STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor
Allan Anderson, M.D., Chair – Mark Luckner, Executive Director

Maryland Community Health Resources Commission
FY 2020 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 that is submitted.

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 submit proposals this year 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 requested funds in the new grant application are wholly separate from the currently implemented project. Applicants should be aware that past/current performance as a grantee with the Commission will be taken into consideration when applications are reviewed.

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. This proposal should provide a detailed explanation of the program impact to date and efforts to achieve program sustainability. Continuation requests will be considered on a case-by-case basis and applicants requesting continuation funding will need to make the case why the prior CHRC grant could not be sustained.

5. **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 the Maryland Department of Health (MDH) and the Health Services Cost Review Commission (HSCRC) to ensure that CHRC funding does not duplicate or supplant MDH funding or funding provided through hospital rates authorized by the HSCRC. Applicants seeking funding to expand existing programs should be very clear and explicit in how the requested CHRC grant funding will expand (not simply continue) existing programming.

6. **May out-of-state entities submit grant applications?**
   Out-of-state applicants are permitted to submit grant applications provided that the program clearly serves Maryland residents.

7. **If an applicant does not currently provide primary health care services on a sliding scale fee or refer to reduced price clinical health services, but could provide either service by virtue of a grant, is the applicant eligible to apply as a community health resource**?
   No. An applicant must currently provide primary health care services on a sliding fee scale or refer to reduced price clinical health services to qualify as a community health resource. Applicants cannot become community health resources by receiving a grant; they must meet the eligibility criteria before receiving a grant from the CHRC.

8. **If an applicant provides access services, specifically transportation services, via a sliding scale fee schedule that directly assists low-income, uninsured, or underinsured individuals to gain access to reduced-price clinical health care services, does the applicant qualify as an Access Services Provider?**
   Yes. If an applicant provides transportation services to low-income, uninsured, or underinsured individuals via a sliding scale fee schedule that directly assist the individuals to gain access to reduced-price clinical health care services, the applicant qualifies as an Access Community Health Resource. The applicant must provide a copy of its sliding scale fee schedule for transportation services and a current MOU with, and the sliding scale fee schedule of, the entity providing the clinical health care services.

9. **For a programs that assist newly arrived refugees, would their ability to navigate health resources independently be considered an outcome?**
   The Commission will consider supporting proposals that aim to help individuals who are impacted by multiple determinants of health, regardless of insurance status, to join the health care system and connect to a health care provider. Stronger proposals involve the collecting and reporting of clinical health outcome data, which may vary by the type of project. Sample health outcome metrics (depending on the nature of the intervention or target population) could include: diabetic control measures (HbA1c), BMI values, or increasing access to prenatal services in the first trimester. It is understood that applicant organizations who refer individuals to health care services may not possess health outcome measure data. For these types of proposals, the applicant is encouraged to have an MOU in place with the clinical partner/provider, which includes the collecting/sharing of health outcome data.

10. **If our organization assists individuals gain access to primary health care vision services, would we be considered eligible by the Commission?**
    Applicants are encouraged to consult the CHRC's definition of primary care services in its regulations, which is posted on the CHRC's website (on the same page with the other documents for this year's RFP). If your organization provides access to primary care vision services and does so on a sliding fee scale, or refers to providers that have a sliding scale fee policy in place, then your organization would likely qualify as a community health resource.

    The CHRC definition of "primary care services: can be found at:
    https://health.maryland.gov/mchrc/Pages/notices.aspx

11. **If our organization provides home-delivered, medically-tailored meals, Medical Nutrition Therapy, or individualized nutrition intervention, would we be considered eligible by the Commission?**
    Similar to the response above, applicants are encouraged to consult the CHRC's definition of primary care services in its regulations, which is posted on the CHRC's website (on the same page with the other documents for this year's RFP). If your organization provides access to home-delivered, medically-tailored meals, Medical Nutrition Therapy, or individualized nutrition intervention as part of the clients' primary care services, then your organization would likely qualify as a community health resource.

    The CHRC definition of "primary care services: can be found at:
    https://health.maryland.gov/mchrc/Pages/notices.aspx

12. **Is the Commission willing to support projects submitted by hospitals as the lead applicant?**
    The CHRC will consider grant applications from hospitals, provided the hospital qualifies as a community health resource; however, these grant applications should demonstrate that CHRC grant funding is the best source of funding for the project, and the envisioned project cannot be funded by other sources (i.e., funding made available by the HSCRC or the hospital community benefit dollars).

