Aligning Community Health Resources: Improving Access to Care for Marylanders Through School-Based Health Centers

Call for Proposals

December 4, 2007

Overview

The Community Health Care Access and Safety Net Act of 2005 authorized the creation of the Maryland Community Health Resources Commission. Governor Martin O'Malley appointed the current Commissioners in May, 2007. Through grants, community assessments, and technical assistance, the Commission is working to increase access to care for low-income families and under- and uninsured individuals. The Commission is helping communities develop more coordinated, integrated systems of community-based care, redirect non-emergency care from hospital emergency rooms to other providers in the community, and assist individuals in establishing a medical home. The cornerstone of these efforts are community-based health care centers and programs, referred to in the legislation as "community health resources."

Aligning Community Health Resources: Improving Access to Care for Marylanders through School-Based Health Centers (SBHCs) is a grants program of the Maryland Community Health Resources Commission. This Call for Proposals is open to eligible community health resources serving Marylanders in Maryland. The grants program has two purposes:

> **Purpose 1:** To enhance the information technology (IT) capability of SBHCs to streamline financial and clinical management information systems and functions, and to maximize revenue from patient care. This is the primary purpose of the grants program and will receive priority in selecting proposals for funding.

> **Purpose 2:** To encourage service expansion in primary health care, preventive health care, oral health care, and behavioral health services. The Commission will consider applications for the creation of new SBHCs in jurisdictions where none currently exist or service expansions in existing SBHCs. Both must be designed to meet the needs of school children served by SBHCs in a way that can be financially sustainable over the long term after grant funding ends.

The Commission's priority is enhancing IT (Purpose 1). Realizing that the financial and management information systems of some SBHCs are more advanced than that of others, and understanding that SBHCs are striving to meet the need for new and expanded services, the Commission will fund new SBHCs or service expansion projects (limited to primary health care, preventive health care, oral health, and behavioral health) coupled with IT enhancement initiatives.

As a component of Purpose 1, grantees will be required to establish cost centers and fiscal reporting capability for individual SBHCs so that revenues and expenses can be accurately reported and monitored during the grant period and beyond. The Commission is particularly interested in monitoring progress in billing Medicaid and other third party payers.

The grants program also includes one grant to a community health resource for provision of **technical assistance and training** on financial management, billing, and reimbursement to all SBHCs and SBHC sponsors in Maryland. SBHC grantees will be required to participate; other SBHCs and their sponsors may participate as well even if they have not received grant funding from the Commission.

An applicant may submit proposal(s) that address Purpose 1, Purpose 1 and Purpose 2, and/or Technical Assistance and Training. Specific requirements for the grants are discussed below under "The Grants Program."

Which Community Health Resources May Apply for These Grants?

In this grantmaking round, the Commission will consider proposals from any Community Health Resource eligible under the Commission's regulations at COMAR 10.45.05 which sponsors a SBHC, wants to create a new SBHC in a jurisdiction where none currently exists, or will offer technical assistance to other SBHCs. A community health resource may submit proposals for more than one project, but a separate, complete proposal must be submitted for each project. Each proposal must address all elements and contain all documents listed in the "Proposal Guidelines" described on pages 13-15 of this Call for Proposals. A separate Letter of Intent must be submitted by 5 PM, EDT on January 15, 2008, for each proposal.

What is a Community Health Resource?

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

� **As a Designated Community Health Resource.** The legislation and the Commission designated as community health resources the fourteen organization types listed below. All of these are 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 abuse 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.

➥ **As a 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

➜**As an 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 collect 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
The Maryland Community Health Resources Commission contracted with the Center for Health Program Development and Management at the University of Maryland, Baltimore County, to conduct a study of funding and access issues that have an impact on the financial viability and continued growth of Maryland's SBHCs. The legislation establishing the Commission – the *Community Health Care Access and Safety Net Act of 2005* – required that the study be carried out.

Study findings showed that SBHCs provide on-site preventive services, acute care, mental health services, and oral health care to students of all ages. These centers are an important safety net provider for children and adolescents who have limited access to the health care system. SBHCs are not intended to be a medical home; rather, they are a convenient place where students can access needed care and referrals in a familiar and non-threatening environment.

