



STATE OF MARYLAND

## Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

---

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor  
Elizabeth Chung, Chair – Mark Luckner, Executive Director

*Providing Emergency Relief for Community Health  
Resources and Supporting Safety Net Providers During  
the COVID-19 Virus Pandemic*

# **COVID-19 Virus Response Emergency Relief**

## **Call for Proposals**

April 27, 2020

## Table of Contents

<b>Overview</b> .....	3
<b>CHRC and COVID-19 Virus Pandemic Response</b> .....	3
<b>Key Dates to Remember</b> .....	5
<b>Grant Eligibility</b> .....	5
<b>Grant Program</b> .....	6
<b>Grant Requirements</b> .....	7
<b>Permissible Use of Grant Funds</b> .....	7
<b>Evaluation and Monitoring</b> .....	8
<b>How to Apply</b> .....	8
<b>Inquiries</b> .....	10
<b>About the Maryland Community Health Resources Commission</b> .....	11

## OVERVIEW OF CHRC

The Maryland Community Health Resources Commission (CHRC) was created by the Maryland General Assembly through the *Community Health Care Access and Safety Net Act of 2005* to expand access to health care for low-income Marylanders and underserved communities in the state and to bolster the capacity of the health care safety net infrastructure to deliver affordable, high-quality health services. The CHRC is an independent commission within the Maryland Department of Health (MDH), and its 11 members are appointed by the Governor. In creating the Commission, the Maryland General Assembly recognized the need to have an independent commission that focuses on supporting projects that serve vulnerable populations, strengthen the state's network of community health resources, and address service delivery gaps in Maryland's dynamic health care marketplace. The fundamental policy objective of the CHRC's authorizing statute is the need to expand *access* to community health providers, since health insurance coverage alone is not always adequate for at-risk communities and vulnerable populations to receive affordable, high-quality health care services.

Since its inception, the Commission has issued 14 Calls for Proposals and awarded 266 grants totaling \$77.7 million, supporting programs in all 24 jurisdictions. These programs have provided services for more than 488,000 patients, most of whom are low-income and face Social Determinants of Health. Over this same period, the Commission has received 880 proposals for consideration, totaling more than \$412.3 million in funding requests. Investing public resources efficiently and strategically and achieving post-grant program sustainability are top priorities of the Commission, and CHRC grantees have used initial grant funds to leverage \$28.4 million in **additional** federal, private/non-profit, and local funding sources. Commission funded projects achieved a demonstrable return on investment (ROI) by reducing avoidable hospital and 911 system utilization. In addition, 75% of CHRC funded projects are sustained at least one year after the grant has ended.

The following table summarizes the types of grants that have been awarded by the CHRC.

Maryland Community Health Resources Commission				
Focus Area	# of Projects Funded	Total Award Provided	Cumulative Total	
			Patients Seen/Enrolled	Visits Provided
Expanding access to primary care at Maryland's safety net providers	77	\$18,304,428	95,548	293,440
Providing access to integrated behavioral health services	72	\$19,481,102	87,232	294,254
Increasing access to dental care for low-income Marylanders	44	\$8,750,606	69,145	157,047
Promoting women's health and addressing infant mortality	27	\$5,658,294	18,793	60,280
Reducing obesity and promoting food security	32	\$5,765,000	1,252	6,068
Promoting health information technology at community health centers	9	\$3,268,661	Health Information Technology	
Health Enterprise Zones	5	\$15,335,997	217,109	391,639
<b>Total Grant Funding Provided</b>	<b>266</b>	<b>\$77,739,088</b>	<b>488,098</b>	<b>1,201,000</b>
<b>Total Funding Requested</b>	<b>880</b>	<b>\$412,274,716</b>		
<b>Number of Patient/Clients Served</b>	<b>488,098</b>			
<b>Number of Patient/Client Encounters</b>	<b>1,201,000</b>			
<b>Additional federal and private resources leveraged</b>	<b>\$28,370,809</b>			

## CHRC RESPONSE TO THE COVID-19 VIRUS PANDEMIC

Improving the health of all Marylanders through local coalition action and partnerships with community health resources is a mutual, ongoing goal of the CHRC. Consistent with this goal, the Commission retains the flexibility to provide additional funding to community health resources during emergencies that increase financial and operational demands and impact the provision of essential services to vulnerable populations. The current COVID-19 virus pandemic is placing an unprecedented demand on the safety net infrastructure while community health

resources are facing dramatic reductions in revenue and increased operational costs resulting in disruptions to programs and services. These disruptions will only exacerbate existing health disparities and increase the burden for those most susceptible to the immediate and longer-term consequences of the pandemic.

