OFFICE FOR GENETICS AND CHILDREN WITH SPECIAL HEALTH CARE NEEDS[1]
FISCAL YEAR 2014[2] : CALL FOR PROPOSALS FOR SYSTEMS DEVELOPMENT GRANTS

As an office within the Department of Health and Mental Hygiene, the Office for Genetics and Children with Special Health Care Needs (OGCSHCN) gives special attention to at-risk and vulnerable populations" The OGCSHCN focuses its efforts on addressing the needs of children and youth with special health care needs (CYSHCN), defined as are "those children who are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who require health and related services of a type or amount beyond that required by children generally[3]." It is estimated that 15.7% of all children in Maryland meet this definition[4].

The OGCSHCN's Infrastructure and Systems Development Unit, is the focal point for the development of programs and services for CYSHCN. OGCSHCN's mission is to assure a comprehensive, coordinated system of care that meets the needs of Maryland's CYSHCN and their families and is community-based, family-centered and culturally competent. Systems Development Grants funds projects that contribute to the improvement of Maryland's system of care for CYSHCN by addressing OGCSHCN System of Care Shared Goals (see page two).

By disseminating the FY2014 Call for Proposals to a wider audience than in past years, OGCSHN invites applications from organizations that have not previously applied for funding. In addition to working with larger institutions, such as academic centers, OGCSHCN is also committed to working with smaller entities, such as community-based groups. Priority will be given to innovative proposals that address the needs of diverse populations, build an organization's capacity and infrastructure to serve CYSHCN and/or foster partnership and collaboration among organizations. The Department will not support funding of activities that can be billed to insurance. Proposals should consist of activities and services that are not reimbursed by insurance, even if the reimbursement is inadequate.

Grants for FY 2014 will be awarded on a competitive basis. Proposals are due by 5:00 PM on June 1, 2012. Proposals that do not contain all of the specific requirements outlined in the "Format of Proposals" section on page three will NOT be considered for funding, no exceptions. In addition, proposals MUST be submitted by the deadline to be considered for funding, no exceptions. To be as competitive as possible, OGCSHCN strongly recommends proposals budgeted within the $10,000-$200,000 funding range. Grants are funded for a one-year term.

This Call for Proposals outlines the following:

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[1] http://fha.dhmh.maryland.gov/genetics/SitePages/home.aspx (new DHMH website)
[2] July 1, 2013-June 30, 2014
[3] Maternal and Child Health Bureau definition
[4] See Appendix A for more data

LETTER OF INTENT (FOR ORGANIZATIONS THAT HAVE NOT RECEIVED FUNDING IN PAST FIVE YEARS)

If your organization *has not received* OGCSHCN funding in the past five years, please submit a one-page letter of intent by **May 1, 2012**. A letter of intent allows us to quickly assess whether or not there is a good match between OGCSHCN's mission and goals and the proposed project. After reviewing it, OGCSHCN will notify your organization as to whether or not we will accept a full proposal. The letter of intent is not binding and does not enter into the review of a subsequent application. Please email your letter of intent to FHA-CSHCN-Contracts_Grants@dhmh.state.md.us; please email lmidgette@dhmh.state.md.us or call Lynn Midgette at (410) 767-6749 with any questions.

OGCSHCN SYSTEM OF CARE SHARED GOALS

Priorities for funding include projects that address one or more areas from each of the three components of the following System of Care **shared goals**:

Component 1: Core Outcomes

It is the shared goal of OGCSHCN and its partners to move **all** children and youth with special health care needs (CYSHCN) and their families in Maryland closer to reaching each of the following six core outcomes (more information about each core outcome can be found by visiting the provided websites):

- ☐ Families of CYSHCN **partner in decision making** at all levels and are satisfied with the services they receive (http://www.fv-ncfpp.org);
- ☐ CYSHCN receive coordinated ongoing comprehensive care within a **medical home** (http://www.medicalhomeinfo.org);
- ☐ Families of CYSHCN have **adequate private and/or public insurance** to pay for the services they need (http://hdwg.org/catalyst) ;
- ☐ Children are **screened early and continuously** for special health care needs;
- ☐ Community-based services for CYSHCN are **organized so families can use them easily** (http://www.communitybasedservices.org); and
- ☐ YSHCN receive the services necessary to make **transitions** to all aspects of adult life, including adult health care, work, and independence (http://www.gottransition.org).