In Maryland, according to the study, there are currently 62 SBHCs in 10 jurisdictions providing access to health services to the more than 50,000 students enrolled in affiliated schools. The SBHCs are sponsored by seven local health departments, two school systems, two Federally Qualified Health Centers (FQHCs) and one hospital. Forty-four percent of the centers serve high school students, 31 percent serve middle schoolers, and 44 percent serve elementary school students. In FY 2006, funding for Maryland's SBHCs approached an estimated $6.96 million. Funding sources include the federal government, state government, local government, patient care revenue (which is predominately Medicaid revenue), sponsor contributions, and other support such as the United Way, in-kind support, and miscellaneous cash support. In FY 2008, the State of Maryland will contribute $2.875 million in grant funding to subsidize the operations of SBHCs.

Despite broad-based support for SBHCs in Maryland, SBHCs participating in the study reported insufficient funding to finance current operations and to expand to meet the growing demand for their services. Advocates and policymakers alike agree that the long-term financial viability and the very survival of these important community health resources is dependent on developing new sources of support as well as the ability to bill for services and collect reimbursement from Medicaid and private insurers.

Aligning Community Health Resources: Improving Access to Care for Marylanders through School-Based Health Centers seeks to award grants to community health resources in Maryland that incorporate Purpose 1 and optionally Purpose 2 as described below. The Commission will also award one grant for technical assistance and training for SBHCs, also described below.

Purpose 1: Enhancing Information Technology Capability

Purpose of Grants

The Commission seeks to enhance the Information Technology (IT) capability of SBHCs in order to streamline financial and clinical management information systems and functions. This includes enhancing the ability of SBHCs to bill Medicaid and other insurers electronically in order to make claims processing more efficient and to maximize patient care; addressing barriers to billing and reimbursement with managed care organizations (MCOs) and other insurers; and negotiating contracts with MCOs to provide preventive services to Medicaid beneficiaries. The Commission encourages the purchase and/or use of software that combines clinical and fiscal management functions. Cross-sponsor collaboration is encouraged, such as jointly developing new software, fiscal management systems, and/or billing policies/procedures; joint training programs for clinical and fiscal management staff, etc. Preference will be given to applicants that partner with managed care organizations (MCOs).

In addition to enhancing the IT capability of *existing* SBHCs, the Commission will accept proposals for grant funding to develop the IT capability of *new* SBHCs.

Use of Grant Funds

Grant funds may be used for purchase of IT-related equipment or services, such as computers, fax machines, and internet access; development, testing and purchase of new software or upgrades; staff training; consultants; and salaries and fringe benefits for staff involved in this effort.

Requirements

The sponsor must establish a separate cost center for each SBHC that it sponsors, supported by an electronic cost accounting system that accurately accounts for all revenues received and expenses incurred by individual SBHCs. The accounting system must support timely reporting of charges, allowances, and net revenue by payer. Grantees will be required to submit to the Commission quarterly revenue/expense reports that report billing by payer. This information will be used by the Commission as one indicator of the outcome of the grants program.

Applicants should provide baseline demographic and service data on the community and the population(s) to be served (e.g., age, sex, ethnicity, eligibility for reduced-price lunches, insurance coverage, payer mix) and have the ability to track changes in these indicators during the course of the project.

All grantees will be required to participate in the technical assistance program offered through the Commission's grants program. Grantees will have an opportunity to provide input into the content of the technical assistance program.

Purpose 2: Service Expansion

Purpose of Grants

In addition to applying for funding under Purpose 1, sponsors of SBHCs may also include in their request funding to plan and implement new or enhanced services provided by SBHCs. The Commission will give preference to efforts to expand the provision of primary health care services, preventive health services, oral health services, and behavioral health services. The enhanced services may be provided by a single SBHC or multiple SBHCs under the umbrella of the sponsoring community health resource. Planning for enhanced services must include the development of strategies for long-term sustainability and maximizing patient care revenue. Cross-sponsor collaboration is encouraged, as well as collaboration across individual SBHCs.

The Commission will consider proposals to develop new or enhanced services in the specified areas for delivery in both *existing* SBHCs and *new* SBHCs.

Use of Grant Funds

Grant funds may be used for salaries and fringe benefits of staff involved in planning and implementing the service expansion; salaries and fringe benefits of staff providing the new service(s); medical supplies and equipment; software; and consultants. Grant funds may also be expended for essential equipment and minor infrastructure improvements, such as minor office or clinic upgrades or renovations to accommodate the service expansion.

Grant funds may not be used for major equipment other than dental equipment, for new construction projects, to support clinical trials or unapproved devices or drugs, or for lobbying or political activity. Grant funds may be used for those renovations necessary to carry out the proposed project.

Grantees may subcontract with other organizations as appropriate to accomplish the purposes of the project. 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.

