



STATE OF MARYLAND
Community Health Resources Commission

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Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor
John A. Hurson, Chairman - Mark Luckner, Executive Director

Supporting Community Health Resources:
Building Capacity and Expanding Access
to Care for Marylanders

Call for Proposals

October 24, 2013

Overview

The Maryland Community Health Resources Commission (CHRC) was created by the Maryland General Assembly through the *Community Health Care Access and Safety Net Act of 2005* to expand access to health care for low-income Marylanders and underserved communities in the state and to bolster Maryland's health care safety net infrastructure. The CHRC is a quasi-independent commission within the Maryland Department of Health & Mental Hygiene (DHMH), and its 11 members are appointed by the Governor. In creating the Commission, the Maryland General Assembly recognized the need to have an independent commission that focused on strengthening the state's vibrant network of community health resources and addressed service delivery gaps in Maryland's dynamic health care marketplace.

Over the last eight years, the Commission has awarded 122 grants totaling approximately \$31 million. As shown in the table below, these 122 programs have provided services for more than 138,000 patients, resulting in more than 419,000 patient visits. Over this same time period, the Commission has received 432 requests for consideration, totaling almost \$147.3 million in direct funding requests. Program sustainability is a top priority of the Commission, and CHRC grantees have used initial grant funds to leverage \$10.2 million in additional federal and private funding sources.

Maryland Community Health Resources Commission				
Focus Area	# of Projects Funded	Total Award Provided	Cumulative Total	
			Patients Seen/Enrolled	Visits Provided
Expanding Access to Primary Care at Maryland's safety net providers	25	\$6,672,660	56,192	191,417
Increasing Access to Dental Care for Low-income Marylanders	20	\$4,610,606	42,540	93,947
Addressing Infant Mortality	11	\$2,380,697	12,906	32,215
Reducing Health Care Costs through ER Diversions	6	\$1,994,327	13,804	27,943
Promoting Health Information Technology at community health centers	9	\$3,084,661	Health Information Technology	
Providing Access to Mental Health and Drug Treatment Services	15	\$4,300,075	7,866	31,458
Addressing Health Care Needs of Co-Occurring Individuals	7	\$2,193,942	4,774	42,433
Supporting Local Health Improvement Coalitions (LHICs)	24	\$1,900,000		
Health Enterprise Zones	5	\$3,855,000		
Total Grant Funding Provided	122	\$30,991,968	138,082	419,413
Total Funding Requested	432	\$147,297,981		
Number of Patients Served/Enrolled	138,082			
Number of Patients Visits/Services Provided	419,413			
Additional federal and private resources leveraged	46	\$10,167,384		

Supporting Community Health Resources: Building Capacity and Expanding Access to Care for Marylanders is the grants program of the CHRC. The program will award grants to community health resources serving Maryland residents. In this year's Call for Proposals, the Commission will consider projects in six categories:

- (1) Promoting comprehensive women's health services and reducing infant mortality rates;**
- (2) Expanding access to dental care;**
- (3) Supporting new access points and expanding primary care capacity;**

- (4) Functionally integrating behavioral health services;
- (5) Building safety net provider capacity; and
- (6) Preventing/reducing childhood obesity.

Key Dates to Remember

The following are the dates and deadlines for the FY 2014 Call for Proposals.

October 24, 2013	Release of Call for Proposals
October 31, 2013 at 10:00 a.m.	Conference Call for Applicants Dial in number is 1.866.247.6034 Conference code is 4102607046
November 7, 2013 – 3:00 p.m.	Deadline for receipt of Letters of Intent and Financial Audit
November 12, 2013	Applicants notified to submit a full proposal
December 3, 2013 – 12 noon	Deadline for receipt of applications
Early January, 2014	Select number of applicants notified to present to the CHRC
Mid-January, 2014	Applicant presentations to the CHRC; award decisions immediately follow presentations

Grant Eligibility

The Commission will consider proposals from any community health resource eligible under the Commission’s regulations at COMAR 10.45.05.

What is a Community Health Resource?

An organization can demonstrate that it is a community health resource in any of three ways:

(1) Designated Community Health Resource. The CHRC has designated the following types of organizations, listed below, as community health resources. Each of these entities is eligible to apply for and receive grants from the Commission.

- Federally qualified health centers (FQHCs) and FQHC “look-alikes”
- Community health centers
- Migrant health centers
- Health care programs for the homeless
- Primary care programs for public housing projects
- Local nonprofit and community-owned health care programs
- School-based health centers

- Teaching clinics
- Wellmobiles
- Community health center-controlled operating networks
- Historic Maryland primary care providers
- Outpatient mental health clinics
- Local health departments
- Substance use treatment providers

Organizations not designated above may also qualify as a community health resource. To do so, organizations must demonstrate that they meet the Commission’s criteria for either a Primary Health Care Services Community Health Resource or an Access Services Community Health Resource.

(2) Primary Health Care Services Community Health Resource. Organizations must demonstrate that they:

- Provide primary health care services;
- Offer those services on a sliding scale fee schedule; and
- Serve individuals residing in Maryland.

(3) Access Services Community Health Resource. Organizations must demonstrate that they:

- Assist individuals in gaining access to reduced price clinical health care services;
- Offer their services on a sliding scale fee schedule; and
- Serve individuals residing in Maryland.

