

Maryland Community Health Resources Commission

Work Plan

February 5, 2007

1. Regulations

<u>Health-General Article</u>	Status	Priority	Time Schedule
§19-2107(a)(1) §19-2107(b)(1) §19-2109(a)(1) §19-2109(a)(2) §19-2109(a)(3) §19-2109(a)(5) Adopt regulations to carry out provisions of the subtitle to govern Commission and grantmaking activities	Completed , except for additional regulations needed for unified data system grants, which are still being studied		Completed November 2006

2. Standing Committees

<u>Health-General Article</u>	Status	Priority	Time Schedule
§19-2107(a)(2) Create Standing Committees	Completed		Completed April 2006

3. Annual Budget and Report

<u>Health-General Article</u>	Status	Priority	Time Schedule
§19-2107(b)(3) §19-2107(b)(4) Create an Annual Budget and submit an Annual Report to the General Assembly	Completed for 2007 and ongoing for future years		Completed October 1, 2006 Ongoing for future years

4. Operating Grant Fund Program

<u>Health-General Article</u>	Status	Priority	Time Schedule
<p>§-2109(a)(6)</p> <p>Administer Operating Grant Fund Program for Community Health Resources</p>	<p>First Round Completed February, 2007</p> <p>July, 2007- Semi-annual monitoring for first grants</p> <p>December, 2007-Year-end and semi-annual monitoring for first grants</p> <p>Ongoing semiannual grant monitoring-workload will increase with the number of grants awarded in each round</p>	<p>Ongoing</p>	<p>April 2007-Decide focus area for remaining 2007 operating grant funds</p> <p>April-May 2007 – Develop RFP</p> <p>Mid-June 2007- Proposals due</p> <p>End of July 2007- Award Grants</p>

5. Unified Data Network

<u>Health- General Article</u>	Status	Priority	Time Schedule
<p>§19-2109(a)(11)</p> <p>Establish a Unified Data Network</p>	<p>Met with MHCC</p> <p>Funding options identified November 2006</p> <p>March 2008- Semi-annual monitoring for first grants</p> <p>September 2008-Year-end and semi-annual monitoring for first grants</p> <p>Ongoing semiannual grant monitoring-workload will increase with the number of grants awarded in each round</p>	<p>Priority 1</p>	<p>February 2007-Select funding goals and criteria</p> <p>March-May 2007-Create IT regulations, obtain comments on draft</p> <p>End of May 2007-Create draft RFP and submit regulations to AELR</p> <p>June 2007-Release draft RFP</p> <p>Mid-August 2007-Release RFP</p> <p>End of September 2007-Proposals Due</p> <p>End of October 2007-Select and award grants</p>

6. School-Based Health Centers

<u>Health-General Article</u>	Status	Priority	Time Schedule
<p>§19-2109(a)(15)</p> <p>Study School-Based Health Centers</p>	<p>Conducted site visits to 3 SBHCS</p> <p>Met with MSDE, MASBHC, and the Center for Health and Health Care in Schools</p> <p>June 2009- Semi-annual monitoring for first grants December 2009-Year-end and semi-annual monitoring for first grants</p> <p>Ongoing semi-annual grant monitoring-workload will increase with the number of grants awarded in each round</p>	<p>Priority 2</p>	<p>March 2007-Engage consultant to conduct study of SBHCS</p> <p>April-September 2007-Conduct study of SBHCS including survey of SBHCS, reimbursement and billing strategies, and engage stakeholders</p> <p>September 2007-Select grant options and develop RFP</p> <p>October 2007-Release RFP</p> <p>November 2007- Proposals due</p> <p>December 2007-Select and award grants</p>

SBHCs Cont'd

<u>Health-General Article</u>	Status	Priority	Time Schedule
§19-2109(a)(17) Maryland Tort Claims and SBHC Study	Options and study scope identified February 2007 Evaluation begun as to feasibility of extending liability protection under the Maryland Tort Claims Act to health care practitioners who directly contract with a CHR that is also a SBHC or an MQHC-complete study concurrently with SBHC study		