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Technical Assistance and Training

The Commission will award one, one-time grant, separate from Purpose 1 and Purpose 2 grants, to a community health resource to develop and administer a program of technical assistance and training for SBHCs on financial management, billing, and reimbursement. The program might include a summit of stakeholders such has that convened in New Mexico for the "*Salud*! Comes to Your School" initiative, establishment of a task force with stakeholder representation to guide technical assistance and policy recommendations, research and presentations on commercial software, development of training manuals, initiation of and assistance with MCO contract negotiations, periodic training sessions for SBHC staff, and on-demand technical assistance. The Commission will be looking to applicants to design a program that best meets the needs of Maryland's SBHCs and their sponsors.

Eligibility

Community health resources may submit proposals. This includes SBHC sponsors, individual SBHCs, and other community health resources (see COMAR 10.45.05). Two or more community health resources may team up to submit a proposal, although one organization must be designated as the lead, and that organization would be the grant recipient, responsible for managing and administering the entire grant award. The Commission is seeking community health resource(s) interested in assuming a leadership role in the state to promote the development and sustainability of SBHCs, and which have the support of other SBHCs and stakeholders in the state.

Use of Grant Funds

Grant funds may be used for staff salaries and fringe benefits; consultants; development or purchase of training materials; training sessions and other relevant meetings of SBHCs; stakeholder meetings; travel; and space costs, office expenses, and supplies.

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Grant Funding

The Commission will consider funding in the amounts below for proposals following the guidelines above under "The Grants Program."

Purpose 1 and Purpose 2: Existing School-Based Health Centers

For proposals from sponsors of existing SBHCs addressing Purpose 1 (required) and Purpose 2 (optional), applicants may request a base grant of up to $225,000. Funds for these one-time grants may be spent over a period of up to two years, beginning no earlier than July 1, 2008.

*If the applicant operates more than one SBHC and is proposing a project addressing **Purpose 1 only**,* the applicant may request an additional $15,000 for each additional SBHC it operates, up to a maximum request of $400,000. For example, a sponsor with four SBHCs would be eligible for $270,000 ($225,000 plus 3 x $15,000). Each site for which an additional $15,000 is requested must participate in the project and benefit from the funding and project activities. Grantees must provide a 10 percent match for awarded funds for all proposals.

*If the applicant operates more than one SBHC and is proposing a project addressing **both Purpose 1 and Purpose 2**,* the applicant may request an additional $15,000 for each additional SBHC it operates. The maximum amount of the grant is dictated by the number of SBHCs

operated by the applicant. Each site for which an additional $15,000 is requested must participate in the project and benefit from the funding and project activities. Grantees must provide a 10 percent match for awarded funds for all proposals.

Purpose 1 and Purpose 2: New School-Based Health Centers
For proposals from sponsors seeking to create new SBHCs, the Commission will award up to two, one-time grants for the creation of new SBHCs in jurisdictions that currently lack a SBHC. Applicants may request up to $500,000, which may be expended over a period of up to two years, beginning no later than July 1, 2008. Applications must address Purpose 1 as a priority; Purpose 2 is optional. Grantees must provide a 10 percent match for awarded funds for all proposals.

Technical Assistance and Training
For the technical assistance and training program, the Commission will award one, one-time grant of up to $200,000 over a period of up to two years, beginning no earlier than July 1, 2008. The grantee must provide a 10 percent match for awarded funds.

Selection Criteria
The Commission will use the following criteria to assess and select proposals for funding:

Prospects for Success: The goals and objectives of the proposed 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. The Commission's priorities for awarding grant funds include establishing a "medical or dental home" for families and children through identification of and referral to community-based providers, and providing evening and weekend hours in new projects where feasible, and increased evening and weekend hours in expansion of existing projects where these hours are offered currently. In accordance with the Commission's legislative mandate, it is expected that proposals will address, to the extent feasible, the Commission's statutory priorities specified in Health General §19-2201(g). These are provided in the Appendix.

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 applicant demonstrates a deep understanding of the community to be served.

Sustainability: 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 grant funds end. The Commission will look for proposals that strive to maximize patient care revenue.

The Commission will give strong preference to those projects that can demonstrate funding from internal sources or community matching support, including "in kind" support. Preference will be given to those applicants that can demonstrate community-wide, local support: at least 10 percent of the budget should come from funding commitments (cash or signed pledges) restricted to this project from other community partners such as chambers of commerce, hospitals, medical organizations, community organizations, individual donors, foundations, and corporations to ensure the sustainability of the project. Funding commitments are to be fully paid within the inclusive dates of the grant award. If the project's community support is not yet in place, then the applicant should provide information that details the plan for generating such support.

