

MARYLAND REGISTER

Proposed Action on Regulations

Transmittal Sheet PROPOSED OR REPROPOSED Actions on Regulations	Date Filed with AELR Committee	TO BE COMPLETED BY DSD
		Date Filed with Division of State Documents
		Document Number
		Date of Publication in MD Register

1. Desired date of publication in Maryland Register: 11/13/2006

2. COMAR Codification

Title	Subtitle	Chapter	Regulation
10	45	01	01-.02
10	45	02	01-.03
10	45	03	01-.02
10	45	04	01-.02
10	45	05	01-.05
10	45	06	01-.04
10	45	07	01-.02
10	45	08	01-.05

3. Name of Promulgating Authority

Department of Health and Mental Hygiene

4. Name of Regulations Coordinator Michele Phinney	Telephone Number 410-767-5623
--	---

Mailing Address

201 W. Preston Street

City	State	Zip Code
Baltimore	MD	21201

Email

phinneym@dhmh.state.md.us

5. Name of Person to Call About this Document

Jason W. Sapson

Telephone No.

410-767-1858

Email Address

jsapsin@dhmh.state.md.us

6. Check applicable items:

New Regulations

Amendments to Existing Regulations

 Date when existing text was downloaded from COMAR online: .

Repeal of Existing Regulations

Recodification

Incorporation by Reference of Documents Requiring DSD Approval

Reproposal of Substantively Different Text:

: Md. R

(vol.) (issue) (page nos) (date)

Under Maryland Register docket no.: --P.

7. Is there emergency text which is identical to this proposal:

Yes No

If yes, corresponding proposed text published in:

same issue

future issue

previous issue; it appeared in

: Md. R

(vol.) (issue) (page no's) (date)

Under Maryland Register docket no.: --E.

8. Incorporation by Reference

Check if applicable: Incorporation by Reference (IBR) approval form(s) attached and 18 copies of documents proposed for incorporation submitted to DSD. (Submit 18 paper copies of IBR document to DSD and one copy to AELR.)

9. Public Body - Open Meeting

OPTIONAL - If promulgating authority is a public body, check to include a sentence in the Notice of Proposed Action that proposed action was considered at an open meeting held pursuant to State Government Article, §10-506(c), Annotated Code of Maryland.

OPTIONAL - If promulgating authority is a public body, check to include a paragraph that final action will be considered at an open meeting.

10. Children's Environmental Health and Protection

Check if the system should send a copy of the proposal to the Children's Environmental

Health and Protection Advisory Council.

11. Certificate of Authorized Officer

I certify that the attached document is in compliance with the Administrative Procedure Act. I also certify that the attached text has been approved for legality by Jason W. Sapsin, Assistant Attorney General, (telephone #410-767-1858) on September 25, 2006. A written copy of the approval is on file at this agency.

Name of Authorized Officer

Samuel Lin, M.D., Ph.D., MBA

Title

Chair

Telephone No.

(410) 767-5746

Date

September 25, 2006

Title 10

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 45 MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

10.45.01 Purpose and Definitions

Subtitle 45 MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

10.45.02 Officers and Staff

Subtitle 45 MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

10.45.03 Committees

Subtitle 45 MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

10.45.04 Meetings - Procedure

Subtitle 45 MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

10.45.05 Community Health Resource

Subtitle 45 MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

10.45.06 Community Health Resource Grants

Subtitle 45 MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

10.45.07 Selection Criteria and Funding Priorities

Subtitle 45 MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

10.45.08 Selection Process

Authority: (see attached)

Notice of Proposed Action

□

The Maryland Community Health Resources Commission proposes to adopt:

1) New Regulations .01 — .02 under a new chapter COMAR 10.45.01 Purpose and Definitions;

- 2) New Regulations .01 — .03 under a new chapter COMAR 10.45.02 Officers and Staff;
- 3) New Regulations .01 — .02 under a new chapter COMAR 10.45.03 Committees;
- 4) New Regulations .01 — .02 under a new chapter COMAR 10.45.04 Meetings – Procedure;
- 5) New Regulations .01 — .05 under a new chapter COMAR 10.45.05 Community Health Resources;
- 6) New Regulations .01 — .04 under a new chapter COMAR 10.45.06 Community Health Resource Grants;
- 7) New Regulations .01 — .02 under a new chapter COMAR 10.45.07 Selection Criteria and Funding Priorities; and
- 8) New Regulations .01 — .05 under a new chapter COMAR 10.45.08 Selection Process.

Statement of Purpose

The purpose of this action is to develop regulations related to the mission of the Maryland Community Health Resources Commission (Commission). The Commission, through community health resources, seeks to increase access to health care; redirect non-emergency emergency room use to community health resources; develop coordinated, integrated systems of community-based care; and assist patients in establishing a medical home with a community health resource. These regulations establish the criteria to qualify as a community health resource, the services that a community health resource shall provide to qualify as a community health resource, and the criteria for a community health resource to qualify for operating grants and procedures for applying for operating grants as required by Health – General §19-2109 (a). The regulations also establish the criteria for a community health resource to qualify for a grant, establishes the procedures for disbursing grants to qualifying community health resources, and develops a formula for dispersing grants to qualifying community health resources in accordance with Health – General Article, §19-2201 (f). This action relates to the meetings, minutes, and transactions of the Maryland Community Health Resources Commission as required by Health – General §19-2107 (b).

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact.