Sliding Scale Fee Schedule Requirements

Organizations seeking to demonstrate that they are a Primary Health Care Services Community Health Resource or an Access Services Community Health Resource must offer a sliding scale fee schedule consistent with the following guidelines established by the Commission. An applicant organization’s sliding scale fee schedule must provide discounts to individuals with a family income at or below 200 percent of the federal poverty level, with no more than a nominal charge for individuals with a family income at or below 100 percent of the federal poverty level. No additional fees may be charged, such as an enrollment fee. The availability of discounted fees must be publicly displayed, and discounted services must be available to all who meet the eligibility criteria. The organization must review documentation on income from applicants. An organization that provides discounted or free care to all individuals who seek service, or to those with family income at or below 200 percent of the federal poverty level, complies with this requirement.

The Grants Program

Expanding access in underserved communities and supporting the work of community health resources are core statutory missions of the CHRC. This year’s Call for Proposals will provide added consideration for proposals that build the capacity of safety net providers to deliver affordable, high-quality care in the community as these providers respond to new challenges and opportunities brought by implementation of the Affordable Care Act (ACA). In addition, the Call for Proposals will include added emphasis on proposals that support the state’s overall efforts to address health disparities and reduce hospital admissions and readmissions.

Building capacity. An estimated 250,000 Marylanders are projected to enroll in 2014 in new health insurance options made available under the Affordable Care Act. It is critical that Maryland respond to the increased demand for health care services by these newly insured residents and build the capacity to deliver care in the community. The Commission will support proposals that help boost the capacity of community health resources to serve additional individuals and provide support and technical assistance to safety net providers, many of whom have a historical mission of serving low-income and uninsured individuals.

Addressing health disparities. Supporting access to affordable, high-quality health care for every Marylander regardless of ability to pay, health insurance status, income, or race, is embedded in the Commission's statutory mission. The CHRC has been honored to implement with DHMH the Maryland Health Enterprise Zones Initiative, which is designed to expand access in underserved communities, address racial and geographic health disparities, and reduce hospital admissions and readmissions. This year's Call for Proposals looks to build on the work of the Health Enterprise Zones Initiative and will provide special consideration for proposals that provide innovative community-based projects that aim to reduce the gap in health outcomes between minorities and whites in Maryland.

Reducing hospital admissions and readmissions. Promoting continuity of care through community-hospital partnerships and helping reduce hospital admissions, readmissions, and preventable emergency department visits are policy goals that are central to the mission of the CHRC. In light of this statutory policy mandate and in support of the state's current efforts to modernize Maryland's unique all-payer hospital waiver, this year's Call for Proposals will provide added emphasis for projects that will encourage results-based relationships between hospitals and community partners, promote continuity of care, and yield measurable health improvements.

As in previous Calls for Proposals, the Commission will support multi-year grant programs. Following are the six types of projects that the CHRC will be looking to support in this year's Call for Proposals:

1. Promoting comprehensive women's health services and reducing infant mortality rates (*Potential award funding available in year one in this category is \$200,000-\$300,000*).

In 2008, the O'Malley-Brown Administration set the goal of reducing Maryland's infant mortality rate by 10% by 2012. The Administration announced earlier this year that the state's infant mortality rate has decreased by 21%, effectively achieving this goal. The Administration has announced a *new* goal of reducing the state's infant mortality rate by an additional 10% by 2017. Since 2005, the Commission has awarded 12 grants totaling more than \$2.3 million to support programs to help address infant mortality and provide access to comprehensive health and other services for underserved women. These programs have collectively served 12,906 women, and organizations funded by the CHRC have included federally qualified health centers, local health departments, and community-based organizations.

In light of the new goal, the CHRC will look to support projects that identify priority risk factors and evidence-based interventions for addressing infant mortality and disparities in infant mortality in Maryland. Applicants are encouraged to consider strategies outlined in the State Plan for Reducing Infant Mortality in Maryland

(http://dhmh.maryland.gov/babiesbornhealthy/pdf/Plan_Reducing_Infant_Mortality_MD_Dec2011.pdf). Proposals could include interventions designed to improve outcomes before pregnancy, such as promoting access to comprehensive women's health services to ensure women are healthier at time of conception; during pregnancy, to ensure earlier entry into risk-appropriate prenatal care and case management programs; and after delivery, to ensure comprehensive, high-quality follow up care for mother and infant. Strong proposals would support implementation of a “no-wrong door” or “one-stop shopping” model of services, such as integrating women’s health services with existing addictions or WIC programs and strategies to ensure long-term sustainability of the proposed activities.

(2) Expanding access to dental care (*Potential award funding available in year one in this category is \$100,000-\$200,000*).

The CHRC has prioritized supporting programs to expand dental care services for low-income communities for several years, with a particular focus on pediatric dental programs. Since 2005, the Commission has awarded 20 grants totaling more than \$4.6 million for dental programs. These programs have collectively served more than 42,500 Marylanders.

In a recent report from The Pew Center on the States, Maryland received an “A” grade for the second consecutive year for children’s dental health. The DHMH Office of Oral Health has advised that despite recent strides to increase dental care capacity, there are still some areas of the state that lack safety net dental providers. The Maryland Dental Action Coalition released *The Maryland Oral Health Plan for 2011-2015*,¹ which articulates three policy objectives: (1) Access to Oral Health Care; (2) Oral Disease and Injury Prevention; and (3) Oral Health Literacy and Education.

