MCHRC
Maryland Community Health Resources Commission

STATE OF MARYLAND
Community Health Resources Commission
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Maryland Community Health Resources Commission
FY 2016 Call for Proposals, Frequently Asked Questions

1. **Is there a limit to the number of applications that can be submitted by a single entity?**
   No, there is no limit to the number of applications submitted by a single entity; however, applicants should be very clear about the differences between each proposal.

2. **Does it matter if an applicant is a current and/or former grantee? Does that weigh in their favor?**
   Former/current grantees of the CHRC are welcome to apply for funding but are not provided special consideration in this Call for Proposals. Applicants should be aware that past/current performance as a grantee with the Commission will be taken into consideration when applications are reviewed.

3. **Are current grantees eligible to submit new grant applications?**
   Yes, current grantees are welcome to apply for another grant. Applicants should be very clear about how the requested use in the new grant application is different from the program currently in implementation.

4. **Who is eligible to submit a request for continuation of grant funding? How is a continuation of grant funding request submitted?**
   Former or current grantees that wish to continue a program previously supported by CHRC may apply for a request to continue the program, i.e., request additional funding. Proposals requesting continuation must be responsive to the strategic goals of this year's Call for Proposals. When applying for a continuation request, a full grant proposal should be submitted to the CHRC (as would occur with any other grant proposal). <u>This proposal should provide a detailed explanation of the program impact to date and past efforts to achieve program sustainability.</u>

5. **How would the Commission respond to two independent applications from sources offering complementary services in the same geographic area?**
   Applicants offering complementary services in the same geographic area should consider a collaboration before submitting grant applications.

6. **How many program years can a grant submission cover?**
   Applicants are permitted to submit proposals for one year or multiple years.

7. **Can programs be funded across multiple areas of focus?**
   While it is understood that some proposals could be considered as addressing multiple areas of focus, applicants are encouraged to select just one area of focus. The Letter of Intent and grant proposal should select and clearly state one specific category.

8. **Should individual projects address all three strategic priorities, or may they address one, two, or three?**
   Applicants are encouraged to address all three strategic priorities in grant proposals.

9. **How many grants will be awarded, and how does this relate to funding for FY 2017 and FY 2018?**
   The CHRC has a total of $1 million to award in new grant funding in FY 2016. The CHRC is looking to support multi-year projects, and grant awards made in this year's Call for Proposals will likely include funding from FY 2017 and FY 2018.

10. **If a grant is awarded for multiple years, is it necessary to re-apply for funding in the successive years?**
    There is no formal re-application process in successive years if the grant is for multiple years. Grantees, however, must comply with the grant agreement in order to continue receiving the grant funding.

11. **If the lead organization does not provide direct services but is partnering with a community health resource, does that satisfy the CHR requirement?**
    No. The lead applicant (future/potential grantee) must be a qualifying community health resource.

12. **If a hospital opens an outpatient clinic or provides services in the community, do they qualify as a community health resource?**
    Yes. Applicants, especially hospitals, are strongly encouraged to clarify how requested CHRC funds are separate and distinct from grant funds that are requested in the HSCRC Transformation Implementation Program RFP.

13. **What documentation fulfills the requirement for proof that an organization is a community health resource? When should this information be submitted?**
    Applicants must demonstrate that they are either (a) a designated community health resource, (b) a primary health care services community health resource, or (c) an access services community health resource. Organizations seeking to validate this designation must confirm that services are provided on a sliding fee scale or at no charge to the client. Acceptable documentation includes the organization's sliding scale fee schedule. This information should be submitted with the Letter of Intent.

14. **Are Letters of Intent (LOIs) mandatory?**
    Yes, LOIs are mandatory and due on Tuesday, December 15 at 12:00 noon.

15. Should the LOI budget be included as a chart on the budget document or in the narrative as text?

Submission of the LOI budget in either format is acceptable. The budget submitted with the LOI is not counted towards the overall four-page limit and could be submitted as an attachment to the LOI.

