

# Call for Proposals

Department of Health and Mental Hygiene  
Office for Genetics and People with Special Health Care Needs

SYSTEMS DEVELOPMENT GRANT  
FOR  
CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

Federal Fiscal Year (FFY) 2016-October 1, 2015-September 30, 2016

201 West Preston Street, #423  
Baltimore, MD 21201

<mailto:dhmh.cshcncontractsgrants@maryland.gov>

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**I. Overview****Office for Genetics and People with Special Health Care Needs**

The OGPSHCN's mission is to assure a comprehensive, coordinated system of care that meets the needs of Maryland's CYSHCN and their families that is community-based, family-centered and culturally competent. The OGPSHCN focus its efforts on addressing the needs of children and youth with special health care needs (CYSHCN), defined as "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"<sup>1</sup>. It is estimated that 19.7% of all children in Maryland meet this definition.

**Title V-Maternal and Child Health Block Grant Funding**

The Federal Maternal and Child Health Bureau (MCHB) Title V Block Grant requires states to complete a comprehensive needs assessment to identify and address state priority areas to improve Maryland's system of care for CYSHCN. Maryland's Title V Program funds a broad range of programs to improve outcomes for Maryland CYSHCN. Grants are awarded to academic centers, medical day care centers, community organizations and local health departments to fill gaps in services and support infrastructure building in the system of care for CYSHCN. Grants are awarded based on funding priorities and the availability of Title V funds.

By disseminating the federal fiscal year (FFY) 2016 Call for Proposals to a wider audience than the past years the OGPSHCN invites applications from organizations that have not previously applied for funding. In addition to working with larger institutions, such as academic centers, OGPSHCN is also committed to working with smaller entities, such as community-based groups. Priority will be given to innovative proposal that address the needs of diverse populations, build 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. Proposal should consist of activities and services that are not reimbursed by insurance, even if the reimbursement is inadequate.

More information on the Federal Title V Grants Program can be found at: <http://mchb.hrsa.gov/programs/titlevgrants/index.html>

More information on the needs assessment, and other important sources of data and reports on CYSHCN in Maryland, can be found at: [http://phpa.dhmh.maryland.gov/genetics/SitePages/Reports\\_Data.aspx](http://phpa.dhmh.maryland.gov/genetics/SitePages/Reports_Data.aspx)

**Information for and about Children and Youth with Special Health Care Needs (CYSHCN) and Families in Maryland can be found on the following websites.**

**Maryland's Office for Genetics and People with Special Health Care Needs:**  
<http://phpa.dhmh.maryland.gov/genetics/SitePages/Home.aspx>

**Resource Locator:** <http://specialneeds.dhmh.maryland.gov/>  
(Database of resources specific to MD CYSHCN and families; available to providers, parents, caregivers, families, youth and other interest parties in CYSHCN)

**Maryland Consortium for Children with Special Health Care Needs (the "COC")** <http://marylandcoc.com/>

**Parents Place of Maryland:** <http://www.ppmo.org/>  
(Maryland's Family Voices Affiliate Organization, Maryland's Family-to-Family Health Information Center, Parent Training Information Center (special education), co-leader of the Consortium for Children with Special Health Care Needs).