In its 2014 Call for Proposals, the Commission will support programs for dental and oral health services which support *The Maryland Oral Health Plan for 2011-2015*. Specifically, applicants may wish consider the following types of programs:

- ER diversion programs that facilitate access to adult emergency dental treatment services in outpatient settings to divert/reduce hospital ED visits. Successful applicants should demonstrate calculated potential cost savings to the state achieved through reduced ED visits;
- Oral health literacy programs that increase Marylanders’ awareness of the importance of oral health and empower residents to improve personal oral hygiene practices;
- Case manager/care coordinator models that support case manager/care coordinators to link patients to dental education, prevention, and treatment services;
- Dental-medical collaborations such as enhanced interdisciplinary training efforts or joint oral health public education/awareness projects between the dental associations and various other medical associations;
- Dental programs that provide services for special needs children and adults for whom services are currently very limited due to the challenges this population presents to practitioners; and/or

¹ The full report for *The Maryland Oral Health Plan 2011-2015* can be found at <http://www.mdac.us/wp-content/uploads/2011/02/MOHP-Dental-Action-r4.pdf>

- Perinatal oral disease prevention programs that are interdisciplinary, evidenced-based, and empower mothers and pregnant women to engage in appropriate oral health care for themselves and their infants and children.

All proposals must include strategies for addressing the unique oral health needs of local populations. Program proposals may be for new services or the expansion of existing services that are effective in meeting the oral health needs of the community. Proposals must demonstrate efficiency in service delivery and innovation in regards to addressing barriers to accessing oral health services, including screening and facilitating enrollment into Medicaid. All projects must have the capacity to determine client eligibility for financial assistance to programs such as Medicaid, assure children are enrolled in these programs, and bill Medicaid and other third party payers whenever possible for services provided under a CHRC grant-funded program.

3. Supporting new access points and expanding primary care capacity *(Potential award funding available in year one in this category is \$500,000-\$600,000).*

A fundamental policy objective of the CHRC is to support comprehensive, interconnected systems of care in communities and to expand access to affordable, high-quality primary care services in underserved areas of the state. Since 2005, the Commission has awarded 25 grants totaling more than \$6.8 million to expand primary care access. These programs have collectively served more than 56,100 Marylanders in 12 jurisdictions.

As Maryland implements the Affordable Care Act, it is essential that the state expand its capacity to deliver primary care services in the community. An estimated 250,000 Marylanders are projected to enroll in new health insurance options in 2014. It is critical that the state build the capacity of community health resources to meet the expected demand for essential health services by Maryland's newly insured.

The CHRC will continue to support efforts to expand access to primary care and other critical health services in this Call for Proposals. Projects that would be considered under this category include support for "New Access Points" or other programs that will build direct service capacity. In addition to building capacity and expanding access, consideration will be also be given to innovative health quality improvement programs and efforts by primary care providers to improve the overall population health of the communities served. Programs supported in this Call for Proposals will be encouraged to facilitate enrollment of previously uninsured Marylanders into Medicaid or other public health insurance programs and to bill these programs and other third party payers whenever possible for services provided under a CHRC grant-funded program.

4. Functionally integrating behavioral health services *(Potential award funding available in year one in this category is \$300,000-\$600,000).*

Since 2005, the Commission has awarded 15 grants totaling more than \$4.3 million to expand access to integrated behavioral health services in the community. These programs have collectively served more than 7,800 individuals, many of whom have complex behavioral health treatment needs.

There is growing evidence to support efforts to integrate behavioral health care services in primary care settings. Adults with behavioral health illness have higher rates of chronic medical

conditions such as diabetes, hypertension, and HIV/AIDS, which further compounds the already high levels of functional impairment in this population. The CHRC recognizes the need for behavioral health treatment services to be fully and functionally integrated with the delivery of somatic care services in the community. In addition, DHMH is moving forward with efforts to support the integration of the delivery of mental health and substance use treatment services. This integration will present new challenges and opportunities for behavioral health providers.

In this Call for Proposals, the CHRC will support programs that will increase access to integrated behavioral health services and enable providers to implement programs that provide total integration of health care services for individuals seeking behavioral health treatment. Program proposals can include direct provision of behavioral health care services, coordinated referrals or on-site services through a co-located behavioral health service, or an integrated model of care, including adding primary care services to an existing behavioral health care setting. Programs are encouraged to facilitate enrollment of previously uninsured Marylanders into Medicaid or other public health insurance program, and bill these programs and other third party payers whenever possible for services provided under a CHRC grant-funded program.

5. Building safety net provider capacity (*Potential award funding available in year one in this category is \$500,000-\$600,000*).

Building on its business plan to support the work of safety net providers as Maryland implements the Affordable Care Act, the CHRC in this year's Call for Proposals will look to award grants that will enable safety net providers to expand their capacity to serve more individuals and assist these essential community providers in their efforts to deliver care for newly insured communities as insurance coverage is expanded. Specifically, the CHRC will look to support programs that will: (1) promote the long-term financial stability of safety net providers, as many providers will transition from a grant-based revenue model to billing third-party payers, and (2) support workforce efforts as providers continue to recruit new providers to meet the expected increase in demand by Maryland's newly insured for essential health services in 2014.