There is a Community Health Resources Commission Fund (fund) established by Health – General §19-2201, which is a special, nonlapsing fund that is not subject to §7-302 of the State Finance and Procurement Article. The fund consists of money collected from a nonprofit health service plan in accordance with §14-106.1 of the Insurance Article, interest earned on investments, money donated to the fund, money awarded to the fund through grants, and any other source of money accepted for the benefit of the fund. Health – General §19-2201 (d). In FY 07, the Commission has budgeted approximately

\$800,000 for staff and operating expenses and will distribute grants totaling approximately \$5.5 M to community health resources.

II. Types of Economic Impact.	Revenue (R+/R-)	Magnitude
	Expenditure (E+/E-)	
A. On issuing agency:	(E+)	\$6.3 M
B. On other State agencies:	(E-)	Indeterminate
C. On local governments:	(R+)	Indeterminate
	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups:	(+)	\$5.5 M
E. On other industries or trade groups:	(+)	Indeterminate
F. Direct and indirect effects on public:	(+)	Indeterminate

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A. A. The Maryland Community Health Resource Commission (Commission) estimates that salaries and other operating expenses in FY 07 will total approximately \$800,000. The Commission has already distributed a draft Call for Proposals and intends to distribute \$3.5 M in community health resource operating grants in early 2007. The Commission plans to distribute additional operating grants totaling \$2 M by the end of FY 07.

B. B. There may be savings to the Medicaid program because operating grants will increase services to low-income Marylanders.

C. C. Local health departments are eligible to receive part of the \$5.5 M in grants which is referenced in II.D., possibly increasing revenue. Grants distributed by the Commission are dependent on the proposals received, so this amount is indeterminate.

D. D. Federally qualified health centers and other regulated health care centers/programs may receive operating grants.

E. E. If uninsured individuals regularly receive health care through community health resources, hospital uncompensated care costs could decrease. There are insufficient data at this time to reliably estimate what type of impact improved access to health care could have on uncompensated care.

F. F. Low-income, underinsured and uninsured Maryland residents will have greater access to health care and their out-of-pocket health care costs will be lowered.

Economic Impact on Small Businesses

The proposed action has a meaningful economic impact on small business. An analysis of this economic impact follows.

The intended beneficiaries of these regulations are low-income households. Grants will be distributed to community health resources, some of which may include small physician practices and other small business, creating a positive impact on these small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Grace S. Zaczek, Acting Staff to the Maryland Community Health Resources Commission, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 424, Baltimore, Maryland 21201, or call (410) 767-5746, or email to zaczekg@dhmh.state.md.us, or fax to (410) 333-7501. Comments will be accepted through December 13, 2006. A public hearing has not been scheduled.

Economic Impact Statement Part C

A. Fiscal Year in which regulations will become effective: FY 2007

B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?

Yes

C. If 'yes', state whether general, special (exact name), or federal funds will be used: Special funds from the Community Health Resources Commission Fund established by Health-General Article, §19-2201, will be used to implement the regulations.

D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:

E. If these regulations have no economic impact under Part A, indicate reason briefly:

F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.

G. Small Business Worksheet:

Attached Document:

10.45.01 Purpose and Definitions.

**Authority: Health-General Article, §§19-2107, 19-2109, and 19-2201,
Annotated Code of Maryland**

.01 Purpose.

A. The purpose of the Commission is, through community health resources, to:

- (1) Increase access to health care services;
- (2) Redirect non-emergency emergency room use to community health resources;
- (3) Develop coordinated, integrated systems of community-based care; and
- (4) Assist patients in establishing a medical home with a community health resource.

B. A key objective of the Commission is to reduce health disparities in the State.

.02 Definitions.

A. In this subtitle, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Applicant" means a person that submits to the Commission, in a timely manner:

- (a) A letter of intent to submit a grant application under this subtitle; or
- (b) A grant application under this subtitle.

(2) "Application" means a document:

(a) Prepared by an applicant in response to the Commission's Call for Proposals; and

(b) Includes the elements specified in COMAR 10.45.06.03.

(3) "Call for proposals" means a document issued by the Commission, that:

(a) Invites members of the public to develop and submit proposals for projects and programs for which grant funding under this subtitle is sought;

(b) Specifies the required content of a grant application and proposal; and

(c) Identifies selection criteria and funding priorities to be applied by the Commission in determining which proposals will be funded.

(4) “Commission” means the Maryland Community Health Resources Commission.

(5) “Commissioner” means a member of the Commission.

(6) “Community health center” means a community-based health center that serves underserved populations and is grant-funded under §330(e) of the Public Health Service Act.

(7) “Community health resource” means a person determined by the Commission to satisfy the criteria set forth in COMAR 10.45.05.02, .03, or .04.

(8) “Department” means the Department of Health and Mental Hygiene.

(9) “Federal poverty guidelines” means the poverty measure that is issued annually in the Federal Register by the U. S. Department of Health and Human Services and is used to determine eligibility for government programs.

(10) “Federally qualified health center” has the meaning stated in Health-General Article, §24-1301(b), Annotated Code of Maryland.

(11) “Federally qualified health center ‘look-alike’” means a community-based health center authorized under §1905(l)(2)(B)(iii) of the Social Security Act that meets the eligibility requirements for a grant under §330 of the Public Health Service Act (42 U.S.C. 254b), but is not a grantee.

(12) "Fiscal year (FY)" has the meaning stated in COMAR 10.09.62.01B.

(13) "Health care program for the homeless" means a community-based health center that serves homeless adults and children and is grant-funded under §330(h) of the Public Health Service Act (42 U.S.C. 254b(h)).

