



Small Rural Pharmacy Grants Program FY23

Request for Applications

A Maryland Program of Health Medicaid Managed Care Pharmacy Program Initiative

State of Maryland
Program of Health
Office of Pharmacy Services
Maryland Medicaid Pharmacy Program
(410) 767-5701

Tuesday, November 29th, 2022

Small Rural Pharmacy Grants Program FY23: Increasing Professional Dispensing Fees and Reimbursement Rates Between Small Rural Pharmacies and MCOs to Prevent Pharmacy Closures and Subsequent Barriers to Access to Prescription Treatments

Request for Applications

Overview

The **Small Rural Pharmacy Grants Program FY23** funding opportunity (the “Program”) will provide grants totaling up to **\$1,000,000** for small rural pharmacies (determined by a set of eligibility criteria established below) in the amount of **\$5.00** per MCO prescription dispensed in the **CY2021**. The grants are being awarded through the Maryland Department of Health's Office of Pharmacy Services (the Department), with Maryland State general funds allocated for assisting Maryland's small rural pharmacies (as defined by the most recently published Centers for Medicare and Medicaid Services's [CMS's] ["Zip Code to Carrier Locality" File](#) as of [11/15/22](#)). The grants will supplement dispensing fees and reimbursement rates due to current reimbursement rate agreements between the pharmacy benefit managers (PBMs) of the Maryland Medicaid HealthChoice managed care organizations (MCOs) and pharmacies.

Background

The purpose of the Program is to continue to support the incorporation of lessons learned from ["Maryland's 2019 Report On The Maryland Medical Assistance Program And Managed Care Organizations That Use Pharmacy Benefits Managers – Audit and Professional Dispensing Fees" Report](#), specifically in the area of professional dispensing fees and prescription claim reimbursement rate models, and the difference between those for MCOs' PBMs and pharmacies. Through analysis of the data, it was determined that the greatest need for support was among small rural pharmacies. Their closure would create critical prescription care coverage access issues. This grants program is intended to provide supplemental support to prevent the likelihood of closures of small rural pharmacies. The goal of providing funding for the eligible pharmacies is to help them cover their cost to dispense, as well as to continue serving, and further serve, MCO participants and prevent their closure in localities where that outcome would mean limited access to critical pharmacy services for a significant number of Program participants.

Grant Overview

Through this funding opportunity, participating small rural pharmacies, deemed eligible by a set of criteria (included in further detail below), will be responsible for allocating the funds awarded to them to cover their costs to dispense and other prescription fees. Acceptable uses for grant funds include but are not limited to prescription packaging supplies, developing or expanding prescription delivery services, and maintaining or upgrading pharmacy point-of-service computer systems. The purpose of the grants program is to enable small rural pharmacies to continue or expand the coverage of services of their current threshold of MCO participants, and, if funding permits, increase their capacity to cover a greater number of MCO participants.

Grant Awards

Awards will be granted to all eligible pharmacies who submit their completed applications via email by the established deadline. Award amounts will be based on the number of eligible MCO prescriptions each pharmacy dispensed in **CY2021** at a rate of **\$5.00** per MCO prescription dispensed in **CY2021** (see **Attachment 9** below). The award funding will be paid in **one (1)**

allotment upon receipt of the completed required deliverables from the Awardees (see **Attachment 7** below). Pharmacies awarded grant funding will hereby be referred to as "Awardees". This is a non-competitive grant award program.

Pharmacies will be notified of the grant program via a *Letter of Information (LOI)* sent via U.S. mail and email on **Tuesday, November 29th, 2022** along with the *Request for Applications (RFA)* packets. The Program will begin accepting completed *Grant Applications* and *W-9 Forms* on the same day. The *Abstract*, *LOI*, *RFA*, and *Final Report* form will be issued on the Program's [website](#) by **Friday, December 2nd, 2022**. The deadline to submit a *Grant Application* and *W-9 Form* is **5:00 PM EST on Wednesday, December 14th, 2022** via email to **Deanna Beebe** at deanna.beebe@maryland.gov¹ (see **Attachment 1** below). *Notification of Award* packets will be sent to Awardees via U.S. mail and email by **Friday, December 16th, 2022**. Awardees must return their signed and completed *Grant Agreement*; *Statement of Obligations*, *Assurances*, and *Conditions*; and *Invoice for Funding* worksheet to the Program by **5:00 PM EST on Friday, December 30th, 2022** (see **Attachments 3, 4, & 5** below). The grant funding period will begin on **Tuesday, January 2nd, 2023**, following receipt of the deliverables stated above by the Program. The funding period will end on **Friday, June 30th, 2023**. The Program will begin accepting completed *Final Report* forms from Awardees on **Friday, July 1st, 2022** (see **Attachment 6** below). The deadline to submit *Final Report* forms is **5:00 PM EST on Friday, July 30th, 2023**. Any grant funds unspent by **Friday, June 30th, 2023** must be reversed to the Program by **Wednesday, August 30th, 2023**, per the *Grant Agreement* (see **Attachment 3** below).

