



STATE OF MARYLAND

# Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor; Boyd Rutherford, Lt. Governor

Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

**November 16, 2022**

## **Maryland Community Health Resources Commission FY 2023 Call for Proposals Frequently Asked Questions**

### **OVERALL**

**1. How many FY 2023 grants will be awarded? Do you have a preliminary estimate of the amount for each award?**

The CHRC has a potential total of approximately \$7 million to award in new grant funding to support projects. The overall distribution of grant funds will depend upon the proposals received and the amount of each grant awarded by the Commission.

**2. 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 submitted.

**3. 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 if they meet the eligibility requirements stated in the Call for Proposals. Prior CHRC grant performance is one factor in evaluating new grant proposals.

**4. Can you provide a list of organizations that have received CHRC grant funding?**

A list and description of previous CHRC grantees can be found on the Commission's [website](#).

**5. Are current CHRC grantees eligible to submit new grant applications?**

Yes, if the **current** CHRC grant is under implementation and meeting grant reporting requirements, and you meet the applicant eligibility requirements as defined in the FY 2023 Call for Proposal. However, current CHRC grantees are advised that the **proposal** must be wholly separate and distinct from the current CHRC grant under implementation (i.e., not an extension or continuation of the current grant).

**6. Can current grantees request continuation of funding for CHRC-funded projects?**

Applicants are discouraged from submitting continuation of funding requests.

**7. How many project years can a grant submission cover?**

Applicants may submit proposals that reflect a one-, two- or three-year project period and budget request.

**8. Should the individual projects address both strategic priorities detailed in the Call for Proposals?**

Applicants are strongly encouraged to address both strategic priorities stated in the FY 2023 Call for Proposals.

## **UNDUPLICATED INDIVIDUALS SERVED**

### **9. What are the new criteria for “Unduplicated Individuals Served?”**

Please see pages 21-22 of the [RFP](#). All applicants for the FY 2023 RFP must project the number of “Unduplicated Individuals Served” for their project. The following two criteria must be met for an individual to be an “Unduplicated Individual Served:”

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. A list of applicable services is provided in Question 17, below.

### **10. How will this information be used?**

The measure of “Unduplicated Individual Served” will be one of the measures used to assess program impact. A standardized definition of “Unduplicated Individual Served” will ensure proposals and awarded projects are evaluated in a consistent manner. Additional process and outcome measures of program impact will also be considered, in addition to “Unduplicated Individual Served.”

### **11. How should applicants project/report the number of “Unduplicated Individuals Served” to the CHRC?**

A *projection* of the number of unduplicated individuals to be served by the program must be included in the grant proposal due December 19, 2022. This figure should be included on the application cover sheet and explained in the grant proposal.

After grants are awarded, grantees will be required to report the *actual* number of “Unduplicated Individuals Served” as part of their periodic reporting to the CHRC.

### **12. How should applicants make sure an individual is “unduplicated” under the Commission’s definition for “Unduplicated Individuals Served?”**

Unduplicated means the grantee ensures that a person is not “counted” more than once. Grantees may either develop their own patient/client registries with unique patient identifiers OR use [CRISP](#) for this purpose. If using their own registries, grantees must collect at least the following minimum information: Name, Date of Birth, and Address if available.

### **13. Will grantees be required to submit protected health information to the CHRC?**

No, grantees should ***not*** share protected health information with the CHRC, including names or other personally identifying information for project participants.

### **14. Can applicants work with individuals for whom they do not collect demographic information? Can grant funds support these activities?**

Yes, grant funds may support activities and services for individuals for whom the grantee does not collect demographic information. However, these encounters will not meet the requirements for “Unduplicated Individuals Served.”

### **15. Should an individual be counted as an “Unduplicated Individual Served” for each year when service is received?**

No, an individual should only be counted once during the entire duration of the grant. Each interaction with an individual should be quantified as an “encounter.” However, we understand that continuity of

care is essential for improving health, so all encounters provided are included in our assessment of potential program impact.

**16. Should an individual be counted as an “Unduplicated Individual Served” for each kind of service the individual receives, or for each partner organization that provides services to the individual?**

No, an individual should be counted only once for the entire program. Applicants with partner organizations should describe their plan to ensure non-duplication of individuals served. Each interaction with an individual should be quantified as an “encounter.”