Component 2: Disparities

It is the shared goal of OGCSHCN and its partners to reduce disparities among Maryland CYSHCN in achieving the 6 core outcomes according to:

- ☐ region of residence within state (see Appendix for map);
- ☐ socioeconomic status;
- ☐ race/ethnicity;
- ☐ primary language spoken at home; and
- ☐ severity or complexity of condition.

Component 3: System Characteristics

It is the shared goal of OGCSHCN and its partners to ensure that CYSHCN will receive care in a health care system that is:

- ☐ community-based;
- ☐ coordinated;
- ☐ family-centered; and
- ☐ culturally competent.

FORMAT OF PROPOSALS

Funding proposals submitted to the OGCSHCN must include a project narrative describing the proposed grant activities, a line-item budget and a budget justification. The following outlines the details to be included in each component of the grant proposal.

PROPOSALS THAT FAIL TO COMPLY WITH THE SPECIFICATIONS DESCRIBED BELOW IN REQUIRED PROPOSAL COMPONENTS, I-VI WILL NOT BE CONSIDERED FOR FUNDING, NO EXCEPTIONS. OGCSHCN will evaluate your proposal according to the criteria listed on page four.

REQUIRED PROPOSAL COMPONENTS, I-VI:

I. Need: This section should establish the specific needs of CYSHCN and/or their families that your project proposes to address. The problems/needs should be described using both quantitative and qualitative measures. Appendix B of this Call for Proposals includes data that can be used in this discussion; however, applicants can use any other data they feel is pertinent to their proposal.

II. Goals and Objectives: Explicitly state the goal(s) of your project. Each goal should have objectives that describe the means by which the goal will be achieved. Proposals should address at least one area from each of the three components of the above "System of Care Shared Goals." This CDC tutorial provides assistance in developing goals and objectives for projects: http://www.cdc.gov/healthyyouth/tutorials/writinggoal/index.htm (the tutorial uses an example of a five-year project term; applicants should design projects with a one-year term.)

III. Work Plan: Detail the specific activities that will be undertaken to accomplish the goals and objectives identified. Include a description of the roles and responsibilities of all personnel involved in the proposed activities, descriptions of current and/or proposed coordination and collaboration with public and private agencies that serve CYSHCN, and include an anticipated timeline for activities. A work plan template is provided in Appendix C as a suggested format for this section.

IV. Evaluation Plan: This section should specify what data would be collected to document that goals and objectives have been met. It should describe how the data would be analyzed (if applicable), summarized, and reported. Evaluative measures must be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. Evaluative measures may be expressed in quantitative as well as qualitative terms.

V. Line-Item Budget: All applicants must submit a detailed, line-item budget, outlining the proposed project expenditures. Keep in mind that grants are for a one-year term. Applicants must use the budget form, Appendix D, to complete your budget. Please complete the first column only, entitled ""Requested Budget." Total funding amounts and line item amounts are subject to OGCSHN review and approval. For faster processing of your application, it is strongly recommended that you submit your line item budget in the Excel format and as a separate document from the proposal narrative.

Please note: Indirect costs are not included in the budget language for Fiscal Year 2014. Therefore, funding requests that include indirect costs will not be approved.

VI. Budget Justification: The budget justification for the line-item budget is required. The justification details how the cost estimates were arrived at for each line item. For instance, if $50,000 is requested in the salary line item, the budget justification should list all of the proposed positions with corresponding FTEs and salaries upon which the amount requested is based. Please refer to the Appendix E "Budget Justification" for an example, which demonstrates the level of detail OGCSHCN requires.

REVIEW CRITERIA

Only grant applications containing all of the proposal components listed in the "Format of Proposal" section AND submitted by the June 1, 2012 5:00 PM deadline will be reviewed, no exceptions. As grant applications are awarded on a competitive basis, OGCSHCN has instituted standard procedures for assessing the technical merit of each application. Reviewers evaluate proposals using the review criteria, described below, to assess the strengths and weaknesses of each proposal. Critical indicators have been developed to assist the applicant in developing proposals according to specific criteria and to provide the reviewer with a standard for evaluation. Review Criteria are used to review and rank applications.

