated care management processes and information technology to enhance the quality of care.

Recently, the health center purchased a two-story historic building, built in the 1850s, diagonally adjacent to its main facility. The new site has been designed to be responsive to community needs, enabling STTCHC to deliver a full-range of preventive and primary care services in a flexible, energy efficient state-of-the-art facility. The renovation will preserve the building's architectural integrity and will include a new, small addition located in the back of the building. The site is easily accessible and centrally located. STTCHC anticipates a 137% increase in patient visits by 2017, from 21,500 to 50,900, and a 78% increase in full-time employees.

The $7.7 million capital project was funded using a leveraged New Markets Tax Credit (NMTC) structure that included numerous sources, including a total of $3.1 million in grants from the Louisiana Primary Care Association (LPCA) , the Wisner Foundation, the Kresge Foundation and a City of New Orleans Community Development Block Grant (CDBG), plus Louisiana state historic tax credits. Due to excellent fundraising and the NMTC transaction, the health center is expected to have only one $2 million loan outstanding at the end of the NMTC seven year compliance period. Half of this loan, or $1 million, is expected to be forgiven, after an additional three years, by the State of Louisiana Office of Community Development, as Lender.

Capital Link assisted STTCHC with securing a significant part of these grant funds, operational and space planning, identification of its service area and market potential, and use of a portion of Capital Link's Go Zone NMTC allocation.

A sketch of the historic building that will become St. Thomas Community Health Center's new medical home.

Mattapan Community Health Center, MA completed financing in April, 2011 for a new 35,000 square foot facility that will more than double the size of the health center and allow for expanded services such mammography and behavioral health. The new center will dramatically increase the number of medical exam rooms and dental operatories and provide improved laboratory, phlebotomy and patient intake areas. Located in Mattapan Square within a half a mile from the current site, the new facility will be more conveniently situated and allow for two retail tenants, a pharmacy/convenience store and a branch of a major bank. Besides improving the health center's capacity, patient flow and financial stability, this project is expected to increase access to care for a medically underserved area and enhance the economy through the creation of 40+ full-time jobs.

Founded in 1972, MCHC is a non-profit, Section 330 Federally Qualified Health Center, primarily serving the low-income Boston neighborhoods of Mattapan, Dorchester, Roxbury and Hyde Park. The health center provides a broad range of services that includes family medicine, pediatrics, OB/GYN, dental, elder care, podiatry and dermatology. MCHC also provides nutrition services and laboratory services. MCHC has an excellent reputation among its target population because it is culturally and ethnically sensitive (many of the staff are bicultural or bilingual); and utilizes a service-delivery model that is similar to that found in private physicians' offices.

Because MCHC, like many community health centers, has limited debt capacity, the $25 million capital project was predominantly funded from an $11.5 million HRSA Facility Investment Program (FIP) grant and a successful capital campaign, which included a contribution from the Boston Medical Center, a supportive partner. The project also leveraged grants and contributions with New Markets Tax Credits that resulted in favorably priced debt with equity-like features. The New Markets Tax Credits generated approximately $4 million in funding for the project. Lease income from two retail tenants in the new building and some operating cash flow will service a $4.8 million loan.

Capital Link assisted Mattapan Community Health Center with the development of a business plan, pro-forma financial forecasts and identification of the most advantageous financing structure. Capital Link then helped procure sources of project capital, including the New Markets Tax Credit transaction, long-term debt, and a loan guarantee from the Health Resources and Services Administration (HRSA). Capital Link planning assistance was also utilized by the health center in its application for Facilities Investment Program funding.

An image of Mattapan Community Health Center's new facility. For a virtual overview of the capital project, visit the health center's website: http://mattapanchc.org/capital_expansion.html

EDWARD M. KENNEDY
Community Health Center

Edward M. Kennedy Community Health Center (formerly Great Brook Valley Health Center), MA closed tax-exempt bond financing in April, 2011 to purchase and renovate a facility in Framingham, MA and cover project costs for its Worcester site. Founded in 1972, Edward M. Kennedy Community Health Center, Inc. (EMKCHC) has grown from a small, neighborhood organization to a multi-site, multi-service organization serving 100 cities and towns in Central and MetroWest Massachusetts.

EMKCHC is a single Federally Qualified Health Center (FQHC) that is organized around the two communities it serves; in Worcester through the Great Brook Valley Health Center (GVBHC), and in Framingham through the Framingham Community Health Center (FCHC). EMKCHC operates out of 12 clinical sites serving 20,566 individuals with 126,572 visits (main medical site in Worcester, 2 small medical sites in Framingham, 6 School Based Health Centers, and 3 dental satellites).

While GBVHC opened in 1972, the Framingham Community Health Center (FCHC) began seeing patients on March 4, 2004. To provide medical services, FCHC occupies temporary space at two small medical sites with a total of 7,400 square feet. Both sites are just around the corner from the site in downtown Framingham where FCHC will renovate a larger facility offering 15,900 square feet of space, including 14 exam rooms and other much needed support space. Project financing included a $6.4 million HRSA Capital Development grant, over $1,250,000 in private grants, and approximately $6.4 million in tax-exempt bonds privately purchased by TD Bank.