Similarly, we understand that providing wrap-around services is an established person-centered approach, so all types of encounters are included in our assessment of potential program impact.

**17. What kinds of activities are considered “services” under the Commission’s definition for “Unduplicated Individuals Served?”**

- Primary, preventative, and dental services
- Mental health and substance use treatment
- Documented SDOH services such as food, housing, & transportation
- Certain health education classes (details about qualified classes are provided in Question 20)

Services may be one-time or ongoing.

**18. What kinds of activities are *not* considered “services” under the Commission’s definition for “Unduplicated Individuals Served?”**

- Screenings alone (without documented services)
- Open referrals, navigation
- Outreach, media
- Health fairs, brief one-time educational encounters
- Care coordination (see further explanation in Question 23)

**19. What documentation is required to demonstrate that services have been provided to “Unduplicated Individuals Served?”**

Delivery of services must be verified by the grantee but does not have to be provided directly by the grantee. Referrals must be 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.

**20. What kinds of health education classes would be considered “services” under the Commission’s definition for “Unduplicated Individuals Served?”**

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

**Note:** The Commission is willing to consider on a case-by-case basis health education classes that do not meet all these requirements (e.g., the requirement that classes meet on an on-going basis, the requirement that classes be evidence based, etc.). Applicants should clearly describe health education classes proposed for “Unduplicated Individuals Served,” and provide an explanation for any of the five criteria that are not met.

**21. Can a non-medical intervention be a “service” under the Commission’s definition for “Unduplicated Individuals Served?”**

Yes. Interventions to address the non-medical needs of an unduplicated individual served can be considered a service if there is: 1) documentation from the provider of the service that the service, was in fact, provided; and 2) personally identifiable and demographic information is collected for each unduplicated individual served to ensure they are not counted more than once. Examples of “services” that address non-medical needs include but are not limited to helping an eligible individual obtain health insurance, providing food assistance, arranging medical transportation services, and addressing the need for stable housing.

**22. Is a health or SDOH screening considered a “service” under the Commission’s definition for “Unduplicated Individuals Served?”**

No, unless the screening results in a service that is provided and documented. Screening is not considered a “service.” Screenings are important tools that *can* lead to “Unduplicated Individuals Served,” but screenings alone are not considered a “service” for the FY 2023 RFP.

Screenings may be supported by grant funding if they are part of a program that provides qualified services to some number of “Unduplicated Individuals Served.” Applicants should describe and quantify screening activities in their applications.

**23. Do care coordination activities *alone* meet the Commission’s definition for a “service” under the criteria for “Unduplicated Individuals Served?”**

No, care coordination alone that does not result in actual documented services being provided does not meet the definition of “services” according to the Commission’s definition of “Unduplicated Individuals Served.”

However, the Commission recognizes that care coordination activities are important, and may be tracked and reported to demonstrate the level of effort in assisting the target population. Care coordination activities may be supported by grant funding if they are part of a program that provides services to some number of “Unduplicated Individuals Served.” Applicants should describe and quantify care coordination activities in their applications.

**24. Would accompanying an individual to a medical appointment and providing interpretation be considered a “service” under the Commission’s definition for “Unduplicated Individuals Served?”**

Yes, so long as the grantee obtains written documentation from the provider that interpretation services were provided at the visit.

**25. Can grant funding be used for interventions that are not considered “services” under the Commission’s definition for “Unduplicated Individuals Served?”**

Yes. The Commission recognizes that a wide range of activities could be used to engage populations, and that not all individuals reached or “touched” through these activities will ultimately become “Unduplicated Individuals Served.” As long as the overall program will result in some number of

“Unduplicated Individuals Served,” activities that do not meet the definition of “service” for “Unduplicated Individuals Served” may still receive grant funding.

**26. What documentation should applicants include in their proposals to support their projections for “Unduplicated Individuals Served?”**

Applicants should explain their methodology for developing their projection for “Unduplicated Individuals Served.” They should identify which identifying information will be captured, describe their internal data tracking system, and how it will be used to ensure individuals are counted only once. They should list the services that will be provided to these individuals that meet the service requirements for “Unduplicated Individuals Served,” explain how the services will be documented, and describe where documentation will be stored.

**27. What should an applicant do if they do not have the capacity to track “Unduplicated Individuals Served?”**

Data collection and management and evaluation costs may be included in the applicant’s budget. The Commission supports efforts to improve the capacity of grantees to collect and report data.