16. Is the requirement to submit a financial audit mandatory?

Applicants are strongly encouraged to submit a financial audit. In the absence of having a financial audit available, the Commission will accept other financial information such as tax returns or a profit and loss statement. The Commission uses the financial information to consider the long-term financial solvency of its potential grantees and to ensure that limited public grant funding is invested in financially sustainable organizations.

17. Are local health departments required to submit the financial audit?

No, this requirement does not apply to local health departments.

18. Can funds be used for delivery of direct services?

Yes, grant funds can be used for direct services.

19. Will women's health services be considered under providing primary care or are they limited to category one?

Programs that seek to expand access to comprehensive women's health services should be submitted in category #1, promoting comprehensive women's health services and reducing infant mortality rates**.**

20. Emphasis on dental is still on children. Will adult dental care be considered?

Applicants are permitted to submit proposals that expand dental services for <u>both</u> adults and children.

21. If an organization sees Medicaid patients as well as uninsured patients, does the organization qualify as providing access/new access?

Yes, the organization as defined is providing new access. The Commission is interested in the long-term financial sustainability of safety net providers, and therefore, grant funds could be used to move a safety net provider from being solely grant funded to becoming a fee for service provider from both public and private insurers.

22. Does supporting the accreditation costs for behavioral health providers qualify for grant funding?

Maybe. One of the four areas of focus in this year's RFP is increasing access to integrated behavioral health services in the community. Projects that demonstrate that the requested use of grant funding will result in expanding access to behavioral health services in an underserved area are permitted (and encouraged). Applicants should be aware that competitive proposals must demonstrate that the requested use of limited CHRC grant funds is not supported by other entities (i.e., DHMH) and present a compelling argument that the population or geographic area is truly underserved. CHRC staff will work very

closely with the DHMH Behavioral Health Administration to ensure that limited CHRC grant funds do not duplicate or supplant funds made available by other DHMH resources.

23. Are grant funds able to support the costs of addressing social determinants of health, i.e., transportation, housing, others?

Yes, the CHRC is looking to support programs that address the social determinants of health. CHRC grant funds can be used to cover transportation assistance/vouchers or housing costs, but the proposal should be very clear how the use of these funds will expand health care access and (like other/any proposals) be very specific in terms of health outcomes that will be improved/impacted by virtue of addressing social determinants of health. Also, the proposal should reflect "due diligence" in identifying other resources in the community that provide assistance with specific social needs. For example, if the proposal requests grant funds to cover supported housing costs, has the applicant explored other federal, state, or local programs that may be available, (i.e. The Department of Housing and Urban Development's Housing Choice Voucher Program)? If other programs are available, the applicant should show that the resources are over-used or have long waiting lists.

24. Is there a maximum amount for the awards?

Ranges are for the entire category, not per grant award. The Call for Proposals provides funding ranges for each category, as follows:

Comprehensive women's health: $100,000 to $200,000
Dental: $100,000 to $200,000
Behavioral Health: $300,000 to $400,000
Expanding access and chronic disease management: $400,000 to $500,000

25. Since the ranges listed are for "Year 1," how does that affect a proposed multi-year project?

Applicants are able to submit one- or multi-year budget proposals, and the amounts for each area of focus should be considered guidelines and represent the likely overall amount that will be awarded in each category this year. Grant funds awarded in year one do not need to be expended before the end of year one/FY 2016 (June 30, 2016).

26. How will procurement roll out? Once the funds are awarded and start dates are determined, how much lead-time will be required?

Once the CHRC makes its grant awards (after the March 2016 meeting), grantees are notified that they need to: (1) Sign the grant agreement; (2) Review and approve performance metrics and grant reporting schedule; (3) Provide an updated line item budget for the grant award amount; and (4) Submit the first invoice for payment. This process typically takes between 30 and 90 days, depending on how quickly the grantee finalizes its grant performance metrics. Grantees should anticipate a program start date in spring 2016.