Eligibility

The following are the eligibility requirements that pharmacies must meet in order to apply for this grant funding:

- Must be a **Small Pharmacy** (have **three [3] stores or less under the same ownership***).
 - Pharmacies under the same ownership meeting all other eligibility requirements (including this one) will be required to submit separate applications for each eligible store location and will be eligible for separate awards for each complete application submitted on each eligible store location.
- Must be located in an area with a **rural zip code in Maryland** as defined by CMS's most recent ["Zip Codes to Carrier Locality" File \(8/23/22\)](#).
- Must currently be enrolled in the **Maryland Medicaid Pharmacy Program** as a pharmacy provider and currently providing prescriptions to MCO participants.
 - See **Attachment 8** for a list of **CMS MD Rural Zip Codes**.
- The pharmacy's **total # of paid MCO prescription claims for CY2021** must be **30,000 or fewer**.
 - See **Attachment 9** below for details on the included Maryland HealthChoice MCOs and the PCN, BIN, and Group #s for eligible prescription claims.

¹ If the application documents cannot be submitted via email, please contact **Deanna Beebe** at deanna.beebe@maryland.gov or (410) 767-5701.

Timetable for Awards

Date	Activity
Tuesday, November 29th, 2022	<ul style="list-style-type: none"> • <i>Letter of Information, Request for Applications (RFA), and Grant Application Form</i> sent to pharmacies via U.S. mail and email (as applicable). • The Program begins accepting completed <i>Grant Application</i> forms and <i>W-9 Forms</i>. (See Attachments 1 & 2 below.)
Friday, December 2nd, 2022	<ul style="list-style-type: none"> • <i>Abstract, Letter of Information, Request for Applications (RFA), Grant Application Form, Sample Invoice for Funding worksheet, Final Report Form, and FAQs</i> posted on the Program's website.
Wednesday, December 14th, 2022 (by 5:00 PM EST)	<ul style="list-style-type: none"> • Deadline for pharmacies to submit their <i>Grant Application</i> and <i>W-9 Form</i> via email to Deanna Beebe at deanna.beebe@maryland.gov. (See Attachments 1 & 2 below.)
Friday, December 16th, 2022	<ul style="list-style-type: none"> • <i>Notification of Award</i> packets sent to Awardees via U.S. mail and email (as applicable).
Friday, December 30th, 2022 (by 5:00 PM EST)	<ul style="list-style-type: none"> • Deadline for Awardees to submit signed <i>Grant Agreement; Statement of Obligations, Assurances, and Conditions</i>; and completed <i>Invoice for Funding worksheet</i>. (See Attachments 3, 4, & 5 below.)
Tuesday, January 2nd, 2023	<ul style="list-style-type: none"> • Starting Date of Grant Funding Period* (*Applicable for terms of <i>Grant Agreement</i> and for data collection purposes. [See Attachment 3 below.] <i>Internal processing of the Invoice of Funding and other internal financial paperwork will take several weeks to complete in order for Awardees to receive their award payment.</i>)
Friday, June 30th, 2023	<ul style="list-style-type: none"> • Ending Date of Grant Funding Period* (*Any remaining unspent grant funds will need to be reversed back to the Program per the terms of the <i>Grant Agreement</i>. [See Attachment 3 below.]
Monday, July 3rd, 2023	<ul style="list-style-type: none"> • The Program begins accepting completed <i>Final Report Forms</i> from Awardees. (See Attachment 7 below.)
Friday, July 30th, 2023 (by 5:00 PM EST)	<ul style="list-style-type: none"> • Deadline for Awardees to submit completed <i>Final Report Forms</i>. (See Attachment 6 below.)
Wednesday, August 30th, 2022 (by 5:00 PM EST)	<ul style="list-style-type: none"> • Final day for reversion of any unspent funds to the Program, per the terms of the <i>Grant Agreement</i>. (See Attachment 3 below.)

Evaluation and Monitoring

The Program will evaluate and monitor the Awardees' progress and expects Awardees to achieve a measurable sustained or increased level of service to MCO recipients as compared to the baseline information provided by the Awardee. Awardees will submit a ***Final Report Form*** to the Program indicating progress based on the # of MCO recipients and the # of MCO prescriptions at the beginning and end of the funding period, as well as a description of the use of grant funds over the course of the grant period, using specified guidelines for reporting (see **Attachment 6** below).

Application Guidelines

Please complete, sign, and submit the ***Grant Application Form*** (see **Attachment 1** below) along with a current ***IRS W-9 Form*** (see **Attachment 2** below) for your pharmacy in order to apply for grant funding.