**28. Can I still apply if my project will not result in any “Unduplicated Individuals Served” using the new criteria?**

Proposals that do not include any projected “Unduplicated Individual Served” will not be considered for funding under the FY 2023 Call for Proposals.

**29. Are applicants/grantees required to use CRISP?**

No, CRISP utilization is recommended but not required. Applicants who do use CRISP should state it clearly in their proposals.

**30. Please clarify the process and requirements for submitting the financial audit, MOU, and full grant application.**

**Step 1 – Letter of Intent – Due November 17, 2022**

All applicants must submit a **Letter of Intent (LOI)** for the application to be considered. Letters of Intent **must be received by 12:00 p.m. (noon) on November 17, 2022, via email** delivery to Jen Clatterbuck at [jen.clatterbuck@maryland.gov](mailto:jen.clatterbuck@maryland.gov). In the subject line of the email, please state your organization’s name and the Call for Proposals area of focus category for your application. A hard copy original of the Letter of Intent is not necessary.

The Letter of Intent submission must include the following **three** items:

1. **A completed Letter of Intent.** The LOI template and completion instructions can be found in Appendix I of the RFP and online at <https://health.maryland.gov/mchrc/Pages/notices.aspx>. The LOI template must be filled out completely and must adhere to the posted word limits.

2. **Financial audit.** Organizations must submit an electronic version of the most recent financial audit of the organization. The audit should be submitted at the same time as the LOI. Receipt of the LOI and financial audit are a condition for moving forward in the grant process.

3. **Sliding scale fee schedule.** All types of Community Health Resources must provide their sliding scale fee schedule with their Letter of Intent. **(This is a new requirement.)**

\*\* If grant funded services are provided through **formal** partnerships with another organization or group, the CHRC will require that a **Memorandum of Understanding (MOU)** or similar legally binding agreement to be in place prior to submission of the LOI, and a copy of the fully executed document(s) be included with the LOI.

**NOTE:** Applicants are strongly encouraged to confirm that all scanned documents are legible and complete prior to submitting to the CHRC, as poor image quality, incomplete submissions, or missing pages could result in disqualification of the proposal.

## **Step 2 – Submission of Grant Applications – due December 19, 2022**

Applicants who are invited to submit a full grant application must follow the application guidelines detailed below.

**Full grant applications (see components listed below) must be received electronically by the CHRC no later than 12:00 p.m. (noon) on December 19, 2022.** The full electronic grant application should be emailed to: [jen.clatterbuck@maryland.gov](mailto:jen.clatterbuck@maryland.gov). In the subject line of the email, please state your organization's name and the Call for Proposals area of focus category (Area 1, 2, 3, or 4 is sufficient) of your proposal. **NOTE:** for the electronic submission, the **Executive Summary and Project Proposal** must be submitted in these two file formats: (1) Adobe Acrobat PDF, and (2) MS Word (version 2010 or later).

In addition to the electronic grant application submission, **five hard copy originals** of the full application with the items listed below must be sent via USPS mail or express delivery service and *received* by the CHRC no later than **December 20, 2022**; if sent by an express delivery service, the package must indicate that the package was picked up for delivery by the close of business on **December 19, 2022**, to be considered a complete grant application package. For a full list of required documents and attachments refer to the "HOW TO APPLY" Section of the Call for Proposals.

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

An independent audit is strongly encouraged. The CHRC uses the financial information of applicants to evaluate the long-term financial solvency of potential grantees and to ensure that limited public grant funding is invested in financially sustainable organizations. If the applicant does not have a current financial audit available, the CHRC will also accept other financial information such as tax returns, a profit and loss statement, and/or a financial review. 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. If the project proposal involves the provision of grant services through a partner organization, is a MOU with the partner organization required with submission of the application?**

Yes. The CHRC requires that MOUs between the applicant organization and any organizations providing direct services be executed prior to the submission of the Letter of Intent and included with the Letter of Intent submission. The project proposal will need to clearly define the role(s) and responsibilities of all partner organizations in providing grant funded services. The scope and type of services, and the formal nature of the relationship between the lead or coordinating applicant and partner organization(s) will determine whether a Letter of Collaboration or MOU (or other legal agreement) is appropriate. However, a letter of commitment would be viewed as a less acceptable alternative to MOUs as these are generally considered to be a less binding agreement between parties.

