



Center for Health Information Technology &  
Innovative Care Delivery

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*Announcement for Grant Applications*

*Telehealth Round 6*

The Maryland Health Care Commission (MHCC) is seeking grant applications to advance medication management and reconciliation through telehealth interventions between patients, caregivers, and a multi-disciplinary care team.

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**Grant ID Number:** MHCC 18-006  
**Issue Date:** November 20, 2017  
**Title:** Telehealth for Medication Management and Reconciliation

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**Letter of Intent Requested by:** Monday, December 11, 2018 by 5:00pm (EST)  
**Application Due:** Monday, January 15, 2018 by 5:00pm (EST)

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Application and information on MHCC telehealth grants available at:  
[mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx](http://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 diffusing health information technology (health IT) and promoting practice transformation statewide. The Center's role is to advance a strong, flexible health IT ecosystem that can support clinical decision-making, reduce redundancy, and facilitate care transformation.

## **II. OVERVIEW**

Medication errors are a leading cause of patient harm, resulting in 10 percent of total hospital admissions nationally and costing up to \$50B annually.<sup>1</sup> Medication errors and adverse drug events (ADEs) are often a result of issues with medication review at various points in the health care delivery system; medication management is cited as an important activity to reduce such errors and ADEs.<sup>2</sup> Medication management and reconciliation has proven to be difficult, as the process relies on gathering, organizing, and communicating medication information across several disciplines and organizations. In particular, discrepancies in medication information can be introduced during the hand-off between providers, posing challenges that can result in adverse health outcomes for patients (e.g., avoidable treatments, progression of disease, readmissions, etc.).

Creating and maintaining accurate patient medication lists can improve patient medication adherence and limit the potential for errors, adverse side effects, interactions, and excessive costs.<sup>3</sup> Upon transfer or discharge from a hospital, newly prescribed, continued, discontinued, and modified medications and the reasons for those changes need to be communicated to pharmacists and other caregivers.<sup>4</sup> Anticoagulants, cardiovascular agents, and opioids tend to be most problematic to reconcile.<sup>5</sup> Ambulatory practices (practices) in Maryland often do not have time or in-house pharmacists to provide medication management or reconciliation. When pharmacists are available to provide these services, they can experience challenges in sharing reconciled medication lists efficiently with members of the patient's care team.

Pharmacists are key participants in a multi-disciplinary care team. In general, pharmacists can ensure patients' medication lists contains all medications currently being taken (including over-

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<sup>1</sup> Sokol MC, McGuigan KA, Verbrugge RR, Epstein RS. Impact of Medication Adherence on Hospitalization Risk and Health Care Cost. *Med Care*. 2005; 43(6):521-530.

<sup>2</sup> Da Silva, BA, Krishnamuthy, M. The Alarming Reality of Medication Error: A Patient Case Review of Pennsylvania and National Data, *Journal of Community Hospital and Internal Medicine Perspectives*. 2016; 6(4): 10.3402/jchimp.v6.31758.

<sup>3</sup> Rose AJ, Fischer SH, Paasche-Orlow MK. Beyond Medication Reconciliation: The Correct Medication List. 2017; 317(20):2057-2058. doi:10.1001/jama.2017.4628.

<sup>4</sup> Van Sluisveld N, Zegers M, Natsch S, Wollersheim H. Medication Reconciliation at Hospital Admission and Discharge: Insufficient Knowledge, Unclear Task Reallocation and Lack of Collaboration as Major Barriers to Medication Safety. *BMC Health Services Research*. 2012; 12:170. doi: 10.1186/1472-6963-12-170.

<sup>5</sup> Keeys C, et.al. Pharmacist-Managed Inpatient Discharge Medication Reconciliation: A Combined Onsite and Telepharmacy Model. *Am. Journal Health System Pharm*. 2014 Dec 15; 71(24):2159-66.

the-counter medications) and does not contain medications that can negatively impact patients. Multi-disciplinary care teams are an essential requirement of alternative care delivery models, such as the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and the Total Cost of Care Model.<sup>6</sup>

### III. OBJECTIVE

The MHCC plans to fund one or more applicants to implement and test an innovative telehealth use case that optimizes medication management and reconciliation using a health information exchange (HIE) to improve care coordination and health outcomes of Maryland residents. The goal of this grant is to advance pharmacist support to aid Maryland health care professionals in managing therapeutic regimens<sup>7</sup> for their patients, facilitate medication compliance/adherence for patients, and provide educational information to patients and their caregivers regarding their medications. Leveraging telehealth and HIE can enhance care delivery, facilitate consumer engagement, and support care teams.<sup>8</sup> The grant also aims to test the availability of a reconciled medication list made available to care teams through the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP).