13. **Will a hospital-based applicant funded through a school-based health center be considered eligible for grant award?**
    The entity doing the bulk of the grant work and delivering the services should be listed as the applicant on the LOI under Organization. The Commission determines eligibility based on the type of organization described in the RFP under the heading Designated Community Health Resource. School-based health programs are eligible to apply. The simplest approach with the fewest administrative and operational layers is the best approach.

14. **Would a privately held or for-profit organization be eligible to submit a LOI/grant application?**
    Possibly. If an applicant is a privately held or for-profit organization, it would need to provide documentation with the LOI that it delivers primary health care services and does so on a sliding fee scale or refers individuals to providers or programs that offer primary care services on a sliding scale basis.

15. **Would our organization be eligible if we provide free services but do not collect income information and are unable to verify where individuals fall on the poverty level?**
    Based on the description provided in the question, the program provides services to low income individuals free of charge, so the organization would be eligible to apply to the Commission for a grant, contingent on review the LOI and application if submitted.

16. **Would a re-entry program that connects individuals through referrals to primary care, behavioral health and support services be eligible to apply if MOUs are not currently in place with these providers? Would a letter of support satisfy eligibility requirements in the absence of an MOU?**
    The Commission strongly encourages access services community health resource organizations to have MOUs in place with their primary care and ancillary service referral providers before applying. An MOU demonstrates the strength of the relationship between the

access services organization and the providers, and the providers' commitment to serve the individuals referred. A letter of support may not illustrate the same level of commitment between parties. An alternative approach is to partner with another organization as the lead applicant on the LOI/proposal.

17. **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.

18. **Can programs be developed across multiple jurisdictions?**
    Proposals that serve multiple jurisdictions will be favorably reviewed, but precision in defining the target population, goals and impact of project will be necessary. Applications should present a clear accountability plan that delineates the responsibilities of project partners and how grant funds will be utilized. To the extent that there is one lead applicant with multiple sub-partners, the proposal should provide a management plan that describes how the lead grantee will manage sub-grantees/contractors and which outcomes (specifically) will be impacted by the activities of the sub-contractors/partners.

19. **How many program years can a grant submission cover? Is there a maximum number of program years which the Commission will support?**
    Applicants are permitted to submit proposals for one year or multiple years. The Commission suggests that programs be limited to no more than three years. Applications that request funding support for more than two years will need to make the case why long-term sustainability of the program cannot be achieved with only two years of CHRC funding.

20. **Can programs be funded across multiple areas of focus? Can a single program address more than one area of focus (category)?**
    While it is understood that some proposals could be considered as addressing multiple categories, applicants are encouraged to select just one category. The Letter of Intent and grant proposal should select and clearly state **one** specific category.

21. **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. These priorities will apply to all proposals that are submitted, irrespective of the area of focus of the proposal.

22. **How many grants will be awarded, and how does this relate to funding for FY 2021 and FY 2022?**
    The CHRC has a potential total of $6 million to award in new grant funding in FY 2020. The CHRC will support single and multi-year projects. Grant awards made in this year's Call for Proposals may include funding from multiple fiscal years, similar to previous Calls for Proposals.

23. **If a grant is awarded for multiple years, is it necessary to re-apply for funding in the successive years?**
    The CHRC does not typically support continuation requests after the initial CHRC grant has ended. For projects that are funded across multiple fiscal years, the grantee does not need to

re-apply during the project period. During implementation of the original grant, the programs need to demonstrate performance and progress toward meeting the overall goals of the grant, as reflected in regular grantee program reports that are submitted and reviewed by the CHRC. Grantees that do not comply with these requirements (e.g., not submitting complete reports when due) or do not meet program performance goals may be subject to the withholding of grant funds during the grant period, and may be subject to discontinuation or termination of the grant.

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

Applicants are able to submit single- or multi-year budget proposals, and the amounts for each category should be considered guidelines and represent the overall amount that will be awarded in each category this year.

25. Does the full year one budget need to be expended before the end of FY 2020 (i.e., June 30, 2020)?

No. The Commission's funds are special funds and do not need to be expended before the end of the fiscal year (June 30, 2020).

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 (at the February/March 2020 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 which typically reflects 50% of the Year One award. Grantees are expected to launch program implementation within the first 60-90 days of the grant award.

27. 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.

28. If a hospital opens an outpatient clinic or provides primary health care services in the community on a sliding scale fee schedule, 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 have been made available by the HSCRC, and the proposal should comment on why the requested use of limited CHRC grant funds cannot be supported with existing hospital community benefit resources or other funding opportunities available from the State or HSCRC. Also, when grant requests are submitted to the CHRC, hospital applicants are encouraged to partner with existing community based providers or resources that are already serving the community or target population.

