MHCC | MARYLAND HEALTH CARE COMMISSION

Center for Health Information Technology & Innovative Care Delivery

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Announcement for Grant Applications

The Maryland Health Care Commission (MHCC) is seeking grant applications to increase access to medication-assisted treatment to underserved Maryland residents with opioid dependence through telehealth interventions in an integrated care delivery approach.

Grant ID Number: **MHCC 18-012**

Issue Date: **January 5, 2018**

Title: **Medication-Assisted Treatment for Opioid Use Disorders Supported by Mobile Devices**

Letter of Intent Requested by: **Monday, January 22, 2018 by 5:00pm (EST)**
Application Due: **Monday, February 19, 2018 by 5:00pm (EST)**

Application and information on MHCC telehealth grants available at:
mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx.

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I. ABOUT THE MARYLAND HEALTH CARE COMMISSION

The Maryland Health Care Commission (MHCC) is an independent State regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment. The MHCC provides timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers and the public. The Center for Health Information Technology and Innovative Care Delivery (Center) is one of four Centers within MHCC and is responsible for supporting the diffusion of health information technology (health IT) and practice transformation statewide. The Center's primary role is to promote a strong, flexible health IT ecosystem that can advance clinical decision-making, reduce redundancy, and facilitate care transformation.

II. INTRODUCTION

The number of deaths nationally from opioid drug overdoses more than tripled between 2000 and 2015.[1] Maryland opioid related deaths have increased about 75 percent from 2007 to 2015.[2] In response to this growing epidemic, Governor Hogan signed a 2015 Executive Order (Order) to establish the Heroin and Opioid Emergency Task Force (Task Force) and a separate Inter-Agency Heroin and Opioid Coordinating Council (Council). In 2017, the Order was amended to authorize the Council to establish the Opioid Operational Command Center; a State of Emergency was declared at that time.[3] Over the past year, the Council has worked to implement several recommendations by the Task Force, which includes expanding access to treatment, expanding access to care, and boosting overdose prevention efforts, among other things.[4]

Since the opioid epidemic has become a public health emergency, certain medications have been recognized as an important tool for comprehensive opioid treatment services. Medication-assisted treatment (MAT), an evidence-based service for treating substance use disorders (SUD) that combines medication, like buprenorphine, with behavioral health services, has been proven to help retain patients in treatment, reduce relapse, increase recovery rates, and save lives.[5, 6] Only about 10 percent of individuals who need such treatment access it, particularly due to the stigma of receiving treatment in a specialized

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[1] Centers for Disease Control and Prevention. *Opioid Data Analysis*, February 9, 2017. Available at: www.cdc.gov/drugoverdose/data/analysis.html.

[2] Maryland Department of Health and Mental Hygiene. *Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2015*, September 2016 – Revised. Available at: bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/Documents/2015%20Annual%20Report_revised.pdf.

[3] Executive Order 01.01.2017.02 and Executive Order 01.01.2017.01

[4] More information about the Council is available here: http://msa.maryland.gov/msa/mdmanual/08conoff/cabinet/html/heroin.html.

[5] Buprenorphine is an opioid agonist that is substituted in place of more addictive and dangerous opioids. Use of buprenorphine in treating opioid addiction uses a maintenance and stabilization model of care that focuses on retaining the patient's improved psychosocial functioning while in therapy.

[6] E. Olivia, J. Trafton, A. Harris, & A. Gordon. Trends in Opioid Agonist Therapy in Veterans Health Administration: Is Supply Keeping up with Demand, The American Journal of Drug and Alcohol Abuse. February 2013. Available at: http://www.tandfonline.com/doi/full/10.3109/00952990.2012.741167.

program and the location of these programs.[7, 8] In an effort to address access issues, the Drug Addiction Treatment Act of 2000 (DATA 2000) was enacted to allow for prescribing and dispensing of buprenorphine in an office setting, outside of a specially licensed opioid treatment program where patients may feel more comfortable.[9] However, many practices are reluctant to prescribe buprenorphine due to lack of time, concerns about negative reaction from their current patients or the community, inadequate staff support, worries about Drug Enforcement Administration investigation, and paperwork requirements.[10] Statewide, a shortage exists of prescribers of buprenorphine, which results in some patients needing to travel long distances to receive MAT.[11]

