

**Regional Partnership Catalyst Grant Program  
Frequently Asked Questions  
1/30/2020**

**What are the important dates for the Regional Partnership Catalyst Grants?**

- The following dates are associated with important activities for the Regional Partnership Catalyst Grant Program. Regional Partnerships will be notified if there are any changes:
  - Catalyst Grant RFP Release – January 31, 2020
  - Proposals Due – June 19, 2020
  - Proposal Disposition Notifications – September 2020
  - Commission Draft Award Recommendations – October 2020
  - Commission Final Award Recommendations – November 2020
  - Rate Orders Issued – January 2021

**When will Regional Partnerships know if they have been selected for a grant?**

- The HSCRC staff intends to notify Regional Partnerships about the disposition of grant proposals in September 2020. HSCRC staff plan to present the draft award recommendations to Commissioners at the October 14, 2020 public Commission meeting. Commissioners will vote on final award recommendations in the November 12, 2020 meeting. If approved, grant awards will be reflected in January 2021 rate orders.

**Can unused existing grant funds be applied to the next grant period starting January 1, 2021?**

- No. Unspent grant funds from the current Regional Partnership program cannot be applied to the new grant program period that starts January 1, 2021. Funds must be used for the purposes they were awarded by June 30, 2020. Unspent funds from FY 2020 will be removed from rates based on HSCRC staff audit findings.

**Do hospitals have to partner (either with other hospitals or community-based organizations) to be eligible for a grant?**

- Yes. Meaningful community partnerships demonstrated by funding, resource sharing, and/or in-kind support will be required as a condition of grant eligibility. While the HSCRC will not establish a pre-determined level of funding, in-kind support, or resource sharing hospitals need to establish with collaborating organizations, the level of community collaboration will be heavily weighted during the proposal evaluation process and the on-going monitoring process. The HSCRC strongly encourages collaboration across hospitals and with local organizations that have the ability to influence health in communities. The amount of collaboration, coupled with an appropriate governance model, will be important criteria considered by the grant proposal evaluation committee.

**Are existing Regional Partnerships expected to maintain their current partnership structure or is there opportunity to expand and/or change partners for the new grant?**

- Regional Partnerships have flexibility to change their partnership structures for the new program or opt to keep their previous structure. The HSCRC strongly encourages partnerships between multiple hospitals and local organizations that have the ability to influence health in communities. The amount of meaningful collaboration coupled with an appropriate governance model, will be important criteria considered by the proposal evaluation committee.

**Will the grants have cost sharing requirements?**

- Unlike the previous Regional Partnership program, there will be no cost sharing requirements over the course of the program.

**Why were diabetes and behavioral health crisis services selected as priorities?**

- Diabetes and behavioral health have been identified by the State as top population health priorities. Both population health and total costs of care can be improved by focusing efforts on these areas. The HSCRC is choosing to provide large infrastructure investments in these areas in an effort to optimize impact on these services.

**How much grant funding is available for each funding stream?**

- The total value of Regional Partnership Catalyst Grants will be 0.25 percent of statewide all-payer hospital revenue. The HSCRC will vary grant awards in the new program based on the number of applications received for each fund, not to exceed 0.25 percent of statewide all-payer hospital revenue. The grant funds will tentatively be allocated as follows across the funding streams:
  - 45% of the funding on diabetes prevention and management services
  - 35% of the funding on behavioral health crisis support
  - the remaining 20% on the third (yet to be named) priority areaHSCRC staff may "flex" these funding levels to accommodate the volume of proposals that are received for diabetes versus behavioral health crisis service programming.

**What is the maximum amount of funding hospitals or Regional Partnerships can receive?**

- Individual hospitals may receive up to 0.75 percent of their GBR in grant funding, regardless of the number and size of proposals a Regional Partnership submits.

**Can Regional Partnerships apply for grants from multiple funding streams?**

- Yes. Regional Partnerships can apply for grants from one or both funding streams and may be awarded grants from one or both funding streams. Individual hospitals may receive a maximum of 0.75 percent of their global budget revenue (GBR) in grant funding, regardless of the number and size of proposals a Regional Partnership submits.

**Can a Regional Partnerships apply for diabetes prevention funding if the participating hospitals already have an accredited program?**

- Yes. Regional Partnerships are eligible to apply for funding to support new National DPP development or to support expanding existing programs (e.g., increasing cohort provision, increasing satellite sites, wrap around services to enhance uptake and retention). A combination approach of expansion and new National DPP development is encouraged in order to achieve the scale targets of the funding stream.