Preference will be given to those applicants that can make at least an additional 5 percent financial commitment to this project from their own internal funds (operating funds or reserves). For proposals for new or expanded dental services, a separate equipment maintenance fund or equipment replacement fund or small endowment for the dental clinic will be counted as internal financial commitment. In other words, in addition to the requirement of other funding commitments, the Commission expects to see an institutional financial commitment from the applicant.

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, dedicated staff and other resources allocated to the project, contributions of facilities and equipment, and/or provision of free or discounted health care services. Letters of commitment from collaborators are required, but letters alone may not be sufficient for demonstrating active engagement.

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 grants 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.

Provision of Sliding Scale Fee Schedule Services: The extent to which the applicant organization demonstrates use of a sliding scale fee schedule to increase access to care for low-income uninsured and under-insured individuals in Maryland. The Commission understands that some local health departments sponsoring SBHCs have a waiver issued by the Maryland Department of Health and Mental Hygiene (DHMH) allowing their SBHCs to consider uninsured patients "nonchargeable" even though the local health departments have sliding fee

schedules. These local health departments should include a copy of their waiver letter from DHMH's Non-Chargeable Services Waiver Committee in the appendices to their proposal(s).

Evaluation and Monitoring

Grantees will be required to submit periodic progress reports and expenditure reports, as well as deliverables produced under the grant. To facilitate project monitoring, clearly defined data elements will be required from all grantees on a regular 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 written report on the project.

As a condition of receiving grant funds, grantees must agree to participate in an 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.

As part of the grant application review process, the Commission may request that an applicant organization provide additional information or revise its application as a condition of approving an award. Awards will be made by the Commission. The Commission will consider geographic diversity within the state of Maryland in making awards.

How to Apply

There are three steps in the competitive application process:

Step 1: Letter of Intent

Applicants must submit a letter of intent for each of the applicant's proposals in order for each of the proposals to be considered. Letters of intent must be received by 5:00 p.m. EST on Tuesday, January 15, 2008, at the Commission's offices by hand delivery, U.S. Postal Service, or private courier. The letter of intent should include:

- The type of grant for which the applicant will apply:
  - □ Purpose 1: Enhancing information technology capability (specify whether for an existing or new SBHC);
  - □ Purpose 2: Service expansion in existing SBHCs or by creating a new SBHC; or
  - □ Technical assistance and training.
- A succinct description of the proposed project that does not exceed 250 words in length.
- Estimated project cost and duration.
- Name and location of the applicant organization.
- Name, title, address, telephone number, and e-mail for the proposed project director and contact person.
- Name, affiliation, and e-mail address of individuals in addition to the project director who would like to receive updates related to this grants program.

Letters of intent should be sent to:

Grace S. Zaczek
Acting Executive Director
Maryland Community Health Resources Commission
4201 Patterson Avenue, Room 315
Baltimore, MD 21215

Step 2: The Proposal

Applicants should prepare proposals following the "Proposal Guidelines" in this Call for Proposals.

Step 3: Submission of Applications

Grant applications are due at the Commission's offices by 5:00 p.m. EST on Tuesday, March 4, 2008, by hand delivery, U.S. Postal Service, or private courier. Applications must include:

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 contact person, and state that the applicant organization understands that submission of a proposal constitutes acceptance of the terms of the grants program.

2. **Grant Application Cover Sheet:** This form is posted at http://dhmh.state.md.us/mchrc/. The form should be completed and signed by the project director 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.

3. **Contractual Obligations, Assurances, and Certifications:** A form for this agreement is available at http://dhmh.state.md.us/mchrc/. 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.

4. **Proposal:** See "Proposal Guidelines" in the Call for Proposals.

By the deadline for receipt of applications (March 4, 2008, 5:00 p.m. EDT), applicants should e-mail an electronic version of their transmittal letter, Grant Application Cover Sheet, and proposal and all appendices to zaczekg@dhmh.state.md.us. Appendices may be scanned if necessary to transmit them electronically.