Telehealth support by mobile devices[12] can play a key role in increasing access to care by virtually connecting clinicians to patient at a clinic or primary care practice via a secure videoconferencing platform. Studies suggest that medical treatment of an opioid use disorder via telehealth can be just as effective, or even more effective, than in-person treatment.[13, 14] Increasing access to substance abuse treatment via telehealth is critically important to improving health outcomes and reducing preventable utilization. SUDs are often inseparably entangled with other health issues, each exacerbating the other. An ideal care delivery system is one that is fully integrated, where care is coordinated among primary care, specialty, and behavioral health providers, with necessary community supports. This integrated approach is the focus of several State quality improvement initiatives, including Health Services Cost Review Commission's Total Cost of Care Model and the Maryland Primary Care Model.[15, 16]

III.   OBJECTIVE

The MHCC seeks to advance statewide efforts around integrated care delivery and addressing the opioid crisis by supporting opioid treatment through telehealth supported by mobile devices. The MHCC plans to fund a single applicant[17] to implement and test an innovative

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[7] California Health Care Foundation. Recovery Within Reach: Medication-Assisted Treatment of Opioid Addiction Comes to Primary Care. March 2016. Available at: http://www.chcf.org/publications/2016/03/recovery-reach-medication-assisted-treatment.
[8] E. Peles. 15-year survival and retention of patients in a general hospital-affiliated methadone maintenance treatment center in Israel, Drug and Alcohol Dependence. March 2010. Available at: http://www.drugandalcoholdependence.com/article/S0376-8716(09)00390-1/fulltext.
[9] DATA 2000 requires physicians to complete eight hours of training and to file a Notification of Intent to Prescribe to the Substance Abuse and Mental Health Services Administration (SAMHSA). Physicians are limited to a total of 30 patients in their first year, after which they can increase this caseload to 100 patients.
[10] Eliza Hutchinson et. al. "Barriers to Primary Care Physicians Prescribing Buprenorphine," Annals of Family Medicine 12, no. 2 (March/April 2014): 128-133, www.annfammed.org.
[11] Substance Abuse and Mental Health Services Administration. Buprenorphine Treatment Practitioner Locator. Available at: https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator?field_bup_physician_us_state_value=MD.
[12] Mobile devices include mobile phones, tablet computers, wearable devices, etc.
[13] J. Eibl, G. Gauthier, D. Pellegrini, J. Daniter, M. Varenbut, J. Hogenbirk, & D. Marsh. The effectiveness of telemedicine-delivered opioid agonist therapy in a supervised clinical setting, Drug and Alcohol Dependence. May 2017.
[14] W. Zheng, M. Nickasch, L. Lander, S. Wen, M. Xiao, P. Marshalek, E. Dix, & C. Sullivan. Treatment Outcome Comparison Between Telepsychiatry and Face-to-face Buprenorphine Medication-assisted Treatment for Opioid Use Disorder: A 2-Year Retrospective Data Analysis, Journal of Addiction Medicine. January 2017.
[15] In order to provide more comprehensive care across the entire health system, Maryland developed a new Total Cost of Care Model that encompasses coordination activities for all health care services patients receive in both hospital and non-hospital settings. For more information, visit: hscrc.maryland.gov/Pages/progression.aspx.
[16] Maryland Department of Health established a payment and delivery systems reform program to provide technical assistance, learning systems and funding streams to support care delivery transformation. More information is available at: https://pophealth.health.maryland.gov/Pages/Maryland-Primary-Care-Program.aspx.
[17] The MHCC may elect to award more than one application.