(14) "Health center controlled operating network" means an entity funded or otherwise charged by the federal Health Resources and Services Administration (HRSA) to develop, operate, or enhance safety net provider networks so as to:

- (a) Improve health care access for the medically underserved;
- (b) Develop and operate safety net provider networks; and
- (c) Increase health centers' efficiency, revenue, and overall productivity.

(15) "Historic Maryland primary care provider" means a person that provided primary care services through the Maryland PrimaryCare program.

(16) "Local health department" has the meaning stated in COMAR 10.09.40.01.

(17) "Local nonprofit and community-owned health care program" means a collaboration of local public or private non-profit health care programs, or both, to provide or coordinate for low-income or uninsured individuals, free or reduced-cost health care services, such as:

- (a) County community action agencies established under the Economic Opportunity Act of 1964;
- (b) Partnerships of public or private nonprofit health care providers or programs providing case management or other care coordination services;

(c) Private nonprofit programs that provide administrative, support, and coordination services to facilitate the provision of primary and specialty care services by volunteer practitioners; and

(d) Community outreach programs sponsored by a local health department.

(18) "Maryland PrimaryCare program" means the State-funded initiative, governed by COMAR 10.51.01-.11, providing office-based primary care to qualifying low-income adults.

(19) "Migrant health center" means a community-based health center that is grant-funded under §330(g) of the Public Health Service Act (42 U.S.C. 254b(g)) and serves migratory and seasonal farm workers and their families in the State.

(20) "Outpatient mental health clinic" has the meaning stated in COMAR 10.21.17.02.

(21) "Person" has the meaning stated in Health-General Article, §1-101(h), Annotated Code of Maryland.

(22) "Primary care program for a public housing project" means a community-based health center that provides comprehensive primary care services to public housing residents and is grant-funded under §330(i) of the Public Health Service Act (42 U.S.C. 254b(i)).

(23) "Practitioner" has the meaning stated in COMAR 10.09.62.01B.

(24) "Provider" has the same meaning as "health care provider," as stated in Health-General Article, §19-132, Annotated Code of Maryland.

(25) "Presiding officer" means:

(a) The Chair of the Commission, or

(b) In the Chair's absence, the chair's designee.

(26) "School-based health center" means a provider located on school grounds that the Secretary has designated a school-based health center as specified in COMAR 10.09.68.02.

(27) "Secretary" means the Secretary of the Maryland Department of Health and Mental Hygiene.

(28) "State" means the State of Maryland.

(29) "Substance abuse treatment provider" means a provider of substance abuse treatment services that is:

(a) Located in the State; and

(b) Certified in accordance with Health-General Article §8-404, Annotated Code of Maryland.

(30) "Teaching clinic" means a provider in the State that is staffed in part by practitioners participating in accredited clinical training programs for health professionals, including but not limited to:

(a) Physicians;

(b) Nurses; and

(c) Dentists.

(31) "Wellmobile" means a mobile health clinic in the Governor's Wellmobile Program, established under the Health-General Article, §§13-1301 to 13-1303, Annotated Code of Maryland, within the University of Maryland School of Nursing, which:

- (a) Delivers primary and preventive health care services to geographically underserved communities and uninsured individuals in the State; and
- (b) Provides principal training sites for the University of Maryland School of Nursing to expand student learning opportunities.

10.47.02 Officers and Staff.

Authority: Health-General Article, §§19-2107, Annotated Code of Maryland

.01 Commission Chair.

A. The Chair is appointed by the Governor.

B. Duties. The Chair shall:

(1) Except as provided in §B(6)(b) of this regulation, convene and preside over the meetings of the Commission;

(2) Call meetings of the Commission as necessary to accomplish the Commission's purpose;

(3) Appoint the Commission's Vice Chair;

(4) Appoint the chairs of the Commission's standing and ad hoc committees;

(5) Appoint the members of the Commission's committees; and

(6) At meetings of the Commission, either:

(a) Serve as the presiding officer; or

(b) Designate the Vice Chair or other Commissioner to preside over any Commission meeting the Chair is unable to attend.

.02 Commissioners.

The Commission consists of eleven members, appointed by the Governor, with the advice and consent of the Senate, in accordance with Health-General Article,

§19-2103, Annotated Code of Maryland.

.03 Executive Director and Staff.

A. Executive Director. The Executive Director of the Commission:

- (1) Is the chief administrative officer of the Commission;
- (2) Is appointed by the Commission with the approval of the Governor;
- (3) Serves at the pleasure of the Commission; and
- (4) Shall, under the direction of the Commission, perform any duty or function that the Commission requires, consistent with Health-General Article, §§19-2101-2201, Annotated Code of Maryland, and this subtitle.

B. Staff.

- (1) The Commission may employ a staff in accordance with the State budget.
- (2) The Commission, in consultation with the Secretary, shall determine appropriate job classifications and grades for all staff.

10.45.03 Committees

Authority: Health-General Article, §§19-2107, 19-2110, Annotated Code of Maryland

.01 Standing Committees.

A. The four standing committees of the Commission are:

- (1) The Committee on Capital and Operational Funding;
 - (2) The Committee on Hospital and Community Health Resources Relations;
 - (3) The Committee on School-based Community Health Clinic Center Expansion;
- and
- (4) The Committee on Data Information Systems.

B. Committee Appointment. The Chair shall appoint Commissioners to serve on the standing committees annually, at the first regularly scheduled Commission meeting of each fiscal year.