There are five review criteria, with corresponding scoring points. The following categories and questions will help guide the development of your proposal:

Criterion 1 - NEED- (20 points)

- To what extent does the proposal describe an existing need(s) among the CYSHCN population in Maryland and associated contributing factors to the problem?
- Is the problem/need described using both quantitative and qualitative measures?
- To what extent do the proposed project activities avoid duplicating existing resources, services, or materials?
- Does the proposal address disparities, including geography, SES, race/ethnicity, primary language and severity/complexity of condition? (proposals that address one or more disparities will be given special attention).

Criterion 2 - RESPONSE- (30 points)

- To what extent does the proposed project address the described need(s) and at least one area from each of the three components from the "System of Care Shared Goals"?
- Does the applicant explicitly state which area(s) of the three components the project addresses and describe how the project will foster attainment of the Shared Goals?
- Are the proposed goals and objectives clearly identified? To what extent do the project activities relate to the proposed objectives?
- To what extent does the proposal identify anticipated barriers? Are the proposed resolutions to challenges practical?
- Is the proposed budget reasonable and appropriate for the proposed objectives and anticipated results?

Criterion 3 - EVALUATIVE MEASURES- (10 points)

- To what extent is the method proposed to monitor and evaluate the project results effective?
- Do the evaluative measures assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project? (Evaluative measures may be expressed in quantitative as well as qualitative terms).

Criterion 4 - IMPACT- (30 points)

- Is the proposed project cost-effective? (i.e., the projected number of children/families served as compared to the amount of funding requested).
- To what extent does the application address the proposed project sustainability and describe other sources of funding used to support project activities? (Preference will be given to projects that incorporate plans to sustain proposed activities beyond the initial funding period).
- To what extent do the project activities create and/or strengthen existing linkages and partnerships with other organizations and/or components of the system of services for CYSHCN and their families in Maryland?

Criterion 5 - RESOURCES/CAPABILITIES- (10 points)

- To what extent are the project personnel qualified by training and/or experience to implement and carry out the projects?
- What are the capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project? (If you plan to partner with another institution, including a letter of support in your application is strongly encouraged). For applicants who have previously or are currently receiving OGCSHCN funding, past performance will also be considered.

FUNDING RESTRICTIONS

Grants are awarded on a year-by-year basis. Proposals should be designed to address a need rather than to meet a certain dollar amount. No grants above $250,000 will be awarded. OGCSHCN has limited funds and in order to broaden our impact on CYSHCN across the state of Maryland, very few large awards (greater than $200,000) will be made. OGCSHCN strongly encourages organizations to design project proposals that can be funded for less than $200,000. OGSCHN will not support funding of activities that can be billed to insurance. For this reason, grant activities should consist of those that are not reimbursed by insurance, even if the reimbursement is inadequate. Priority will be given to innovative projects that address the needs of diverse populations, build an organization's capacity and infrastructure to serve CYSHCN and foster partnership and collaboration among organizations.

The attached budget form, Appendix D, outlines which line-items can be included in your proposed budget. Certain types of operational costs such as rent, building security, housekeeping services, temporary salaries to cover permanent employee leave, liability insurance, audit and legal fees, and professional organization membership dues are not covered by OGCSHCN funding. Other operational costs and items such as utilities, internet, travel, advertising, staff development, equipment purchases, and office supplies may be covered **ONLY** if the applicant can demonstrate that they directly relate to project activities and will be prorated accordingly. If requesting operating costs in the proposal, applicants must attach a copy of their projected FY2014 total operating budget to the application.

Please note: Indirect costs are not included in the budget language for Fiscal Year 2014. Therefore, funding requests that include indirect costs will not be approved.

TECHNICAL ASSISTANCE

There will be two optional technical assistance conference calls for applicants who need further clarification on the Call for Proposals and/or grant application process. As the agenda will be the same for both calls, please attend one of the two calls:

	DATE AND TIME	PHONE NUMBER	MEETING ID NUMBER
Option 1	Monday, April 16th: 10:00 AM-11:00 AM	410-225-5300	1426
Option 2	Thursday, April 19th: 2:00 PM-3:00 PM	410-225-5300	2183

Please email Lynn Midgette, OGCSHCN Grants Administrator, at lmidgette@dhmh.state.md.us if you are interested in attending either call for further instructions.