telehealth use case that optimizes MAT with buprenorphine to expand treatment services in underserved areas of Maryland with residents that have an opioid dependence. Given the rise in the prevalence of opioid use disorders among Marylanders and the associated overdose mortality rate, early access to maintenance therapy, such as MAT, is a priority for the treatment of opioid addiction. The goals of this grant are to: (1) increase assess to a licensed health care practitioner with expertise and legal authority to provide MAT with buprenorphine, (2) support somatic and behavioral health care professionals in addressing a needed service for their patients through an integrated approach, (3) increase treatment retention, and (4) decrease positive drug screening

IV. KEY COMPONENTS AT-A-GLANCE

Objective	The MHCC plans to fund a single application to implement and test an innovative telehealth use case supported by mobile devices that optimizes MAT with buprenorphine to expand treatment services to underserved Maryland residents with opioid dependence. The MHCC may elect to award more than one application.
Application Resources	This Telehealth Grant Announcement is available here. Attachment A is available here: Attachment A The required Excel attachments are available here: Attachments B-E
Key Dates	Announcement Published: Friday, January 5, 2018 Letter of Intent Deadline: Monday, January 22, 2018, by 5:00 pm (EST) Application Deadline: Monday, February 19, 2018, by 5:00 pm (EST) Anticipated Announcement of Award(s): April 2018
Available Grant Funds	$150,000 for a single award. The MHCC may elect to award more than one grant, which would decrease the amount per award.
Match Requirements	1. 1:1 financial match; match may not include other grant funds 2. Allowable match contributions as outlined in this announcement
Grant Period	18 months – starting on or around May 2018
Key Project Requirements	The awardee must: 1. Actively use telehealth as a key component of the delivery of MAT services and adhere to current clinical practice guidelines 2. Utilize certified electronic health record (EHR) technology and the State-Designated Health Information Exchange, the Chesapeake Regional Information System for our Patients (CRISP) 3. Go-live within three months of award date 4. Participate in regularly scheduled status meetings and submit periodic status and financial reports to MHCC 5. Gradually execute a sustainability plan during the grant period where funding of the program is fully supported by an alternative funding source by month 18 6. Execute a final deliverable in consultation with MHCC throughout the grant period to be finalized 30 days prior to the conclusion of the grant
Project Modifications	The MHCC may at any time request modifications to the project as part of the award.
FAQs	Answers to grant FAQs are available on the MHCC Procurement webpage.
Contact	Questions may be submitted via email to angela.evatt@maryland.gov or call (410) 764-3574. All questions and responses will be posted and updated weekly on the MHCC Procurement webpage.

V.   APPLICATION REQUEST

The MHCC is issuing this Announcement for Grant Applications (Announcement) to award a single application funding over an 18-month period to implement and test an innovative telehealth use case supported by mobile devices that optimizes MAT with buprenorphine to expand treatment services to underserved Maryland residents with opioid dependence. The MHCC may elect to award more than one application, which will decrease the funding amount for each award.

A Letter of Intent (LOI) from the prime applicant is requested by Monday, **January 22, 2018, 5 pm EST**, via email to angela.evatt@maryland.gov. This will help MHCC to anticipate the number and type of applications it might receive and plan accordingly. The LOI should be limited to one page and identify: 1) the participating organization(s) involved in the project and their role(s), 2) a brief description of the proposed project, and 3) project objective(s). An applicant may adjust or change items/concepts outline in its LOI upon submission of its application. Non-submission of an LOI does not preclude an applicant from submitting a grant application.

VI.   PROJECT ELEMENTS

An applicant must demonstrate in its application how its proposed project will support an integrated and comprehensive SUD team-based treatment approach, including how it will meet the following project elements:

- The telehealth intervention must connect a licensed clinician with a provider (physicians, nurse practitioner, physician assistant, etc.) and their patient to conduct a virtual visit with the patient as part of a comprehensive SUD treatment approach.