27. On the selection criteria sustainability and matching funds, please elaborate.

The CHRC is looking to support programs that will be sustainable after initial grant funds have been utilized. Proposals that present a strong sustainability plan will receive added

consideration. The CHRC also looks to support programs that have used Commission grant funds to leverage additional resources, perhaps from local hospitals, foundations, or local employers. In the full proposal, applicants are encouraged to include a Letter of Commitment identifying the matching funds.

28. Is a specific amount or percentage of matching funding required?
There is no specific amount or percentage of matching funding required, but applications with matching funding will be well received.

29. If a grant proposal includes opening a new clinic, can we request capital building costs?
Requests for capital are permissible, but CHRC grant funding is typically used to support operating expenses in light of limited funding in CHRC's budget. Applicants are encouraged to seek other sources for capital support, such as the DHMH FQHC capital program, the Maryland Hospital Association capital program, legislative bond bill request, or private local foundations.

30. Are the Grant Application Cover Sheet and Contractual Obligations forms available as a template?
Templates for the Grant Application Cover Sheet and the Contractual Obligations are available on the CHRC website.

31. What is the overall page limit for the proposals?
Applicants are advised to limit their proposals to a total of 15 pages.

32. Is there a preferred database to be used in discussing the metrics?
Acceptable databases for reporting metrics include the State Health Improvement Process (SHIP) metrics, hospital data sets from CRISP or individual hospitals, and/or HEDIS benchmarks. The Commission is seeking a level of specificity in designing and collection of the metrics and proof that the grantee has the capacity to collect the relevant data sets and report progress (in terms of specific metrics, baselines, etc.) towards the goals of the proposal. Grantees should be very specific about how they intend to capture the required data, will calculate baselines, show impact, and how success will be determined.

33. Can funds be used to expand existing programs?
CHRC grant funding may be used to expand existing programs. Applicants should be aware that the CHRC staff will work closely with DHMH and HSCRC to be ensure that CHRC funding does not duplicate or supplant DHMH funding or funding through hospital rates authorized by the HSCRC.

34. Can an application build on a proposal submitted to but not yet awarded by the HSCRC? Can you distinguish between the types of activities that HSCRC is looking to support vs. what CHRC is looking to support?
CHRC staff will participate in the HSCRC Review Committee and work closely with HSCRC staff to ensure that grants awarded by the CHRC do not duplicate awards made by the HSCRC. HSCRC grant awards are expected to be made prior to CHRC grant

awards, which means that CHRC grant awards will take into consideration the activities that HSCRC funds under the Transformation Implementation Program.

Organizations submitting proposals to each RFP must clarify/differentiate between the requested uses of HSCRC and CHRC grant funds. Applicants who have submitted a proposal to the Transformation Implementation Program RFP are encouraged to include a copy of this proposal as an appendix to the CHRC grant submission and very clearly indicate how requested CHRC grant funds will not duplicate the use of HSCRC funds.

CHRC grant requests may certainly build on the recommendations of regional planning grants and proposals submitted to HSCRC. Competitive proposals to the CHRC will address its statutory mission of expanding access for low income and un/underinsured individuals and promoting the use of community-based health services. The CHRC will be looking to support programs that focus on these statutory goals.

As stated in the Transformation Implementation Program, the HSCRC will look to support efforts that are consistent with the goals of the Maryland All-Payer Model and results in improvement in the following metrics: keeping the all-payer total hospital per capita revenue growth rate for Maryland residents below 3.58%; achieving Medicare savings for Maryland beneficiaries in the amount of $330 million over 5 years compared to Medicare trend; bringing the Maryland Medicare readmission rate to below the national average; reducing Maryland Hospital Acquired Conditions in the State by 30% over 5 years; and keeping Maryland Medicare per beneficiary growth over any two-year period at or below the national growth.