

Answers to Frequently Asked Questions

Defining a Community Health Resource and Related Questions

Q. Who can be a Community Health Resource?

An applicant can demonstrate that it qualifies as a Community Health Resource in any of three ways:

- As a designated CHR as listed in the regulations under §10.45.05.04. The designated CHRs are defined in the regulations under §10.45.01.
- As a Primary Health Care Services CHR as defined under §10.45.05.02.
- As an Access Services CHR as defined under §10.45.05.03.

Q. Can community hospitals be the applicant?

A community hospital is not specifically identified by the regulations as a Community Health Resource under §10.45.05.04. A community hospital can, however, demonstrate that it is a Community Health Resource, most likely under §10.45.05.02 of the regulations. The regulations detail criteria that an organization will have to demonstrate to qualify as a CHR, the three central criteria are:

- Provide services predominantly to individuals residing in Maryland;
- Provide primary care services; and
- Provide services according to a sliding scale fee schedule that meets the Commission's guidelines.

A community hospital that documents that it meets these criteria is eligible to apply for a grant.

A community hospital should demonstrate a relationship with a community-based provider to which the hospital will refer patients, including the low-income and uninsured, to establish a primary care medical home for the mother and newborn after the pregnancy ends.

Q. What documentation must be included to demonstrate that an organization qualifies as a community health resource?

The applicant should submit documentation sufficient to demonstrate that it qualifies as a CHR under the regulations. If the information submitted is insufficient for the Commission to make a determination, the Commission may request additional information.

Q. Can a local health department submit a proposal?

Local Health Departments are specifically identified in §10.45.05.04 of the regulations as being a Community Health Resource, so they are eligible to apply for a grant.

Q. Are school systems eligible applicants?

School Based Health Clinics are designated Community Health Resources under §10.45.05.04 of the regulations. School systems are not designated CHRs and would need to qualify under §10.45.05.02 or §10.45.05.03.

The MCHRC Application Process

Q. When will the form for Contractual Obligations, Assurances and Certifications be available?

This is posted on the Commission's website under "Notices" near the bottom of the list.

Q. When will the grant application cover sheet be available?

This will be posted on the Commission's website by Tuesday, May 12, 2009.

Q. Would a proposed project intended to serve immigrants of unknown or undocumented immigration status, but who currently reside in Maryland, -meet the criteria of "serving Marylanders in Maryland"?

Yes.

Q. Is there a format requirement for the electronic submission of the proposal and related documents? Do they have to be sent as PDFs (Adobe Acrobat files)?

No. Word files are preferred.

Q. If the application calls for organizations to partner, who should submit the application?

It would be advisable that the organization that most clearly meets the requirements to be a CHR submit the application.

Q. Can an out-of-state organization submit an application?

To qualify as a CHR an organization must meet the requirements in the regulations, including providing services "primarily to Maryland residents from service sites located within the state of Maryland" (§10.45.05.02A(2)(c)).

Q. What is the allowance for indirect costs?

Indirect costs may not exceed 10 percent of direct project costs.

The Sliding Scale Fee Schedule

Q. What are the sliding scale fee schedule requirements for CHRs?

Designated CHRs, listed under §10.45.05.04 of the regulations, are not required to submit or provide a sliding scale fee schedule. CHRs that qualify as a Primary Care Services CHR (§10.45.05.02) or an Access Services CHR (§10.45.05.03) must demonstrate that they have in place a sliding scale fee schedule that complies with the Commission's guidelines— (§10.45.05.05).

Applicants should also note the selection criteria in the regulations under §10.45.07.01: The extent to which the applicant demonstrates use of a sliding scale fee schedule effectively to increase access to care for low-income uninsured and under-insured individuals in Maryland. This applies to all applications for MCHRC funding, regardless of how the applicant demonstrates its qualifications as a CHR.

Q. Our program for which we would be writing an expansion proposal goes to 250% FPL. The RFP states the population served goes up to 200% FPL. How do we handle this difference?

The project should address how funds would be used to serve the population up to 200% of federal poverty level.

Q. Regarding the condition that grantees must participate in an evaluation of the grants program: Will MCHRC hire an outside evaluator? Are grantees required to allocate any funds to an outside evaluator?

The Commission has, at this time, no plans to hire an outside evaluator. The prospective grantee and the Commission will, as part of finalizing the grant award, agree to data elements that will need to be calculated and submitted to monitor progress and assess performance.

Other Questions

Q. Should the project address minority needs?

The Commission is very interested in how projects will address the specific needs of minority mothers and babies.

Q. The Work Plan calls for a discussion of the specific products that will be submitted to the Commission as evidence of completion of project milestones. Please give examples of the tangible products you are requesting.

Milestones and deliverables should be proposed by the applicant based on its understanding of the project and the steps necessary to complete the project. The goals and objectives, milestones and deliverables in the proposal should focus on quantifiable outcomes. The final schedule of milestones and deliverables will be negotiated between the Commission and the prospective grantee.

Q. Is there a budget form that MCHRC requires that must be signed off by the Finance Officer and CEO of our organization?

Applicants are required to submit a transmittal letter, a cover sheet and contractual obligations, assurances and certifications forms. These are to be signed by an individual responsible for conducting the affairs of the organization and authorized to execute contracts on behalf of the organization. The Call for Proposals describes the budget information required to submit an application. There is no required format.

Q. If submitting a three-year grant, can Year 1 be used for planning and Years 2 and 3 for implementation of the project? What is the percentage of the grant over three years? Is it up to the grantee?

How the applicant proposes to distribute funds over the course of the project is at the applicant's discretion.

Q. Does the Commission have an anticipated number of grants that it intends to award?

The Commission is interested in funding a range of proposals and will consider geographic balance in awarding grants. The Commission, however, has no numerical expectations for awarding grants at this time.

Q. What is the deadline for submitting questions?

There is no deadline for submitting questions via e-mail. Answers to any questions received will be posted to the website as soon as possible.

Q. Can capital improvements be included in the grant?

The Call for Proposals states that grant funds may be used for “a limited amount of essential equipment and minor infrastructure improvements”.

Q. Can support letters developed for previous grant applications to other organizations serve as support letters for this grant?

No.

Q. Can support letters from several organizations be combined?

No. The Commission wants to see specifically what each supporting organization will contribute to the proposed project.

Q. Can a proposal could provide pregnancy prevention services for non-pregnant young adult women who have alcohol, smoking or illegal substance abuse problems as a means of reducing infant mortality, pre-term births, etc., or in new mothers to reduce newborn mortality?

While innovative projects are always welcome, in this RFP, the Commission wishes to focus on early pre-natal care and pre-natal care throughout pregnancy for women and teenagers who are already pregnant.

Q. If the designated project director changes agencies during the project period; would the project and funds move with them?

No, the grants are awarded to the organization, not to the individual, so the grant would remain with the grantee organization which would have to designate another project director.