Capital Link began assisting EMKCHC with this project in July 2008, providing financial feasibility technical assistance, identifying the most advantageous financing structure, and helping the health center with its tax-exempt bond financing.

Webinar Series

The unprecedented federal investments in health center capital resulting from ARRA and ACA have jumpstarted health center expansion across the nation. In many ways, the lessons of ARRA have better prepared us for health reform and the tremendous opportunities it brings. Capital Link is excited to help health centers find and serve the 40 million patients projected by 2015. This doubling of current capacity will require careful planning and strategic thinking to maximize federal resources and to attract additional state, local, and private funding. To help health centers overcome these challenges, Capital Link has developed a series of webinars designed to help health centers strategically implement health reform. The schedule and descriptions for upcoming webinars are included below:

May, 2011

Payer Mix and Patient Growth Forecasting
May 11th, 2-3 PM EDT
Presented by Dave Kleiber,
Capital Link Project Consultant

Basics of Health Center Project Finance
May 25th, 2-3 PM EDT
Presented by Terry Glasscock,
Capital Link Senior Project Consultant

June, 2011

Using New Markets Tax Credits to Finance Health Center Facilities
June 1st, 2-3 PM EDT
June 2nd, 2-3 PM EDT
Presented by Allison Coleman,
Capital Link Chief Executive Officer &
Terry Glasscock, Capital Link
Senior Project Consultant

Basics of Health Center Project Finance
June 8th, 2-3 PM EDT
Presented byTerry Glasscock, Capital Link
Senior Project Consultant

Webinar Descriptions

Payer Mix and Patient Growth Forecasting
The Affordable Care Act has launched the health care delivery system onto a challenging and exciting new path. A major part of this transformation will be the expansion of Medicaid eligibility and the creation of new health insurance exchanges. Although these developments will provide coverage for millions of Americans, it isn't easy to predict how many will seek care at health centers. It is imperative to plan for the changes to come; but translating new regulations into prospective new patient visits can be difficult. Presenters will discuss tools to help estimate future Medicaid eligibility in your service area and the impact these sweeping reforms will have on your business model.

Using New Markets Tax Credits to Finance Health Center Facilities
Do you expect to undertake a capital project in 2012 or 2013? If so, are you aware of the New Markets Tax Credit Program and the benefits it could provide to your health center in financing a capital project? This session will review the basics of the New Markets Tax Credit Program and discuss it can be advantageous to your health center. The webinar will review how New Markets Tax Credits can be combined with HRSA and other capital grants and various loans—including from USDA—to lower your financing costs. The session will also review several recent examples of health center NMTC projects and discuss lessons learned. If your project can use additional equity investments—this session is not to be missed!

Basics of Health Center Project Finance
Health centers are exceptional for their unique, community-based service delivery model. CHC capital projects reflect this same character, featuring unique challenges and possibilities, but health centers can take advantage of common opportunities when assembling capital project financing. This comprehensive presentation will walk through all of the steps toward obtaining the financing for a major construction or renovation project. From reviewing the capital development process to discussing frequently used funding streams and financing models, this session will provide participants with an understanding of the primary building blocks of health center finance.

Webinar Reservations

To participate in our webinars, please email your name, title, organization, email address and the webinar you're interested in to Joe McKelvey at jmckelvey@caplink.org. For additional information, call 202-331-4602. There is no cost for attending the webinars, but participation is limited to the first 100 registrants. Reserve your spot today!

Upcoming Conferences and Training

Capital Link regularly presents information related to capital development to health centers and primary care associations at industry conferences. Below are a few of our upcoming events. Visit our website at www.caplink.org/events.html. for more information.

Date/Time	Place	Details
May 11, 2011, 3:30-4:45 p.m.	Massachusetts League of Community Health Centers, 2011 Community Health Institute, "Back to the Future: Taking Risk" Resort and Conference Center at Hyannis, MA	Cindy Barr, Operations & Facilities Planner, "Designing for the Future: the Patient-Centered Medical Home"
May 19, 2011, 7:30 a.m.-4:30 p.m.	Alabama Primary Health Care Association's 2011 Networking Forum, The Hotel at Auburn University, Auburn, AL	Cindy Barr, Operations & Facilities Planner, "Creating a Health Care Facility that Supports and Promotes Innovation and Expansion"
May 19, 2011, 7:30 a.m.-4:30 p.m.	Alabama Primary Health Care Association's 2011 Networking Forum, The Hotel at Auburn University, Auburn, AL	Terry Glasscock, Senior Project Consultant, "Understanding Our Financial Landscape"

Capital*ink*

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About Capital Link:

Since 1998, Capital Link has provided planning and capital solutions for hundreds of health center building projects. We assist health centers and primary care associations in accessing capital for building and equipment projects, and we provide extensive technical assistance throughout the entire capital development process. Additionally, Capital Link provides targeted loans to help health centers leverage other sources of capital.

For more information, visit **www.caplink.org**