STATE OF MARYLAND
Community Health Resources Commission
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Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor
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Aligning Community Health Resources: Improving Access to Care for Marylanders

Request for Proposals

August 2011

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 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 for having an independent commission that focused on strengthening the state's vibrant network of community health centers and addressed service delivery gaps in Maryland's dynamic health care marketplace.

Over the last four years, the Commission has awarded 78 grants totaling approximately $21.6 million. As shown in the table below, these 78 grants/programs have provided services for more than 94,000 patients, resulting in more than 288,000 patient visits. Over this same time period, the Commission has received 333 requests for consideration, totaling more than $112 million in direct funding requests. Program sustainability is a top priority of the Commission, and CHRC grantees have used initial grant funds to leverage $8.9 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	22	$5,621,112	36,216	113,902
Increasing Access to Dental Care for Low-income Marylanders	17	$4,009,428	33,250	76,159
Addressing Infant Mortality	10	$2,137,047	2,401	13,731
Reducing health care costs through ER Diversions	6	$1,994,327	13,454	24,702
Promoting Health Information Technology at community health centers	7	$2,963,035	Health Information Technology	
Providing Access to Mental Health and Drug Treatment Services	10	$2,545,757	3,989	23,028
Addressing health care needs of Co-Occurring Individuals	7	$2,364,737	4,702	37,063
Total Grant Funding Provided	**78**	**$21,635,443**	**94,012**	**288,585**
Total Funding Requested	**333**	**$112,029,230**		
Number of Patients Served/Enrolled	**94,012**			
Number of Patients Visits/Services Provided	**288,585**			
Additional federal and private resources leveraged	**37**	**$8,949,507**		

Aligning Community Health Resources: Improving Access to Care for Marylanders is the grants program of the Maryland Community Health Resources Commission. The program will awards grants to community health resources serving Maryland residents. In this year's Request for Proposals (RFP), the Commission will consider projects in five categories which represent areas that the Commission has supported in previous RFPs:

(1) Increasing Access to Comprehensive Women's Health Services and Reducing Infant Mortality
(2) Providing Dental Care for Low-Income Children
(3) Supporting New Access Points and Building Healthcare Infrastructure in Primary Care Settings
(4) Integrating Behavioral Health Services in the Community
(5) Facilitating Adoption of Health Information Technology

Key Dates to Remember

The following are the dates and deadlines for the FY 2012 CHRC RFP.

August 23, 2011 – 12:00p.m.	Conference call with prospective grantees 1-(636) 651-3181 Access Code: 8109602
September 1, 2011 - 5:00 p.m.	**Deadline for receipt of Letters of Intent and Financial Audit**
September 6, 2011	Applicants notified to submit a full proposal
September 27, 2011 - 5:00 p.m	**Deadline for receipt of applications**
November 10, 2011	Applicant Presentations to the CHRC
Mid-November 2011	**Notification of grant awards**

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 legislation and the Commission designated fourteen organization types, listed below, as community health resources. Each of these types of 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
- 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
- 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

In recognition of the ongoing work of the Maryland Health Care Reform Coordinating Council (HCRCC) and the likely critical impact that health reform implementation will pose for Maryland's safety net providers and for the underserved populations they serve, the Maryland Community Health Resources Commission will look to support proposals this year that will help community health resources respond to reform implementation, prepare safety net providers and the communities they serve for this transition, and accrue to the overall benefit of state reform implementation efforts. In addition, the Maryland Health Quality and Cost Council announced earlier this summer that it would create a new health disparities workgroup, tasked with designing strategies and initiatives to address disparities inside Maryland's health care system. Supporting access to affordable high quality health care to every Marylander, regardless of their ability to pay, health insurance status, income, or racial category, is embedded in the Commission's statutory mission. In line with this mission and in support of the state's added focus on eliminating minority health disparities, the Commission will look to support innovative community-based projects that aim to reduce the gap in health outcomes between minorities and

whites in Maryland. These two areas of focus in this year's RFP will be given special priority within each of the five categories during the CHRC's grant review process.

As in previous RFPs, the Commission will support multi-year grant programs. Following are the five categories for this year's RFP. Applicants are permitted to submit more than one application, in different categories, but are required to indicate clearly the category of interest in the application.