- The intervention must include MAT with buprenorphine, as appropriate[18], and be delivered as part of a comprehensive SUD treatment approach, including behavioral health services (e.g., cognitive-behavioral therapies, counseling, etc.). Behavioral health services may be provided via telehealth by staff where the licensed psychiatrist is located or in-person within a facility accessible by the patient[19];

- The telehealth intervention must follow clinical practice guidelines with regard to MAT specifically and SUB treatment generally, including assessing patient readiness before beginning treatment with buprenorphine via telehealth[20];

- The targeted patient population must include patients with opioid dependency who are referred by their primary care provider (PCP) or another provider from a partnering organization and who agree to engage in MAT services;

- The telehealth intervention must be integrated into an overall care team approach where the SUD treatment clinician coordinates with the patient's primary care provider (PCP) or other referring provider, behavioral health services provider, health educator, case manager, pharmacists, etc.;

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[18] MAT with buprenorphine should only be provided if it is the most appropriate treatment option for the individual.
[19] Patients who refuse behavioral health services should not be disqualified from buprenorphine treatment.
[20] Patients should be assessed for their opioid use disorder, the presence of other drugs, and the stage of withdrawal. The assessment should include the level of support they have from family and friends and their overall readiness for treatment via telehealth.

- Preference will be given to organizations that incorporate a mentoring approach that supports DATA-waiver practitioner(s)[21] and improves their confidence in treating opioid use disorders allowing practitioners to learn from their peers about treatment approaches, particularly for complex patients;

- Preference will be given to organizations that will include a considerable number of telehealth participating patients in the project to allow for meaningful outcome measurements; statistical precision is not required;

- Providers must utilize a certified EHR technology to document treatment encounters;

- Preference will be given to organizations that meaningfully incorporate mobile health device(s) as part of the telehealth intervention, including assessing the impact of mobile devices;

- Records from CRISP (e.g., within the Query Portal[22] and through the encounter notification service[23]) should be utilized by the remote clinician during the intervention; the clinician should also utilize information from: 1) the patient, and 2) their PCP or other referring provider;

- The remote clinician must make available electronic copies of the patient evaluation, progress note, and individualized care plan (in compliance with HIPAA) to the PCP and others part of a care team – ideally, the care team should utilize a shared platform (e.g., MirthCare) or use secure email.

VII. APPLICANT QUALIFICATIONS

Applicants must demonstrate their ability to meet, at a minimum, the following qualifications (more details included in Section IX):

- Knowledge and experience with deploying telehealth technology;

- The sponsoring organization/facility (i.e., prime applicant) must employ a licensed psychiatrist or other clinician within a health system authorized to prescribe buprenorphine and have established protocols for providing MAT

- Preference will be given to organizations that have established protocols in place for providing MAT via telehealth

- The partnering organization(s) should include a primary care practices, local health departments, Federally Qualified Health Center, addiction treatment facilities, or addiction specialists; preference will be given to organizations that have already

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[21] More information about buprenorphine waivers is available at: https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management.

[22] The CRISP Query Portal is a standalone web-based system that contains patient health information from Maryland hospitals and other providers connected to the HIE; information available via the portal includes patient demographics, laboratory results, radiology reports, discharge summaries, operative and consult notes, and medication fill history. ENS is a system that notifies providers when one of their patients has an encounter at a Maryland hospital, which includes patient admission, discharge, and transfer activity. More information about CRISP is available at: www.crisphealth.org.

[23] Encounter notification services or ENS allows providers to receive a real-time alert when their patient has a hospital encounter. More information is available at: https://crisphealth.org/services/encounter-notification-services-ens/.

implemented a multi-disciplinary care team approach that includes SUD treatment services;

- Demonstrated capacity to implement all project elements and go-live with telehealth within three months of grant award;

- An established telehealth champion at the administrative and clinical levels and executive leadership that supports all project staff in developing a culture that embraces telehealth and providing MAT;

- Ability to collect, track, aggregate, analyze, and report on key performance measures; preference will be given to applicants with dedicated staff responsible for data analytics and reporting;

- Knowledge of MAT clinical guidelines;

- Knowledge and ability to address compliancy issues as it relates to providing MAT via telehealth, including but not limited to, professional liability coverage, US Drug Enforcement Agency buprenorphine waivers and audits[24], medical records privacy and security requirements, regulations governing the prescribing of controlled substances, etc.