The Commission is in a unique position to assist safety net providers as they respond to the new challenges and opportunities related to ACA implementation. Potential safety net provider capacity-building grants could include the following activities:

- Assisting grant-based providers in their efforts to transition to a system of billing third-party payers, which could include assistance in EMR selection and purchase; assistance in provider credentialing; and assistance in joining Medicaid MCO and commercial health insurance networks;
- Assisting providers in developing a long-term financial sustainability plan and/or strategic business planning efforts; or
- Supporting workforce efforts that would enable safety net providers to encourage their current eligible employees to gain two-year nursing degrees from Maryland institutions by attending classes in the evening and working during the day.

6. Preventing/reducing childhood obesity (*Potential award funding available in year one in this category is \$500,000-\$600,000*).

Childhood obesity is a national epidemic, with one in three children being overweight and at risk for serious chronic diseases such as diabetes. In 2010, 27.6% of Maryland's youth ages 12-19

were considered overweight or obese (Maryland Youth Tobacco Survey, 2010). The risk factors and prevalence of childhood obesity demonstrate health disparities, since many early life risk factors for childhood obesity are more prevalent among the African American/Black and Hispanic populations. In 2011, DHMH was awarded a federal Community Transformation Grant (CTG) from the Centers for Disease Control and Prevention to expand chronic disease prevention efforts, which included strategies focusing on healthy eating and active living for children. Currently, the CTG supports childhood obesity prevention initiatives in Maryland's smallest 19 jurisdictions, and other chronic disease prevention funds support such initiatives in Maryland's largest five jurisdictions.

The DHMH Cancer and Chronic Disease Bureau leads childhood obesity prevention efforts to improve nutrition standards and physical activity opportunities in child care, school, and community settings. The Institute for a Healthiest Maryland has been established to support community transformation efforts, translate public health research into practice, and provide technical assistance to local health departments and community organizations.² These efforts are designed to help Maryland reach its Healthy People 2020 goal of reducing childhood obesity by 15.7% by 2020.

The Commission is supporting these efforts towards addressing the epidemic of childhood obesity in this year's Call for Proposals. Applications should include a brief description indicating how CHRC funding would not duplicate, but rather leverage, current initiatives/resources to further the reach and impact on childhood obesity prevention activities. Additionally, the Commission will consider supporting programs that include community partnerships and focus on policy, systems, and environmental strategies. Potential types of programs could include:

- Providing nutritional and affordable food options in retailers in communities that are known to be "food deserts";
- Improving nutritional quality of foods and beverages available or served in schools and child care settings;
- Increasing accessibility, availability, affordability, and identification of healthy foods in communities;
- Increasing policies and practices to support breastfeeding in health care, community, workplaces, and child care settings;
- Improving the quality and amount of physical education and physical activity in schools and child care settings; and/or
- Promoting the adoption of comprehensive approaches to improve community design to enhance walking, bicycling, and active transportation.

Selection Criteria

Applicants may submit proposals for projects in any one of these six areas. As has occurred in previous Call for Proposals, the Commission will use all of the following criteria to assess, prioritize, and select proposals for funding:

² <http://www.healthiestmaryland.org/>

Prospects for Success: The goals and objectives of the project are clear, measurable, and achievable. The proposed project has a high likelihood of achieving its overall goal(s). The work plan and budget are reasonable. The project team possesses the skills, competencies, commitment, and sufficient capacity to carry out the proposed work and has a supportive organizational and community environment.

Potential impact: The project is likely to lead to improved access to care for the target population and improved health outcomes. The project has potential for expansion or replication within the community, in neighboring areas, or more broadly across the state.

Community need: The applicant demonstrates a deep understanding of the community to be served and that the needs of the community exceed the existing health resources available (or accessible) to the target population. The target population is clearly identified and quantified, and the needs of this population are adequately documented through quantitative data such as demographics, rates of insurance coverage, and service utilization statistics. Data utilized to illustrate the needs of the identified population should be drawn from a reliable and known data source such as the State Health Improvement Process (SHIP), the Maryland Health Equity data from the Maryland Office of Minority Health and Health Disparities, or other known data sources.

Addresses Minority Health Disparities: The applicant demonstrates knowledge of racial and ethnic health disparities among its proposed target population. The applicant provides an effective and sustainable plan to mitigate these disparities and improve health outcomes. The plan includes efforts to increase workforce diversity and includes participation by community health workers or patient navigators. The applicant indicates prior participation in, or plans to participate in, cultural competency training for staff.

Sustainability/matching funds: The Commission is looking to support programs that are sustainable after the CHRC funding has ended. The application should demonstrate that the proposed project is likely to continue to provide benefits to the target population and the community at large beyond the duration of the proposed grant. Proposals should identify likely sources of future revenue and comment on efforts to achieve long-term program/financial sustainability. Applications that indicate matching fund commitments or leverage additional resources will be favorably reviewed.