29. What documentation fulfills the requirement for proof that an organization is a community health resource? When should this information be submitted?

When submitting the Letter of Intent, 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 scale fee schedule or at no charge to the client. Acceptable documentation includes the organization's sliding scale fee schedule.

To confirm that an entity is an access services community health resource, the applicant must submit a current MOU with an agency to which the applicant refers individuals or a letter from the agency documenting the formal referral relationship.

Outpatient mental health clinics should include a copy of the current MDH license.

This information should be submitted with the Letter of Intent, which is due November 20, 2019. If not included with the Letter of Intent, CHRC staff will request additional materials to certify eligibility as a community health resource.

30. Are Letters of Intent (LOIs) mandatory?

Yes, LOIs are mandatory and are due on Wednesday, November 20, 2019 at 12:00 noon. Only LOIs that are submitted on the official LOI form will be considered.

The LOI template and instructions can be found at:
https://health.maryland.gov/mchrc/Pages/notices.aspx

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

The Commission uses the financial information of the applicants to evaluate the long-term financial solvency of its potential grantees and to ensure that limited public grant funding is invested in financially sustainable organizations. Submission of the most current financial audit is mandatory. If the audit is determined by an independent reviewing agency to be "aged," the Commission will contact applicant to request an updated financial audit. If the applicant does not have a current financial audit available, the Commission will also accept other financial information such as tax returns or a profit and loss statement. However, submission of tax returns or a profit and loss statement in lieu of a formal, independent financial audit will result in the applicant being flagged as high risk.

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

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

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

Yes, grant funds can be used for direct services.

34. Under addressing the opioid epidemic through behavioral health services (Category 2), would prevention education around the topic fit the criteria?

Yes.

35. Can an application for category two, behavioral health and addressing heroin and opioid epidemic, present a broader treatment program for addiction-related disorders?

Yes, the Commission will welcome applications for the treatment of all substance use disorders. To avoid possible duplication of efforts, applicants should explore other currently available options, such as funding provided by the Maryland Behavioral Health Administration or the Opioid Operational Command Center (OOCC). CHRC staff will coordinate closely with

MDH and OOCC to ensure that limited CHRC grant funding does not duplicate other funding options available.

36. Please clarify what services are considered under the Women's Health area of focus? Will preventive care focused programs be considered, for example breast cancer screening?

Prior Commission awards in the area of women's health have primarily focused on expanding access to preconception, prenatal and post-partum services as a means to help reduce infant and maternal mortality among at-risk populations.

37. Please clarify what programs will be considered under the program focus area "food security and efforts to prevent and manage diabetes? Should all proposals in this area link to diabetes?

All applicants in this category are encouraged to address diabetes. Applicants submitting proposals for this area of focus are strongly encouraged to consult the Maryland Department of Health, Diabetes Action Plan at:

https://phpa.health.maryland.gov/ccdpc/Pages/ccdpc_home.aspx

38. Both the CHRC and HSCRC are addressing diabetes in their respective RFPs this year. What activities that address diabetes will the CHRC consider funding under this year's RFP and how does this relate to HSCRC funding opportunities?

The new HSCRC Competitive Regional Partnership Catalyst Grant program is designed to support interventions that align with the goals of the Total Cost of Care Model. The Regional Partnership Catalyst Grants will be awarded to hospitals to support collaboration between hospitals and community partners. The CHRC supports programs primarily through community based health organizations and will look to address social determinants of health. Both programs will award grants to programs that address diabetes prevention and management in line with priorities defined in the Diabetes Action Plan. However, the HSCRC program funding is specifically designed to support the implementation of the CDC and ADA endorsed diabetes prevention and management programs while the CHRC program adopts a broader focus. The CHRC and HSCRC staff will collaborate to ensure that these two new grant programs do not duplicate or supplant existing funding or services in the State.

39. 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 (similar to other/any proposals) be very specific in terms of health outcomes that will be improved/impacted by virtue of addressing social determinants of health. For example, if the proposal requests grant funds to cover supported housing costs, applicants should identify other federal, state, or local programs that may be available (i.e., the Department of Housing and Urban Development's Housing Choice Voucher Program) and make use of these resources. If other programs exist but are unavailable for the proposed project, the applicant should show that the resources are over-used or have long waiting lists. The Commission will prioritize proposals which utilize a holistic approach and implement evidence-based interventions such as community health workers, patient navigators, multisectoral partnerships, and community-

based participatory approaches. Interventions that propose collaborations with multiple entities and community-based partnerships that create social, political, or economic support systems to address the social determinants of health for a specific population are strongly encouraged.