For the Initial Grant Application Submission:

- **Completed & Signed *Grant Application Form*** - Applicant will fill out all information requested in the spaces provided on the demographics form and sign the *Certification of Eligibility* notice at the bottom of the page. **The application form is due to the Program by electronic submission via email no later than 5:00 PM EST on Wednesday, December 14th, 2022.**²
- **Current & Signed *IRS W-9 Form*** - A current [IRS W-9 Request for Taxpayer Identification Number and Certification Form](#) (see **Attachment 2** below) for the pharmacy is required with the submission of the application. This form is necessary for inputting the pharmacy's information into the Program's vendor system for the processing of the grant award payment. **The W-9 form is due with the application form to the Program by electronic submission via email no later than 5:00 PM EST on Wednesday, December 14th, 2022.**³

Following the receipt of the *Notification of Award* letter, please submit your signed *Grant Agreement* and *Statement of Obligations, Assurances, and Conditions* (see **Attachments 3 & 4** below) along with your *Invoice for Funding* worksheet (see **Attachment 5**) sent to you via U.S. mail and email no later than **5:00 PM EST on Tuesday, December 30th, 2022**, in order to receive payment of your awarded grant funds.

Following the receipt of the *Notification of Award* Letter:

- **Completed & Signed *Grant Agreement* - Attachment 3**
- **Completed & Signed *Statement of Obligations, Assurances, and Conditions* - Attachment 4**
- **Completed & Signed *Invoice for Funding Worksheet* - Attachment 5**

² If the application documents cannot be submitted via email, please contact Deanna Beebe at deanna.beebe@maryland.gov or (410) 767-5701.

³ If the application documents cannot be submitted via email, please contact Deanna Beebe at deanna.beebe@maryland.gov or (410) 767-5701.

Review Criteria

Applications will be reviewed based on meeting all eligibility requirements, the completeness of the application, the extent to which the applicant's proposal will further the purposes of the grant program, and the timeliness of the submission of the completed application.

For Questions:

Email Deanna Beebe at deanna.beebe@maryland.gov or call (410) 767-5701.

Please email your application documents to:

Deanna Beebe at deanna.beebe@maryland.gov

If you are unable to send in the application documents via email, please contact Deanna Beebe at deanna.beebe@maryland.gov or (410) 767-5701 at least 48 hours before the submission deadline [5:00 PM EST on Wednesday, December 14th, 2022].

List of Attachments:

Attachment 1: Grant Application Form Template

Attachment 2: IRS W-9 Form & Instructions Links

Attachment 3: Sample Grant Agreement

Attachment 4: Sample Statement of Obligations, Assurances, and Conditions

Attachment 5: Invoice for Funding Worksheet Template

Attachment 6: Final Report Form Template

Attachment 7: Schedule of Deliverables and Award Payment

Attachment 8: CMS MD Rural Zip Codes List

Attachment 9: Eligible HealthChoice MCOs and PCN, BIN, and Group #s for Prescription Claims

Attachment 1:

Grant Application Form Template for Small Rural Pharmacy Grants Program FY23

GRANT APPLICATION FORM

DIRECTIONS: Please complete and sign this application form and electronically submit it along with your pharmacy's current **IRS W-9 Form** via email to Deanna Beebe at deanna.beebe@maryland.gov by the submission deadline of **5:00 PM EST on Wednesday, December 14th, 2022**. (If you are unable to submit your application via email, please contact Deanna Beebe **at least 48 hours before the submission deadline** at deanna.beebe@maryland.gov or (410) 767-5701.) **THANK YOU!**

*****IF YOU OWN MORE THAN ONE PHARMACY LOCATION FOR WHICH YOU WISH TO APPLY FOR GRANT FUNDING, YOU MUST SUBMIT A SEPARATE APPLICATION FOR EACH PHARMACY LOCATION.*****

DATE:	
SUBMITTER NAME:	
CONTACT NAME: (if different than SUBMITTER NAME)	
SUBMITTER/CONTACT EMAIL:	
SUBMITTER/CONTACT PHONE #:	
PHARMACY NAME:	
PHARMACY NPI #:	
PHARMACY PHYSICAL ADDRESS: (Street Address, City, State, Zip Code)	
TOTAL # OF STORE LOCATIONS UNDER SAME OWNERSHIP:	
TOTAL # OF MCO PRESCRIPTIONS FILLED BY THIS LOCATION IN CY2021: (Please see Attachment 9 in the RFA for information on eligible prescriptions.)	
TOTAL # OF MCO PARTICIPANTS (PATIENTS) SERVED BY THIS LOCATION IN CY2021:	
TOTAL # OF ALL PRESCRIPTIONS FILLED AT THIS LOCATION IN CY2021:	
NAME(S) OF THE Maryland Medicaid HealthChoice MCOs THIS LOCATION HAD PRESCRIPTION CLAIMS WITH IN CY2021: (Please see Attachment 9 in the RFA for the list of the nine [9] Maryland Medicaid HealthChoice MCOs.)	
IS PHARMACY CURRENTLY ENROLLED IN Maryland Medicaid?	Yes No