### IV. KEY COMPONENTS AT-A-GLANCE

Objective	The MHCC plans to fund a single application to implement and test an innovative telehealth medication management and reconciliation use case in Maryland using an HIE to improve care coordination and health outcomes of Maryland residents. The MHCC may elect to award more than one application.
Application Resources	This Telehealth Grant Announcement is available <a href="#">here</a> . Attachment A is available here: <a href="#">Attachment A</a> The required Excel attachments are available here: <a href="#">Attachments B-E</a>
Key Dates	Announcement Published: November 20, 2017 Letters of Intent: December 11, 2017 by 5:00pm (EST) Application Deadline: Monday, January 15, 2018 by 5:00pm (EST) Announcement of Award(s): March 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 April 2018
Key Project Requirements	The awardee must: 1. Actively use telehealth as a key component of care delivery, and adhere to current clinical practice guidelines for medication therapy management and reconciliation 2. Actively participate in and commit resources to integrating its electronic health record solution with CRISP to support medication information exchange 3. Go-live within three months of award date

<sup>6</sup> 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](http://hscrc.maryland.gov/Pages/progression.aspx).

<sup>7</sup> Therapeutic regimens are a recommended course of treatment, including diet, therapy, medication, exercise etc., designed to improve promote and maintain the health or wellness of the patient.

<sup>8</sup> Principles Supporting Dynamic Clinical Care Teams: An American College of Physicians Position Paper. Annals of Internal Medicine. November 2013. Available at: [annals.org/aim/article/1737233/principles-supporting-dynamic-clinical-care-teams-american-college-physicians-position](http://annals.org/aim/article/1737233/principles-supporting-dynamic-clinical-care-teams-american-college-physicians-position).

	<ol style="list-style-type: none"> <li>4. Participate in regularly scheduled status meetings and submit periodic status and financial reports to MHCC</li> <li>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</li> <li>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</li> </ol>
Project Modifications	The MHCC may at any time request modifications to the project as part of the award.
FAQs	Answers to grant FAQs available on the <a href="#">MHCC Procurement webpage</a> .
Contact	Questions may be submitted via email to <a href="mailto:angela.evatt@maryland.gov">angela.evatt@maryland.gov</a> or call (410) 764-3574. All questions and responses will be posted and updated weekly on the <a href="#">MHCC Procurement webpage</a> .

## 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 a telehealth use case that optimizes medication management and reconciliation to improve care coordination in Maryland via a certified electronic health record (EHR) integrated with CRISP.<sup>9</sup> 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 appreciated by **December 11, 2017 5pm EST**, via email to [angela.evatt@maryland.gov](mailto: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. Additionally, non-submission of LOI does not preclude an applicant from submitting a grant application.

## VI. PROJECT COMPONENTS AND ELEMENTS

The project is required to involve two main components: 1) telehealth and 2) HIE. The telehealth component aims to support Maryland practices and their patients by increasing access to pharmacists capable of providing medication therapy management (MTM) services<sup>10</sup> and documenting a reconciled medication list. The HIE component aims to ensure that all members of a care team have access to reconciled medication information. The awardee must integrate with CRISP to support the sharing of a reconciled medication list and changes made to the list within the care team environment. The applicant must demonstrate in the application how its proposed project meets the project elements below.

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<sup>9</sup> 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](http://www.crisphealth.org).

<sup>10</sup> Services include a comprehensive review of all of their medications including prescription, over-the-counter medications, vitamins, alternatives, and nutritional supplements; identify any concerns or problems with their medications and conditions; work with their other health care providers to address the problems; provide patient with specific wellness, healthy lifestyle, and disease prevention strategies; counsel patient on the importance of taking their medications as indicated, and provide patient with an individualized care plan.

### Telehealth Elements:

- The telehealth intervention must connect a pharmacist with a care team (physicians, nurse practitioner, physician assistant, etc.) within a Maryland practice setting<sup>11</sup> and use telehealth to support a patient encounter, which may also occur in the patient's home.
- The telehealth intervention must include safe and cost-effective MTM using evidenced-based medicine to improve patient care and provide tailored educational information to patients and/or their caregivers.
- The targeted patient population must include:
  - Patients with multiple morbidities, on a complicated drug regimen, with frequent emergency department visits and/or re-admissions;
  - Pain-management patients; and/or
  - Patients on high-risk medications.
- 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.
- Telehealth must be integrated into an overall care team approach where the pharmacist role is clearly defined and includes: 1) providing input on medication use, dosage, frequency, and route, 2) working with patients and their provider to solve problems with their medications and improve adherence, and 3) consulting with care team members about medication-related issues.
- The telehealth intervention must occur during a transition in care or when a patient is identified by a provider as needing MTM services to prevent emergency visits and readmission to a hospital.

### HIE Elements:

- The pharmacist must document medication reconciliation using certified EHR technology capable of generating a Continuity of Care Document Architecture (CCDA)<sup>12</sup> document.
- The organization where the pharmacist resides, (i.e., the organization whose certified EHR is utilized by the pharmacist) is currently sending (preferred), or has the ability to send, medication information to CRISP via a CCDA document.
- The pharmacist documenting medication reconciliation agrees to implement documentation protocols, established in coordination with the awardee and CRISP, where specific medication information is entered into the certified EHR during each encounter, including supplementary notes that can inform the care team about the reconciled medication list.
- The awardee must monitor pharmacist adherence to documentation protocols and implement corrective action(s) if documentation standards are not met; CRISP will utilize its CCDA validator tool to ensure provided documentation adheres to standards.