**If a Regional Partnership already has a diabetes program underway, do we have to switch to the DPP program?**

- For diabetes *prevention* grant funding, Regional Partnerships must use the National DPP programming and certification standards. For diabetes *management* functions, Regional Partnerships have flexibility in the approach they can use to achieve the ROI goals. Scale targets will be based on National DPP and DSMT billings and thus, should be prioritized. HSCRC staff anticipate Regional Partnerships already running diabetes prevention and management programs will be well positioned to add and train resources on National DPP and DSMT.

**Our Regional Partnership has not provided any diabetes and/or behavioral health interventions to date. Can we still apply for funding?**

- Yes. The grant is intended to support the creation of new infrastructure, therefore start-up proposals are encouraged.

**How much flexibility will be allowed to apply for funding for additional diabetes and behavioral health crisis services activities?**

- Regional Partnership proposals must meet the core requirements of the diabetes and behavioral health crisis services funding streams (e.g. implementation/expansion of National DPP, DSMT and Crisis Now models as approved by the Commission). Regional Partnerships may opt to include “wrap around services” in their proposals, e.g., Medical Nutrition Therapy (MNT), transportation assistance, Medication-Assisted Treatment (MAT), etc. Wrap around services are evidence-based activities that will support and/or enhance the implementation of the core requirements of the grant program. Regional Partnership proposals must demonstrate how wrap around services would align with the grant program health priorities and augment the diabetes and crisis management services being implemented.

**Investments in behavioral health and diabetes may not produce a return on investment (ROI) for many years. How will the HSCRC know if the Regional Partnerships are successfully implementing these grants?**

- HSCRC staff understands that these types of investments may not show an immediate or hospital-specific ROI. As the alternative to measuring to ROI, the HSCRC has set scale targets in both funding streams to track the progress of infrastructure development. The scale targets are evidence-based and are included in the grant RFP.

**Are the Catalyst Grant investments expected to serve just the Medicare population or should these be All-Payer investments?**

- The grants are intended to support improved diabetes prevention/management and behavioral health crisis services infrastructure across the State, for all Marylanders. Regional Partnerships should focus interventions and investments on the full population in their catchment area, regardless of insurance type. The HSCRC will use Medicare, Medicaid, and Casemix data to measure impact, when applicable as outlined in the Request for Proposals (RFP).

**Who is expected to agree to grant award conditions?**

- Hospital CEOs and/or CFOs will be expected to sign the HSCRC award acceptance paperwork indicating that they understand that the grant funding is temporary and successful interventions should be supported after the grant term ends. Additionally, hospitals will be expected to obtain signed acknowledgement documents from partner organizations to ensure that across the Regional Partnership there is a clear understanding of the terms and conditions of grant funding and partnership arrangements (including funding arrangements, in-kind support and/or resource sharing).

**Will Regional Partnerships continue to have annual reporting requirements?**

- Yes. HSCRC staff will develop a new reporting template and guidelines for the new Regional Partnership program.

**Will Regional Partnerships continue to have audit requirements?**

- Yes. HSCRC staff will continue to audit the performance of Regional Partnerships. Audits will incorporate financial management to track Regional Partnership spending and progress towards scale targets. Audit findings will be shared with Regional Partnerships at the conclusion of each audit period.

**How long is the grant period for the Regional Partnership Catalyst Grants?**

- The Regional Partnership Catalyst Grants will be issued for the following five year period:  
Year 1: CY2021 (January 1, 2021 – December 31, 2021)  
Year 2: CY2022 (January 1, 2022 – December 31, 2022)  
Year 3: CY2023 (January 1, 2023 – December 31, 2023)  
Year 4: CY2024 (January 1, 2024 – December 31, 2024)  
Year 5: CY2025 (January 1, 2025 – December 31, 2025)  
Grant funding will end on December 31, 2025.

The grant amounts will be added to hospital rates as temporary adjustments.

**What will the FY 2020 year-end reporting requirements be for the current Regional Partnership Transformation Grant program?**

- The FY 2020 year-end report will follow the same format as prior year reporting requirements.

**What is the best way to receive the most current information about the Regional Partnership Catalyst Grants?**

- The HSCRC offers multiple options to stay updated on the Regional Partnership Catalyst Grant Program.

*Regional Partnership Email Distribution List* - The HSCRC sends information to an email distribution list to inform Regional Partnerships of key activities and information about the grant program. To be added to the distribution list, email: [hscrc.rfp-implement@maryland.gov](mailto:hscrc.rfp-implement@maryland.gov)

*HSCRC Website* – Periodically, the HSCRC staff will be updating the Regional Partnership section of the HSCRC website with key information about the grant program including timeline, FAQs, RFP information, and resources that may be helpful for planning. Please visit the website regularly for updates.  
<https://hscrc.maryland.gov/Pages/regional-partnerships.aspx>