



CHRC New Grantee Informational Meeting

Mark Luckner, Executive Director
Chris Kelter, Chief Financial Officer
Michael Fay, Program Manager
Jen Thayer, Administrator

April 8, 2021





Grant Award Letter

Grant Agreement (signature required)

- Attachment 1 Proposal as submitted
- Attachment 2 Budget as approved on March 31, 2021

Attachment 3 - Grant Monitoring Documents

- 90-Day Report
- Milestones & Deliverables (M&D) Report
- Expenditure Report
- Narrative Report

Attachment 4 - Supporting Documents

- Comptroller's ACH Payment Form
- Staff Contact Information





Grant Reporting Periods – One & Two-Year Grants

Grant Reporting Information					
Reporting Period	Reports Due				
90-Day Report Grant Implementation May 1 – July 1, 2021	July 30, 2021				
May 1, 2021 – October 31, 2021	November 30, 2021				
November 1, 2021 – April 30, 2022	May 31, 2022*				
May 1, 2022 – October 31, 2022	November 30, 2022				
November 1, 2022 – April 30, 2023	May 31, 2023				

If your organization would like the grant period to begin <u>after</u> May 1, 2021, CHRC Staff is available to discuss, however, the grant period <u>must</u> begin prior to June 30, 2021.



CHRC Grant Modifications

- CHRC staff maintains regular contact with grantees.
- CHRC staff is available to discuss potential modifications of the grant terms throughout the grant period (at any time).
- Grant modification requests include:
 - Extension of grant period.
 - Adjustments of more than \$10,000 of budget line items
 - Adjustments to grant metrics.
- Grant modifications are considered amendments to the Grant Agreement and must be approved by CHRC Commissioners.





Milestones & Deliverables (M&D) Report – Page 1

CHRC Grantee Monitoring Report							
Grantee Name:							
Grantee Contact Information:							
Grantee #:	20-00x	20-00x					
Grant Period:	May 1, 2020 - April	May 1, 2020 - April 30, 2022					
Date of this Report:							
Total Grant Award:	\$500,000	\$500,000					
Amount Paid to Date:	\$200,000	\$200,000 Program goal (target # unduplicated participants): 1000					
Outstanding Grant Balance:	\$300,000	\$300,000 Progress to goal (current # unduplicated participants):					
Expenditure to Date:	\$0	\$0					
	Grantee Payout and Report Schedule						
Reporting Period	Due Date	Status	Proposed Fund Distribution	Actual Fund Distribution	Actual Expenditures	Required Items	
N/A		Complete	\$105,000	\$100,000	n/a	Signed grant agreement, approved performance measures and invoice	
Project update 1 (90 days post award)	July 31, 2020		n/a	n/a	n/a	Project Update Narrative	
Report Period One May 1, 2020 - October 31, 2020	November 30, 2020		\$100,000	\$100,000		Report 1: narrative, M&D report, expenditure report, supporting fiscal documentation and invoice	
Report Period Two November 1, 2020 - April 30, 2021	May 31, 2021					Report 2: narrative, M&D report, expenditure report, supporting fiscal documentation and invoice	
Report Period Three May 1, 2021 - October 31, 2021	November 30, 2021					Report 3: narrative, M&D report, expenditure report, supporting fiscal documentation and invoice	
Report Period Four November 1, 2021 - April 30, 2022	May 31, 2022					Final Report: narrative, M&D report, expenditure report, supporting fiscal documentation and invoice	