PROPOSAL SUBMISSION

Proposals are due by **5:00 PM on June 1, 2012.** Email is the preferred method for proposal submission. Please email your proposal submission to Lynn Midgette, OGCSHN Grants Administrator at FHA-CSHCN-Contracts_Grants@dhmh.state.md.us. You will receive a reply email the following week to confirm your proposal submission. If you do not receive an email confirmation by Friday, June 6 5:00 PM, please call Lynn Midgette at (410) 767-6749. If you send your proposal via email, a hard copy submission is not necessary.

If you are unable to email your proposal, you may mail it to the following address:

Office for Genetics and Children with Special Health Care Needs – Systems Grants
ATTN: Lynn Midgette
Department of Health and Mental Hygiene
201 West Preston Street - Room 423A
Baltimore, Maryland 21201

For any questions concerning the proposal application process, please send an email to FHA-CSHCN-Contracts_Grants@dhmh.state.md.us or call Lynn Midgette at (410) 767-6749.

AWARDS

OGCSHCN anticipates that applicants will be informed of their preliminary award status by the end of November 2012. All awards are subject to availability of Title V funds. Due to the current Federal budget uncertainties, grant awards will be planned, but not final at that time.

Applicants that are awarded grant funding will be required to submit FY14 quarterly fiscal invoices, as well as mid-year and final programmatic reports. OGCSHCN reserves the right to request quarterly programmatic reports from a grantee, should there be a need for more intensive grantee monitoring. The Grantee Handbook, which will be provided upon award, outlines standard OGCSHCN protocols and contains fiscal reporting forms.

APPENDICES

Appendix A: Regional Map with Counties

Appendix B: Data (for resource use)

B-1: Maryland Unmet Needs

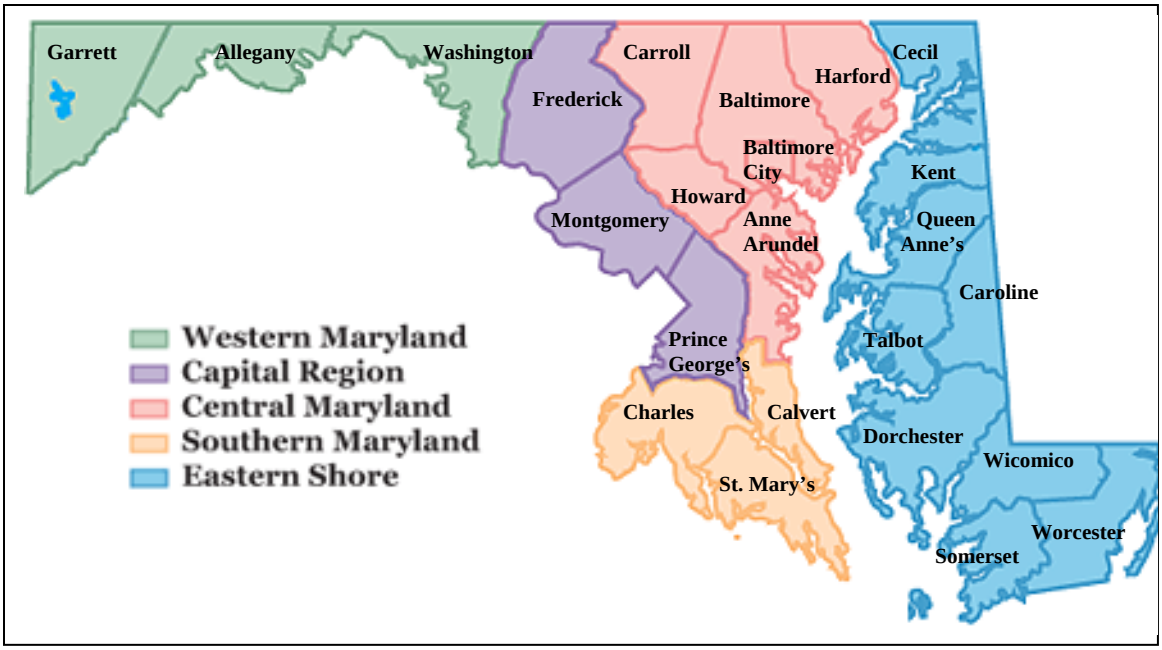
B-2: Maryland Profile: 2009/2010 National Survey of Children with Special Health Care Needs

Appendix C: Work Plan Template (sample)

Appendix D: Required Budget Form (Excel)

Appendix E: Budget Justification (Sample. Budget Justification Required)