40. Will the Commission consider program proposals that address the needs of the homebound geriatric population?

Yes. As with any application the proposal should address the three strategic priorities of this year's RFP. Frail, elderly and homebound seniors reflect vulnerable populations which is one of the three strategic priorities of this year's RFP.

41. Is there a maximum amount for the awards or a budget cap per proposal?

The funding ranges in the Call for Proposals are for the entire category (i.e., area of focus). There is no funding award cap per applicant proposal though applicants are encouraged to be frugal in their budget requests of the CHRC.

42. Could budget requests submitted to the Commission be amended during the application review process?

The Commission reserves the right to amend budget requests submitted if the Commission believes the integrity of program could be maintained at a lower funding level. Frugality is of great value.

43. 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 employers. In the full proposal, applicants are encouraged to include a Letter of Commitment identifying the matching funds.

44. Is the budget a scored criteria in review of the applications?

Review of the grant application begins with an assessment of the project and proposed intervention strategy(ies). The budget request is then assessed to determine whether the budget is commensurate with the program or strategy proposed. The Commission may suggest reduced budgets due to budget constraints.

45. What are the characteristics of a sustainability plan?

Examples of sustainability plans have included, but are not limited to: (1) commitment by a hospital partner or private foundations to provide post-award funding; (2) development of the ability to bill third-party payers for services provided; and/or (3) development of the ability to sustain employment of staff members hired for the program.

46. 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 by the CHRC.

47. What does the Commission consider to be "major equipment" or "small equipment and furniture costs" when developing a budget that includes purchase of equipment?

Any purchases that can be depreciated (i.e., such as a van, renovations in excess of $5,000, or large dental chairs) would be considered major equipment. Examples of small equipment and furniture costs would be a fax machine, small computer equipment/items, or chairs for a waiting area if less than $5,000.

48. In light of SB 1045, which requires the State to honor certain rates for indirect costs on certain State-funded grants and contracts with nonprofit organizations, will the Commission accept rates for indirect costs that exceed 10%?

Yes, in limited circumstances. In accordance with SB 1045, now codified at Md. Code Ann., State Finance and Procurement § 2-208, the CHRC will allow for reimbursement of indirect costs to nonprofit organizations in an amount equal to the rate the nonprofit organization has negotiated and received for indirect costs under a direct federal award, or from a nonfederal entity based on the cost principles in Subpart E of OMB Uniform Guidance.

49. What are permissible expenses incurred as part of indirect costs?

Indirect costs include items that are associated with running the organization as a whole and benefit more than one project/program. Allowable indirect costs include items such as administrative staff salaries, rent, utilities, office supplies, insurance, etc. No more than 10% of the total budget can be requested for indirect costs, apart from the circumstances specified in Question 40.

50. What is not allowable under indirect costs?

Noncash transactions such as depreciation are not allowable indirect costs.

51. Payroll fringe costs are limited to 25%. Will fringe costs exceeding 25% be considered?

The Commission advises that the fringe rate be calculated at no more than 25%. If the grantee requests more than 25%, the applicant will be required to provide a compelling rationale for exceeding this amount. These requests will be considered on a case-by-case basis.

52. What actions can be taken if there is an error in the budget submission of the Letter of Intent?

Applicants are encouraged to confirm the budget request **before** submitting the Letter of Intent; however, if an error is discovered after submission, the Commission can be notified via email of the change.

53. 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 at:

https://health.maryland.gov/mchrc/Pages/notices.aspx

54. What is the overall page limit for the proposals?

Applicants are advised to limit their proposals to a total of 15 pages.

55. Please explain the difference between program and outcome metrics under primary preventative care.

Program and outcome metrics are specific to the program and determined by the applicant. Process measures are the data used to track grantee progress in execution of the program to the

agreed milestones in the proposal, for example the number of referrals made to a care provider or service. Outcome measures are the assessments that indicate whether the program is having the desired effect on participants, for example the number of diabetics with improved HbA1c levels or individuals who achieve desired weight loss (i.e., positive health outcomes).

56. 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 Chesapeake Regional Information System for our Patients (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.

57. Can grantees hire a third-party evaluation company/consultant to perform program evaluation?

Yes.

58. Is there implicit expectation that grantees publish their impacts in peer-reviewed journals?

No, but the Commission encourages grantees to disseminate their results to a wider audience. Programs that present sound evaluation plans, the capacity to collect data, and document project impact/ROI, etc. will be favorably reviewed.