



Fiscal Year 2023 Call for Proposals Frequently Asked Questions Call

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Maryland Community Health Resources Commission

November 3, 2022

Goals for Today

1. Share background information on RFP
2. Discuss new criteria for Unduplicated Individuals Served
3. Describe “services” for Unduplicated Individuals Served
4. Review submission requirements and key dates

FY 2023 RFP: 2 Strategic Priorities

Priority #1

- Addressing health disparities and adverse Social Determinants of Health (SDOH)
- Emphasis on racial and ethnic minorities and others disproportionately impacted by COVID-19

Priority #2

- Integrated health and social services
- Community partnerships, address the totality of medical and non-medical needs
- Emphasis on approaches that address COVID-19-related service delivery challenges

FY 2023 RFP: 4 Areas of Focus

Chronic disease
including diabetes,
heart disease, and
others

Maternal and child
health

Behavioral Health
including Mental Health,
Substance Use
Disorder (SUD), and
opioid crisis

Dental care

FY 2023 RFP – Selection criteria

1. Responds to both strategic priorities
2. Project impact and prospects for success
3. Community need
4. Community buy-in and participation of stakeholders and partners
5. Innovative, replicable, and aligned with statewide health priorities and/or legislative priorities
6. Project monitoring, evaluation, and capacity to collect/report data
7. Project sustainability and organizational commitment
8. Workforce Diversity
9. Cultural, linguistic, and health literacy competency

See pages 23-26 of RFP.

Unduplicated Individuals Served

New term for this year's RFP. See pages 21-22.

Two criteria:

1. Grantee can demonstrate that the individual is unduplicated (i.e., the same individual is not counted more than once).
2. Grantee can provide documentation that services have, in fact, been provided.

Applicants will be required to provide the projected total number of unduplicated individuals served.

If applicants are not able to provide this projection, they will not be considered for funding.

Why the new term?

Why the new term, “Unduplicated Individuals Served?”

- Standardize the way applicants and grantees are estimating and reporting the number of individuals served by their projects.
- CHRC can be more precise when evaluating proposals and programs.
- Encourage applicants and grantees to make sure impactful services are provided.

How to ensure individual is unduplicated?

Make sure a person is not “counted” more than once.

May use:

- Patient/client registry with unique patient identifiers OR
- CRISP

Collect minimum demographic information:

- Name
- Date of Birth
- Address if available

Documentation of services for “Unduplicated Individuals Served”

Required **documentation** for services:

- Delivery of services is verified by the grantee.
- Referrals are tracked to completion with receipt of referred services documented by the service provider.
- Receipt of referred **medical services** must be documented through EMR or other HIPAA-compliant method.
- Receipt of referred **SDOH services** may be documented through written correspondence with the service provider.
- Only documenting the referral or attempts to complete the referral is **not** sufficient.
- Self-reporting by the individuals is **not** sufficient.

What is considered a “Service” for “Unduplicated Individuals Served?”

Included	Not Included
<ul style="list-style-type: none">• Primary, preventative and dental services• Mental health and substance use treatment• Documented SDOH services such as food, housing & transportation• Health education classes May be one-time or ongoing interventions	<ul style="list-style-type: none">• Screenings (without documented services)• Open referrals, navigation• Outreach, media• Health fairs, brief educational encounters

Health education classes

Are health education classes “services” for “Unduplicated Individuals Served?”

Yes, provided that:

1. Evidence-based (e.g., diabetes classes)
2. Classes meet on an on-going basis (more than once)
3. Attendance is recorded
4. Demographic information is collected
5. Individual learning is assessed (test or survey)

Non-medical interventions

Can a non-medical intervention be a “service” for “Unduplicated Individuals Served?”

Yes. A SDOH intervention, social service, connection to health insurance, etc. **can** be considered a “service” if there is (1) **written** documentation from the provider of the service that the service was, in fact, provided and (2) collection of **demographic information** to ensure the individuals is not counted more than once.