Hospital admission, readmission, and emergency department utilization: Applications that include strategies to reduce hospital admissions, readmissions, and preventable emergency department visits and promote results-based relationships between hospitals and community partners to encourage continuity of care and yield measurable health improvements will be favorably reviewed. Potential types of programs could include partnerships among hospitals and community-based partners such as Federally Qualified Health Centers, health departments, and others that target “at-risk” populations and frequent ED utilizers and seek to establish a primary care medical home for these individuals. The application should be very detailed and specific in identifying the target population and how the proposed intervention strategies will achieve reductions in admissions, readmissions, and ED visits. Proposals that include a letter of support from a hospital partner, detailing the contribution or role of the hospital in supporting or implementing the program, will be favorably reviewed.

Building capacity and supporting implementation of the Affordable Care Act: Applications should support Maryland’s ongoing implementation of the ACA by increasing current capacity and expanding new access points, promoting continuity of care efforts, and/or ensuring newly insured Marylanders have access to affordable, high-quality health care. Programs that increase capacity to deliver direct services, promote the long-term financial stability of safety net providers, and encourage quality improvement/assurance and use of data analytics will be favorably reviewed.

Participation of stakeholders and partners: The application lists as key participants relevant stakeholders and partners from the community and appropriate agencies and organizations. These collaborators will be actively engaged as demonstrated by participation in the planning and implementation process, dedicating staff or other resources to the project, contributions of facilities and equipment, and/or the provision of free or discounted health care services. Letters of commitment from collaborators are strongly encouraged, should be included in the Appendix section of the proposal, and must clearly state what they will contribute to the project and/or how they will participate in the project.

Program monitoring, evaluation and capacity to collect/report data: The applicant has the capacity to measure and report progress in achieving goals and objectives of the project through qualitative and quantitative measures. The project team must also have the ability to comply with the evaluation and monitoring requirements of this grant program.

Organizational commitment and financial viability: The applicant organization is committed to improving access to care for the target population and can demonstrate that the proposed project will significantly contribute to this goal. In addition, the applicant organization is in sound financial standing, has adequate financial management systems, and is capable of managing grant funds.

Includes implementation of evidenced-based clinical practices: The program incorporates the best available evidence-based interventions and actions that will address the priorities outlined in the applicant’s proposal. The evidence-based intervention(s) should be drawn from the principles of scientific reasoning, including systematic uses of data and information systems and the appropriate use of program planning models. In the absence of evidence-based intervention strategies, the CHRC will also consider alternative strategies with a compelling case for logical and closely monitored innovation.

Evaluation and Monitoring

Grantees will be required to submit periodic progress and expenditure reports as well as deliverables produced under the grant as a condition of payment of Commission grant funds. To facilitate project monitoring, clearly defined data elements will be required from all grantees on a regular basis to assure that project accomplishments can be monitored, compared, and compiled.

The project team may be asked to attend meetings, participate in site visits, and give reports on progress and accomplishments to the Commission, its staff and advisors, and other grantees. At the conclusion of the project, the grantee will be required to provide a written report on the project.

As a condition of receiving grant funds, grantees must agree to participate in an ongoing evaluation of the grants program. This requirement includes assisting with any data collection and information-gathering required such as participation in surveys, site visits, meetings, and interviews with the evaluators.

Use of Grant Funds

Grant funds may be used for project staff salaries and fringe benefits, consultant fees, data collection and analysis, project-related travel, conference calls and meetings, and office supplies and expenses. Indirect costs are limited to 10% of the total grant funds requested. Grant funds may also be expended for a limited amount of essential equipment and minor infrastructure improvements required by the project. Grantees may subcontract with other organizations as appropriate to accomplish the goals of the project. Grant funds may not be used for major equipment or new construction projects, to support clinical trials, or for lobbying or political activity. Grant funds may be used for those renovations necessary to carry out the proposed project.

If the services in an applicant's proposal will be delivered by a contractor agency and not directly by the applicant, the applicant may not take a fee for passing through the funds to the contractor agency.

How to Apply

In this round of grant making, applicants will submit a Letter of Intent and a copy of the most of recent Financial Audit by **November 7, 2013** as described below. The Commission will review the materials and screen the applicants to determine who will be invited to submit a full proposal as described below. The selected full grant applications will be due to the Commission on **December 3, 2013 by 12 noon**. A select number of well-reviewed applicants will be invited to present their proposals at the Commission's meeting in **mid-January 2014**. Based on the full proposals and presentations, the Commission will select projects for grant awards. Grant award recipients will be notified in mid-January 2014.

Step 1: Letter of Intent and Financial Audit

Applicants must submit a Letter of Intent for the proposal to be considered. **Letters of Intent must be received via email by 3:00 p.m. EDT on November 7, 2013** to Edith Budd at edith.budd@maryland.gov by electronic copy delivery. In the subject line of the email, please state your organization's name and the Call for Proposals category area for your proposal. Hard copy of the Letter of Intent is not necessary.

The letter should **not** exceed four single-spaced pages in length. The Letter of Intent should include the following items:

- Name, location, and brief description of the applicant organization.
- The project's title.
- The amount of funds being requested and the project's estimated duration.
- Whether this is a new project or an expansion of existing services and expected outcomes of the project.
- The services the project will provide and the site(s) where the services will be delivered.
- A precise, clear description of the target population.