(1) Increasing Access to Comprehensive Women's Health Services and Reducing Infant Mortality (***Potential award funding available in year one in this category: $200,000-$300,000***)
Reducing infant mortality remains a key strategic goal of Governor O'Malley and continues to be a top public health priority in Maryland. Improving reproductive health care and birth outcomes is one key priority of the State Health Improvement Process (SHIP)[1], which includes statewide goals to reduce infant mortality rates and infants born at low and very low birth weights, and increase the number of pregnancies that are intended/planned and the percentage of women who begin prenatal care in the first trimester.

The Maryland Community Health Resources Commission has included increasing access to comprehensive women's health services and reducing infant mortality in two previous RFPs, and since 2009 the Commission has awarded ten grants totaling more than $2.1 million for these programs. Organizations funded by the CHRC have included federally qualified health centers, local health departments and community-based organizations. This year's RFP will build on these efforts and continues the Commission's work to help build comprehensive, integrated systems of care in the community for underserved, at-risk women.

Projects must identify specific, evidenced-based strategies to address infant mortality and/or improve access to comprehensive women's health care. These may include the provision of comprehensive women's health services, counseling and referrals for behavioral health, and risk appropriate case-management for at-risk women, and other efforts to provide services such as health education and anticipatory guidance regarding prenatal, postpartum and newborn care, such as home-visitation programs.

Grant applicants should demonstrate capacity to determine client eligibility for financial assistance to programs such as Medicaid, assure eligible women and infants are expeditiously enrolled in these programs, and bill Medicaid and other 3rd party payors whenever possible.

(2) Expanding Access to Dental Services for Children (***Potential award funding available in year one in this category: $100,000-$200,000***)
According to the Centers for Disease Control and Prevention, tooth decay is more prevalent than any other chronic infectious health problem among children and if left untreated can cause pain, impact daily activities such as eating and learning, can lead to more serious infections and even death. 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. In the report, *Children's Dental Health: Making Coverage Matter*, Maryland is the only state to meet or exceed seven of eight key benchmarks set by the Pew Center on the States. Despite this accomplishment, 41% of children

[1] http://dhmh.maryland.gov/ship/

enrolled in Maryland's Medicaid program did not receive any dental services in 2009.[2] The Commission aims to increase the number of low-income children receiving dental services and build upon efforts to boost capacity for oral health services in Maryland. Future grant funding is designed to support state and local efforts in reaching SHIP and Local Health Implementation Plan (LHIP) dental goals.

The Commission has included dental programs in four of the last five RFPs, and has awarded 17 programs totaling $4 million since 2007. These programs have collectively served 33,250 Marylanders, the majority of whom are children. Working in concert with the DHMH Office of Oral Health, the CHRC has provided critical grant funding to target the areas of greatest unmet need in the state and direct finite grant resources to bolster capacity in these communities. In this year's RFP, the Commission will look to support oral health grant proposals that specifically target underserved children.

All proposals must include strategies for addressing the unique oral health needs of local pediatric populations, including strategies such as the establishment of a "dental home" to ensure the consistent availability of dental services in the community; increasing the percentage of children receiving fluoride varnishes and sealants; and the development of specialty referral network to increase access to specialty dental services. Program proposals may be for new services or the expansion of existing services that are effective in meeting the oral health needs of children. 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 3rd party payors whenever possible for services provided under a CHRC grant-funded program.

Organizations may wish to review the Maryland Dental Action Committee's *The Maryland Oral Health Plan for 2011-2015* when formulating project goals and objectives. The plan articulates three broad aims, with supporting objectives, to achieving improved oral health in Maryland: (1) Access to Oral Health Care, (2) Oral Disease and Injury Prevention, and (3) Oral Health Literacy and Education.

(3) Supporting New Access Points and Building Healthcare Infrastructure in Primary Care Settings (***Potential award funding available in year one in this category: $200,000-$300,000***)
The Health Care Reform Coordinating Council (HCRCC) estimated that more than 400,000 Marylanders will remain uninsured after full implementation of health care reform. Many of these individuals and many newly insured individuals will continue to rely on safety net providers for their care. It is absolutely critical that the state bolster its capacity to deliver primary and preventative care, and prepare for a potential surge in demand for these services in the community.