While the federal and state governments have expanded Medicaid eligibility and coverage options, increased Medicare reimbursement and made other financial pandemic response resources available to community health centers and essential service providers, these measures may not be enough to help these organizations survive the pandemic.

Also, based on current information available on the funding from federal, state, and local governments and grant opportunities from potential private foundations, it is unclear to what degree emergency funding is uniformly available to our safety net providers or sufficient to offset the dramatic losses in revenue and increased operating and staffing costs they face.

The CHRC's authorizing statute permits the Commission to issue emergency funding. Though it has not been used by the Commission in the past, the challenges facing Maryland's safety net provider infrastructure and the vulnerable populations that receive their services warrants providing access to emergency relief funding through this special Call for Proposals. This proposal opportunity is consistent with the CHRC's responsibilities to respond to the emerging needs of our safety net providers and the vulnerable populations they serve.

The current COVID-19 virus pandemic Call for Proposals continues the CHRC commitment to community health resources and responding to the unique health needs of vulnerable populations particularly during a pandemic or other emergency response situation.

### *Supporting Community Health and Essential Service Providers in Response to the COVID-19 Virus Pandemic*

The CHRC is releasing the COVID-19 Virus Emergency Relief Call for Proposals with the aim of assisting eligible community health resources respond to the current pandemic. These funds are intended to help preserve essential services and access to these services that are impacted by the pandemic until emergency funds from federal, state and local government and/or other private funding sources become available and their eligibility for such funding is verified.

**Under the requirements set forth in the federal CARES Act this funding cannot be used to offset salary costs, lost revenue incurred due to reductions in the number of patients/clients served or reductions in service utilization.**

For this COVID-19 Virus Emergency Relief Call for Proposals, the CHRC will make available flexible funding to mitigate the immediate impact of emergency response efforts and to help minimize the disproportionate impact of reduced service capacity and access on Maryland's vulnerable populations and communities. The Commission recognizes that as the pandemic response unfolds and we learn new information about the emergent needs of our community health resources and the communities and populations we serve, funding availability and priorities will evolve to meet those needs.

The application process has been streamlined to accelerate Commission review of applications and expedite the issuance of emergency grant awards. Emergency Relief applications will be accepted electronically until **12:00 PM on May 14, 2020**. Applications submitted to the Commission on or before the submission close date will be reviewed in the order of receipt and evaluated based on the information provided in the Letter of Request.

The Commission will award emergency relief grants to eligible applicants at a Commission meeting scheduled in mid-late June 2020. Funding requests of up to \$50,000 will be evaluated; however, the amount of each grant award will be determined by the number eligible applications received, the amount of funds requested, and the funds available at the time awards are issued. The Commission reserves the right to amend the amount of funds requested to ensure the process is equitable.

Emergency relief award letters will be issued following the Commission meeting scheduled in mid-late June 2020. The total grant award will be paid following written award notification to each grantee, within a timeframe to be determined following release of this Call for Proposals. Release of funds is contingent on Commission receipt of all required documentation including a fully executed original Grant Agreement with an invoice for the full amount of the grant award. Applicants will be notified of the award payment release date in the award letter.

### KEY DATES TO REMEMBER

<b>The following are the key dates and deadlines for the FY 2020 Call for COVID-19 Applications.</b>	
<b>April 27, 2020</b>	Release of the Call for Proposals
<b>May 14, 2020 – 12:00 PM</b>	Deadline for electronic receipt of applications <b>(NOTE: applications received after this deadline will not eligible)</b>
<b>May 18, 2020</b>	Deadline for receipt of original signed documents
<b>Late June 2020</b>	<b>CHRC Commissioners Issue Grant Awards</b>

### GRANT ELIGIBILITY

The Commission will consider proposals from any community health resource eligible under the Commission’s regulations found at Title 10, Subtitle 45 10.45.01.02B(7) of the Code of Maryland Regulations (COMAR).

#### What is a Community Health Resource?

An organization can demonstrate that it is a community health resource in any of three ways:

**(1) Designated Community Health Resource.** The CHRC has designated the following types of organizations, listed below, as community health resources. Each of these entities is eligible to apply for and receive grants from the Commission.