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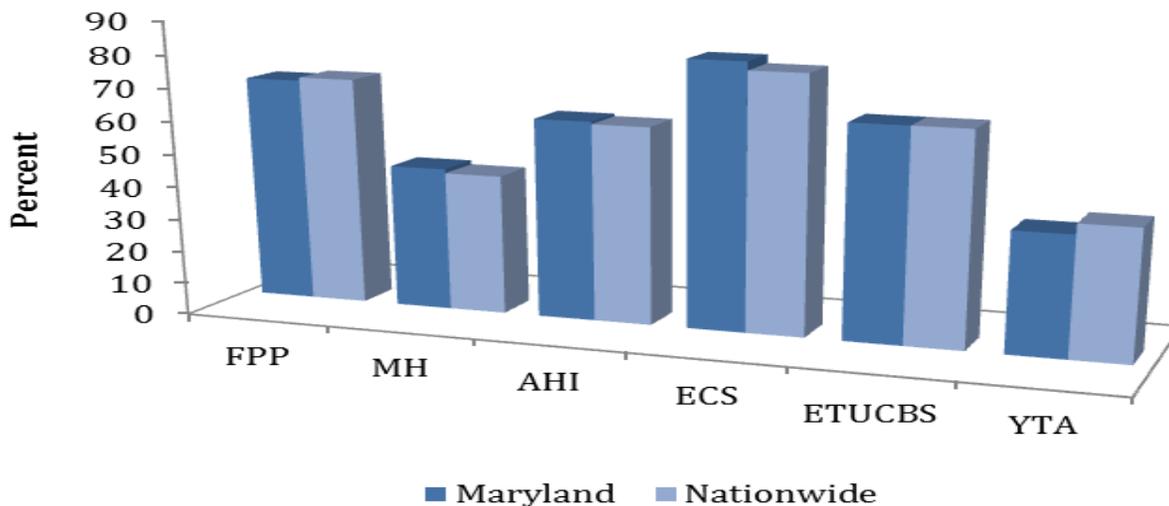
<sup>1</sup> McPherson M, Arange P, Fox H, Lauver C, McManus M, Newacheck P, Perrin J, Shonkoff J, Strickland B. A new definition of children with special health care needs, Pediatrics. 102(I):137-140, 1998.  
July 10, 2015

## II. Standards for Systems of Care for Children and Youth with Special Health Care Needs

The Maternal and Child Health Bureau Title V Children and Youth with Special Health Care Needs program encourage the use of the Six Systems Outcomes to create a comprehensive, quality system of care for this population. More information about the System Standards can be found online at

<http://www.amchp.org/programsandtopics/CYSHCN/Documents/Standards%20Charts%20FINAL.pdf>.

The current national priorities for CYSHCN focus on six core outcome areas that are identified by the federal MCHB as critical indicators of success in implementing community-based systems of services for all CYSHCN under Title V and align with Healthy People 2020. The chart below represent where Maryland ranks Nationwide with six core outcomes.



Data Source: National Survey of Children with Special Health Care Needs (2009/10 NS-CSHCN)

It is the shared goal of OGPSHCN and its partners to move all CYSHCN and their families in Maryland closer to reaching each of the following six systems outcomes. Priorities for funding include projects that address one or more areas from the three components of the following System of Care Shared Goals:

**Component 1: System Outcomes (More information about each system outcome can be found by visiting the provided website):**

- 1) **Family Professional Partnerships:** Families of CYSHCN will partner in decision making at all levels and are satisfied with the services they receive (<http://www.fv-ncfpp.org>);
- 2) **Medical Home:** CYSHCN will receive family-centered, coordinated, ongoing comprehensive care within a medical home (<http://www.medicalhomeinfo.org>);
- 3) **Insurance and Financing:** Families of CYSHCN have adequate private and/or public insurance and financing to pay for the services they need (<http://hdwg.org/catalyst>);
- 4) **Early and Continuous Screening and Referral:** Children are screened early and continuously for special health care needs;

- 5) ***Easy to Use Services and Supports***: Services for CYSHCN and their families will be organized in ways that families can use them easily and include access to patient and family-centered care coordination (<http://www.communitybasedservices.org>);
  
- 6) ***Transition to Adulthood***: Youth with special health care needs receive the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence: and (<http://www.gottransition.org>).

### **Component 2: Disparities**

It is the shared goal of the Office and its partners to ensure all CYSHCN and their families received care that is culturally and linguistically appropriate to achieve the six systems outcomes:

- region of residence within state;
- 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 the Office and its partners to ensure that CYSHCN will receive care in a health care system that is:

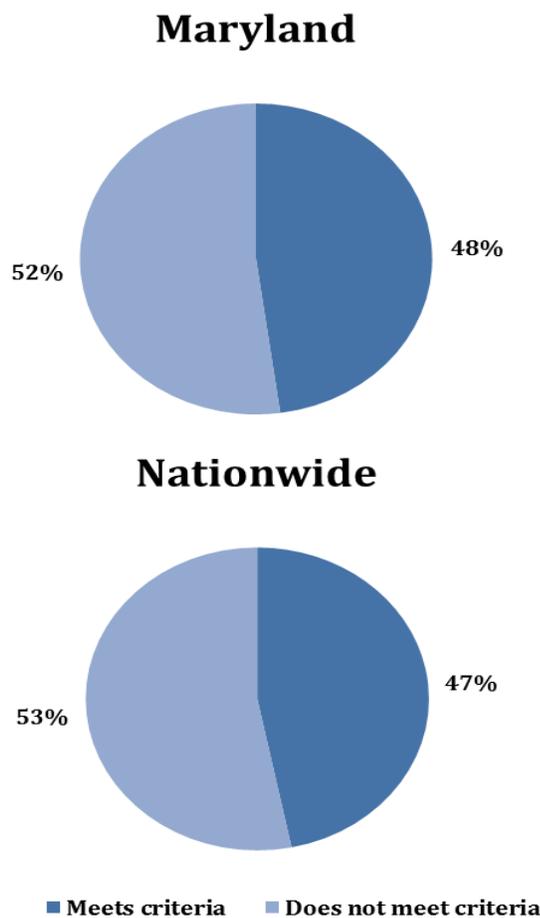
- community-based;
- coordinated;
- family-centered; and
- culturally competent.

**III. Priority Focus Areas**

The OGPSHCN Grants Program is competitive and based on the availability of Title V funds. Grants awarded must improve the System of Care for CYSHCN and are family-centered based and culturally competent. In FY 2016 there are two main focus areas that will receive priority under this competitive award process.

**Core Outcome # 2 -Medical Home:** CYSHCN will receive family-centered, coordinated, ongoing comprehensive care within a medical home (<http://www.medicalhomeinfo.org>);

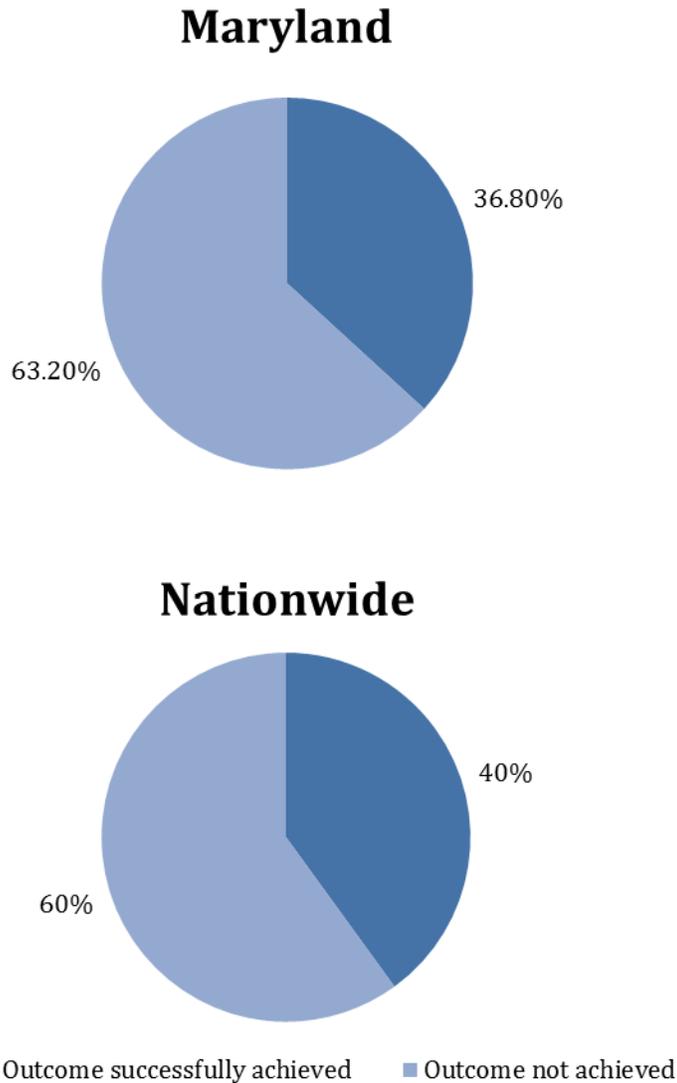
Funds will support projects to increase awareness of the medical home model, provide training to parents and professionals to promote medical home partnerships, and address related issues such as developmental screening and health care transition within the medical home.



Date Source: National Survey of Children’s Health (2011/12 NSCH)

**Core Outcome #7-Transition to Adulthood:** Youth with special health care needs receive the services necessary to make transition to all aspects of adult life, including adult health care, work, and independence. (<http://www.gottransition.org>).