C. Vacancies. The Chair may appoint Commissioners to fill vacancies on the Committees at any time.

.02 Ad Hoc Committees.

A. The Commission may establish one or more ad hoc committees to assist in performing duties of the Commission.

B. An ad hoc committee established pursuant to §A of this regulation shall:

- (1) Limit its activities to the purpose for which it was formed; and
- (2) Be dissolved when the purpose for which it was formed has been satisfied or abandoned by the Commission.

10.45.04 Meetings

Authority: Health-General Article, §§19-2106 and 19-2107, Annotated Code of Maryland

.01 Meetings - Procedure.

A. Meetings of the Commission and meetings of the standing committees specified in COMAR 10.45.03.01 shall be governed in accordance with:

- (1) Maryland's Open Meetings Act; and
- (2) Commonly accepted rules of parliamentary procedure as determined by the Chair.

B. Quorum.

- (1) A majority of the full authorized membership of the Commission is a quorum.
- (2) A quorum need not be present in order for the Commission to hold a meeting.

(3) If less than a quorum is present at any meeting, the presiding officer shall defer matters submitted for a vote until a quorum is present.

C. Voting.

(1) Each Commissioner shall be entitled to one vote on each matter submitted to a vote at the meeting.

(2) Voting shall be in person or by proxy.

(3) The Commission may not act on any matter unless at least six members in attendance concur.

D. Minutes. The Commission shall ensure that minutes of its public meetings are:

(1) Recorded;

(2) Presented to the Commission for approval; and

(3) Made available for public inspection at the offices of the Commission during ordinary business hours.

.02 Frequency of Meetings.

A. Subject to §B of this regulation, public meetings of the Commission may be held for any authorized purpose, at a time and location determined by the Commission.

B. The Commission shall meet at least six times per year.

10.45.05 Community Health Resources

Authority: Health-General Article, §§19-2107, 19-2109, and 19-2201,

Annotated Code of Maryland

.01 Qualification as Community Health Resource.

A. To qualify as a Community Health Resource, a person shall demonstrate that it meets the criteria set forth in Regulation .02, .03, or .04 of this chapter.

B. Regardless of the category of Community Health Resource category for which an applicant submits evidence of qualification, the Commission may determine that the applicant meets the criteria to qualify as a Community Health Resource under either Regulation 02, .03, or .04 of this chapter.

.02 Qualification under Health-General Article §19-2101(c)(1) – Primary Health Care Services.

A. Criteria. To qualify as a community health resource pursuant to this regulation and Health-General Article, §19-2101(c)(1), Annotated Code of Maryland, a person shall demonstrate that it:

- (1) Is a nonprofit or for-profit health care center or program;
- (2) Provides primary health care services:
 - (a) In accordance with a sliding scale fee schedule payment policy that is consistent with the guidelines set forth in Regulation .05 of this chapter;
 - (b) Without regard to an individual's ability to pay; and
 - (c) Primarily to Maryland residents from service sites located within the State of Maryland; and
- (3) Provides medical care to address a patient's general health needs including:
 - (a) Promotion and maintenance of the patient's health;
 - (b) Treatment of illness;
 - (c) Prevention of disease;
 - (d) Maintenance of the patient's health records; and

(e) Making referrals for medically necessary and appropriate specialty care services.

B. Submission Requirements. To demonstrate qualification as a community health resource under this regulation, a person shall submit, on or before the date and time specified by the Commission, the information and documentation that it meets the criteria set forth in §A of this regulation, including:

(1) A written statement, which includes the applicant's name and the address of all its service locations, and discusses how the applicant meets the requirements of §A of this regulation;

(2) A copy of the applicant's written procedures for consistent application of the applicant's policies concerning:

(a) Uncompensated care;

(b) Its sliding scale fee schedule that is consistent with the requirements of Regulation .05 of this chapter; and

(c) The applicant's payment policy documenting the applicant's policy of providing services regardless of a patient's ability to pay;

(3) A list of services offered by the applicant;

(4) A calculation of the proportion of patients served by the applicant who are Maryland residents;

(5) An explanation of how the services offered by the applicant are provided, specifying practitioners' licensure categories, such as physician, nurse-practitioner, or otherwise; and

(6) Upon the Commission's request, any additional information it requires to complete its determination.

C. The Commission shall determine that a person does not qualify as a community health resource pursuant to this regulation if:

(1) Unless COMAR 10.45.08.01D(3) applies, the person does not submit to the Commission, on or before the date and time specified by the Commission, the documentation required by §B of this regulation;

(2) The Commission requests additional information or materials pursuant to COMAR 10.45.08.01D(3) and:

(a) The person does not submit the information or materials requested by the Commission within the time allowed; or

(b) Additional information and material submitted by the person do not establish the person's qualification as a community health resource; or

(3) The Commission determines that the person does not meet the qualification criteria specified in §A of this regulation.

.03 Qualification under Health-General Article §19-2101(c)(2) – Access Services.

A. To qualify as a community health resource pursuant to this regulation and Health-General Article, §19-2101(c)(2), Annotated Code of Maryland, a person shall demonstrate that it:

(1) Is a nonprofit or for-profit health care center or program;

(2) Offers access services which:

(a) Directly assist low-income, uninsured, or underinsured individuals to gain access to reduced price clinical health care services; and

(b) May include, but are not limited to:

(i) Coordination of patients' health care;

(ii) Case management services; and

(iii) Transportation of patients to and from medical appointments;

(3) Offers access services, as described in §A(2) of this regulation:

(a) Without regard to an individual's ability to pay;

(b) In accordance with a sliding scale fee schedule that is consistent with the guidelines set forth in Regulation .05 of this chapter; and

(c) Primarily to Maryland residents from service sites located within the State.