- A concise description of the population the organization serves and the project's target population with relevant data and information to support the need for the project.
- A one-page budget for the total project with major line items. Categories of personnel or types of professional contracts in the project should be listed.
- The budget should also include a time line for projected numbers of individuals served (at least twice a year for the duration of the project) and overall public health outcome data that will be positively impacted by the program. The application should also include overall project goals that will determine the efficacy of the program and how the organization will track and report this data to the Commission.
- A list of other organizations participating in the project and a brief statement of their role in or contribution to the project.
- A short description of how the project activities will be sustained when the grant funding ends.
- Name, title, address, telephone number, and e-mail for the organization's chief executive officer, the proposed project director, and a contact person for the project.
- If this is the first time your organization is applying for Commission funds, you must include with the Letter of Intent documentation that clearly demonstrates your organization meets the definition of a "Community Health Resource." This documentation is not included in the four-page limit for the Letter of Intent.

Organizations must also submit one hard copy of the most recent financial audit of the organization. The audit is not included in the Letter of Intent's page limit, but should be submitted at the same time as the letter. Receipt of the Letter of Intent and financial audit are a condition for moving forward in the grant process.

Hard copies of the financial audit should be mailed or delivered **by 3:00 p.m. EDT on November 7, 2013** to:

Edith Budd
Administrator
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Step 2: Submission of Proposals

Applicants that are invited to submit a grant proposal should follow the application and proposal guidelines detailed below. **Grant proposals are due at the Commission's offices by 12 noon December 3, 2013** by email and hand delivery, U.S. Postal Service, or private courier to the address below.

Electronic versions of applications and proposals should be emailed to Edith Budd at edith.budd@maryland.gov. In the subject line of the email, please state your organization's name and the Call for Proposals category area of your proposal.

In addition to electronic proposal submission, the following must be received by noon on December 3, 2013 to be considered a complete application package:

- (1) One original application, including original signed Transmittal Letter, original signed Grant Application Cover Sheet, original signed Contractual Obligations, Assurances, and Certifications, and original proposal, all bound together and labeled “original;” and
- (2) Ten bound copies of the application, including copies of the Transmittal Letter, Grant Application Cover Sheet, signed Contractual Obligations, Assurances, and Certifications, the proposal, and appendices.

The hard copy original and ten copies of all documents should be bound with binder clips, two-prong report fasteners, or spiral bound. If two-prong fasteners are used, cardboard or plastic covers and backs can be used. Do not use three ring binders.

Hard copies of the proposal should be mailed or hand delivered to:

Edith Budd
Administrator
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Applications must include the following items for full consideration:

- (1) Transmittal letter:** This letter from the applicant organization’s chief executive officer should specify the title of the proposal, the applicant organization, and the project director and state that the applicant organization understands that submission of a proposal constitutes acceptance of the terms of the grants program.
- (2) Executive Summary:** A half-page overview of the purpose of your project summarizing the key points.
- (3) Grant Application Cover Sheet:** The form should be completed and signed by the project director(s) and either the chief executive officer or the individual responsible for conducting the affairs of the applicant organization and legally authorized to execute contracts on behalf of the applicant organization.
- (4) Contractual Obligations, Assurances, and Certifications:** The agreement should be completed and signed by either the chief executive officer or the individual responsible for conducting the affairs of the applicant organization and authorized to execute contracts on behalf of the applicant organization.
- (5) Proposal:** See “Proposal Guidelines” below for detailed instructions. Proposals should be well-written, clear, and concise. Proposals may not exceed 15 pages single-spaced on standard 8 ½” x 11” paper with one-inch margins and using 12-point Times New Roman or Arial font. Tables and charts may use a 10-point font or larger. All pages of the proposal must be numbered. The budget and budget justification are included in the 15-page limit. The appendices specified in the guidelines below are excluded from the 15-page limit. The hard copy original and ten copies of all documents should be bound with binder clips, two-prong report fasteners, or spiral-bound. If two-prong fasteners are used, cardboard or plastic covers and backs can be used. Do not use three ring binders.

The proposal should be structured using these topic headings:

- Table of contents (not included in the 15-page limit)
- Project Summary
- The Project
- Evaluation
- Work Plan
- Applicant Organization
- Key Personnel
- Partners and Collaborators
- Project Budget
- Appendices (not included in the 12-page limit)

The suggested content of each of these eight sections is discussed below. Provide as much detail as necessary. Appendices should be limited to only the material necessary to support the application. The Commission will request additional material if required.

(1) Project Summary

Provide a two-page summary of the proposal. The summary should clearly and concisely state:

- Applicant organization;
- Project priority area;
- Project title;
- Project duration;
- Succinct overview of program;
- Population to be served;
- Health disparity(ies) to be addressed;
- Funding amount requested;
- Describe how CHRC funds will be specifically utilized. If grant funds will be used to hire health providers, indicate the provider type and percent FTE;
- Provide information on how the program will be sustained after program funds are utilized (i.e., will the program be able to bill third party payers);
- Baseline numbers of population to be served and expected number of people to be served by the project's end;
- Expected improved outcomes for the target population; and
- Describe how this project helps the state implement health reform.

(2) The Project

- ***What will the project do?*** What is the overarching purpose of the project? What are the measurable goals and objectives of the project? What are the key programmatic components of the project? Quite literally, who will do what for whom, with whom, where, and when?
- ***Who is the target population?*** Identify the population(s) to be served (i.e., estimated numbers, demographics, insurance coverage, income levels, other distinguishing characteristics) with baseline and total projected numbers of individuals to be served by the end of the project. Please provide a brief explanation of how projected numbers of individuals to be served were calculated. Specify the service area(s) where your target population lives and/or where your program will serve. Service maps, data, and other statistics on the target population may be provided as an appendix.