7. Specialty Care

<u>Health-General Article</u>	Status	Priority	Time Schedule
<p>§19-2111(a) Develop a Specialty Care Network</p> <p>§19-2109(a)(17) Establish criteria and mechanisms to pay for specialty care</p> <p>§19-2109(a)8 Identify programs and policies to encourage specialty providers to care for CHRC patients</p>	<p>Contingent on availability of funds to implement specialty care network</p> <p>June 2009-Semi-annual monitoring for first grants</p> <p>December 2009-Year-end and semi-annual monitoring for first grants</p> <p>Ongoing semi-annual grant monitoring-workload will increase with the number of grants awarded in each round</p>	<p>Priority 3</p>	<p>July-October 2007-Identify interested parties and convene workgroup to define issues for a study of a specialty care network</p> <p>October 2007-Identify consultant to conduct study</p> <p>November 2007 – March 2008-Conduct study</p> <p>April 2008-Review study results and select recommendations and strategies for implementation</p> <p>May-July 2008-Develop regs and draft network implementation RFP for public comment</p> <p>August 2008-Submit regs to AELR</p> <p>Mid-October 2008-Release RFP</p> <p>End of November 2008-Proposals due</p> <p>January 2009-Award grants</p>

8. Dental Study

<u>Health-General Article</u>	Status	Priority	Time Schedule
<p>§19-2109(a)(16)</p> <p>Study dental care access and reimbursement</p>	<p>Coordinate with Family Health Administration's Office of Oral Health's study</p>	<p>Priority 4</p>	<p>July 2007-Meet with Office of Oral Health to identify study area overlap</p> <p>June 2007-Identify consultant to conduct study</p> <p>July-September 2007-Conduct study</p> <p>September 2007-Consider study findings and recommendations</p> <p>October 2007-Study included in annual report to General Assembly</p>

9. Reverse Referral

<u>Health-General Article</u>	Status	Priority	Time Schedule
<p>§19-2109(a)(9) Identify programs to encourage hospitals and CHRs to partner and increase access</p> <p>§19-2109(a)(10) Establish a reverse referral pilot</p> <p>§19-2109(b) Reverse referral pilot to include urban, suburban, and rural hospitals</p>	<p>Begun with first round of grants, January 2008</p>	<p>Priority 5</p>	<p>Continue as a focus area for future grant funding</p>

10. Non-FQHC Capital Grant Program

<u>Health-General Article</u>	Status	Priority	Time Schedule
§19-2109(a)(13) Evaluate the feasibility of a non-FQHC capital grant program		Priority 6	March 2007- Meet with DHMH Office of Capital Planning to discuss feasibility April 2007-Develop timeline if determined to be feasible

11. Sliding Fee Scale

<u>Health-General Article</u>	Status	Priority	Time Schedule
§19-2109(a)(7) Establish sliding fee scale for CHRs	Unless expressly included in the definition of “community health resource” (list of automatic CHRs), sliding fee scales are required to apply for grant funding		May be refined with future RFPs

12. Outreach

<u>Health-General Article</u>	Status	Priority	Time
§19-2109(a)(14) Develop an outreach program to educate individuals on availability of care	Ongoing	Priority 7	Address as a focus of future RFPs.

13. Rural Access

<u>Health-General Article</u>	Status	Priority	Time Schedule
§19-2109(a)(12) Work with clinical education centers, AHECs, and telemedicine centers to increase access to rural areas		Priority 8	Encourage as a focus criterion for future RFPS Include in the Commission's Interested Parties list Include on pertinent workgroups

14. Funding

<u>Health-General Article</u>	Status	Priority	Time Schedule
§19-2109(a)(4) Identify and seek State and Federal Funding	Ongoing	Priority 9	March 2007 and ongoing-Conduct web searches and present potential opportunities for State, Federal, and private funding to the Commission. Respond to appropriate RFPS

Questions???