One of the Commission's central missions involves supporting projects that enable local communities to build integrated, interlocking systems of comprehensive care for low-income or

[2] Maryland Department of Health and Mental Hygiene, reported in the Operating Budget Analysis FY 2012, Medical Care Programs Administration.

underserved Marylanders. Over the last five years, the CHRC has supported 22 "Access Programs," totaling $5.6 million, and these programs have provided health care services to more than 36,000 Marylanders. The CHRC will continue to support efforts to expand access to primary care and other critical health services in this year's RFP. Projects that would be considered under this category include primary care programs serving a geographically defined service area and/or other efforts to expand access to a network of primary care, specialty care and/or other ancillary and enabling services. Projects should include access to culturally appropriate services and language assistance, where necessary. Proposals should articulate which services would be provided directly through the grantee and which services would be offered through referrals and relationships with other providers or organizations. Projects can be new programs (including new service locations for existing organizations) or capacity expansion at existing service locations (such as extending services hours, hiring additional providers). Access programs supported in this year's RFP are also expected to facilitate enrollment of previously uninsured Marylanders into Medicaid or other public health insurance programs, and/or 3rd party payors whenever possible.

The Commission will accept proposals for evidenced-based programs that can demonstrate an improvement in population health and/or help to address social determinants of health. These programs should be implemented a primary care setting.

(4) Integrating Behavioral Health Services in the Community (***Potential award funding available in year one in this category: $200,000-$300,000***)

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. Patients with a chronic illness and depression have two to five times the health care cost of patients with a chronic illness alone. The National Council for Community Behavioral Health issued a report in March 2010 that stated that approximately 41% of individuals with an alcohol use disorder and 60% of individuals with a drug use disorder have a co-occurring mood disorder. This population is less likely to have health insurance coverage and encounters more barriers to obtaining quality medical care. Adults and adolescents with co-occurring substance use and mental health disorders are also confronted by a disjointed health care system that does not routinely provide effective integrated clinical interventions. Several goals of the Statewide Health Improvement Plan demonstrate the state's interest in ensuring that individuals with behavioral health needs are seen in appropriate settings. The CHRC will continue to align its grant awards in this area to support DHMH's ongoing efforts to encourage behavioral health integration in primary care settings.

The CHRC will support proposals to integrate behavioral health services for individuals with a mental health or substance use disorder, or a co-occurring disorder, in primary care or other appropriate community based settings. The Commission has included behavioral health service integration in four previous RFPs, and has awarded 17 grants totaling $4.9 million that have provided critical behavioral health services in integrated settings to more than 8,600 Marylanders. The CHRC has supported local health departments, FQHCs, and other community-based programs in their efforts to integrate mental health and substance abuse services with primary care services, using strategies such as case management services,

deployment of primary care providers with expertise in behavioral health, and co-location of primary care providers and behavioral health professionals. The Commission has also supported innovative "re-entry" programs, which provide focused case management and wrap-around services and access to integrated substance use treatment and mental health services for the criminal justice population as a means to reduce recidivism and promote overall public safety in the state.

In this year's RFP, the Commission will support proposals that expand access to behavioral health care services either in primary care health settings or other community based settings that do not traditionally offer these services, but would be appropriate based upon the targeted population. 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. In addition to direct care services, the Commission will accept proposals that will assist organizations to implement evidence-based behavioral health screening initiatives, such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) or PHQ-9, in primary care settings. All programs supported in this RFP are also expected to facilitate enrollment of previously uninsured Marylanders into Medicaid or other public health insurance program, and bill these programs and other 3rd party payors whenever possible for services provided under a CHRC grant-funded program.

Organizations may wish to review information on provided by the SAMHSA-HRSA Center for Integrated Health Solutions, run by the National Council for Community Behavioral Healthcare on service delivery models and best practices at www.thenationalcouncil.org/cs/center_for_integrated_health_solutions.

(5) Facilitating Adoption of Health Information Technology (***Potential award funding available in year one in this category: $150,000-$300,000)***

The federal government has invested billions of dollars in researching and expanding HIT projects to facilitate the adoption of EHR and other HIT systems across all providers, increase information sharing, decrease medical errors and health care costs, and ultimately, to improve performance and health outcomes. In addition, several federal and state incentive programs will pay providers that achieve EHR "meaningful use" within the next six years. Over the past five years, the CHRC has invested more than $2.9 million in health information technology projects throughout the state. These projects have supported IT programs among FQHCs, local health departments, and community providers.