Funds will support the development and implementation of new and innovative strategies to improve health care transition for CYSHCN and their families.



Date Source: National Survey of Children with Special Health Care Needs (2009/10 NS-CSHCN)

Grants are awarded competitively on an annual basis. Previous grants awarded do not guarantee current funding. Grant applicants are reminded to keep sustainability in mind when developing a grant proposal.

**IV. Project Narrative Specifications****A. Statement of Need**

The Statement of Need explains why this project is necessary and presents the data to support this need. Both quantitative (statistical) and qualitative (non-numerical) data may be used. The statement of need should clearly reflect the most recent state, local and/or regional needs assessment data. Links to data on CYCHCN in the State of Maryland may be found on the OCPSHCN website at: [http://phpa.dhmh.maryland.gov/genetics/SitePages/Reports\\_Data.aspx](http://phpa.dhmh.maryland.gov/genetics/SitePages/Reports_Data.aspx)

This section should also describe existing capacity within the community/region to address gaps in resources and services.

**B. Goals and Objectives**

Describe the goals and objective and how they relate to one or more areas from each of the OGPSHCN shared goals components (1: Core Outcomes, 2: Disparities and 3: Systems Characteristics).

**For information and assistance on writing goals and objectives, refer to [the CYSHCN System Standards at http://www.amchp.org/programsandtopics/CYSHCN/Documents/Standards%20Charts%20FINAL.pdf](http://www.amchp.org/programsandtopics/CYSHCN/Documents/Standards%20Charts%20FINAL.pdf)**

**C. Work Plan/**

Detail the specific activities and timelines on the work plan template provided in **Appendix I** of this RFP that will be undertaken to accomplish the goals and objectives identified in the proposal. Use the program development logic model as a guide when completing your work plan.

**D. Evaluation Plan**

Program evaluation should focus both on process and outcome measures. This section should specify what data collection documentation will be used to describe how the goals and objectives will be met. 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. Use the template in **Appendix IV** as a guide when evaluating for program effectiveness.

**V. Budget/Budget Justification**

**Budget:** Prospective Vendors must complete the attached budget page in **Appendix II**. The budget must be clear, allowable, reasonable, and directly relevant to the project. Each line items must clearly show how the total charge for that item was determined (example: hours x hourly rate-total cost) expenditures.

**Budget justification:** Prospective Vendors must complete the attached budget justification page in **Appendix III** and must provide a detail breakdown of the estimated cost for each line item. For instance, if \$75,000 is requested in the salary line item, the budget justification should list all the proposed position with FTEs and salaries which the amount requested is based upon.

**Documenting Purchase of Service/ Consultant**

**A grantee that is awarding funding to an entity, external to the grantee organization, to perform a service or carry out a program is required to submit a sub-vendor budget.** Sub-vendor budgets and budget justifications are required for purchase of service and consultant line items. **The sub-vendor budget and budget justification must originate on the sub-vendor's letterhead.** As the Office is required to have sub-vendor budgets and budget justifications on file, invoices and proposals will not be processed without having this important document.

**Please note: Indirect Cost is not permitted on competitive grants. Therefore, funding request that include indirect costs will not be approved.**

**VI. Grant Conditions**

- Funding range for competitive grant awards will be \$10,000 and up to but not to exceed \$225,000;
- Competitive grant awards cannot be extended beyond the approved grant period;
- Proposal must contain all required components and on the required template and forms;
- Grant award is contingent upon the submission of require programmatic, financial and data reports from the prior year;
- Letters of support submitted with your proposal; and
- Active participation in quarterly Community of Caring (COC) meeting is a requirement of grantees.

**VII. Funding Restrictions**

- Proposals should be designed to address a need rather than to meet a certain dollar amount. No grants above \$225,000 will be awarded.
- OGPSHCN has limited funds and in order to broaden our impact on CYSHCN across the state of Maryland, very few large awards (greater than \$175,000) will be awarded.
- OGPSHCN will not support funding of activities that can be billed to insurance, even if the reimbursement is inadequate.