B. Non-qualifying Services.

(1) Services not directly assisting patients to access clinical health care services are not access services and do not establish a person's qualification as a community health resource pursuant to this regulation and Health-General Article, §19-2101(c)(2), Annotated Code of Maryland.

(2) Examples of services that do not qualify as access services include, but are not limited to:

(a) Transportation to health fairs or wellness lectures;

(b) Mass mailings of health educational materials; or

(c) Promotional activities sponsored by health care providers.

C. To demonstrate qualification as a provider of access services, a person shall submit, on or before the date and time specified by the Commission, the

information and documentation that it meets the criteria set forth in §A of this regulation, including:

(1) A written statement that includes the applicant's name and the addresses of all its service locations and discusses how the applicant meets the requirements of §A of this regulation;

(2) A copy of the applicant's written procedures for consistent application of the applicant's policies concerning its:

(a) Sliding scale fee schedule; and

(b) Provision of services regardless of a patient's ability to pay;

(3) A list of services offered by the applicant;

(4) A calculation of the proportion of patients served by the applicant who are Maryland residents; and

(5) Upon the Commission's request, any additional information it requires to complete its determination.

D. The Commission shall determine that a person does not qualify as a community health resource under this regulation if:

(1) Except when the Commission requests additional information or materials pursuant to COMAR 10.45.08.01D(3), the person does not submit to the Commission, on or before the date and time specified by the Commission, the documentation required by §C of this regulation;

(2) The Commission requests additional information or materials pursuant to COMAR 10.45.08.01D(3) and:

- (a) The person does not submit the information or materials requested by the Commission within the time allowed; or
- (b) Additional information and material submitted by the person do not establish the person's qualification as a community health resource; or
- (3) The Commission determines that the person does not meet the qualification criteria specified in §A of this regulation.

.04 Qualification under Health-General Article, §19-2101(c)(2) – Designee Services.

A. To qualify as a community health resource designated pursuant to this regulation and Health-General Article §19-2101(c)(2), a person shall establish that it meets the definition in COMAR 10.45.01.02 of a:

- (1) Federally qualified health center;
- (2) Federally qualified health center "look-alike;"
- (3) Community health center;
- (4) Migrant health center;
- (5) Health care program for the homeless;
- (6) Primary care program for a public housing project;
- (7) Local nonprofit and community-owned health care program;
- (8) School-based health center;
- (9) Teaching clinic;
- (10) Wellmobile;
- (11) Health center controlled operating network;
- (12) Historic Maryland primary care provider;

- (13) Outpatient mental health clinic;
- (14) Local health department; or
- (15) Substance abuse treatment provider.

B. To demonstrate that it is a community health resource under this regulation a person shall submit, on or before the date and time specified by the Commission, documentation establishing that it meets the definitional criteria specified in COMAR 10.45.01.02 for a community health resource listed in §A of this regulation.

C. Except as provided in §D of this regulation, a person listed in §A of this regulation qualifies as a community health resource without regard to the sliding scale fee schedule requirements specified in Regulation .05 of this chapter.

D. The Commission shall determine that a person does not qualify as a community health resource under Regulation .04 of this chapter if:

- (1) Except when the Commission requests additional information or materials to aid it in making a determination pursuant to COMAR 10.45.08.01D(3), the person does not submit to the Commission, on or before the date and time specified by the Commission, the documentation required by §B of this regulation;
- (2) The Commission requests additional information or materials pursuant to COMAR 10.45.08.01D(3) and:
 - (a) The person does not submit the information or materials requested by the Commission within the time allowed; or
 - (b) Additional information and material submitted by the person do not establish the person's qualification as a community health resource; or

(3) The Commission determines that the person does not meet the definition, as specified in COMAR 10.45.01.02, of a provider category listed in §A of this regulation.

.05 Sliding Scale Fee Schedule Guidelines.

A. Applicability. The Commission shall apply the sliding scale fee schedule criteria set forth in §B of this regulation to determine whether:

(1) An applicant meets the sliding scale fee schedule criterion to qualify as a community health resource under Regulations .02A(2) or .03A(3) of this chapter; and

(2) An application submitted by a community health resource addresses the selection criterion specified in COMAR 10.45.07.01I.

B. A community health resource shall offer primary health care services or access services to individuals whose annual family income is:

(1) Below 100 percent of the federal poverty guidelines:

(a) Free of charge; or

(b) For no more than a nominal fee; or

(2) At least 100 percent of the FPL but less than 200 percent of the FPL:

(a) Free of charge; or

(b) At a reduced price.

C. A community health resource qualifying under Regulation .02 or .03 of this chapter may not require individuals with annual family income of less than 200 percent of the FPL to pay any charges for primary health care services or access services in addition to those specified in §B(1) or (2) of this regulation, as

applicable;

D. Notice and Documentation. At each of its care sites in the State, a community health resource qualifying under Regulation .02 or .03 of this chapter shall:

(1) Provide notice to the public of its sliding scale fee schedule, including displaying a prominently-posted sign indicating that free or reduced-price care is available; and

(2) Collect documentation of income from individuals applying for reduced-price care pursuant to the community health resource's sliding scale fee schedule.

10.45.06 Community Health Resource Grants

Authority: Health-General Article, §§19-2107, 19-2109, and 19-2201,

Annotated Code of Maryland

.01 Call for Proposals.