While some providers, such as hospitals or large health care practices, may be well on their way towards implementing EHR systems, achieving "meaningful use" or integrating with the state's Health Information Exchange (HIE) for smaller safety net providers may pose a daunting challenge. Under this RFP, the Commission will accept proposals that will assist community health resources in obtaining and implementing electronic health records and/or connecting to Maryland's HIE. Examples of types of proposals that the CHRC will consider under this category include:

- Assisting small practices to purchase an EHR system that would allow them to achieve meaningful use and connectivity to the statewide HIE and qualify for either Medicare or Medicaid federal incentive payments;

- Assisting community health resources with existing certified EHR systems to connect to the HIE to begin data exchanges in areas such as bi-directional clinical summary exchange; Developing processes and workflows to access data from the HIE through tools offered by CRISP focusing on how to incorporate regular use of the HIE into clinical practices and measuring the clinical value of HIE data;
- Supporting public health reporting, through the HIE, such as immunizations reporting or communicable disease reporting; and
- Developing learning consortium for mid to advanced level EHR users to support advanced operations and/or quality improvement processes using EHR data.

Selection Criteria

As has occurred in previous RFPs, the Commission will use all of the following criteria to assess, prioritize, and select proposals for funding:

Prospects for Success: The proposed project directly addresses the priority area of this Request for Proposals. The goals and objectives of the project are clear, feasible, measurable, and achievable. The work plan and budget are reasonable. The team assembled 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 target population is clearly identified and geographically defined, the number of individuals targeted is reliably quantified, and the needs of this population are adequately documented through qualitative and quantitative data, such as demographics, rates of insurance coverage, and service utilization statistics. The organization's baseline number of the target population currently served is clearly stated. The applicant demonstrates a deep understanding of the community to be served.

Addresses Minority Health Disparities: The Commission will give added weight to proposals that include an approach(es) to reducing minority health disparities as part of their overall program objectives. Proposals should clearly articulate the health disparities that exist in their community and in the target population and include evidence-based approach(s) for addressing the health disparity found and how project impact will be demonstrated via the collection and reporting of meaningful outcome data.

Sustainability: The Commission is specifically looking to support programs that are sustainable after the Commission's funding has ended. The 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 must identify likely sources of future revenue or funding sufficient to sustain the project activities after the initial CHRC grant funds are utilized.

Leveraging of Additional Resources: The Commission will give strong preference to projects that can demonstrate funding from other sources to support the program, such as community

matching support, "in kind" donations, or other state, federal, or private/non-profit funding. The Letter of Intent can describe the applicant's plans for leveraging CHRC grant funds to help secure additional funding sources. Full applications must include specific progress towards obtaining these funds and plans for having acquired firm commitments by the time the project starts.

The leveraging of CHRC funds criteria is intended to help promote the long-term sustainability of Commission funded initiatives by encouraging applicants to raise public and private funds and obtain financial commitments from partner organizations that will benefit from the program. Letters of commitment for challenge funding or of intent to consider funding should be submitted as part of the full proposal in the Appendix. Proposals submitted under **Facilitating Adoption of Health Information Technology** that are able to show that they will be eligible for federal incentives under "meaningful use" will be considered as meeting the leveraging of CHRC funds criteria.

Participation of Stakeholders and Partners: The project has enlisted 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 required, and must be included in the Appendix section of the proposal, but letters alone may not be sufficient for demonstrating active engagement. Letters of commitment from outside organizations must clearly state what they will contribute to the project, and how they will participate in the project.

Data Collection: The project team has the ability to measure and report progress in achieving project goals and objectives through quantitative measures, such as the number, demographics, characteristics, and service utilization of the target population, both at baseline and as the project proceeds. The project team must also have the ability to comply with the evaluation and monitoring requirements of this grant program.

Organizational Commitment: 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.

Financial Viability and Accountability: The applicant organization is in sound financial standing, has adequate financial management systems, and is capable of managing grant funds.

The Commission will also consider the statutory priorities specified in Health General §19-2201(g). These are provided in the Appendix section of the RFP.