**34. Are letters of support required or desired in addition to the letters of commitment or MOUs with partners and collaborators?**

A letter of support from parties in addition to an executed MOU or letter of commitment is not required per se. Applications that demonstrate projects deeply rooted in community-based solutions will be favorably reviewed by the CHRC, so local support letters, while not required, are encouraged.

**35. For a potential Access Services Community Health Resource, what should be the content of an MOU with a primary care provider?**

To be "certified" as an Access Services Community Health Resource, the lead applicant must have a documented existing relationship with a healthcare provider that provides healthcare services to their clients. This agreement must be in place prior to the submission of the Letter of Intent. Both the lead applicant and the healthcare provider must also provide services on a sliding fee scale basis (these documents must be provided with the Letter of Intent submission).

**36. If an organization provides services free of charge, does it meet the requirements for a sliding scale fee schedule? How should this be documented?**

If an organization provides services free of charge, the requirement of having a sliding scale fee policy in place is met. It should be documented in writing on the organization's letterhead and should be posted publicly by the organization.

**37. Can grant funds be used to support the provision of services on a sliding scale fee schedule?**

No, the sliding scale fee schedule must be in place prior to the submission of the Letter of Intent.

**38. If there are multiple partner organizations coordinating together to work on the proposed project, should we list all participating organizations?**

Yes. CHRC recommends that the applicant identify all partners that intend to provide any grant funded services and/or provide substantive support to the project during planning and implementation. The proposal should present a clear accountability or management plan that delineates the role and responsibilities of each project partner/service provider and how the applicant will oversee these services and activities. Applicants should also describe how grant funds will be used in relation to services provided by each partner organization. This plan should describe which outcomes will be impacted by the activities of each partner.

**39. Does an organization need to provide both mental health and substance use disorder services to be eligible for funding in the Behavioral Health area of focus?**

No, an organization could provide either mental health or substance use disorder services.

**40. Can an organization be eligible as a "Access Services Community Health Resource" if it doesn't provide services, but providers refer individuals to the organization?**

No, Access Services Community Health Resources are defined as organizations that assist individuals in gaining access to provider organizations, not the reverse.

**41. Who are the "key personnel" for whom resumes must be included?**

"Key personnel" are individuals who will be responsible for executing the services supported by the grant.

**42. What advice do you have to avoid some common mistakes?**

- Be sure to include: sliding scale fee schedule (in LOI submission), Workplan, Logic Model, assessment of racial and ethnic minority representation and cultural competency among the organization’s leadership and providers.
- Clearly describe how the project will address SDOH.
- Include a clear plan for how you will collect and report data including data from partners.
- Carefully read the RFP’s submission requirements on pages 26-32.
- Be sure to submit all parts of the application on time – note the NOON deadline. Emails sent at 11:59 a.m. may not be received until after noon, so do not wait until the last minute.
- Please submit the Executive Summary and project proposal in both Word and PDF formats.
- Please use the CHRC budget template and budget narrative (found on our [website](#)).

## **PERMISSIBLE USE OF GRANT FUNDS**

### **43. What are permissible grant expenses?**

Permissible grant expenses may include:

- a) Salaries and employment benefits for project staff;
- b) Subcontracting and consultant fees;
- c) Data collection and analysis;
- d) Project-related travel, conference calls, and meetings;
- e) Office supplies, expenses, and other indirect costs as approved by the Commission; and
- f) A limited amount of essential equipment and minor infrastructure improvements required by the project.

### **44. What expenses are not permissible?**

Funds from operating grants may not be used for:

- a) Major equipment or construction projects;
- b) Support of clinical trials;
- c) Medical devices or drugs that have not received approval from the appropriate federal agency; or
- d) Lobbying or political activity.

### **45. Are capital expenditures a permissible use of grant funds under this Call for Proposals?**

The Commission will consider reasonable capital expenditures on a case-by case basis when requested to support interventions proposed by the applicant to address and demonstrate progress toward achieving the strategic goals of the Call for Proposals. However, large-scale construction projects (as determined by the type and budget amount proposed) will not be considered. As noted in the Call for Proposals, grant funds may also be expended for a limited amount of essential equipment and minor infrastructure improvements required by the project. In each case, the applicants will need to clearly demonstrate how the proposed use of grant funding relates to the strategic goals of the Act. Examples of reasonable expenditures include purchasing medical or dental equipment needed to improve or expand the provision of direct services.