Appendix A: Regional Map with Counties



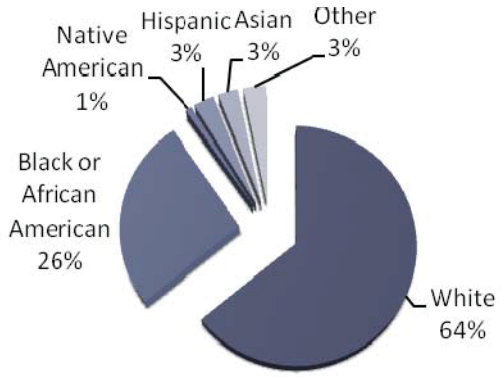
Unmet Needs Among Maryland CYSHCN and their Families by Region

2010 MARYLAND PARENT SURVEY

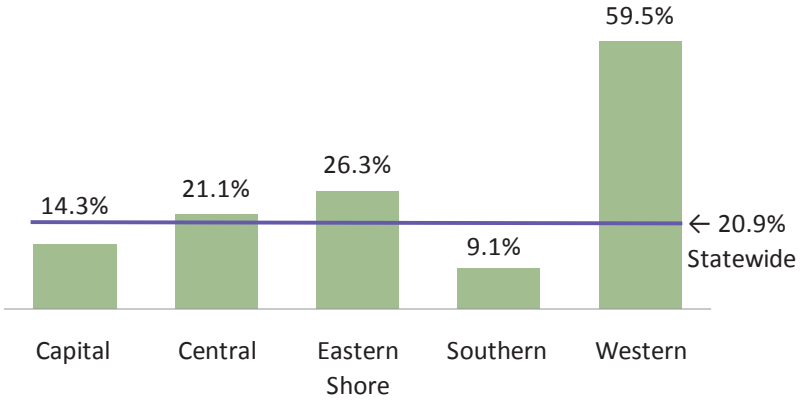
Characteristics of Responding Families and their CYSHCN[i]

772 families with at least one CYSHCN (representing 1040 children) responded to the survey.

Race/ethnicity of responding families' children (n= 1,040 children)



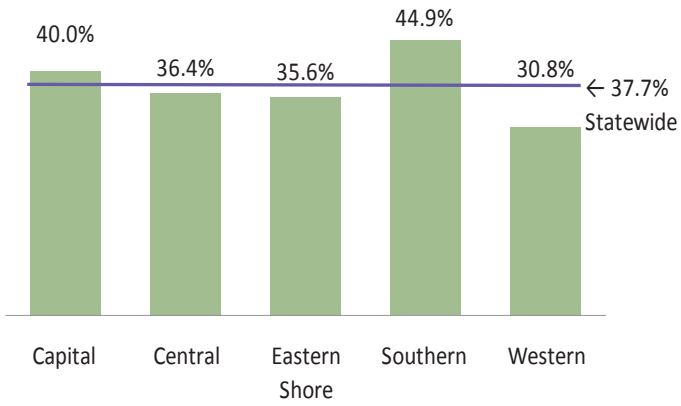
Percent of Families with at Least One CYSHCN at or Below 185 FPL



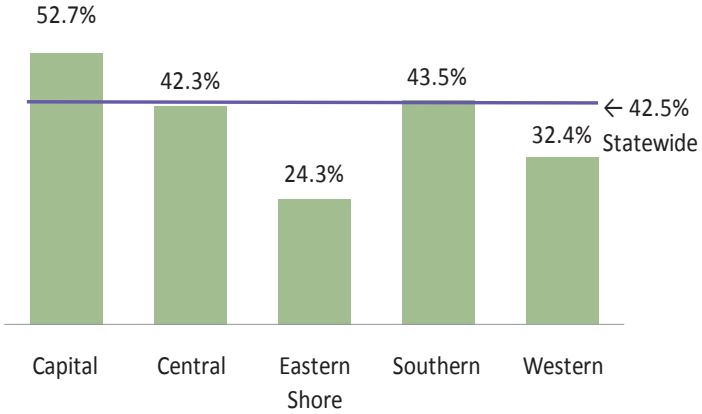
Impact on the Family

	% of CYSHCN
CYSHCN whose families pay $1,000 or more out of pocket in medical expenses per year per child	**42.5**
Families who report that their child's insurance does not pay for all health services needed	**54.5**
CYSHCN who were uninsured at some point in the last 12 months	**12.7**
CYSHCN whose conditions cause family members to cut back or stop working	**37.7**