Evaluation and Monitoring

Grantees will be required to submit periodic progress reports and expenditure reports, as well as deliverables produced under the grant, as a condition of payment of Commission funds. To facilitate project monitoring, clearly defined data elements will be required from all grantees on a biannual basis so 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 final 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 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 purposes of the project. Contracts for more than $10,000 require approval of the Commission. If the services in an applicant's proposal will be delivered by a contractor agency, not directly by the applicant, the applicant may not take a fee for passing through the funds to the contractor agency.

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.

How to Apply

In this round of grant making, applicants will submit a Letter of Intent and a copy of the most recent Financial Audit by **September 1, 2011** as described below. The Commission will review the materials and screen the applicants to determine who will then be invited to submit a full proposal as described below. The selected full grant applications will be due to the Commission on **September 27, 2011 by 5:00 p.m.** Applicants submitting a full proposal will present their projects at the Commission's meeting on **November 10, 2011**. Based on the full proposals and presentations, the Commission will select projects for grant awards. Grant award recipients will be notified in mid to late November, 2011.

Step 1: Letter of Intent and Financial Audit

Applicants must submit one original Letter of Intent and a copy of the organization's most recent financial audit for the proposal to be considered. **Letters of Intent and Financial Audit must be received via email by 5:00 p.m. EDT on September 1, 2011** to the Commission's e-mail address (mdchrc@dhmh.state.md.us) by electronic copy delivery. In the subject line of the email, please state your organization's name and the RFP category area your proposal addresses. If you are unable to transmit your financial audit via email due to data size limitations, please deliver in person or courier the audit to the Commission's office. Please include your organization's name and RFP category area on the fax cover sheet.

The letter should not exceed four single-spaced pages in length.

The Letter of Intent should include the following items:

- Name and location 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 brief description of the applicant organization.
- 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.
- 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. Further documentation of the applicant organization's financial viability and board structure will be requested if the applicant is invited to submit a full application.

Organizations must also submit a copy of their 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.

Step 2: Submission of Proposals

Applicants that are asked to submit a grant proposal should follow the application and proposal guidelines detailed below. **Grant proposals are due at the Commission's offices by 5:00 p.m. EDT on September 27, 2011** 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 mdchrc@dhmh.state.md.us. In the subject line of the email, please state your organization's name and the RFP category area your proposal addresses.

In addition to electronic proposal submission, the following must be received by September 27, 2011, 5:00p.m. 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) Seven bound copies 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 seven copies of all documents should be bound with 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.

Mark Luckner
Executive Director
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Applications must include the following items:

(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 organization proposal, 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 and legally authorized to execute contracts on behalf of the applicant organization. This form is located in the appendix section of the RFP and also can be accessed by going to the Maryland Community Health Resources website (http://dhmh.state.md.us/mchrc) and clicking on "Forms" on the left hand side menu.

(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 and authorized to execute contracts on behalf of the applicant organization. This document is available at is located in the appendix section of the RFP and also can be accessed by going to the Maryland Community Health Resources website (http://dhmh.state.md.us/mchrc) and clicking on "Forms" on the left hand side menu.

(5) Proposal: See "Proposal Guidelines" below for detailed instructions.

Proposal Guidelines

Proposals should be well written, clear, and concise. Original and creative approaches to addressing access to health services are encouraged. Proposals may not exceed 12 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 twelve page limit. The appendices specified in the guidelines below are excluded from the 12-page limit. The hard copy original and seven copies of all documents should be bound with 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 12 page limit)
(1) Project Summary
(2) The Project
(3) Evaluation
(4) Work Plan
(5) Applicant Organization
(6) Key Personnel
(7) Partners and Collaborators
(8) 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 to be addressed;
- Funding amount requested;
- Describe how CHRC funds will be specifically utilized. If grant funds will be used to hire health care 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 payors);
- 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 help 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 item.

- ***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 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(s) the project is intended to address and how the project will address that disparity(s).
- ***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 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/HB 627 – 2005) or the discussion of legislative priorities in the Call for Proposals).
- ***How will the project help the community and state implement health care reform***? Does this proposal help to support any of the recommendations made in the Health Care Reform Coordinating Council's Final Report? Please provide details on how the program supports implementation of the recommendation(s) in HCRCC Final Report and how your organization plans to share any lessons learned to the HCRCC.