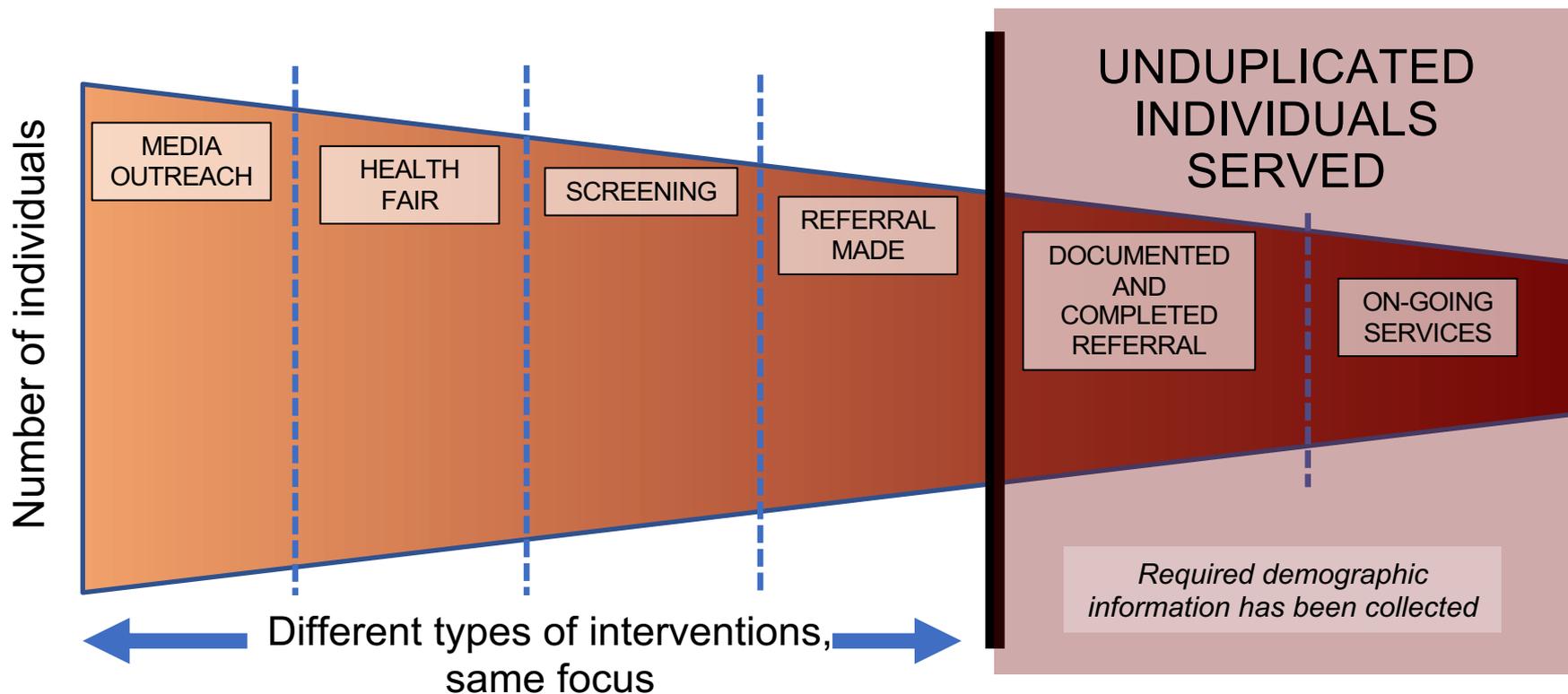
Screenings

Is a health or SDOH screening considered a “service” for “Unduplicated Individuals Served?”

- No, unless it results in a referral that results in a service that is provided and documented.
- The screening itself is not considered a “service.”
- Screenings are important tools that *can* lead to Unduplicated Individuals Served.