Impact on the Family:
Families whose CYSHCN conditions cause family to cut back or stop working



Impact on the Family:
Families who paid $1000 or more out of pocket in medical expenses per year per child

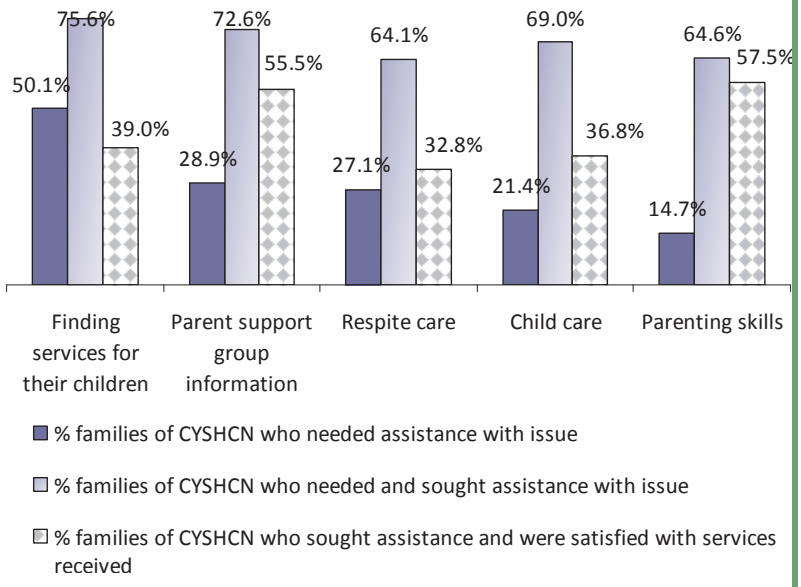


Unmet Needs Among Maryland CYSHCN and their Families by Region

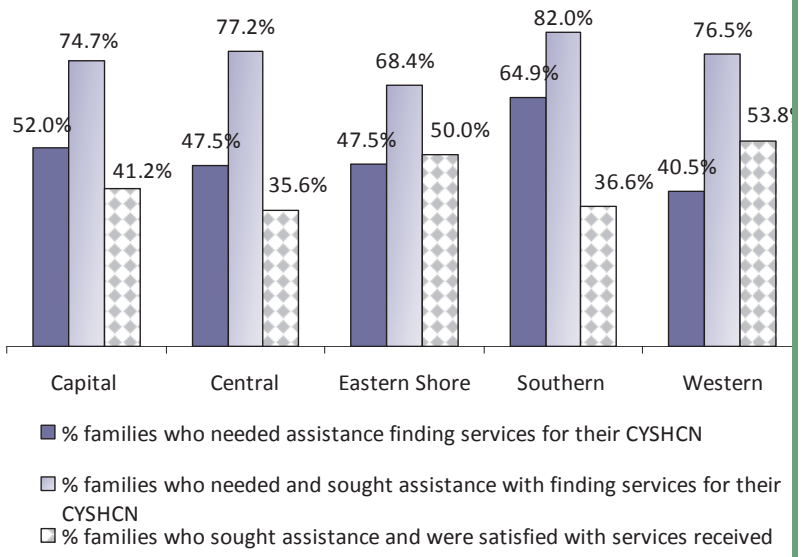
2010 MARYLAND PARENT SURVEY

Need for Family Support

Families who reported needing support services for CYSHCN statewide



Families who reported needing help finding services for CYSHCN by region



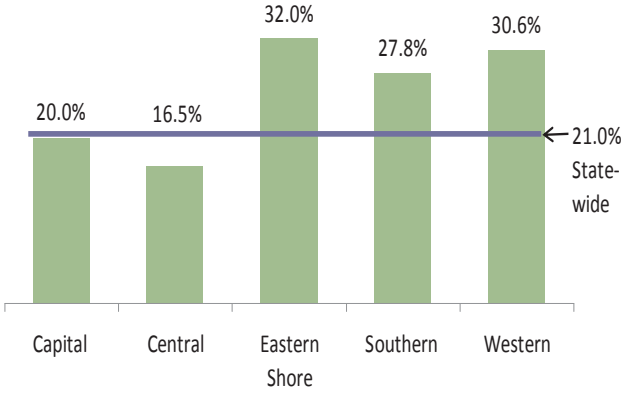
Need for Health Care

Percent of Maryland Families of CYSHCN Reporting Any Unmet Need or Delayed Medical Care