(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. A sample chart that you may choose to use, but is not required, is in the Appendix section of the RFP and can also be accessed by going to the Maryland Community Health Resources website (http://dhmh.state.md.us/mchrc) and clicking on "Forms" on the left hand side menu.
- The work plan chart may be attached as an appendix item 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 not been notified that you are not eligible, please just include a statement of 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 item.
- ***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 item. 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 is the other key staff?*** Identify other essential staff, their roles in the project, and their relevant qualifications. As an appendix item, 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 proposal.

(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 is their role? 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 item, provide letters of commitment from the leaders of these organizations and résumés (maximum three pages each) for key staff that will be contributing to the project (where applicable). Letters of commitment from outside organizations must clearly state what they will contribute to the project, and how they will participate in the project, such as contributing staff time, funding support, in-kind office or clinical space donations.
- ***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 the 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 RFP followed by a line-item budget justification detailing the purpose of each budget item.
- If funded, what percentage of your organization's total budget would this project represent?
- The CHRC Budget Form include the following line item areas:
    a) *Personnel: Include the* percent effort (FTE), name and title of the individual. *Personnel Fringe*: Fringe benefits should be shown at the applicant organization's standard rate.
    b) *Equipment/Furniture:* Small equipment and furniture costs.
    c) *Supplies*
    d) *Travel/Mileage/Parking*
    e) *Staff Trainings/Development*

f) *Contractual:* Contracts for more than $10,000 require approval of the Commission.
g) *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.
h) *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 **August 23, 2011 – 12:00p.m.,** is ***optional***. Information on the conference call will be posted at http://dhmh.state.md.us/mchrc/. Registration is required. To register, send an e-mail by August 22rd, to tuggled@dhmh.state.md.us with the name(s) of the individual(s) who will participate in the call, the name of the applicant organization and contact information.

Questions from Applicants: Applicants may also submit written questions about the grants program. Send questions to tuggled@dhmh.state.md.us Questions may be submitted at any time. Responses to Frequently Asked Questions (FAQ's) will be posted periodically at http://dhmh.state.md.us/mchrc.

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: lucknerm@dhmh.state.md.us

Dee Tuggle, Administrator
E-mail: tuggled@dhmh.state.md.us
Telephone: 410-260-6290

Melissa Noyes, Health Policy Analyst
E-Mail: mnoyes@dhmh.state.md.us

Fax: 410-626-0304
Website: http://dhmh.state.md.us/mchrc

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 in May, 2007.

2012 Commissioners
John A. Hurson, Chairman
Judith L. Boyer-Patrick, M.D., M.P.H.
Maria Harris-Tildon

Kendall D. Hunter
Margaret Murray, M.P.A.
Karla Ruhe Roskos, B.S.N., M.P.H.
Douglas Wilson, Ph.D.
Dr. Mark Li
Nelson Sabatini
Paula McLellan

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.

STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Annapolis, MD 21401, Room 336

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

Aligning Community Health Resources: Improving Access to Care for Marylanders
Request for Proposals
Grant Application Cover Sheet FY2012

Applicant Organization:

Name: _____

Federal Identification Number (EIN): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Official Authorized to Execute Contracts:

Name: _____ E-mail: _____

Title: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Project Director:

Name: _____ E-mail: _____

Title: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Alternate Contact Person:

Name: _____ E-mail: _____

Title: _____

Phone: _____ Fax: _____

Grant Request:

Project Title _____

Priority Area: ☐ Infant Mortality ☐ Integrated Behavioral Health ☐ New Access ☐ Pediatric Dental
☐ Information Technology

Amount Requested $_____ Beginning Date _____ Ending Date _____

STATEMENT OF OBLIGATIONS, ASSURANCES, AND CONDITIONS

In submitting its grant application to the Maryland Community Health Resources Commission ("Commission") 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 Maryland Community Health Resources Commission.
2. All information contained within the application submitted to the Commission 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 Standard Grant Agreement (attached).
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 complete and submit 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 law, regulations and policies, the Commission's Call for Proposals, and the final proposal as accepted by the Commission, including Commission-agreed modifications (if any).

8. If the applicant is an entity organization under the laws of Maryland or any other state, that is in good standing and has compiled 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

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)				
Totals				
Percent of Organization's Total Budget that this Project Budget Represents				