Beginning in FY 2007, the Commission shall issue to the public, at least once per year, and as budgeted resources permit, a Call for Proposals, which may include:

A. An explanation of the grants program;

B. A statement of the Commission's authority to make grant awards pursuant to Health-General Article, §19-2201(e), Annotated Code of Maryland and an

indication of whether the object of the solicitation is to award:

(1) Operating grants to qualifying community health resources; or

(2) Funding for development, support, and monitoring of a unified data information system among primary and specialty care providers, hospitals, and other providers of services to community health resource members;

C. In addition to the statement required under §B of this regulation, a specific

indication of the types of programs the Commission expects to fund and the amount of grant funds to be awarded;

D. Requirements relating to submission of community health resources qualifications, including a requirement that the materials necessary to establish an applicant's qualification as a community health resource pursuant to COMAR 10.45.05.02, .03, or .04 be submitted:

- (1) As part of an applicant's letter of intent, pursuant to COMAR 10.45.06.02; or
- (2) As part of an applicant's grant application, pursuant to COMAR 10.45.06.03;

E. Requirements applicable to letters of intent, if required, and grant applications, including:

- (1) The content required for letters of intent under Regulation .02 of this chapter;
- (2) The content required for grant applications under Regulation .03 of this chapter;
- (3) Formatting guidelines; and
- (4) The date and time for submission, the address to which they must be directed, and a specification of acceptable means of transmission;

F. Guidelines for preparing grant proposals, including requirements as to:

- (1) The content of the proposal, consistent with Regulation .04 of this chapter;
- (2) The proposal's structure and organization;
- (3) Questions to be addressed in the proposal; and
- (4) Formatting and page limit requirements.

G. An explanation of how grantees may use grant funds, consistent with COMAR 10.45.08.04;

H. Budget guidelines; and

I. To guide the applicant's preparation of the evaluation plan required by Regulation .04G of this chapter, an explanation of program monitoring and evaluation requirements.

.02 Letter of Intent.

A. The Commission may require that, as a condition of submitting a grant application, a person first respond to the Commission's Call for Proposals by submitting a letter of intent to the address and by the date and time specified in the Call for Proposals.

B. The Commission may, in its sole discretion, require that letters of intent include information and documentation sufficient to establish a person's qualification as a community health resource as specified in COMAR 10.45.05.02, .03, or .04.

C. If the Commission requires letters of intent pursuant to §A of this regulation, an applicant shall include in its letter of intent, in addition to any content that may be required by the Commission pursuant to §B of this regulation:

(1) An identification of the type of grant, of those specified in the Call for Proposals pursuant to Regulation .01B of this chapter, for which the applicant intends to apply;

(2) A succinct description, no more than 250 words in length, of the proposed project;

(3) The estimated cost of the project and its expected duration;

(4) The name and location of the applicant;

(5) The name, title, address, telephone number, and e-mail address for the proposed project director; and

(6) The name, affiliation, and e-mail address of the applicant's contact person or persons.

.03 Application

A. An application for a grant under this subtitle shall be submitted in the place and by the date and time specified in the Call for Proposals.

B. As specified in the Call for Proposals, an application for a grant under this subtitle may be required to include the following elements:

(1) A transmittal letter:

(a) Specifying:

(i) The title of the proposal;

(ii) The name of the applicant;

(iii) The name of the project director; and

(iv) A statement that the applicant agrees that its submission of a proposal constitutes its acceptance of the terms of the grant program; and

(b) Signed by an individual responsible for conducting the affairs of the applicant and legally authorized to execute contracts on its behalf;

(2) A grant application cover sheet, on a form provided by the Commission and signed by:

(a) The project director; and

(b) An individual responsible for conducting the affairs of the applicant and legally authorized to execute contracts on its behalf;

- (3) A statement of the applicant's contractual obligations, assurances, and certifications on a form provided by the Commission and signed by an individual legally authorized to execute contracts on behalf of the applicant;
- (4) The applicant's proposal, which includes the elements specified in Regulation .04 of this chapter; and
- (5) Any other information or documentation the Commission may require.

.04 Proposal Guidelines.

An applicant for a grant under this subtitle shall prepare and submit to the Commission a proposal that is consistent with the instructions and requirements specified in the Call for Proposals, which may include:

A. Information about the applicant, including:

- (1) The applicant's mission, programs, and service area;
- (2) The applicant's organizational strengths and challenges;
- (3) The applicant's organizational structure, including:
 - (a) An indication of the applicant's for-profit or nonprofit status; and
 - (b) If applicable, a copy of the applicant's IRS determination letter indicating tax-exempt status under 26 U.S.C. §501(c)(3) and a statement signed by an authorized official of the organization that this ruling remains in full force and effect;
- (4) An identification of the applicant's provider type;
- (5) The applicant's governance structure, including a list of the applicant's officers and governing body; and
- (6) A description of the applicant's staffing pattern and a copy of its

organizational chart.

B. A project summary;

C. A project description, including a specification of the payment policies proposed by the applicant;

D. A description of the target population;

E. A specification of the proposed service area of the project;

F. A discussion of the expected benefits of the project's success;

G. An evaluation plan; and

H. A work plan.

10.45.07 Selection Criteria and Funding Priorities.

Authority: Health-General Article, §§19-2107, 19-2109, and 19-2201,

Annotated Code of Maryland

.01 Selection Criteria.