Also by the required deadline, the following must be received at the address below by hand delivery, U.S. Postal Service, or private courier for each proposal: 1) original signed transmittal letter, original signed Grant Application Cover Sheet, original signed Contractual Obligations, Assurances, and Certifications, and original proposal and all appendices, all bound together and labeled "original;" and 2) nine bound copies of transmittal letter, Grant Application Cover Sheet, signed Contractual Obligations, Assurances, and Certifications, proposal, and all appendices. The hard copy original and nine 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. Submit to:

Grace S. Zaczek
Acting Executive Director
Maryland Community Health Resources Commission
4201 Patterson Avenue
Baltimore, MD 21215

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 January 24, 2008, at 1:00 p.m. EDT, 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 January 22, 2008, to kisaac@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 kisaac@dhmh.state.md.us Questions may be submitted at any time. Responses to Frequently Asked Questions (FAQs) 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:

Grace S. Zaczek, Acting Executive Director
E-mail:zaczekg@dhmh.state.md.us

Kimberly Isaac-Dallas, Executive Associate
E-mail:kisaac@dhmh.state.md.us

Telephone: 410-764-4660
Fax: 410-358-4194
Website: http://dhmh.state.md.us/mchrc

Timetable

December 4, 2007 By close of business	Call for Proposals Released
January 15, 2008 5:00 p.m. EST	Deadline for Receipt of Letters of Intent
January 24, 2008* 1:00 p.m. EST	Frequently Asked Questions Call with Applicants - Registration Required (FAQs) posted at http://dhmh.state.md.us/mchrc/ (to be updated periodically)
March 4, 2008 5:00 p.m. EST	Deadline for Receipt of Applications
March – April, 2008*	Review of Applications
May 14, 2008*	Notification of Grant Awards
May 22 - 24, 2008*	Signing of Grant Awards
July 1, 2008	Grant Funding Begins

* These dates subject to change due to Commission responsibilities during and after the 2008 Maryland General Assembly Session.

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 25 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 and the appendices specified in the guidelines below are excluded from the 25-page limit.

The proposal should be structured using these topic headings:
1. Table of contents (not included in the 25 page limit)
2. Project Summary
3. The Project
4. Evaluation
5. Work Plan
6. Applicant Organization
7. Key Personnel
8. Partners and Collaborators
9. Project Budget

The suggested content of each of these eight sections is discussed below. Provide as much detail as possible.

1. Project Summary
- Provide a one-page summary of the proposal.

2. The Project
- *What will the project do?* What are the goals and measurable objectives of the project? Quite literally, who will do what for whom, with whom, where, and when?
- *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 or the discussion of legislative priorities in the Call for Proposals, and listed in the Appendix below).
- *Who is the target population?* Identify the population(s) to be served (i.e., estimated numbers, demographics, number eligible for the free lunch program, insurance coverage, income levels, other distinguishing characteristics). Document the needs of this population using qualitative and quantitative data. Specify the service area(s). Service maps, data, and other statistics on the target population may be provided as an appendix.
- *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, how does it improve service delivery to Marylanders?
- *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?

3. Evaluation

- *How will you measure project success?* What will be your methodology for evaluation of project outcomes? What data will you collect and analyze? Does the applicant organization have the capacity to collect and analyze data, or must new capacity be acquired or developed?

4. Work Plan

- *What are the major milestones in carrying out the project?* List key benchmarks of project progress. 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. This 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.
- *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., school based health center, 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 each in 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 detailing the auditor's opinion, and, if your organization files a Form 990, your most recent filing.

- *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.

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, include résumés (maximum three pages each) for all key personnel.

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, 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

- *General Format:* Provide a line-item budget. To the extent possible, break down the budget into major tasks or phases of work consistent with the project work plan. If the project spans more than one year, the line item budget should be broken down into annual budget periods. The beginning and ending date should be indicated for each budget period. Grant funding will be available beginning July1, 2008.
- *Personnel:* The name, title, percent effort, annual salary, and fringe benefits should be listed separately for each individual in the budget. Fringe benefits should be shown at the applicant organization's standard rate.
- *Project Co-Funding:* If the project will be supported by funder(s) other than the Commission, the line-item budget should include a separate column for each funding source along with a "total funding" column.
- *Indirect Costs:* Indirect costs may not exceed 10 percent of total direct project costs. Direct costs generally include project-related personnel, consultants, travel, equipment, clinical supplies, and office expenses.
- *Budget Justification:* A budget justification should accompany the line-item budget detailing the purpose of each budgeted expenditure.

About the 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.

Maryland Community Health Resources Commission

John A. Hurson Chair   Paula B. McLellan
Yvette J. Benjamin, P.A., M.P.H.   Margaret Murray, M.P.A.
Judith L. Boyer-Patrick, M.D., M.P.H.   Karla Ruhe Roskos, B.S.N., M.P.H.
Stanley A. Goldman, Ph.D..   Douglas Wilson, Ph.D.
Kendall D. Hunter   John L.Young, M.D.
Leon Kaplan, C.P.A., M.B.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 nonemergency 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.