- Proof of a partnership between all participating organizations;

- Secure a 1:1 financial match; and

- Demonstrated capacity to achieve sustainability overtime securing alternative funding that can enable the program to become fully sustainable, absent MHCC grant funds, at the conclusion of the grant period.

VIII. STAFFING AND PERSONNEL REQUIREMENTS

The following outlines general requirements for project staff. Applicants may propose an alternative staff model.

Labor Categories	Description
Project Manager	A senior level individual that will have a lead role in managing and coordinating all day-to-day aspects of the project, including managing project staff, liaise between participation organizations and MHCC and reporting on progress to MHCC.
Technical Manager	A senior level individual with experience in managing and deploying telehealth technology, that can ensure staff training and technical support and liaise between participating organizations
Clinical or Public Health Consultant	A qualified clinical professional with experience in MAT that will provide consultation to the Technical Manager and Project Manager to ensure the effectiveness of the project and reporting efficacy.

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[24] More information about buprenorphine waiver management is available at: https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management.

IX.   APPLICATION REQUIREMENTS

The information below must be provided as part of the application.

    A. <u>Scope of work and strategy</u> (Sections A and B in combination should not exceed 15 pages):

The purpose of this section is to describe how the applicant plans to implement telehealth, supported by mobile devices, a certified EHR and HIE services available through CRISP.

1. Project Description:

    a) Description of the telehealth technology, and any mobile devices, to be diffused and how it meets the following requirements:

      i.   Compliance with the Health Information Portability and Accountability Act (HIPAA);

      ii.   Ability to interface with peripheral devices[25] as needed;

    b) Description of how the applicant plans to implement the required project elements for each component outlined in Section VI. This section should include a detailed description of the scope, breadth, and plans/approach for each element, *including how the applicant plans to meet each project element to the highest level of quality*; and

    c) Description of how the proposed project is unique from efforts currently implemented at the organization, including how the project will be an enhancement of its current work efforts and/or complementary to existing projects.

2. Project Plan:

    a) Deployment strategy, which includes a detailed timeline of project activities and tasks, including assigned organization/partner responsibilities;

    b) Demographic information, including:

      i.   Description of target patient population and estimated number of patients to be served;

      ii.   Service location(s); and

      iii.   Referral source(s) for targeted population participants.

3. Sustainability Plan and Final Deliverable:

    a) Description of the applicant's approach to developing and executing a sustainability plan for the project where alternative funding is gradually included in the program design and complete sustainability is achieved by month 18 of the grant period;

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[25] Examples of peripheral devices include: electronic stethoscopes, high definition examination cameras, Bluetooth scales, glucometer, blood pressure cuff, etc. If peripheral devices are not needed as part of the applicants use case, this need not be addressed.

b) Description of a proposed final deliverable (e.g., tool kit, report, etc.) and approach for its development. The final deliverable should aim to facilitate shared learning among organizations seeking to replicate the project, or a portion of the project, and inform the industry about the impact of telehealth as it relates to MAT. The final deliverable is to be developed in consultation with MHCC throughout the grant period and must be finalized 30 days prior to the conclusion of the grant.

B. Applicant Qualifications and Partnerships (Sections A and B in combination should be limited to 15 pages):

1. Organizational Qualifications:

   a) Prime

      i. Describe how the prime organization meets qualifications outlined in Section VII. Include information on the organizations' experience and capabilities in performing work specifically related to project scope and objectives.

      ii. Detailed description of the role of the prime as it relates to implementing the project plan detailed under Section IX.A.2.

   b) Partnering Organization(s)

      i. Describe how the partnering organization(s) meets the qualifications as outlined in Section VII. Include experience and capabilities in performing work specifically related to project scope and objectives.

      ii. Detailed description of the roles within the project for the partnering organization(s) as it relates to implementing the project plan detailed under Section IX.A.2.