- ***Document the needs of this population using qualitative and quantitative data.*** Generally, what are the health needs of the target population? What are the gaps in the healthcare delivery system? What are the specific barriers that the target population faces in accessing health care services or services similar to your proposed project? Statistics and data should be concisely presented.
- ***What problem(s) will be addressed?*** Identify the specific problem(s) encountered by the target population(s) in accessing health care services and how this project will ameliorate the problem(s).
- ***Does the proposal address health disparities that exist in Maryland?*** Discuss the specific health disparity(ies) the project is intended to address and how the project will address the disparity(ies).
- ***Is there a precedent for this project?*** Is the project based on a prior model or approach? What is the evidence that the proposed model or approach will be successful? If the project is a new, original approach, articulate why this approach will likely meet the project's stated goals and objectives.
- ***What will be the benefits of success?*** If the project is successful, what visible, tangible, objectively verifiable results will you be able to report at the end of the grant? What longer term benefits do you expect for the target population and the broader community?
- ***How will the project be sustained after grant support ends?*** Will the project require ongoing outside support after the proposed grant ends? If so, describe your plans for securing ongoing funding or, if plans are not yet firm, the process you will employ to work towards sustainability. Do you foresee opportunities for expanding or replicating this project within the community, in neighboring areas, or more broadly?
- ***Does the project address legislative priorities?*** Discuss the extent to which the project addresses the priorities for community health resources in the *Community Health Care Access and Safety Net Act of 2005* (for more information, refer to the legislation (SB 775/HB627 – 2005) or the discussion of legislative priorities in the Call for Proposals).

(3) Evaluation

- ***What are the goals and objectives of the program?*** Provide goals and objectives for the program proposal in a SMART format (Specific, Measurable, Achievable, Realistic, and includes a Time frame).
- ***How will you measure project success?*** What will be your methodology for evaluating whether the project meets the stated goals and objectives? What data will you collect and analyze? Does your organization have the capacity to collect and analyze data, or must new capacity be acquired or developed?

(4) Work Plan

- ***What are the major steps or actions in carrying out the project?*** List key actions or steps in the implementation of the project. Describe the process and timeframe for reaching these benchmarks.
- ***What are the project deliverables?*** What specific products would be submitted to the Commission as evidence of completion of project milestones? How and when will these deliverables be produced?
- ***What is the timeline for accomplishing milestones and deliverables?*** Prepare a Gantt chart or other timeline listing project tasks and the time period over which these tasks will be undertaken. The work plan chart may be attached as an appendix to the proposal.

(5) Applicant Organization

- ***Is the applicant organization a community health resource?*** Provide documentation that your organization qualifies as a community health resource pursuant to the Maryland *Community Health Care Access and Safety Net Act of 2005* and related regulations. If your organization has applied previously to the Commission and has not been notified that you are not eligible, please just include a statement identifying under which section of the regulations your organization qualifies as a community health resource.
- ***What is the applicant organization's mission?*** Describe your mission, programs, and service area. Discuss your organizational strengths and challenges.
- ***What is the organizational structure?*** Is the applicant a for-profit or not-for-profit organization? If applicable, attach as an appendix the organization's determination letter from the IRS indicating 501(c) (3) tax-exempt status. Describe the type of organization (e.g., federally qualified health center, free-standing clinic, clinic affiliated with a hospital or local health department, private primary care practice).
- ***How is the organization governed?*** Specify the governance structure. In an appendix, provide a list of the officers and board of directors or other governing body.
- ***How is the organization staffed?*** Describe the staffing and provide an organizational chart as an appendix.
- ***How is the organization financed?*** Specify revenue sources and the percentage of total funding. What is the annual budget? As appendices to the proposal, provide your overall organizational budget (projected revenues and expenses) for the current fiscal year, your most recent audited financial statements and accompanying management letter, and, if your organization files a Form 990, your most recent filing. If your organization has submitted audited financial statements and a Form 990 to the Commission that cover your organization's latest audited fiscal year, please provide just a statement listing which documents and their fiscal years have been submitted. The Commission will request additional information if necessary.
- ***What facilities are available?*** Describe the facilities owned and/or operated by the organization.
- ***Does the organization publish an annual report?*** If so, provide a copy as an appendix. If your organization has submitted the latest annual report for a previous grant round, please provide a statement that the report was submitted and which year it covers.

(6) Key Personnel

- ***Who will direct the project?*** Identify the project director and describe his/her level of responsibility within the applicant organization, qualifications to lead the project, and role in carrying out the project.
- ***Who are the other key staff?*** Identify other essential staff, their roles in the project, and their relevant qualifications. As an appendix, include résumés (**maximum three pages each**) for all key personnel.
- ***What staff/positions, if any, will need to be filled?*** Please describe any positions that the organization will need to hire new/additional staff to fill. If this is a hard-to-fill position, such as a healthcare provider, please provide information on the recruitment strategy to fill the position within the stated timeframes of your project workplan.