<b><i>VIII. Technical Assistance</i></b>
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Two options for technical assistance will be available for applicants who have questions and/or need clarification on the FFY 2016 Call for Proposal and/or grant application process. The dates and times are listed below:

Option 1-	Date and Time	Phone Number	Access Code
	Wednesday July 15 <sup>th</sup> 10:00 am-11am	+1-415-655-0003	643 876 972
Option 2-	Friday, July 17 <sup>th</sup> 2:00pm -3:00pm	+1-415-655-0003	643 876 972

<b><i>IX. Submission Details</i></b>
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**Submission Deadline**

All submissions responding to this Call for Proposal request must be submitted electronically to [dhmh.cshcncontractsgrants@maryland.gov](mailto:dhmh.cshcncontractsgrants@maryland.gov), as stated below, no later than:

**Monday, August 17, 2015  
No later than 5:00pm**

If an application is submitted incomplete, you will receive a notification stating the reason it is not accepted for consideration. The email address listed above is to be used for all communication and submissions. Upon receipt of the complete proposals, the office will record the date of receipt and acknowledgement of receipt will be emailed.

**Submission Questions and Clarifications****Florence C. Harvey, Grants Administrator**

Office for Genetics & People with Special Care Needs  
Maternal and Child Health Bureau, Prevention and Health  
Promotion Administration  
201 West Preston Street  
Baltimore, MD 21201  
Voice: 410-767-6749

**X. Evaluation Criteria**

Competitive Grants are awarded following a proposal and the evaluation process. Please verify that that all required proposal components are completed before submission. Only grant proposal containing the entire proposal components listed in this document and submitted by August 17, 2015 at 5:00 pm deadline will be reviewed, no exceptions. As grants proposals are awarded on a competitive basis, OGPSHCN has a standard procedure for evaluating proposal using the review criteria, described below:

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 proposed project describe an existing need(s) among the CYSHCN population in Maryland and associated contributing factors to the need?
- Is the need described using both quantitative and qualitative measures?
- To what extent do the proposed project activities avoid duplicating existing resources, services, or materials?
- Do the proposal address disparities, includes geography, SES, race/ethnicity, primary

**Criterion 2- Response-(20 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 related to the proposed objectives?
- To What extent does the proposal identify anticipated barriers? Are the proposed resolutions to challenges practical?
- Is the proposed budget appropriate and reasonable for the proposed and anticipated results?

**Criterion 3-Evaluative Measures-(10 points)**

- To what extent is the method proposed to monitor and evaluate the project results for effectiveness?
- Do the evaluative measures asses to what extent the program objectives were met? And to what extent these can be attributed to the project? (Evaluative measures may be expressed in quantitative and qualitative terms).

**Criterion 4-Impact- (30 points)**

- Is the proposed project cost effective? (i.e., the project number of children and families served as compared to the funding requested)?
- To what extent does the proposal address the proposed project sustainability and describe other source of funding to support the project activities.
- 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 CHYSHCN 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, quality, availability of facilities and personnel to fulfill the needs and requirements of the proposed project? (If you plan to partner with another institution, include letter of support in your application is strongly encouraged). For applicants who have previously or are currently receiving OGPSHCN funding, past performance will be also considered. proposed projects

## Criterion 6- Priority Focus Areas-(10 points)

- Does the proposal address one of the priority focus areas? (Proposal that address the focus areas will be given first priority)?
- Does the proposal contain data using quantitative and qualitative measures?
- Do the activities support the goal and objective of the project?

***XI. Appendices***

*Appendix I: - Work Plan Template*

GOAL 1:			
MEASURE:			
<i>Objectives</i>	<i>Activities</i>	<i>Responsible Staff</i>	<i>Timeline</i>