Certification of Eligibility: *With this application, I certify that I am a small rural pharmacy located in Maryland and believe that I meet the eligibility requirements listed in the **SRPGP FY23 Request for Applications** and am interested in applying for this funding opportunity. If awarded funding, I will **only** use award funds for costs and fees directly related to dispensing prescriptions, and that I will report the impact of this funding on the pharmacy's services for MCO participants to the Program via the **Final Report form** at the end of the grant funding period.*

Signature of Authorized Representative	Date
First and Last Name (Printed)	Title

Attachment 2:
IRS W-9 Form & Instructions Links

A current **IRS W-9 Request for Taxpayer Identification Number and Certification Form** is required with the submission of the *Grant Application* form (see **Attachment 1** above) to the Program by **5:00 PM EST on Wednesday, December 14th, 2022**. This form is necessary for inputting the pharmacy's information into the Program's vendor system for the processing of the grant award payment.

The most current version of the IRS W-9 Form can be found at:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Instructions for how to fill out the W-9 Form from the IRS can be found at:

<https://www.irs.gov/forms-pubs/about-form-w-9>

Attachment 3:

Sample Grant Agreement for the Small Rural Pharmacy Grants Program FY23

Grant Agreement		
<u>Grant Number:</u> SRPGP23-	<u>Awardee Organization:</u>	
<u>Amount of Grant:</u> \$	<u>Period of Grant:</u> Tues., Jan. 2 nd , 2023 – Fri., Jun. 30 th , 2023	<u>Date of Award:</u> Fri., Dec. 16 th , 2022
<u>Grants Program Administrator:</u> Name: Athos Alexandrou Title: Director, Office of Pharmacy Services Address: Maryland Department of Health Office of Pharmacy Services 300 W. Preston St., 4th Flr. Baltimore, MD 21201 Email: athos.alexandrou@maryland.gov Phone #: (410) 767-1455 Fax #: (410) 333-5398		<u>Awardee Contract Officer:</u> Name: Title: Address: Email: Phone #: Fax #:
<u>Grants Program Contact Person:</u> Name: Deanna Beebe Title: Health Policy Analyst Advanced Address: Maryland Department of Health Office of Pharmacy Services 300 W. Preston St., 4th Flr. Baltimore, MD 21201 Email: deanna.beebe@maryland.gov Phone #: (410) 767-5701 Fax #: (410) 333-5398 Attn.: Deanna Beebe		<u>Awardee Contact Person:</u> Name: Title: Address: Email: Phone #: Fax #:

1. **Scope of Work:** The Awardee shall use Grant funds exclusively for the purposes described in the Request for Applications, which is incorporated into this Grant Agreement.
2. **Obligations, Assurances, and Conditions:** The Awardee agrees to sign and comply with the Statement of Obligations, Assurances, and Conditions (**RFA: Attachment 4**).
3. **Use of Grant Funds:**
 - A. **Use of Funds:** The Awardee will be responsible for allocating the funds awarded to them to cover their costs to dispense and other prescription fees, which include but are not limited to prescription packaging supplies; developing or expanding prescription delivery services, and maintaining or upgrading pharmacy point-of-service computer systems. This list is not exhaustive. The Awardee should contact the Department with any questions concerning the acceptable use of grant funds.
 - B. **Unexpended Funds:** Within sixty (60) Calendar Days after the close of the Grant period or the termination of the Grant, the Awardee shall return to the Program any funds not expended or committed for the purposes of this Grant within the Grant period (or any authorized extension of the Grant period). The Program, at its sole discretion, may extend the original time limit for the expenditure of Grant award funds following approval of an extended program timeline. This will be an extension with no additional funds.

4. Unapproved Expenditures and Property:

- A. **Unapproved Expenditures:** The Awardee must provide the Program with the Final Report (**Attachment 7**) detailing expenditures of Grant funds. Any expenditure of Grant funds inconsistent with the Program objectives as stated in the Request for Applications may, at the sole discretion of the Program, be disallowed. Should any expenditure be disallowed, or should the Awardee violate any of the terms of this Grant Agreement (the Agreement), the Program may require repayment to the Program, an offset from this Agreement to the Awardee in the current or succeeding fiscal year, or other appropriate action.
- B. **Disposal of Real or Personal Property:** The Awardee may not sell, lease, exchange, give away, or otherwise transfer or dispose of real or personal property, or any part of or interest in real or personal property, acquired with Grant funds without the prior written consent of the Program. This includes transfer or disposition to a successor on the merger, dissolution, or other termination of the existence of the Awardee. The Awardee shall give the Program written notice at least fifteen (15) Calendar Days before any proposed transfer or disposition. Any proceeds from a permitted transfer or disposition shall be applied to repay to the Program a percentage of that portion of the Grant allocable to the particular real or personal property transferred or disposed of unless the Program and the Awardee agree to other terms and conditions. The percentage shall be equal to the percentage of the unadjusted basis of the property that would remain if the property had been recovery property placed in service after December 31, 1980, and if all allowable deductions had been taken up to the time of disposition under the Accelerated Cost Recovery System (ACRS) specified in the United States Internal Revenue Code, Section 168(b) (1).
- C. **Insurance:** For any item of real or personal property that is acquired with Grant funds and has an original fair market value of five thousand dollars (\$5,000) or more, the Awardee shall, at its own expense, and for the reasonable useful life of that item or for five (5) years, whichever is less, obtain and maintain insurance. The insurance shall provide full protection for the Awardee and the State against loss, damage, or destruction of or to the real or personal property. The Awardee Organization shall, on request, provide the Program with satisfactory evidence of its compliance with this requirement. Proceeds from insurance required by this paragraph shall be applied toward the replacement of the real or personal property or toward the partial or total repayment to the Program of the Grant, at the sole discretion of the Program.