TOTALS: \$205,000 \$200,000 \$0



Milestones & Deliverables (M&D) Report – Page 2

CHRC Grantee Monitoring Report							
Grantee Name:							
Grant #:	20-00x						
Attestation:	I attest that, to the best of my knowledge and belief, all the information contained in this report is accurate and complete. I attest that, to the best of my knowledge and belief, that the information reported by any subcontractors is accurate and complete, and that my organization has in place policies and procedures to monitor and ensure the accuracy of this information. Documentation to support the data will be kept for 5 years and provided to CHRC upon request. Signed						
NOTE #1: Any measurement counting "UNDUPLICATED" patients CANNOT include the same patients over different reporting periods. The "TOTALS" column for these measures should sum only unduplicated individuals. For example, if an individual is counted in reporting period 1, that person should <u>not</u> be counted again in reporting period 2.							
NOTE #2: The program data with its associated data source	reported by the grantee on this M&D report is subject to audit	by the CHRC.					
NOTE #3: The CHRC will utilize output 1a for its "Total p	articpants/clients seen" measure, and output 1b for its "Total	particpants/client encounters" n	neasure.				
NOTE #4: "Participant/Client Encounters" is defined as any	face-to-face visit with a member of the SWIFT Team.						
(Do NOT alter shaded cells)							
Key Process Measures	Output	Data Source	Reporting Period #1 (MAY 1 - OCT 31, 2020)	Reporting Period #2 (NOV 1, 2020 - APR 30, 2021)	Totals	Goal	
	1a) # unduplicated participants served	EMR	59		59	500	
	1b) # face to face particpant encounters (i.e., home visits or other location)	EMR	190		190		
	1c) # of participant encounters via telephone	EMR	245		245		
To increase access to essential health care services	1d) total # of particpant encounters (1b + 1c)	EMR	435		435		
	1e) # participants referred to and receiving primary care services	EMR	67		67		
	1f) # of participants referred to and receiving behavioral health services	EMR	23		23		
	1g) # of particpants referrals to other specialist health care services	EMR	34		34		
Key Outcome Measures	Output	Data Source	Reporting Period #1 (MAY 1 - OCT 31, 2020)	Reporting Period #2 (NOV 1, 2020 - APR 30, 2021)	Totals	Goal	
Redeuce avoidable ED IP visits	2a) % reduction in non-emergency calls to 911	CRISP				33%	
	2b) % reduction in avoidable IP hospitalizations from baseline	CRISP				25%	
	2b) % reduction in avoidable ED visits from baseline (calculate % reduction from cohort baseline)	CRISP				25%	



Expenditure Report

Expenditure Report For the Period May 1, 2020 - December 31, 2020						
Program Area	Total Budgeted Amount	Amount Expended	Amount Expended	Amount Expended	Amount Expended	
		5/1/20 - 12/31/20	1/1/21 - 6/30/21	7/1/21 - 12/31/21	1/1/22 - 6/30/22	
1.00 FTE -	\$114,086	\$27,696				
Personnel Subtotal	\$114,086	\$27,696	\$0	\$0	\$0	
Personnel Fringe (no more than 25% of Personnel costs)	\$40,101	\$9,735				
Equipment/Furniture	\$0	****				
Supplies	\$10,000	\$212				
Travel/Mileage/Parking	\$13,320	\$1,618				
Staff Trainings/Development	\$1,000	\$579				
Contractual	\$0					
Other Expenses	\$0	44.204				
Indirect Costs	\$23,257	\$4,384				
TOTAL EXPENSES FOR REPORTING PERIOD	\$201,764	\$44,224	\$0	\$0	\$0	
TOTAL CUMULATIVE EXPENSES	7202,701	\$44,224	\$0	\$0	\$0	



CHRC Fund Distribution

CHRC staff recommends grantees submit the ACH/Direct Deposit Authorization for Vendor Payments to the Office of the Comptroller. (See Attachment 4 to the Grant Agreement).

Invoices must contain the following information:

- Tax ID Number
- Grantee Address <u>must</u> match address on federal W-9 Form previously submitted.
- Invoice Number
- CHRC Address -45 Calvert St., Rm 336, Annapolis, MD 21401



CHRC Contact Information

Address Information for Returning Grant Documents

For Overnight Courier (FedEx, UPS, DHL):

Maryland Community Health Resources Commission 100 Community Place, Room 4.507 Crownsville, MD 21032

For Regular U.S. Mail:

Maryland Community Health Resources Commission Post Office Box 2347 Annapolis, MD 21404



CHRC Staff Contact Information

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- Grant Budget Questions
- Invoicing

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- Commission Operations
- Grantee Liaison

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