Type of Care	%
Any type of unmet need or delayed care	39.2
Dental	27.4
Mental Health Care	25.3
Medical Care	21.0
Medical Prescriptions	20.8

Maryland families of CYSHCN report high rates of unmet need or delayed care for needed health care services. Almost 40% indicated that their family experienced some type of unmet or delayed care. The highest rates of unmet or delayed care were for dental care (27.4%), mental health care (25.3%), and medical care (21%) The chart below illustrates the large regional disparities in receipt of needed medical care among families – those in the Eastern Shore, Western, and Southern regions of Maryland report much higher rates of unmet or delayed medical care.

Unmet or Delayed Medical Care by Region



i 2010 Maryland Parent Survey. The Parents' Place of Maryland and the Maryland Office for CYSHCN, Maryland Department of Health and Mental Hygiene. Baltimore, MD

Your Data ... Your State
Data Resource Center for Child & Adolescent Health
A project of the Child and Adolescent Health Measurement Initiative

2009/10 National Survey of Children with Special Health Care Needs

Maryland Profile

Estimated Number of CSHCN: 211,442

Return to Snapshot Selection
Compare Survey Years 2001-05/06
Compare Survey Years 2005/06-09/10
2001 Profile
2005/06 Profile

Click on any row of data in the table below to view detailed results by age, race/ethnicity, household income and other subgroups.

Prevalence of CSHCN	State %	Nation %
CSHCN Prevalence		
Percent of children who have special health care needs	**15.7**	15.1
CSHCN Prevalence by Age		
Age 0-5 years	**9.2**	9.3
Age 6-11 years	**18.1**	17.7
Age 12-17 years	**19.7**	18.4
CSHCN Prevalence by Sex		
Male	**18.2**	17.4
Female	**13.1**	12.7

National Indicators	State %	Nation %
Child Health		
CSHCN whose conditions affect their activities usually, always, or a great deal	**22.8**	27.1
CSHCN with 11 or more days of school absences due to illness	**13.1**	15.5
Health Insurance Coverage		
CSHCN without insurance at some point in past year	**7.2**	9.3
CSHCN without insurance at time of survey	**3.6**	3.5
Currently insured CSHCN whose insurance is inadequate	**34.7**	34.3
Access to Care		
CSHCN with any unmet need for specific health care services	**22.8**	23.6
CSHCN with any unmet need for family support services	**7.6**	7.2
CSHCN needing a referral who have difficulty getting it	**23.8**	23.4
CSHCN without a usual source of care when sick (or who rely on the emergency room)	**7.7**	9.5
CSHCN without any personal doctor or nurse	**6.2**	6.9
Family Centered Care		
CSHCN without family-centered care	**32.9**	35.4
Impact on Family		
CSHCN whose families pay $1,000 or more out of pocket in medical expenses per year for the child	**22.3**	22.1
CSHCN whose conditions cause financial problems for the family	**18.3**	21.6
CSHCN whose families spend 11 or more hours per week providing or coordinating child's health care	**9.0**	13.1
CSHCN whose conditions cause family members to cut back or stop working	**22.2**	25.0

MCHB Core Outcomes	State %	Nation %
CSHCN whose families are partners in shared decision-making for child's optimal health	**69.3**	70.3
CSHCN who receive coordinated, ongoing, comprehensive care within a medical home	**44.2**	43.0
CSHCN whose families have adequate private and/or public insurance to pay for the services they need	**61.5**	60.6
CSHCN who are screened early and continuously for special health care needs	**81.2**	78.6
CSHCN who can easily access community based services	**65.1**	65.1
Youth with special health care needs who receive the services necessary to make appropriate transitions to adult health care, work, and independence	**36.8**	40.0

Estimates based on sample sizes too small to meet standards for reliability or precision. The relative standard error is greater than or equal to 30%.

**** Prevalence data only available for States where this minority group makes up at least 5% of total population of children in the State.

With funding and direction from the Maternal and Child Health Bureau, the National Survey of Children with Special Health Care Needs was conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics. CAHMI is responsible for the analyses, interpretations, presentations and conclusions included on this site.