5. **Reporting Requirements and Payment Schedule:** The schedule in **Attachment 5** lists due dates for Grant agreements, program deliverables, and payment dates. The Awardee Organization shall submit required reports and invoices on or before the date due following the Program's guidelines and formats. The Awardee will receive the Grant award payment in full after receipt, review, and approval of the signed Agreement; Statement of Obligations, Assurances, and Conditions, and Invoice for Funding Worksheet. The Awardee will be required to submit a Final Report form after the final day of the Grant funding period, **Friday, June 30th, 2023**, and no later than **5:00 PM EST on Monday, July 31st, 2023**. The Awardee Organization will also be required to return any award funds not spent by the final date of the funding period (**Friday, June 30th, 2023**) to the Program within sixty (60) days following the end of the Grant funding period, by **5:00 PM EST on Wednesday, August 30th, 2023**.
6. **Administration of Grant Funds:** The Awardee will directly administer the Grant funds and agrees that no Grant funds shall be disbursed to any organization or entity, whether or not formed by the Awardee, other than as specifically set forth in the Grant application cited above.

7. Grant Monitoring and Evaluation:

- A. **Grant Monitoring:** The Awardee agrees to provide reports on progress and invoices for funding on or before the required due date to the Program (as defined in **Attachment 5**), its staff, and advisors as requested by the Program.
- B. **Evaluation:** The Awardee agrees to participate in an evaluation of the Program, including assisting with any data collection and information gathering required, such as participation in surveys, meetings, and interviews with evaluators during and following the conclusion of the Grant funding period.

8. **Financial Records:** The Awardee agrees to maintain complete records of revenues and expenditures made with Grant funds, together with appropriate supporting documentation. Upon request, the Awardee will make these records available for inspection by the Program or its agents at reasonable times. The Program, at its expense, may audit or have audited the records of the Awardee insofar as they relate to the disposition of the funds awarded by the Program, and the Awardee shall provide all necessary assistance in connection therewith. Records must be kept for at least five (5) years after completion of the Grant. In addition to those records referred to above, records to be kept and maintained for this period include all invoices, bills of sale, receipts, payroll records, and employee timesheets.

9. Publicity:

- A. **Press Announcements:** Prior to release, the Awardee shall submit to the Program for review drafts of press releases announcing the Grant or reporting program accomplishments or findings.
- B. **Publications:** The Awardee shall submit to the Program three (3) copies of any publications produced under the Grant. Publications must adhere to the following terms and conditions:

NOTE 1. PUBLICATIONS:

- All manuscripts published as a result of the work supported in part or whole by the cooperative agreement will be submitted with the progress reports.
- Publications, journal articles, etc., produced under this Grant support program must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported through the Maryland Department of Health's Office of Pharmacy Services' Maryland Medicaid Pharmacy Program. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Maryland Medicaid Pharmacy Program, the MDH Office of Pharmacy Services, or the Maryland Department of Health.

NOTE 2. CONFERENCE DISCLAIMER:

- If a conference is funded in part or fully by this Agreement the following statement should be included on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) through the Maryland Department of Health's Office of Pharmacy Services' Maryland Medicaid Pharmacy Program. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Maryland Medicaid Pharmacy Program, the MDH Office of Pharmacy Services, or the Maryland Department of Health, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Maryland.