2. Staff Qualifications:

   a) The grant application must demonstrate how the proposed staffing model meets or aligns with the categories described under Section VIII and, if applicable, as augmented and/or revised by the applicant.

   b) Describe the experience and relevant qualifications of each proposed staff as it relates to implementing the project goals and objectives.

   c) Include a detailed description of the role(s) within the project for each proposed staff.

C. Letters of Commitment:

1. Letters of commitment to work on the project from each personnel from prime and each partner organization.

2. Letters of commitment should contain a brief description, approximately one paragraph, of the work to be performed for the project by that organization and the personnel who will perform the work.

D. Resumes: Resumes or biographies of staff who will be assigned to the project.

E. Financial information: A financial proposal must be submitted using Attachment D.

F. Privacy and Security: Provide supporting documentation of HIPAA compliance for all technology described in Section IX.A.1.a of this Announcement. Include a plan for how human subjects and their related health data will be protected.

G. Disclosure: Applicant must disclose any substandard quality of care level deficiencies, Centers for Medicare and Medicaid Services admissions bans, and note any outstanding health and safety violations.

H. Terms of Grant: Include an acknowledgment by the applicant of the terms of the grant outlined in Section XI of this Announcement.

I. Attachments: The applicant must submit the following required attachments. Attachments can be found at: mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx.

1. Complete Attachment A with the applicant information.

2. Complete Attachment B with information on proposed milestones.

3. Complete Attachment C with the identification of project objectives, outcomes, and clinical measurements, that are clear, verifiable, and in line with project goals. Applicant must develop SMART objectives (**S**pecific, **M**easurable, **A**chievable, **R**ealistic and include a **T**imeframe). Please refer to the Center for Disease Control and Prevention's Evaluation Brief on Writing SMART Objectives here: https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf.

4. Complete Attachment D with the financial proposal information.

J. Demonstration of Technology and Site Visit: If requested by MHCC, applicant must be prepared to allow MHCC to conduct a site visit as part of the application review process, which may consist of: 1) meeting with proposed staff and participating organizations, and 2) a demonstration of the telehealth technology and related technologies to be used as part of the project.

X.   KEY TASKS & DUE DATES

Tasks	Date
Award(s)	
Announcement Published	January 5, 2018
LOI Requested	January 22, 2018
Application Due	February 19, 2018
Anticipated Notification to Applicants/Award(s) Announced	April 2018
Grant Tasks	
Project Kick-Off	May 2018
Monthly Calls and Progress Reports	Starting May 2018
Periodic Site Visits (no more than quarterly)	TBD
Plans and Final Deliverable	
Draft Sustainability Plan	October 2018
Final Sustainability Plan	January 2019

Tasks	Date
Award(s)	
Draft Final Deliverable	June 2019
Final Deliverable	October 2019

Note: Grant tasks/due dates are tentative and subject to change at the discretion of MHCC, after discussion with the awardee, and are not listed within the table in any particular order.

XI.   TERMS OF GRANT

Applicants are required to acknowledge the terms of the grant in their grant application.

A. Project Timeframe

The grant begins on or about **May 2018** and will end **18 months after the grant award date.** The MHCC may authorize a no-cost extension of the grant period in the event that more time is needed to implement the project and assess milestones and outcomes.

B. Proposal and Change in Scope Request

All responses, assertions, and commitments made in the proposal, including any amendments to the proposal, will be part of the grant agreement. Fulfillment of project objectives and deliverables are expected. If an awardee wishes to make changes to their project (including project plan, staff model, and financial proposal) that differs from what is stated in their application, a change of scope request with justification must be submitted in writing by the awardee to MHCC for consideration. The MHCC will approve requests at its discretion.

C. Funds Disbursement, Match, and Restrictions

Grant funds will be disbursed upon MHCC's receipt of a completed detailed invoice, including supporting documentation. The invoice must be completed using MHCC's invoice template (Attachment E) at least quarterly and must include a description of the completed tasks, the date(s) of services performed, the time period the invoice covers, and any supporting documentation as necessary for the requested funds. All documentation included must be to the satisfaction of MHCC for reimbursement approval. The match contribution within each reimbursement request must reflect a 1:1 match for that time period, and must be itemized and appropriately documented (e.g., invoices from third parties, staff hours accounting, etc.).