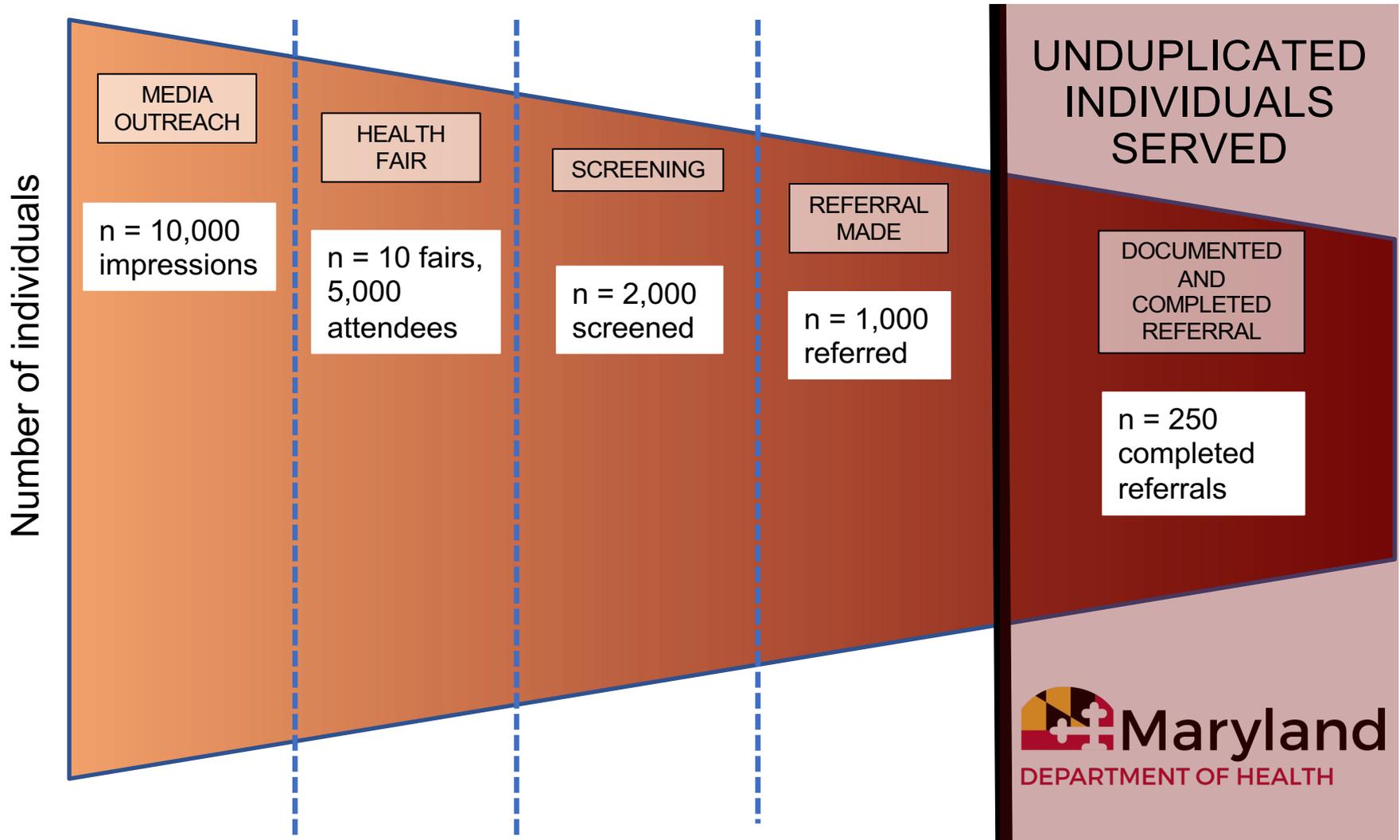
What about other interventions?

Depiction of a sample program with multiple “touchpoints”



Applicants are encouraged to describe **all** planned interventions, and provide estimated encounters/reach for each. Applicants are **required** to provide a quantifiable estimate of “Unduplicated Individuals Served.” See next slide.