### **46. Are grant funds able to support the costs of addressing social determinants of health (e.g., transportation)?**

Yes, the CHRC aims to support projects that address the identified social determinants of health needs of the target population. The proposal should be **very clear** on what SDOH will be addressed, how grant funds will be used to address these SDOH, what health disparities and health outcomes will be improved by addressing these SDOH, and how the impact on the targeted health disparities and health outcomes will be measured. Proposals that utilize a holistic approach to address social determinants of health



needs such as community health workers, patient navigators, multi sectoral partnerships, and community-based participatory approaches are reviewed favorably by the Commission. 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 the proposed geographic area/target population are strongly encouraged.

**47. In light of prior legislation approved by the General Assembly, the CHRC is required by 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 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 non-federal entity based on the cost principles in Subpart E of OMB Uniform Guidance.

**48. 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.

**49. 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. The Commission is willing to consider fringe requests above 25% on a case-by-case basis.

**50. Is there a budgetary limit to the amount of funding for contractors?**

Applicants/grantees may work with contractors to implement grant activities. There is no defined limit for the amount of a grantee's budget that may be used for contractors. The Commission will closely examine budgets for contractors to ensure that the lead applicant is directly involved in the management and execution of grant-funded activities, and not just a pass-through for another entity. The Budget Template and Budget Narrative should clearly state and explain all contract costs. For applicants that intend to work with a contractor to provide direct services, an MOU between the applicant organization and the contractor must be executed prior to the submission of the Letter of Intent.

**51. Should in-kind contributions by the applicant (e.g., equipment, staff) be included in the budget?**

Yes, these should be estimated and included in cell C9 (Organization Match) of the Budget Template.

**52. Could an established program receive grant funding, or is funding only for new programs?**

An established program could receive grant funding if the funding represents an expansion of services or an increase in the number of individuals served. The proposal should clearly define how requested CHRC grant funding expands or enhances service delivery.

**53. Are expenses incurred prior to the execution of the grant agreement eligible for reimbursement under the grant?**

No, expenses incurred by applicants prior to full execution of the grant agreement are not eligible for reimbursement under the grant budget.

## **PAGE LIMIT**

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

Applicants are advised to limit the project proposal section of their application (as defined in the Call for Proposals) to **15 pages** in length.

### **55. The Project Budget and Budget Justification are listed as components of the Project Proposal, are these included in the 15-page Proposal limit?**

The Project Budget and Budget Justification are not included in the 15-page proposal limit. The full project budget, budget narrative and budget justification referenced under this heading are to be provided separately as appendices to the full proposal (see the Call for Proposals).

### **56. The two-page Executive Summary is listed as a heading/section of the Project Proposal, is this included in the 15-page Proposal limit?**

The Executive Summary is not included in the 15-page proposal limit. However, a condensed version of the summary (less than one page) should be included in the introductory section of the full grant proposal.

## **POST-SUBMISSION TIMING**

### **57. When and how will applicants find out if they are eligible?**

All applicants must submit Letters of Intent by November 17 at 12:00 noon. Applicants will then be notified by Commission staff in late November or early December of their eligibility to submit full grant proposals. Commission staff will provide a status update to all applicants prior to the Thanksgiving holiday.

### **58. When will applicants be notified if they will be invited to present their grant proposal at the Commission's March meeting?**

CHRC staff will notify applicants if they are invited to present their grant proposal to the Commission in late February 2023.

### **59. Once grants are awarded and start dates are determined, how much lead-time will be required?**

Once the CHRC makes its grant awards at the March 2023 Commission meeting, grantees are notified that they need to: (1) sign the grant agreement; (2) review and approve performance metrics and grant reporting schedule; and (3) if requested by the Commission, provide an updated line-item budget for the grant award amount. Grantees are expected to launch project implementation within the first 60-90 days of the grant award.

### **60. What is the anticipated start date of the awards?**

The grant period is expected to begin in April or May 2023, once grant agreements are fully executed. It is expected that all projects will be fully implemented and operational within 60-90 days of the grant agreement date.

### **61. Does the full Year One budget need to be expended before the end of FY 2023 (i.e., June 30, 2023)?**

No. CHRC funds are special funds and do not need to be expended before the end of the fiscal year (June 30, 2023).