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<sup>11</sup> Practices can include primary care providers and/or specialty providers serving as the targeted patient populations' primary health care source.

<sup>12</sup> CCDA are standards developed by Health Level 7 International that defines the structure of certain medical records in order to better exchange information between providers. More information available here: [www.hl7.org/store/viewitem.cfm?item=CDA](http://www.hl7.org/store/viewitem.cfm?item=CDA).

- The awardee agrees to make available technical resources (or technical resources from its certified EHR vendor) to perform integration testing with CRISP. CRISP and the awardee will collaborate to perform an iterative test process that minimally includes exchanging test documents and validation of display/storage of the information.
- The awardee agrees to support EHR HIE integration testing and identify a technical resource to support the work (further details below in Section VIII).

## **VII. APPLICANT QUALIFICATIONS**

Interested applicants must demonstrate the ability to meet, at a minimum, the qualifications below. More details are included in Section IX.

- Knowledge and experience with deploying telehealth technology;
- Knowledge and experience in system integration projects, preferably those involving CRISP, including:
  - a. Technical ability to establish a secure, standards-based connection to CRISP (via VPN, HTTPS, or other secured encrypted protocol)
  - b. Technical ability to exchange information in a standards based format (via HL7 v2, CCD/XML, FHIR, or JSON formatted information)
  - c. A technical resource that can work with CRISP to configure a secure connection between the EHR and CRISP
  - d. Technical resource that could work with the data exchange components to validate the quality and content of all messages exchanged with CRISP
- The sponsoring organization/facility (i.e., Prime applicant) must engage pharmacists (e.g., consulting, hospital employed, community) and have established protocols for providing MTM services; preference will be given to organizations that have established protocols in place for providing MTM via telehealth;
- Partnering organization(s) must include one or more practices;
- Preference will be given to organizations that have already implemented a multi-disciplinary care team approach that includes a pharmacist;
- Capacity to implement all project elements and go-live with telehealth and exchange capabilities within three months of grant award;
- 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 clinical guidelines regarding MTM;
- Proof of a partnership between all participating organizations;
- Secure a 1:1 financial match; and
- Demonstrate capacity to achieve sustainability where alternative funding is gradually included in the program design, and full sustainability is achieved 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 telehealth technology deployments, including HIE interfaces, that can ensure staff training and technical support and liaise between participating organizations and the CRISP technical lead on all technical matters, both HIE and telehealth related.
Clinical or Public Health Consultant	A qualified clinical professional with experience in MTM that will provide consultation to the Technical Manager and CRISP technical lead to increase the effectiveness of the project and to the Project Manager for the reporting of efficacy.

## IX. APPLICATION REQUIREMENTS

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

- A. Scope of work and strategy (Sections A and B in combination should be limited to 15 pages):

The purpose of this section is to describe how the applicant plans to implement telehealth, supported by a certified EHR and HIE.

1. Project Description:
  - a) Description of the telehealth technology 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<sup>13</sup> 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

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<sup>13</sup> 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.

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 for targeted population participants.

3. Sustainability Plan and Final Deliverable:

- a) Description of the applicants approach to developing and executing a sustainability plan for the project (including both the telehealth and HIE components) where alternative funding is gradually included in the program design and complete sustainability is achieved by month 18 of the grant period;
- 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 and HIE as it relates to medication management and reconciliation. 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. A letter of commitment is also required from CRISP indicating their support for the proposed model design. Applicants should contact Brandon Neiswender, Chief Operating Officer, via email at [brandon.neiswender@crisphealth.org](mailto:brandon.neiswender@crisphealth.org) to inquire about obtaining a letter of commitment from CRISP.
3. 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](https://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 CDC'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
<b>Award(s)</b>	
Announcement Published	11/20/2017
Application Due	1/15/2018
Notification to Applicants/Award(s) Announced	March 2018
<b>Grant Tasks</b>	
Project Kick-Off	March 2018
Monthly Calls and Progress Reports	Starting April 2018
Periodic Site Visits (no more than quarterly)	TBD
<b>Plans and Final Deliverable</b>	
Draft Sustainability Plan	August 2018
Final Sustainability Plan	November 2018
Draft Final Deliverable	April 2019
Final Deliverable	August 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 **March 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 demonstrate the project 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.<sup>14</sup> Documentation for any final payment must be submitted no later than the **15<sup>th</sup> 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. 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

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<sup>14</sup> 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.

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.

## **XII. HOW TO APPLY**

A Letter of Intent (LOI) from the prime applicant, as detailed under Section V, is appreciated by **December 11, 2017 5pm EST**, via email to [angela.evatt@maryland.gov](mailto: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](http://mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx).

Grant applications are due to MHCC by 5:00 pm EST on **January 15, 2018**. An application and completed cover page ([Attachment A](#)) must be submitted via email to [christine.karayinopulos@maryland.gov](mailto:christine.karayinopulos@maryland.gov).

All questions regarding this announcement for grant applications should be submitted via email to [angela.evatt@maryland.gov](mailto: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](http://mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx).

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