- Federally qualified health centers (FQHCs) and FQHC “look-alikes”
- Community health centers
- Migrant health centers
- Health care programs for the homeless
- Primary care programs for public housing projects
- Local nonprofit and community-owned health care programs
- School-based health centers
- Teaching clinics
- Wellmobile Programs
- Community health center-controlled operating networks
- Historic Maryland primary care providers

- Outpatient mental health clinics
- Local health departments
- Substance use treatment providers

Organizations not designated above may also qualify as a community health resource. To do so, organizations must demonstrate that they meet the Commission’s criteria for either a Primary Health Care Services Community Health Resource or an Access Services Community Health Resource. If an organization has received a grant from the Commission, it is a Community Health Resource.

**(2) Primary Health Care Services Community Health Resource.** Organizations must demonstrate that they:

- Provide primary health care services;
- Offer those services on a sliding scale fee schedule or free of charge; and
- Serve individuals residing in Maryland.

**(3) Access Services Community Health Resource.** Organizations must demonstrate that they:

- Assist individuals in gaining access to reduced price clinical health care services;
- Offer their services on a sliding scale fee schedule or free of charge; and
- Serve individuals residing in Maryland.

### **Sliding Scale Fee Schedule Requirements**

Organizations seeking to demonstrate that they are a Primary Health Care Services Community Health Resource, or an Access Services Community Health Resource must offer a sliding scale fee schedule consistent with the following guidelines established by the Commission or offer services free of charge.

An applicant organization’s sliding scale fee schedule must provide discounts to individuals with a family income at or below 200 percent of the federal poverty level, with no more than a nominal charge for individuals with a family income at or below 100 percent of the federal poverty level. No additional fees may be charged, such as an enrollment fee. The availability of discounted fees must be publicly displayed, and discounted services must be available to all who meet the eligibility criteria. The organization must review documentation on income from applicants. An organization that provides discounted or free care to all individuals who seek service, or to those with family income at or below 200 percent of the federal poverty level, complies with this requirement.

## **GRANT PROGRAM – EMERGENCY RELIEF CALL FOR PROPOSALS**

The COVID-19 Virus Emergency Relief Call for Proposals has one strategic priority, to assist eligible community health resources respond to the current crisis and help maintain delivery of basic, essential services in the face of acute revenue shortfalls and increased operating costs incurred due to the pandemic until emergency funds from federal, state and local government sources becomes available.

When considering emergency funding, the Commission will need to ensure (to the extent possible) that its funding does not duplicate potential COVID-19 virus pandemic funding available through emergency appropriation by the Maryland General Assembly, Maryland Department of Health, county governments or federal funding opportunities available under the \$2.2 trillion CARES Act including the:

- a) **Paycheck Protection Program (PPP)** loans that cover payroll, salaries, health insurance, rent and utilities;
- b) **Public Health and Social Services Emergency Fund** primarily for “eligible” hospitals, healthcare systems and community health centers (HRSA payments to FQHCs under the prior Congressional crisis appropriation in March are taken into account).
- c) **SBA Economic Injury Disaster Loans and Advance (EIDL)** - disaster relief grants and loans to mitigate the financial losses resulting from the pandemic.

All eligible community health resources including current CHRC grantees may apply for this **Emergency Relief** funding opportunity.

For CHRC grantees with programs currently under implementation (grants awarded through FY2019) who have submitted a grant modification request to reallocate unspent grant funds for COVID-19 pandemic response related expenses, the total combined amount of the grant fund reallocation and any emergency relief funds awarded under this Call for Proposals cannot exceed \$50,000. Also, grantees with a current fund balance sufficient to reallocate of up to 25% to a maximum of \$50,000 from remaining grant funds, while maintaining sufficient funds to complete their program are encouraged to use this funding for COVID-19 response expenses when feasible, rather than apply for emergency relief funding under this Call for Proposals. The Commission will consider grant modifications to adjust service targets and grant timelines in the event reallocation of funds is requested.

Newly awarded FY2020 CHRC grantees will be offered the opportunity to allocate up to 25% or a maximum of \$50,000 of their full grant award to address changing operational and service needs in response to the COVID-19 virus pandemic to provide immediate financial support to help maintain essential and/or critically needed services. However, the remaining grant funds should be adequate to initiate the program and deliver the services specified in the proposal unless a grant modification is submitted to the Commission that adjusts program service goals, budget expenditures and grant timelines.

As noted above, all current CHRC grantees are eligible to apply for COVID-19 virus emergency funding under this Call for Proposals up to a maximum of \$50,000, minus the amount redirected from existing grant funds when applicable.

For any redirection of grant funds for COVID-19 virus response, a budget amendment and associated documentation will need to be submitted to explain how the redirected funds will be spent and what impact this will have on the original program goals and timelines, and ability to achieve the stated program outcomes. (*NOTE: documentation requirements for modifications to the budget and program service goals will be determined by CHRC staff following approval of this RFP*).

