



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 2019 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 of grant funds in the new application is a wholly different project from the program currently in implementation, builds on the current project/grant, or is a continuation request of the current program. Implementation experience with current/former grantees will be considered when the CHRC issues grant awards this year.

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.

5. 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.

- 6. If an applicant does not currently provide primary health care services on a sliding fee scale nor does the applicant refer to reduced price clinical health services, but could begin 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 reduce price clinical health services in order 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.

- 7. 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.

- 8. 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 through hospital rates authorized by the HSCRC. Applicants seeking funding to expand existing programs should be very clear and explicit how the requested CHRC grant funding will expand (not simply continue) existing programming.

- 9. 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.

- 10. 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.

- 11. Can programs be developed across multiple jurisdictions?**

Proposals that serve multiple jurisdictions will be favorably reviewed, but precision on target population and 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 these sub-contractors/partners.

12. 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.

13. What kind of projects is the Commission looking to support?

The Commission will be looking to support innovative projects that are sustainable after the grant funds are expended, are replicable, and expand access for underserved residents and/or underserved communities. Projects that present outcome metrics (both clinical/health and cost/ROI) will be competitive. The Commission will look to invest in projects that build the capacity to deliver services in the community, differentiating the types of grants that the CHRC awards from the projects supported by MDH, HSCRC, or others.

14. Can programs be funded across multiple areas of focus?

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.

15. 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.

16. How many grants will be awarded, and how does this relate to funding for FY 2020 and FY 2021?

The CHRC has a potential total of \$5.9 million to award in new grant funding in FY 2019. The CHRC is looking to support multi-year projects, and grant awards made in this year's Call for Proposals may include funding from multiple fiscal years (similar to previous Calls for Proposals).

17. 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.

18. 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 category should be considered guidelines and represent the likely overall amount that will be awarded in each category this year.

19. Does the full year one budget need to be expended before the end of FY 2019, i.e., June 30, 2019?

No. The Commission's funds are special funds and do not need to be expended before the end of the fiscal year (June 30, 2019).

20. 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 February/March 2019 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 the grant performance metrics. Grantees should anticipate a program start date in spring 2019.

21. 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.

22. 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. Also, when grant requests 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.

23. 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 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 13, 2018. If not included with the Letter of Intent, CHRC staff will request the materials and

confirmation of eligibility to proceed with a full grant application will be delayed until receipt.

24. Are Letters of Intent (LOIs) mandatory?

Yes, LOIs are mandatory and are due on Tuesday, November 13, 2018 at 12:00 noon.

25. Is it mandatory to use the Letter of Intent Form for submitting an LOI?

Yes. Only LOIs that are submitted on the official LOI form will be considered. The LOI template and instructions can be found at

<http://oit-msdn-sp3:81/mchrc/Documents/LOI%20Form%20and%20Instructions.docx>.

Please keep to the word limits requested in each of the fields of the form.

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

The 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 applicants to request an updated 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. Submission of tax returns or a profit and loss statement in lieu of a formal, independent financial audit may have a negative impact on the Commission’s assessment of the applicant’s long-term financial solvency.

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

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

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

Yes, grant funds can be used for direct services.

29. 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.

30. 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.

31. Is there a maximum amount for the awards?

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

- Promoting delivery of essential health care services: primary/preventative care services, dental services, and women’s health care services: \$2,000,000 to \$2,500,000
- Behavioral health: \$2,000,000 to \$2,500,000
- Obesity and food security: \$500,000 to \$1,000,000

32. 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.

33. 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.

34. 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.

35. 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.

36. 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., 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.

37. Indirect costs are limited to 10%. Is this rate flexible?

The CHRC's policy regarding the 10% limit on indirect costs is firm and not negotiable.

38. What are 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.

39. What is not allowable under indirect costs?

Noncash transactions such as depreciation are not allowable indirect costs.

40. 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.

41. Payroll fringe costs are limited to 25%. Is this rate flexible?

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.

42. 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.

43. 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.

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

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

45. 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.

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

Yes.

47. 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.

48. What is the post-grant award reporting schedule?

The CHRC typically requires grantees to report twice a year as a condition of payment of grant funds. These six-month reports include both programmatic/data measures and fiscal reporting. In addition to this six-month reporting schedule, the CHRC also requires new grantees, at the beginning of the grant, to submit project updates about every other month for the first few months of the grant.