- C. **Acknowledgments:** In any publications or media resulting from this program, the Awardee Organization shall acknowledge the Program's support.
- D. **Copyright Interests:** All copyright interests in materials produced as a result of this Grant are owned by the Awardee. The Program, however, retains a royalty-free, nonexclusive and irrevocable license to reproduce, publish, and otherwise use and to authorize others to use any such materials for Program purposes, such license includes posting the materials on the Program's website.
10. **Limitations:** The Program has no obligation to provide other or additional support to the Awardee for this or any other program or purpose.
11. **Reversion of Grant:** The Program may postpone or cancel unpaid installments of the Grant if, in the Program's judgment, the Awardee becomes unable to carry out the purposes of the Grant or ceases to be an appropriate means for accomplishing the purposes of the Grant. In any such case, the Awardee shall, within thirty (30) Calendar Days after written request by the Program, repay the portions of the Grant received but not disbursed, and all portions of the Grant, which although disbursed, are within the Awardee's control.
12. **Non-Discrimination:** The Awardee may not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, sexual orientation, or any other characteristic forbidden as a basis for discrimination by applicable laws and certifies that its Constitution or by-laws contain a non-discrimination clause consistent with the Governor's Code of Fair Practices.
13. **Collusion or Other Offenses:** The person executing this Agreement on behalf of the Awardee certifies, to the best of that person's knowledge and belief, that:
- A. Neither the Awardee, nor any of its officers or directors, has engaged in collusion with respect to the Awardee's application for the Grant or this Agreement or has been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or of the United States;
- B. The Awardee has not employed or retained any person, partnership, corporation, or other entity, other than a bona fide employee or agent working for the Awardee, to solicit or secure the Grant or this Agreement, and the Awardee has not paid or agreed to pay any such entity any fee or other consideration contingent on the making of the Grant or this Agreement;
- C. The Awardee, if incorporated, is registered or qualified in accordance with the Corporations and Associations Article of the Annotated Code of Maryland, is in good standing, has filed all required annual reports and filing fees with the Program of Assessments and Taxation, the Program of Labor, Licensing and Regulation, and has paid or arranged for the payment of all taxes due to the State;

- D. No money has been paid to or promised to be paid to any legislative agent, attorney, or lobbyist for any services rendered in securing the passage of legislation establishing or appropriating funds for the Grant; and
- E. Neither the Awardee, nor any of its officers or directors, nor any person substantially involved in the contracting or fund-raising activities of the Awardee, is currently suspended or debarred from contracting with the State or any other public entity or subject to debarment under the Code of Maryland Regulations, COMAR 21.08.04.04.

14. Reporting Requirements:

- A. Awardee will submit the Final Report form (**RFA: Attachment 7**) within the timeframes specified in the Report. When submitting the Final Report form (**RFA: Attachment 7**), the Awardee will document the expenditure activities or categories that utilized any of the grant funds and the amount of the grant funds used for each activity or category. The Awardee shall maintain financial records documenting the uses of the grant funds as stated in **Section 8** herein.
- B. If the Program determines that the Awardee's report is inadequate in documenting progress toward objectives and/or expenditures to date, the Program will notify the Awardee of such inadequacy. Following such notification, the Awardee shall have fifteen (15) Business Days to provide new or additional documentation that responds to the cited inadequacies. Failure of the Awardee to provide information satisfactory to the Program may result in an interruption of further Grant funding until satisfactory reporting is achieved and could result in reversion of Grant funds as described in **Paragraph 11** above.
- C. Continued funding for the Program is contingent upon the renewal of the State Grant, on the Awardee meeting the goals and objectives of the Program, and upon the success of the program.
- D. The Awardee's inability to file timely reports will be a significant factor in assessing future Grant applications submitted to the Program by the Awardee.

15. General Requirements:

- A. The Awardee shall comply with Sections 7-402 and 7-403 of the State Finance and Procurement Article of the Annotated Code of Maryland, as applicable.
- B. The laws of Maryland shall govern the interpretation and enforcement of this Agreement.
- C. This Agreement shall bind the respective successors and assigns of the parties.
- D. The Awardee may not sell, transfer, or otherwise assign any of its obligations under this Agreement, or its rights, title, or interest in this Agreement, without the prior written consent of the Program.
- E. No amendment to this Agreement is binding unless it is in writing and signed by both parties.

Attachment 4:

Sample Statement of Obligations, Assurances, and Conditions for the Small Rural Pharmacy
Grants Program FY23 (as part of the Grant Agreement)

STATEMENT OF OBLIGATIONS, ASSURANCES, AND CONDITIONS

In submitting its Grant Application to the Maryland Department of Health's Office of Pharmacy Services Maryland Medicaid Pharmacy Program's (the Department's) Small Rural Pharmacy Grants Program FY23 (the Program) and by executing this Statement of Obligations, Assurances, and Conditions, the applicant agrees to and affirms the following:

1. All application materials, once submitted, become the property of the Program.
2. All information contained within the *Grant Application Form* submitted to the Program is true and correct and, if true and correct, not reasonably likely to mislead or deceive.
3. The applicant, if awarded a grant, will execute and abide by the terms and conditions of the *Grant Agreement*.
4. The applicant affirms that in relation to employment and personnel practices, it does not and shall not discriminate on the basis of race, creed, color, sex, or country of national origin.
5. The applicant agrees to comply with the requirements of the Americans with Disabilities Act of 1990, where applicable.
6. The applicant agrees to comply with the Certification Regarding Environmental Tobacco Smoke, P.L. 103-227, also known as the Pro-Children Act of 1994.
7. The applicant agrees that grant funds shall be used only in accordance with applicable state and federal laws, regulations, and policies; the *Request for Applications*; and the signed *Grant Agreement* as accepted by the Program, including agreed modifications (if any).
8. If the applicant is an entity organization under the laws of Maryland or any other state, is in good standing, and has complied with all requirements applicable to entities organized under that law.
9. The applicant has no outstanding claims, judgments, or penalties pending or assessed against it – whether administrative, civil, or criminal – in any local, state, or federal forum or proceeding.