Allowable match contributions include cash and third party in-kind contributions if the contributions are: 1) necessary and reasonable for accomplishment of the project objectives, 2) not paid by another award, or 3) unrecovered indirect cost with prior approval from MHCC. No grant funds are paid towards: 1) clinical services that are otherwise being reimbursed through other sources, including, but not limited to, Medicare, Medicaid or private insurance companies; 2) reimbursement of costs incurred prior to the grand award, 3) meeting match requirements of other State or Federal funds, 4) services, equipment or supports that are the legal responsibility of another party under Federal or State law, and 5) goods or services not allocable to the approved project. The MHCC reserves the right to limit

indirect costs.[26] Documentation for any final payment must be submitted no later than the **15th of the month** after the grant period ends or the end date of an authorized extension of the grant period.

D. Sustainability Plan and Final Deliverable

Awardee agrees to consult with MHCC in developing the sustainability plan and final deliverable through an iterative process. The awardee must consider suggestions and recommended revisions deemed reasonably necessary by MHCC.

E. Registration

Prior to an entity conducting business in the State, it must be registered with the Department of Assessments and Taxation, State Office Building, Room 803, 301 West Preston Street, Baltimore, Maryland 21201. It is strongly recommended that any potential applicant complete registration prior to the due date for receipt of applications.

F. MHCC Grant Actions

If it becomes necessary to revise this announcement for grant applications before the due date for applications, amendments will be announced on MHCC's website. The MHCC will not be responsible for any costs incurred by an applicant in preparing and submitting an application or in performing any other activities relative to this grant announcement. The MHCC reserves the right to cancel this announcement for grant applications, to accept, or reject any and all applications (in whole or in part) received in response to this announcement for grant applications, to waive or permit correction of minor irregularities, to request additional information or modification to an application, and to conduct discussions with all qualified or potentially qualified grant applicants in any manner necessary to serve the best interests of MHCC and to accomplish the objectives of this grant announcement.

G. Enforcement Actions

In the event that MHCC determines that an awardee is not complying with the grant terms, requirements set forth in this application, or proposal assertions and commitments, MHCC may take one or more enforcement actions. These range from actions designed to allow the awardee to take corrective action, such as developing an improvement plan, to penalizing actions against the awardee such as withholding payment or temporarily suspending an award, disallowing costs, recouping payments made, or terminating an award. Different processes apply depending on the type of enforcement action. If an enforcement action is planned, MHCC will notify the awardee via email and indicate the effect of the action.

H: Press

Awardees are required to notify MHCC prior to referencing any grant-related activities in statements to the media regarding work related to the grant.

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[26] Indirect cost include costs that are incurred for common or joint objectives and are not readily identified with a particular grant or project function or institutional activity yet are necessary for the general operation of the organization and the activities it performs. These are usually considered facilities and administrative costs or overhead, such as rent, utilities, etc.

XII.   HOW TO APPLY

A Letter of Intent (LOI) from the prime applicant, as detailed under Section V, is appreciated by **January 22, 2018, 5 pm EST**, via email to angela.evatt@maryland.gov.

Complete an application that meets the requirements as outlined in Section IX of this Announcement. This announcement is available on MHCC's procurement site at: mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx.

Grant applications are due to MHCC by 5:00 pm EST on **February 19, 2018**. An application and completed cover page (Attachment A) must be submitted via email to christine.karayinopulos@maryland.gov.

All questions regarding this announcement for grant applications should be submitted via email to angela.evatt@maryland.gov; all questions and responses will be posted on MHCC's procurement site at mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx.

**MINORITY BUSINESS ENTERPRISES AND SMALL BUSINESSES
ARE ENCOURAGED TO RESPOND TO THIS GRANT ANNOUNCEMENT**