The Commission's criteria for selecting community health resources' grant proposals for funding under this subtitle are as follows:

A. Prospects for success of the proposed project, based on:

(1) Clear, feasible, and achievable goals and objectives;

(2) Reasonableness of work plan and budget; and

(3) Adequacy of:

(a) The project team's skills, competencies, commitment, and capacity to carry out the proposed work; and

(b) Organizational and community support;

B. Potential impact of the proposed project, based on the likelihood of it leading

to:

(1) Improved access to care and health outcomes for the target population by expanding:

(a) Existing services to make them available to a new population not previously served by the applicant; or

(b) The types of services offered to the applicant's established population;

(2) Expansion or replication within the community, in neighboring areas, or more broadly across the State; or

(3) Both;

C. Community need for the proposed project; based on the:

(1) Clarity and reliability of the proposal's quantitative and geographic identification and definition of the target population;

(2) Adequacy of the proposal's documentation of the target population's needs through qualitative and quantitative data such as demographics, insurance coverage rates, and service utilization statistics;

(3) Depth of the applicant's understanding of the community to be served; and

(4) Relevance of the proposed project to the community's identified needs.

D. Sustainability of the proposed project, based on the likelihood that it will continue to provide benefits to the target population and the community beyond the duration of the proposed grant;

E. Active engagement in the project by key participants, including relevant stakeholders, appropriate agencies and organizations, and community partners, based on their:

- (1) Participation in the project's planning and implementation process;
- (2) Allocation of dedicated staff and other resources to the project; and
- (3) Contributions of facilities and equipment;

F. Data collection in connection with the proposed project, based on the Commission's assessment of the project team's ability to:

- (1) Both at baseline and as the project proceeds, 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; and
- (2) Comply with the evaluation and monitoring requirements established by the Commission;

G. Organizational commitment, based on the applicant's:

- (1) Commitment to improving access to care for the target population; and
- (2) Ability to demonstrate that the proposed project will significantly contribute to this goal;

H. Financial viability and accountability, based on the:

- (1) Applicant's financial soundness;
- (2) Adequacy of the applicant's financial management systems; and
- (3) Applicant's capacity to manage grant funds; and

I. The extent to which the applicant demonstrates use of a sliding scale fee schedule effectively to increase access to care for low-income uninsured and under-insured individuals in Maryland.

.02 Funding Priorities.

In selecting community health resources' proposals to be funded under this subtitle, the Commission shall:

A. Consider geographic balance; and

B. Give priority to community health resources that:

- (1) In addition to normal business hours, operate during evening and weekend hours;
- (2) Have partnered with a hospital to establish a reverse referral program at the hospital;
- (3) Reduce the use of the hospital emergency department for non-emergency services;
- (4) Assist patients in establishing a medical home with a community health resource;
- (5) Coordinate and integrate the delivery of primary and specialty care services;
- (6) Promote the integration of mental and somatic health with federally qualified health centers or other somatic care providers;
- (7) Fund medication management or therapy services for uninsured individuals up to 200 percent of the federal poverty level who meet medical necessity criteria but who are ineligible for the public mental health system;
- (8) Provide a clinical home for individuals who access hospital emergency departments for mental health services, substance abuse services, or both; and
- (9) Support the implementation of evidence-based clinical practices.

10.47.08 Selection Process.

Authority: Health-General Article, §§19-2107, 19-2109, and 19-2201

Annotated Code of Maryland

.01 Letters of Intent – Commission Review.

A. The Commission may direct staff to review letters of intent and report to:

- (1) The Committee on Capital and Operational Funding;
- (2) The Commission; or
- (3) Both.

B. With respect to a letter of intent submitted after the submission deadline specified in the Call for Proposals, the Commission shall:

- (1) Refuse delivery of the untimely letter of intent; or
- (2) Return the untimely letter of intent to the sender without review.

C. The Commission shall review letters of intent properly submitted before the deadline specified in the Call for Proposals:

- (1) To ensure that identifying information submitted by applicants is complete; and
- (2) To determine the number and distribution of proposals likely to be submitted for each type of grant specified in the Call for Proposals;

D. If, pursuant to COMAR 10.45.06.02B, the Call for Proposals requires applicants to submit evidence of their qualification as a community health resource with their letters of intent, the Commission shall determine, consistent with the criteria set forth in COMAR 10.45.05.02, .03, and .04, whether or not each applicant qualifies as a community health resource.

(1) The Commission shall notify each applicant determined to be a qualified community health resource:

- (a) Of the result of the Commission's review, and
- (b) That the applicant is eligible to submit a grant application in accordance with the requirements of the Call for Proposals.

(2) Except as provided in §D(3) of this regulation, the Commission shall notify each unsuccessful applicant for qualification as a community health resource:

- (a) That the Commission has determined that the applicant does not qualify as a community health resource, and
- (b) That the applicant is not eligible to submit a grant application in response to the Call for Proposals.

(3) If the Commission is unable to determine, from its review of qualification materials submitted by the applicant, whether or not the applicant qualifies as a community health resource, the Commission may:

- (a) Request that the applicant submit additional materials supporting its application for qualification as a community health resource;
- (b) Review the applicant's supplemental submission;
- (c) Determine whether or not the applicant qualifies as a community health resource; and
- (d) Provide notice of its decision to the applicant, in accordance with §D(1)(b) or (2)(b) of this regulation, as appropriate.

.02 Application Review and Selection of Grantees.

A. With respect to a grant application submitted after the submission deadline

specified in the Call for Proposals, the Commission shall:

- (1) Refuse delivery of the untimely application; or
- (2) Return the untimely application to the sender without review.