AGREED TO ON BEHALF OF, _____, BY:
(Applicant Name)

Legally Authorized Representative Name (Please PRINT Name)

Title

Legally Authorized Representative Name (Signature)

Title

Attachment 5:

Invoice for Funding Worksheet Template

INVOICE - NON-CRITICAL				
Pharmacy Name:	[enter Pharmacy's Name]		Invoice No:	NAME-SRPGP23-
Street Address:	[enter Pharmacy's Street Address]		Invoice Date:	[enter MM-DD-YYYY you completed this form]
City, State Zip:	[enter Pharmacy's City, State Zip Code]			
Pharmacy NPI:	[enter Pharmacy's NPI #]			
Final Invoice?	[X]	Yes		
Sponsor:	Maryland Department of Health Office of Pharmacy Services - Maryland Medicaid Pharmacy Program Deanna Beebe, Health Policy Analyst Advanced Small Rural Pharmacy Grants Program FY23 300 W. Preston St., 4th Flr., Rm. 410 Baltimore, MD 21201 United States		FOR ADMINISTRATIVE STAFF: NON-CRITICAL I certify that the following invoice is original and has not yet been paid. X Date:	
Total Award Amount:	\$XX,XXX.XX	Pharmacy Grant Manager:	[enter Name of Authorized Representative from Application]	
Project Title:	Small Rural Pharmacy Grants Program	Pharmacy Grant Manager's Title:	[enter Pharmacy Grant Manager's Title at Pharmacy]	
Description	1/3/23-6/30/23		Bill Amount	
Small Rural Pharmacy Grants Program FY23			\$XX,XXX.XX	
1) Prescription Fees & Dispensing Costs			\$XX,XXX.XX	
TOTAL AMOUNT DUE:				
Wires:	[enter Routing #: XXXXXXXX]; [enter Account #: XXXXXXXXXX]; [enter Bank Name:]			
PCA:	#T313G			
Vendor#:	(Tax ID #)			
Mail Code:	000			
I certify that the above invoice is just and correct and that payment has not been received.			<<[enter Above Person's initials]	
Signature:	[Signature of Authorized Representative - now known as Pharmacy Grant Manager]			
Grant Manager's Title:	[enter Pharmacy Grant Manager's Title at Pharmacy]			
Pharmacy Name:	[enter Pharmacy's Name]			
Pharmacy Phone #:	[(XXX) XXX-XXXX <enter Pharmacy's phone #]			
			KEY:	
			[text]	Awardee fills in
			Text	Pre-filled by Program

- Screenshot of the Invoice for Funding Worksheet

A link to an Excel version of the worksheet is available on the Program's [website](#).

Invoice for Funding Worksheet Directions: Please fill out this invoice form following the receipt of your *Notification of Award* letter and submit it via email along with your signed *Grant Agreement* and *Statement of Obligations, Assurances, and Conditions* (**Attachments 3 & 4** above) and return to the Program by **5:00 PM EST on Friday, December 30th, 2022**. All information on this form is necessary to complete the transfer of grant award funds to your organization.

Attachment 6:

Final Report Form Template

FINAL REPORT FORM

DIRECTIONS: Please answer the following questions as completely, accurately, and as detailed as possible and submit your pharmacy's completed and signed form to the Program via email to **Deanna Beebe** at deanna.beebe@maryland.gov by the submission deadline of **5:00 PM EST on Friday, July 31st, 2023**. *(The Program will **not** be accepting Final Report forms until **Monday, July 3rd, 2023**, after the completion of the grant funding period. Submitting a completed and signed Final Report form is a requirement of your participation in the Program per the Grant Agreement. Failure to submit a completed Final Report form by the submission deadline above may prevent your pharmacy from being eligible for future grant funding opportunities.)*

Thank you for participating in the Small Rural Pharmacy Grants Program FY23!

1. What was the **total # of MCO prescriptions** filled between **Friday, January 1st, 2022**, and **Thursday, June 30th, 2022** in FY22, and the **total # of MCO prescriptions** filled between **Sunday, January 1st, 2023**, and **Friday, June 30th, 2023** in FY23?
 - a. **Beginning:** _____
 - b. **Ending:** _____
2. What was the **percent change** in these numbers over the grant funding period?

3. What was the **total # of MCO participants** covered by your pharmacy between **Friday, January 1st, 2022**, and **Thursday, June 30th, 2022** in FY22, and the **total # of MCO participants** covered by your pharmacy between **Sunday, January 1st, 2023**, and **Friday, June 30th, 2023** in FY23?
 - a. **Beginning:** _____
 - b. **Ending:** _____
4. What was the **percent change** in these numbers over the grant funding period?