Sample program with projected estimates



Applicant Eligibility – 1 of 3 ways

ALL applicants must provide sliding scale fee schedule.

1. Designated Community Health Resource

- FQHCs and look-alikes
- community health centers
- migrant health centers
- health care for the homeless
- primary care for public housing projects
- local nonprofit and community-owned health care
- School-Based Health Centers
- teaching clinics
- wellmobiles
- community health center-controlled operating networks
- historic Maryland primary care providers
- outpatient mental health clinics
- Local Health Departments
- substance use treatment providers

Applicant Eligibility – 1 of 3 ways

ALL applicants must provide sliding scale fee schedule.

2. Primary Health Care Services Community Health Resource

- primary health care services; and
- services primarily to MD residents from service sites located in MD.

3. Access Services Community Health Resource

- assist individuals in gaining access to reduced price clinical health care services;
- MOU or similar legal document in place prior to submission of the LOI that demonstrates a referral relationship with a provider; and
- services primarily to MD residents from service sites located in MD.

Step 1: Letter of Intent (LOI)

Due November 17, 2022 at 12:00 NOON

1. Completed 2-page LOI template – available on CHRC [website](#)
2. Financial audit
 - If the applicant does not have a current financial audit available, the CHRC 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.
3. Sliding scale fee schedule – required for ALL
4. *(Required for Access Services Community Health Resources only)* Copy of a fully executed Memorandum of Understanding (MOU) or similar legally binding document in place prior to submission of the LOI that demonstrates a referral relationship with a provider

Email to Jen Clatterbuck: jen.clatterbuck@maryland.gov.

Step 2: Full grant application

How to submit:

Electronic: Must be received electronically by the CHRC no later than **12:00 p.m. (noon) on December 19.** jen.clatterbuck@maryland.gov.

Paper copies: Original plus four (4) paper copies must be received by the CHRC no later than **3:00 p.m. on December 20.**

The five hard copies should be **comb bound** or **spiral bound** with long edge binding. Do not use three ring binders.

Step 2: Full grant application

What to submit:

- Transmittal Letter
- Grant Application Cover Sheet (on [website](#); revised for FY 2023)
- Executive Summary and Full Project Proposal (see pages 26-33 of RFP; includes budget)
- All required appendices (see next slide)
- Contractual Obligations, Assurances, and Certifications (on [website](#))
- Form W-9

Step 2: Full grant application

Mandatory appendices:

- a. IRS determination letter for 501(c)(3) tax-exempt status, if applicable
- b. List of officers and Board of Directors or other governing body
- c. Organizational Chart
- d. Overall organization budget
- e. Form 990, if applicable
- f. Résumés of key personnel
- g. Letters of commitment from collaborators
- h. Logic model (on [website](#))
- i. Workplan template (on [website](#))

Optional appendices:

- a. Service maps, data, and other statistics on target population
- b. Annual report, if available

Logic Model

11/17/2021 10:08 AM

LOGIC MODEL – FY 2023 CALL FOR PROPOSALS

Organization name:

Program name:

Amount requested:

Area of focus:

INPUTS ▶	ACTIVITIES ▶	OUTPUTS ▶	SHORT- & LONG-TERM OUTCOMES ▶	IMPACT
To accomplish the activities listed we will need the following: (e.g., staff, equipment, partner organization participation)	To address our problem or asset we will accomplish the following activities:	We expect that once accomplished these activities will produce the following evidence or service delivery:	We expect that if accomplished these activities will lead to the following measurable changes in 1-3 then 4-6 years:	We expect that if accomplished these activities will lead to the following changes in 7-10 years:

Workplan

Workplan Template - FY 2023 Call for Proposals

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION



Organization Name: _____

Project Name: _____

PROJECT PURPOSE:

