Maryland
DEPARTMENT OF HEALTH

FY 2024 Request for Applications
Frequently Asked Questions Meeting

Mark Luckner, Executive Director
Maryland Community Health Resources Commission
April 17, 2024

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Objectives for Today

1. Provide background on the CHRC
2. Information about the FY 24 RFA
3. Questions and Answer period
4. Demonstration on submitting Letter of Intent

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CHRC Membership

Edward J. Kasemeyer, CHRC Chair, Former Senator and Chair of the Maryland Senate Budget & Taxation Committee

Dr. Sadiya Muqueeth, CHRC Vice Chair

Scott T. Gibson, Chief Strategy Officer, Melwood Horticultural Training Center, Inc.

Flor D. Giusti, Johns Hopkins, Bayview

Dr. Maria J. Hankerson, President, Visions & Outcomes, Unlimited

David Lehr, Chief Strategy Officer, Meritus Health

Karen-Ann Lichtenstein, Former President and CEO, The Coordinating Center

Roberta "Robbie" Loker

Carol Masden, LCSW-C

Destiny-Simone Ramjohn, PhD, Vice President, Community Health and Social Impact, CareFirst

TraShawn Thornton-Davis, MD, Assistant Service Chief, OB/GYN, DCSM, Mid-Atlantic Permanente Medical Group

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CHRC Background & Mission

Created by the Maryland General Assembly in 2005;
Current statutory responsibilities:

1. Expand access to health care in underserved communities;
2. Support projects that serve low-income Marylanders, regardless of insurance status;
3. Build capacity of safety-net providers;
4. Staff Council on Advancement of School-Based Health Centers;
5. Implement the Maryland Health Equity Resource Act; and
6. The Maryland Consortium on Coordinated Community Supports.

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Statewide Impact of CHRC Grants

- 824 grants totaling $238 million.
- Projects funded in all **24 jurisdictions**.
- More than **628,000 Marylanders** have received services, including those with complex health and social service needs.

- **$44.7 million leveraged** in additional resources.
- 76% of programs sustained at least one year after CHRC grant funding ends.

CHRC funds projects that are innovative, replicable and sustainable.

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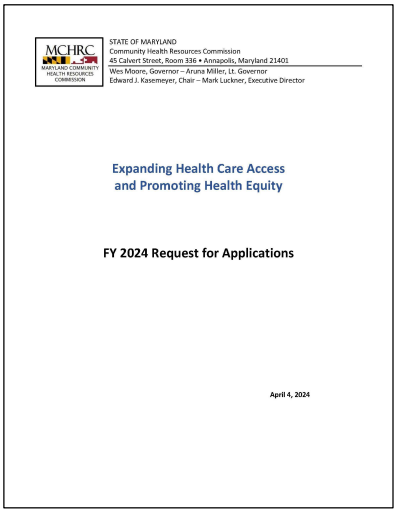
FY 2024 RFA: Key Dates


STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Room 336 • Annapolis, Maryland 21401
Wes Moore, Governor – Aruna Miller, Lt. Governor
Edward J. Kasemeyer, Chair – Mark Luckner, Executive Director

Expanding Health Care Access and Promoting Health Equity

FY 2024 Request for Applications

April 4, 2024

April 4: RFA Released

April 25: Letters of Intent: DUE 12:00 PM

May 16: Applications: DUE 3:00 PM

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Strategic Priorities

Strategic Priority #1

- Addressing health disparities and adverse Social Determinants of Health (SDOH)
- Emphasis on place-based initiatives to support high-quality care and health equity

Strategic Priority #2

- Delivery of integrated health and social services
- Emphasis on genuine community engagement and partnerships to address medical and non-medical needs

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Four Areas of Focus

1. Chronic disease including diabetes, heart disease, and others
2. Maternal and child health
3. Dental care
4. Behavioral Health including Mental Health, Substance Use Disorder (SUD), and opioid crisis

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Eligibility as a Community Health Resource – Three Types

1. **Designated.** Specific types of health care providers listed in the statute.
   Some examples include: FQHC, Local Health Departments, Behavioral Health Providers, Free Clinics, School-Based Health Clinics (for full list see page 5)
2. **Primary.** The applicant provides primary health care services at a reduced priced.
3. **Access.** The applicant refers individuals to primary care health care services at a reduced price.
   Must submit MOU with clinical care provider and provider sliding fee scale

Sliding Fee Scale: All applicants must submit a sliding fee scale with Letter of Intent (see next slide)

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Sliding Fee Scale Policy

- Services provided free of charge or at a reduced priced based on screening of individual's income eligibility.
- Must provide services either free of charge or at a discounted rate.
- Sliding fee scale must be posted publicly.
- If services are provided at no charge, must provide a statement on entity letterhead.
- NOT contingent on receiving grant funds.
- Assisting individuals in enrolling in health insurance or Medicaid is not a sliding fee scale.

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Unduplicated Individuals Served

To be counted as an Unduplicated Individual Served:

1. New patients receiving grant funded services;
2. Provide documentation that clinical or non-medical services were delivered;
3. Develop and implement a HIPAA-compliant patient intake form and/or process;
4. Ability to "de-duplicate" patients;
5. Encourage use of CRISP (not required).

See page 12 of Request for Applications for full definition

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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

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Questions and Answers

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FY 2024 RFA: To Do

Due April 25, 2024 at 12:00 NOON

1. Complete Letter of Intent template

2. Upload sliding fee schedule – required for all applicants

3. Upload any additional documents requested:
   - BHA or OMHC licenses
   - Access. Copy of executed MOU documenting referral relationship

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Staff Contact Information for Questions

Mark Luckner, Executive Director
E-mail: mark.luckner@maryland.gov

Bob Lally, Chief Financial Officer
E-mail: bob.lally@maryland.gov

FAQ Document and recording will be posted here:
https://health.maryland.gov/mchrc/Pages/notices.aspx

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