5. Were there any changes in which **managed care organizations (MCOs)** provider network(s) your pharmacy participated with during the grant funding period?
 - a. **(Yes/No)?** _____
 - b. If **Yes**, what were the changes in your pharmacy's MCO Network?

6. Please provide us with a complete categorized/itemized list with detailed descriptions of what the grant funds were spent on during the grant funding period. Please also provide a fiscal breakdown of how much of the grant funds were spent on each category or item listed.
(Please attach additional pages if needed.)

7. Please provide any additional comments about the Program or the use of your grant funds below:

Certification: *I certify that we used this grant award funding for costs and fees directly related to dispensing prescriptions.*

Signature of Authorized Representative

Date

First and Last Name (Printed)

Title

Attachment 7:

Schedule of Deliverables and Payments

Date	Deliverable	Payment
Wednesday, December 14 th , 2022 (by 5:00 PM EST)	<ul style="list-style-type: none">• Submit the completed <i>Grant Application Form</i> and <i>IRS W-9 Form</i> (see Attachments 1 & 2 above) via email to Deanna Beebe at deanna.beebe@maryland.gov.⁴	N/A
Friday, December 30 th , 2022 (by 5:00 PM EST)	<ul style="list-style-type: none">• Submit the completed and signed <i>Grant Agreement</i> and <i>Statement of Obligations, Conditions, and Assurances</i>. (See Attachments 3 & 4 below.)• Submit completed <i>Invoice for Funding Worksheet</i>. (See Attachment 5 below.)	N/A
Tuesday, January 2 nd , 2023	N/A	<ul style="list-style-type: none">• Beginning of the Funding Period following the receipt of Dec. 30th deliverables.* * <u>Pending receipt and internal processing.</u>
Friday, June 30 th , 2023	N/A	<ul style="list-style-type: none">• End of the Funding Period N/A
Friday, July 30 th , 2023 (by 5:00 PM EST)	<ul style="list-style-type: none">• Submit the completed <i>Final Report Form</i>. (See Attachment 6 below.)	N/A
Wednesday, August 30 th , 2022 (by 5:00 PM EST)	N/A	<ul style="list-style-type: none">• Final day for reversion of any unspent funds. (See Attachment 3 below.)

⁴ If the application documents cannot be submitted via email, please contact **Deanna Beebe** at deanna.beebe@maryland.gov or (410) 767-5701.

Attachment 8:

CMS MD Rural Zip Codes List

All zip codes listed on this table are Maryland zip codes classified as "rural" in accordance with CMS's most recent ["Zip Codes to Carrier Locality" File \(11/15/22\)"](#) and meet the MD rural zip code eligibility requirement defined in the **Eligibility Requirements** section of the *RFA*.

21520	21631	21663	21727
21522	21632	21664	21792
21523	21634	21665	21811
21531	21635	21667	21813
21536	21636	21668	21817
21538	21639	21669	21835
21541	21640	21670	21838
21550	21641	21671	21841
21561	21643	21672	21842
21601	21644	21673	21843
21606	21645	21675	21851
21607	21647	21676	21857
21609	21648	21677	21862
21610	21649	21678	21863
21612	21650	21679	21869
21613	21651	21681	21872
21620	21652	21682	
21622	21653	21683	
21623	21654	21684	
21624	21655	21685	
21625	21656	21686	
21626	21659	21687	
21627	21660	21688	
21628	21661	21690	
21629	21662	21719	

Attachment 9:

Eligible HealthChoice MCOs and PCN, BIN, and Group #s for Prescription Claims

The Program will determine the official total number of prescription claims that are eligible to be counted towards your possible award payment of **\$5.00** per MCO prescription filled in **CY2021** for up to **30,000** MCO prescriptions through the number of adjudicated claims from **CY2021** that were paid in **CY2021** that were for patients who are participants in a Maryland Medicaid health insurance plan with one of the **nine (9) Maryland HealthChoice MCOs** listed below. Any prescription claims for Maryland Medicaid **Fee-For-Service** participants are **NOT** eligible to count towards your potential grant award amount.

List of Eligible Maryland HealthChoice MCOs:

1. Aetna Better Health
2. Amerigroup Community Care
3. CareFirst BlueCross Blue Shield Community Health Plan Maryland
(formerly *University of Maryland Health Partners*)
4. Jai Medical Systems
5. Kaiser Permanente
6. Maryland Physicians Care
7. MedStar Family Choice
8. Priority Partners
9. UnitedHealthcare

Link to the Maryland Pharmacy Programs website: <https://www.mdrxprograms.com/ooep.html#PSI>

Under “**Provider Information,**” click on the link for the [Provider Manual Word document](#).

Once you have opened up the [Provider Manual Word document](#), refer to **Page 10** for information on the **BIN, PCN, and Group #s** associated with each of the **nine (9) Maryland Medicaid HealthChoice MCOs** identified above and other claims details necessary for the paid MCO prescriptions to be eligible to count towards your potential grant award amount.