(7) Partners and Collaborators

- **Who are the key partners?** What other community organizations will play a crucial role in the proposed project? Why is their participation important?
- **In what ways will the partners contribute to the project?** Who are the leaders of these organizations and what are their roles? Which staff will be involved, what will be their responsibilities, and how much time will they devote to the project? What other resources will partners contribute? In an appendix, provide letters of commitment from the leaders of these organizations and résumés (**maximum three pages each**) for key staff.
- **What is the management plan?** What processes and organizational structures will be put into place to ensure that the partnership(s) are effective?

(8) Project Budget

- Applicant must provide an annual budget for each year of their program. The total budget amount must reflect amount requested by the applicant for CHRC funding, which may or may not be the program's total actual cost.
- Applicants must use the Budget Form provided in the Appendix section of the Call for Proposals followed by a line-item budget justification detailing the purpose of each budget expenditure.
- The CHRC Budget Form must include the following line item areas:
 - a) *Personnel*: Include the percent effort (FTE), name and title of the individual.
 - b) *Personnel Fringe*: Fringe benefits should be shown at the applicant organization's standard rate.
 - c) *Equipment/Furniture*: Small equipment and furniture costs.
 - d) *Supplies*
 - e) *Travel/Mileage/Parking*
 - f) *Staff Trainings/Development*
 - g) *Contractual*: Contracts for more than \$10,000 require approval of the Commission.
 - h) *Other Expenses*: Other miscellaneous expenses or other program expenses that do not fit the other categories can be placed here. Detail each different expense in this area in the budget justification narrative.
 - i) *Indirect Costs*: Indirect costs may not exceed 10 percent of direct project costs.

Inquiries

Conference Call for Applicants: The program office will host a conference call for interested applicants to provide information on the grants program and assistance with the application process. This conference call, on **Thursday, October 31 at 10:00 a.m.**, is optional. The conference call-in number is **1.866.247.6034**, and the conference code is **4102607046**.

Questions from Applicants: Applicants may also submit written questions about the grants program at any time. Please email questions to edith.budd@maryland.gov, and responses will be provided on a timely basis by CHRC staff.

Program Office: The program office for the grants program is located at the Maryland Community Health Resources Commission. Staff members are:

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

Edith Budd, Administrator
E-mail: edith.budd@maryland.gov
Telephone: 410-260-6290

Jeneffer Haslam, Administrative Program Manager
E-Mail: jeneffer.haslam@maryland.gov
Telephone: 410-260-6086

Fax: 410-626-0304

About the Maryland Community Health Resources Commission

Community Health Care Access and Safety Net Act of 2005 became law on May 10, 2005. The law authorized establishment of the 11-member Maryland Community Health Resources Commission to help communities in Maryland improve access to care for low-income families and under- and uninsured individuals. Governor Martin O'Malley appointed the current members of the Commission.

2014 Commissioners

John A. Hurson, Chairman
Nelson Sabatini, Vice Chairman
Charlene M. Dukes, Ed.D.
Maria Harris-Tildon
Kendall D. Hunter
William Jaquis, M.D.
Sue Kullen
Paula McLellan
Margaret Murray, M.P.A.

Appendix

Excerpt from: Community Health Care Access and Safety Net Act of 2005 - MD Community Health Resources Commission provisions, Annotated Code of Maryland, Health-General Article

Health General § 19-2201 (g)

In developing regulations under subsection (f) (1) of this section, the Commission shall:

- (1) Consider geographic balance; and
- (2) Give priority to community health resources that:
 - (i) In addition to normal business hours, have evening and weekend hours of operation;
 - (ii) Have partnered with a hospital to establish a reverse referral program at the hospital;
 - (iii) Reduce the use of the hospital emergency department for non-emergency services;
 - (iv) Assist patients in establishing a medical home with a community health resource;
 - (v) Coordinate and integrate the delivery of primary and specialty care services;
 - (vi) Promote the integration of mental and somatic health with federally qualified health centers or other somatic care providers;
 - (vii) Fund medication management or therapy services for uninsured individuals up to 200% of the federal poverty level who meet medical necessity criteria but who are ineligible for the public mental health system;
 - (viii) Provide a clinical home for individuals who access hospital emergency departments for mental health services, substance abuse services, or both; and
 - (ix) Support the implementation of evidence-based clinical practices.

Sample Workplan

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Organization Name: _____

Project Name: _____

PROJECT PURPOSE:

(1) GOAL					
Objective	Key Action Step	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Timetable for Achieving Objective
(2) GOAL					
Objective	Key Action Step	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Timetable for Achieving Objective
(3) GOAL					
Objective	Key Action Step	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Timetable for Achieving Objective

STANDARD BUDGET FORM

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Organization Name: _____

Project Name: _____

Revenues	\$ Amount	% of Total Project Cost
CHRC Grant Request		
Patient/Program Revenues/Income		
Organization Match		
Other Grant/Funding Support		
Total Project Cost		

Budget Request for CHRC Grant Funding	Year 1	Year 2	Year 3	Line Item Total
Personnel Salary				
% FTE - Name, Title				
% FTE - Name, Title				
% FTE - Name, Title				
Personnel Subtotal				
Personnel Fringe (% - Rate)				
Equipment/Furniture				
Supplies				
Travel/Mileage/Parking				
Staff Trainings/Development				
Contractual				
Other Expenses				
Indirect Costs (no more than 10% of direct costs)				
Total (YEARLY) Budget				