Suggested citation format: "[State name] Report from the 2009/10 National Survey of Children with Special Health Care Needs." NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [mm/dd/yy] from www.childhealthdata.org.

APPENDIX C: WORK PLAN TEMPLATE (SAMPLE, NOT REQUIRED)

Overall Goal of the Project:

Overall Measure:

Goal 1:			
Measure(s):			
Objectives	**Activities**	**Responsible Staff**	**Timeframe**
Goal 2:			
Measure(s):			
Objectives	**Activities**	**Responsible Staff**	**Timeframe**
Goal 3:			
Measure(s):			
Objectives	**Activities**	**Responsible Staff**	**Timeframe**

FY2014 BUDGET PROPOSAL (Attachment of budget justification required)
DHMH OFFICE FOR GENETICS AND CHILDREN WITH SPECIAL HEALTH CARE NEEDS

1) VENDOR NAME
2) VENDOR ADDRESS
3) CITY/STATE/ZIP
4) PROJECT TITLE
5) TELEPHONE NUMBER
6) CONTACT PERSON
7) DIRECTOR'S NAME
8) FEDERAL EMPLOYER ID

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	REQUESTED BUDGET	APPROVED BUDGET
	Grant Applicant: complete	*OGCSHCN: complete*
SALARIES/SPECIAL PMTS		
FRINGE		
CONSULTANTS		
EQUIPMENT		
PURCHASE OF SERVICE (must attach budget from sub-vendor)		
RENOVATION		
CONSTRUCTION		
REAL PROPERTY PURCHASE		
UTILITIES		
RENT		
FOOD		
MEDICINES & DRUGS		
MEDICAL SUPPLIES		
OFFICE SUPPLIES		
TRANSPORT/TRAVEL		
HOUSEKEEPING/		
MAINTENANCE/REPAIRS		
POSTAGE		
PRINTING/DUPLICATION		
STAFF DEVELOPMENT/ TRAINING		
CLIENT ACTIVITIES		
ADVERTISING		
LEGAL/ACCOUNTING AUDIT		
OTHER		
TOTAL DIRECT COSTS		
INDIRECT COST		
TOTAL		

The line items above appear on the fiscal reporting forms. The line items that are not permitted for FY14 grant spending have been shaded in grey.

PROJECT NAME:
PROJECT DIRECTOR:

BUDGET JUSTIFICATION FY14: Please ensure that line items match the fields on the Budget Form. All line items listed on the budget must have a corresponding budget justification.

SALARIES		**71,698**
Project Director,[insert name], .20FTE	13,986	
Project Coordinator, [insert name], .35FTE	16,453	
Project Coordinator, [insert name], .40FTE	19,136	
Intake Manager, [insert name], .40FTE	22,123	
FRINGE		**22,677**
18% for full time employees		
UTILITIES		
TELEPHONE/COMMUNICATIONS		**2,800**
For routine telephone calls including shared use of a toll-free line to provide information/support to parents, faxing, and cost of conference calls for parent training and share of internet access including IT services. These cost projections are based upon actual usage using monthly-itemized telephone bills, the toll-free line, and historical experience.	2,800	
OFFICE SUPPLIES		**4,000**
Funds are requested for general office supplies and other materials for the staff working on this project. Categorical descriptions include but are not limited to: paper, envelopes, pens, pencils, folders, software, CD-RWs, notepads, labels, staples, paper clips, post notes, and training materials for parent trainings.	4,000	
TRANSPORTATION/TRAVEL		**3,000**
Reimbursement for travel to meetings with parent/providers (community & state level). Mileage reimbursement of $.50 per mile	3,000	
POSTAGE		**600**
Funds are requested for correspondence and information dissemination via mail. This estimate is based on the quantity and frequency of mailing/dissemination activities according to project tasks and previous experience with similar projects.	600	
PRINTING/DUPLICATION		**2,000**
Funds are requested for photocopying for daily tasks and for parent training/information materials associated with this project. The estimate provided is based on historical experience with a project of similar size; however, costs are allocated based upon actual usage.	2,000	
STAFF DEVELOPMENT/TRAINING		**6,000**
Cost of support for parents attending training events including parent leadership training and other parent training workshops. Costs include transportation and childcare reimbursements, awards, outreach, marketing, and light refreshments for day-long training.	6,000	
BUDGET TOTAL		**112,775**