**Appendix II: - Budget** *An excel version of this template will be attached the Call for Proposal*

<b>FY 2016-REQUIRED BUDGET FORM ( BUDGET JUSTIFICATION MUST BE ATTACHED)</b>	
<b>VENDOR ADDRESS:</b> <b>CITY/STATE/ZIP:</b> <b>PROJECT TITLE:</b> <b>TELEPHONE NUMBER:</b> <b>CONTACT PERSON:</b> <b>FEDERAL EMPLOYER ID (must be 9 digits):</b>	
=====	
<b>Budget Categories</b>	<b>REQUESTED BUDGET</b>
<b>SALARIES/SPECIAL PAYMENTS</b>	
<b>FRINGE</b>	
<b>CONSULTANTS</b>	
<b>EQUIPMENT</b>	
<b>PURCHASE OF SERVICE (must attach budget from sub-vendor)</b>	
<b>RENOVATION</b>	
<b>CONSTRUCTION</b>	
<b>REAL PROPERTY PURCHASE</b>	
<b>UTILITIES</b>	
<b>RENT</b>	
<b>FOOD</b>	
<b>MEDICINES &amp; DRUGS</b>	
<b>MEDICAL SUPPLIES</b>	
<b>OFFICE SUPPLIES</b>	
<b>TRANSPORT/TRAVEL (NO out-of-state travel, unless DC or Northern Virginia)</b>	
<b>HOUSEKEEPING/ MAINTENANCE /REPAIRS</b>	
<b>POSTAGE</b>	
<b>PRINTING/DUPLICATION</b>	
<b>STAFF DEVELOPMENT/ TRAINING</b>	
<b>CLIENT ACTIVITIES</b>	
<b>ADVERTISING</b>	
<b>LEGAL/ACCOUNTING AUDIT</b>	
<b>OTHER (description required in budget justification)</b>	<b>45</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$0</b>
<b>INDIRECT COST</b>	
<b>TOTAL</b>	<b>\$0</b>

**Appendix III:- Budget Justification** An excel version of this form will be sent with the Call for Proposal

**FY16-REQUIRED BUDGET JUSTIFICATION FORM FOR GRANT APPLICATION**

<b>PROJECT TITLE:</b>			<b>FISCAL YEAR:</b>
<b>PROJECT DIRECTOR:</b>			<b>FUNDING REQUESTED:</b>
<b>DATE REQUESTED:</b>			
<b>SALARIES/SPECIAL PAYMENTS</b>			
FOR ALL SALARIES REQUESTED, PLEASE COMPLETE ENTIRE ROW BELOW. Note: Per HRSA regulations, a salary may not exceed \$179,700 per year, even when requesting a % of the total salary.			
<b>ADMINISTRATIVE-JOB TITLE, NAME</b>	<b>FULL TIME SALARY</b>	<b>% EFFORT/FTE</b>	<b>SALARY REQUESTED*</b>
<b>DIRECT SERVICES-JOB TITLE, NAME</b>			
<b>TOTAL SALARY, FRINGE AND FTE</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$0</b>
PLEASE INDICATE % FRINGE			
<b>CONSULTANTS</b>			
Please provide a description of service and attach consultant contract:			
<b>EQUIPMENT</b>			
Please describe equipment and justification for need:			
<b>TYPE</b>	<b>QUANTITY</b>	<b>UNIT COST</b>	<b>TOTAL COST</b>
<b>PURCHASE OF SERVICE</b>			
<b>MUST ATTACH BUDGET FROM SUB-VENDOR</b>			
<b>FOOD</b>			
Please provide a justification for need for food (e.g., lunch at an all-day training for families/providers) and breakdown of costs involved (cost of meal per person, # of meals, etc.)			
<b>MEDICINES &amp; DRUGS</b>			
Provide a description of medicines/drugs needed for program and justification for need:			

<b>MEDICAL SUPPLIES</b>			
Please provide a description of medical supplies needed for project and justification for need:			
<b>OFFICE SUPPLIES</b>			
Please provide a description of office supplies needed for project and justification for need:			
<b>TRANSPORT/TRAVEL (no out-of-state travel, unless DC or Northern Virginia). Must provide justification for need for travel.</b>			
Please provide a description of travel, breakdown of travel costs, and how travel will support your project goals:			
<b>POSTAGE</b>			
Please provide a description of need for postage for project use:			
<b>PRINTING/DUPLICATION</b>			
Please provide a description of printing/duplication needs and justification for need:			
<b>STAFF DEVELOPMENT/ TRAINING</b>			
Please describe training and how it will support the goals of your project:			
<b>CLIENT ACTIVITIES</b>			
Please provide a description of client activities and how these activities will support project goals:			
<b>ADVERTISING</b>			
Please provide a justification for advertising and how it will support project goals:			
<b>OTHER</b>			
<b>TOTAL DIRECT COSTS (NO INDIRECT COST WILL BE APPROVED)</b>			