B. The Commission shall review grant applications that were properly submitted prior to the deadline specified in the Call for Proposals, in accordance with §C of this regulation.

C. Review Procedures.

(1) The Commission may direct staff to:

- (a) Initially review application materials;
- (b) Conduct negotiations with successful applicants regarding program specifications and grant conditions;
- (c) Report the results of staff's efforts performing the tasks assigned by the Commission pursuant to §C(1)(a) or (b) of this regulation to the:
 - (i) Commission; or
 - (ii) Committee on Capital and Operational Funding; or
- (d) Perform each of the tasks identified in §C(1)(a), (b), and (c) of this regulation.

(2) The Commission may consider, in connection with its evaluation of grant proposals:

(a) Reports by:

- (i) The Committee on Capital and Operational Funding;
- (ii) Staff; or
- (iii) Both; and

(b) Any application materials the Commission reviews directly;

(3) The Commission shall consider, in connection with its evaluation of grant proposals, the degree to which a proposal:

(a) Effectively responds to the Call for Proposals;

(b) Meets the selection criteria specified in COMAR 10.45.07.01; and

(c) Addresses the funding priorities specified in COMAR 10.45.07.02.

(4) If the Commission determines that none of the proposals received has sufficient merit to justify award of a grant under this subtitle, it shall notify all applicants of its decision not to award any grants in the present round of grant-making.

(5) If the Commission determines, consistent with the criteria and priorities set forth in COMAR 10.45.07.01 and .02, that one or more of the proposals reviewed merits a grant award, it shall:

(a) To the extent adequate funding is available, select one or more applicant or applicants to receive funding pursuant to Regulation .03 of this chapter;

(b) Notify all applicants with applications pending before the Commission of the Commission's decision;

(c) With respect to applicants selected pursuant to §C(5)(a) of this regulation, include with the notice required by §C(5)(b) of this regulation:

(i) A specification of the amount or range of amounts the Commission expects to award to the grantee; and

(ii) An explanation of the negotiation process described in Regulation .03 of this chapter.

.03 Negotiation and Award

A. An applicant approved by the Commission for a grant award pursuant to Regulation .02 of this chapter shall, in collaboration with the Commission, develop grant specifications concerning:

- (1) Performance milestones;
- (2) Deliverables;
- (3) A grant disbursement schedule;
- (4) Monitoring and evaluation requirements;
- (5) Data requirements; and
- (6) The project's final budget.

B. Upon its approval of grant specifications proposed by the applicant pursuant to §A of this regulation, the Commission shall perfect the grant award according to the terms of the successful proposal, as modified by the specifications negotiated pursuant to §A of this regulation and agreed to by the Commission and the grantee.

C. In the event the Commission and an applicant selected pursuant to Regulation .02C(5) of this chapter are unable to agree on the specifications listed in §A of this regulation, either the Commission or the applicant may withdraw.

D. In the event of a withdrawal from negotiations pursuant to §C of this regulation, the Commission may, in its sole discretion, make an additional selection or selections, pursuant to Regulation .02C(5)(a) of this chapter, from applicants who submitted high-scoring proposals that were not chosen in the Commission's original selection pursuant to Regulation .02C(5)(a) of this chapter.

.04 Use of Grant Funds.

A. A grantee under this subtitle may use grant funds for:

- (1) Salaries and employment benefits for project staff;
- (2) Subcontracting and consultant fees;
- (3) Data collection and analysis;
- (4) Project-related travel, conference calls, and meetings;
- (5) Office supplies, expenses, and other indirect costs as approved by the Commission;
- (6) A limited amount of essential equipment and minor infrastructure improvements required by the project.

B. Funds from operating grants awarded under this subtitle may not be used for:

- (1) The purchase or lease of major equipment;
- (2) Construction projects;
- (3) Support of clinical trials;
- (4) Medical devices or drugs that have not received approval from the appropriate federal agency; or
- (5) Lobbying or political activity.

C. Funds are not to be used in contravention of the Department's "Standard Grant Agreement."

.05 Formula for Disbursing Grants

A. The Commission shall disburse grant funds to grantees in accordance with the following formula:

- (1) Unless it finds that special circumstances apply and the grant award so

specifies, the Commission shall make an initial payment to a grantee of up to 20 percent of the total grant award;

(2) The Commission shall make progress payments to a grantee in accordance with a schedule of milestones:

(a) To which the Commission and the grantee have agreed; and

(b) Which provides that, by the time the grant period expires, the total disbursement of grant funds shall equal 100 percent of the amount awarded under this subtitle; and

(3) Unless the Commission finds that special circumstances apply and the grant award so specifies, a single progress payment may not exceed 50 percent of the total funds awarded the grantee under this subtitle.

B. If the grantee fails to achieve any milestone, or fails to abide by the terms of the grant, the Commission may cancel the grant and withhold any or all funds not yet disbursed.

C. The Commission:

(1) By written agreement entered into with a grantee after the award of a grant under this subtitle, may modify any milestone or schedule of milestones;

(2) May conduct audits or otherwise inspect the records, premises, and operations of the grantee to determine whether grant funds are being administered:

(a) In a financially responsible manner;

(b) In accordance with the terms of the grant award; and

(c) In accordance with the requirements of Regulation .04 of this chapter; and

(3) May establish in the grant documents such other terms and conditions relating to grant funds as it considers reasonable and necessary.

SAMUEL LIN, M.D., Ph.D., M.B.A., M.P.A, M.S.
Chairman
Maryland Community Health Resources Commission