(1) GOAL						
Objective	Key Action Step	Expected Outcome (TARGET)	Data Evaluation and Measurement	Data Source(s) and Baseline Measures	Person/Area Responsible	Timetable for Achieving Objective
<i>Example: Reduce the # of BH related ED visits at Hospital X by 20%</i>	Mobilize BH mobile crisis team to respond to emergency BH calls	Crisis team will be able to de-escalate x% of BH related emergency situations and divert individuals who would have been hospitalized into appropriate BH care.	Projected number of unduplicated individuals who will receive BH related crisis intervention services from the Crisis Team. Of these, the expected number who will be diverted from ED visits to Hospital X for BH related conditions and referred by the Crisis Team to a BH specialist.	EMR (e.g., number of encounters and services provided by Crisis Team, number of referrals to BH specialists). Data on BH ED visits at Hospital X obtained from CRISP or individual hospital partner. CRISP data for BH ED visits to Hospital X for CY 202x will be used as baseline from which to calculate change in # of ED visits.	J. Doe - Project Manager	4/30/2025
(2) GOAL						
Objective	Key Action Step	Expected Outcome (TARGET)	Data Evaluation and Measurement	Data Source(s) and Baseline Measures	Person/Area Responsible	Timetable for Achieving Objective
(3) GOAL						

Step 2: Full grant application

Budget information

1. Your proposal should include the **Project Budget** and Budget **Justification**. Please use CHRC templates.
2. Separately, your proposal also should include information about your organization's ***overall*** budget.

RFP, page 30: *Describe how the organization is financed.* Specify revenue sources and the percentage of total funding. What is the annual budget? As appendices to the proposal, provide an overall organizational budget (projected revenues and expenses) for the current fiscal year, and, if your organization files a Form 990, its most recent filing. It is not necessary to include the financial audit previously submitted with the LOI. The Commission will request additional information if necessary.

Step 2: Full grant application - Budget

Budget Form Template - FY 2023 Call for Proposals				
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION				
Organization Name:		Project Name:		
Revenues	Budget Revenue	% of Total Project Budget		
CHRC Grant Request		#DIV/0!		
Patient/Program Revenues/Income		#DIV/0!		
Organization Match		#DIV/0!		
Other Grant/Funding Support		#DIV/0!		
Total Project Cost	0	#DIV/0!		
Line Item Budget for CHRC Grant Request	Year 1 Budget Request	Year 2 Budget Request	Year 3 Budget Request	Line Item Total Budget Request
Personnel Salary (enter the requested information for each FTE; do not provide the salaries as a single, total number)				
% FTE - Name, Title				0
% FTE - Name, Title				0
% FTE - Name, Title				0
Personnel Subtotal	0	0	0	0
Personnel Fringe (no more than 25% of Personnel costs)				0
Equipment / Furniture				0
Supplies				0
Travel / Mileage / Parking				0
Staff Training / Development				0
Contractual (>\$5k itemize below with details in budget)				0
a. Professional/other services by vendor/contractor (1)				0
b. Professional/other services by vendor/contractor (2)				0
c. Professional/other services by vendor/contractor (3)				0
d. Advertising				0
e. Lease or rental costs (not incl. under "Equipment/furniture", "Supplies", "Other Expenses" or "Indirect Costs")				0
Other Expenses (MUST detail below)				0
a. Other				0
b. Other				0
c. Other				0
Indirect Costs: no more than 10% of direct costs (>10% - refer to Budget Form instructions and RFP)	0	0	0	0
Totals	0	0	0	0
Percent of Organization's Total Budget that this Project Budget Represents				#DIV/0!

[Budget Template](#) is available on our [website](#)

Key Dates

November 17 at NOON	Deadline for receipt of Letters of Intent
December 19 at NOON	Deadline for receipt of full applications
February 2023	Select number of applicants notified to present to the CHRC
March 2023	Applicant presentations to the CHRC; award decisions immediately follow presentations

Questions?

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