## **GRANT REQUIREMENTS**

The CHRC has streamlined the grant application process for this Call for Proposals. Applicants are requested to submit the following items: (1) CHRC Letter of Request – Application Form and (2) Budget Form. All applicants, including prior CHRC grant recipients, will be required to submit their financial and profit/loss statements and other requested documentation listed on page 9.

Prior CHRC grantees that have been certified by the Commission as an eligible community health resource within the six months prior to release of this RFP will not be required to resubmit



documentation or otherwise demonstrate eligibility as defined above under the section “Grant Eligibility”.

## **PERMISSIBLE USES OF COVID-19 VIRUS EMERGENCY GRANT FUNDS**

Permissible uses of the **Emergency Relief** funding include “mission-critical” activities and unanticipated operational costs associated with pandemic response incurred from **March 1, 2020 to December 31, 2020**, as well as funding strategies to deliver essential services in new and innovative ways that reflect social distancing and other COVID-19 virus transmission prevention guidelines. This emergency relief opportunity is made possible with support from federal funds. The examples of permitted use of these funds is listed below and reflects our understanding of the “allowed” use guidelines for emergency funds issued by the Federal Government. Please note this is not an exhaustive list.

Examples of permissible uses of emergency relief funds include:

- Personal Protective Equipment (PPE).
- Increased infection control measures and services for environmental cleaning and disinfection.
- Costs to implement and maintain social distancing guidelines (e.g., physical barriers).
- Costs associated with implementation of telemedicine/telehealth technology.
- Re-purposing facilities to meet increased service demands (without the need for capital improvement).
- Alternate communication technologies to reach clients/patients (e.g., mobile apps).
- Telework expenses incurred due to stay at home orders (e.g., equipment, software, web conferencing).

Additional guidelines for permissible application of grant funding will be determined by the Commission as these are made available by the federal and/or state government. If there are questions about potential permissible uses of grant funds, applicants are encouraged to contact CHRC staff.

It is expected that each applicant has or will seek other crisis response relief funding, either direct or in-kind, from other governmental and private funders.

## **EVALUATION AND MONITORING**

As with the grant application process, reporting on use of emergency relief funds will be streamlined. Each emergency relief grant recipient will be required to submit a written progress and fiscal/expenditure report at (3) months following award (September 30, 2020) and a final report due no later than December 31, 2020.

The CHRC has a long-standing commitment to support the unique health needs of Maryland’s vulnerable populations. Our funding is dedicated to innovative, community-based projects that address both direct health care needs and the social and environmental factors that help or hinder the overall state of wellness in any community. Social Determinants of Health (SDOH) are among the factors that when addressed contribute to wellness and offer every individual the opportunity to achieve a higher quality of life.

Addressing these factors promotes improvements in health and helps to reduce health disparities. When a significant level of health inequity and health disparity exists between groups, as is the case for many low-income and other vulnerable groups in Maryland, this curtails healthy



behaviors, lowers community wellness, increases health care costs and undermines civic participation and success.

Preliminary data reported through a variety of public sources suggests that the COVID-19 virus pandemic is disproportionately affecting low-income and minority groups, exacerbating existing health inequities, and increasing economic burdens for these groups. This presents a major challenge to service providers at all levels, as well as an opportunity to address health equity and social determinants of health in dynamic and collaborative ways. With that opportunity in mind, the CHRC requests that grant recipients provide written responses to the following questions at the time of application and provide an update within 3 to 6 months of award.

1. Detail how the infusion of emergency relief funds issued by the Commission will help you mitigate the impact of the COVID-19 virus pandemic on the vulnerable populations you currently serve (or are currently unable to serve) with specific focus on how these funds help to address the impact of the pandemic on social determinants of health and health disparities.
2. Indicate how these emergency funds will be used to specifically support vulnerable populations who are disproportionately impacted by the COVID-19 virus.

## HOW TO APPLY

**The deadline for electronic submission of proposals is 12:00 p.m. (noon) May 14, 2020** as described below. The Commission staff will review the materials to verify that all the necessary items are provided.

**Original signed paper documents (listed below) will be due at the Commission's offices no later than COB on May 18, 2020**, via U.S. Postal Service (post-mark no later than May 15, 2020), United Parcel Service (UPS) or FEDEX delivery to the address below.

**Chris Kelter, Chief Financial Officer**  
**Maryland Community Health Resources Commission**  
**45 Calvert Street, Room 338**  
**Annapolis, MD 21401**  
**Telephone: (410) 260-6290**

**PLEASE NOTE:** hand-delivery of original documents by anyone other than the services listed above is not permitted due to building access restrictions during the pandemic crisis.

Electronic versions of applications and all documents listed below should be emailed to: [mdh.chrefy2020covid@maryland.gov](mailto:mdh.chrefy2020covid@maryland.gov). In the subject line of the email, please state your organization's name.

## REQUIRED PROPOSAL ITEMS

For the electronic submission, the application must include the following:

- a. Signed Cover/Transmittal Letter (.pdf format)
- b. Letter of Request - Application Form (.pdf format)
- c. Statement of Obligations, Assurances, and Conditions (.pdf format)
- d. Budget template (MS Excel file)
- e. Financial statements for the past three years (.pdf format)
- f. Profit/loss statement or CHRC approved alternative (.pdf format)
- g. Signed W-9 (.pdf format)

For the application to be considered **complete**, the following **original** documents must be submitted as instructed above.

- a. Cover/Transmittal Letter (**signed original**)
- b. Letter of Request - Application Form (**signed original**)
- c. Statement of Obligations, Assurances, and Conditions (**signed original**)
- d. Budget template form (signed copy is acceptable)
- e. Financial statements for the past three years (copy is acceptable)
- f. Profit/loss statement or other permitted documentation to demonstrate financial impact (signed copies are acceptable)
- g. Signed W-9 (copy is acceptable)

A description of the components of the application is provided below.

**(1) Cover/Transmittal letter:** A letter from Chief Executive officer with the application organization, and statement that the applicant organization understands that submission of a proposal constitutes acceptance of the terms of the CHRC grants program.

**(2) Letter of Request - Application Form:**

The form should be completed and signed by the individual primarily responsible for execution of activities supported by the emergency grant and/or the individual responsible for conducting the affairs of the applicant organization and legally authorized to execute contracts on behalf of the applicant organization.

**(3) Contractual Obligations, Assurances, and Certifications:** The agreement should be completed and signed by either the Chief Executive Officer or the individual responsible for conducting the affairs of the applicant organization and authorized to execute contracts on behalf of the applicant organization.

**(4) Budget Template Form**

The total budget amount must reflect the specific amount requested by the applicant for CHRC funding, which may or may not be the total expenditures. If the CHRC grant request is a portion of the overall cost of pandemic relief, clarify this (such as the percentage that the CHRC grant request is of the overall cost), and indicate the sources of other funding.

Applicants must use the Budget Template Form of the Call for Proposals. The Letter of Request, Budget Template Form and other templates will be provided separately.

**(5) Financial Statements and Current Profit/Loss Statement:**

Organizations must submit **an electronic version and one hard copy of the organization’s annual financial statements for each of the last three years.** The statements should be submitted at the same time as the letter. Receipt of the COVID-19 Virus Pandemic Profit/Loss statement and financial statements are a condition for moving forward in the grant application process.

**INQUIRIES**

**Questions from Applicants:** Applicants may also submit written questions about the grants program at any time. Please email questions to Chris Kelter at [chris.kelter@maryland.gov](mailto:chris.kelter@maryland.gov). Responses will be provided on a timely basis by CHRC staff.

**Program Office:** The program office for the grants program is located at the Maryland Community Health Resources Commission. Staff members are:

**Mark Luckner, Executive Director:** E-mail: [mark.luckner@maryland.gov](mailto:mark.luckner@maryland.gov)

**Chris Kelter, Chief Financial Officer:** E-mail: [chris.kelter@maryland.gov](mailto:chris.kelter@maryland.gov)

**Michael Fay, Program Manager:** E-mail: [michael.fay@maryland.gov](mailto:michael.fay@maryland.gov)

**Jen Thayer, Administrator:** E-mail: [jen.thayer@maryland.gov](mailto:jen.thayer@maryland.gov)

## **ABOUT THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION**

*The Community Health Care Access and Safety Net Act of 2005* became law on May 10, 2005. The law authorized establishment of the 11-member Maryland Community Health Resources Commission to help communities in Maryland improve access to care for low-income families and under- and uninsured individuals. Current members of the Commission have been appointed by the Governor and are subject to confirmation by the Maryland State Senate. In 2014, the Maryland General Assembly approved legislation that re-authorized the CHRC until June 2025.

### **Current Commissioners**

Elizabeth Chung, Chair

Scott T. Gibson

J. Wayne Howard

Celeste James

Surina Jordan, Ph.D.

Carol Masden

Barry Ronan

Erica I. Shelton, M.D.

Carol Ivy Simmons, Ph.D.

Julie Wagner

Anthony Wisniewski, Esq.