



AUGUST 1, 2015

Grant Management Policies and Procedures

Maryland Community Health Resources Commission

Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

OVERVIEW OF CHRC GRANT-MONITORING POLICIES AND PROCEDURES

The Commission implements a thorough system of performance monitoring to ensure effective and efficient use of public resources and to determine the impact of grant programs in underserved communities. Grantees are required to submit, as a condition of grant payment, the following reports. CHRC staff evaluates the information submitted, and grantees are held accountable for reporting and program performance compliance. Examples of these reports are provided in the Appendices.

Milestones & Deliverable Report (M&D)

- Captures data measures

Narrative Report

- Provides details about program activities

Expenditure Report and Supporting Documentation

- Details how grant funds were utilized

Invoice

Milestones & Deliverable (M&D) Report

Each M&D report includes a core set of data measures, including focus-area specific measures and grantee-specific measures, which are discussed and agreed upon between the grantee and CHRC prior to distribution of initial grant funding. At the beginning of the program, grantees provide projections on performance measures oriented around overall goals. As the program is implemented, grantees report actual metrics approximately twice a year as a condition of distribution of subsequent grant funding.

Narrative Report

This is a 2 to 4 page document submitted with the M&D report that provides details about the program's activities in the preceding reporting period. The narrative report provides qualitative information about the grant program, including details of any major events or activities that took place, successes and challenges of the program, and how the grantee resolved or plans to address challenges that have occurred.

Expenditure Report and Supporting Documentation

This document details how grant funds were utilized in the preceding reporting period. The expenditure report includes expenses by the budget line item. Grantees provide supporting documentation such as bills of sale, receipts for expenditures, invoices, and payroll records. CHRC staff reviews the expenditure report and supporting documentation to ensure that grant funds are expended in accordance with the original grant awarded by the Commission.

Invoice

An invoice is required for each grant payment. Invoices are not approved by CHRC staff until the M&D report, narrative report, and expenditure report and supporting documentation have been reviewed and CHRC staff determines that these materials are sufficient and complete. This review is documented by CHRC staff. Additionally, the Commission does not approve invoices for payment until previously distributed grant funds are fully expended by the grantee.

CHRC'S INTERNAL CONTROL PROCESSES FOR GRANT MANAGEMENT

Post-grant Award

CHRC staff works with each grantee to finalize an updated budget, a grant reporting and fund distribution schedule, and performance metrics for the M&D report. After a negotiated agreement with the grantee on each of the items, both parties sign the official grant agreement. The grantee then submits the first invoice for payment (this amount is typically half of the year one budget). The initial invoice is not approved for payment until a fully signed grant agreement has been executed and both parties (grantee and CHRC Executive Director) have agreed on the performance metrics that will be collected and reported under the grant.

Grant Implementation, Post-award

All grants have designated reporting periods. For each reporting period, the grantee must submit four documents: 1) an M&D report, 2) a narrative report, 3) an expenditure report (with supporting documentation), and 4) an invoice for payment of grant funds. Upon receipt of the reports and invoice, CHRC staff reviews the documents to ensure that grantees are on target to meet overall goals of the program (using the narrative and M&D reports) and to ensure that grant funds are spent in accordance with the grant agreement (expenditure report and supporting documentation) as defined in the grant proposal.

For the narrative, M&D, and expenditure reports, CHRC staff analyzes the information in the reports for accuracy, consistency, and completeness. This evaluation is performed across each individual report, checked against the other reports submitted, and progress from any previous reports is verified. CHRC staff documents the results of this performance review for each reporting period on an internal grantee compliance sheet and maintains an internal tracking matrix of all grantees to track the status of every submitted grantee invoice.

In order to ensure grantee reports are accurate, that the grantee is meeting performance standards, and to ensure grant funds are spent in accordance with the grant agreement, the CHRC applies the following procedures:

For the narrative and M&D reports (programmatic performance review)

In addition to reviewing reports submitted by grantees, CHRC staff conducts annual site visits and obtains necessary supporting documentation to confirm information included in the reports, where appropriate. Site visits include performing an on-site program evaluation and inspection of data or records involved with program reporting. CHRC staff obtains supporting documentation, on a test basis, for at least 25% of all current/active grants on an annual basis. This review is designed to verify the self-reported performance data/results that are included in the reports submitted by the grantees. Documentation may include, but is not limited to: staff activity logs, staff training logs, client sign-in sheets, patient visit logs, referral documents, memorandum of understanding agreements, patient outcome and hospital data (without violating HIPPA restrictions), and other performance data.

For expenditure reports (fiscal compliance review)

CHRC staff obtains supporting documentation for expenditures listed on the expenditure report, which includes all invoices, bills of sale, receipts, and payroll records. Staff checks receipts against reported expenditures, notes any discrepancies, and confirms amounts of line-item expenditures to the self-reported expenditure reports. In addition, CHRC staff confirms that all expenditures are in accordance with the grant agreement prior to approving grantee invoices for payment.

For all reviews, CHRC staff document their findings on the internal grantee compliance sheet. Upon completion of the review, CHRC staff present the results to the Executive Director. If the review finds the grantee expenditures are compliant and in accordance with the original grant awards and that the program is on target to achieve overall program objectives, the invoice is forwarded to the Executive Director for final approval. If there are issues that come up during the CHRC staff review of the grantee reports, CHRC staff investigate further, contact the

grantee where appropriate/needed, and discuss with the grantee potential solutions to address any issues.

Distribution of Grant Funds

CHRC staff negotiate the distribution of grant funds with the grantee at the beginning of the grant. Grantees receive grant funds payments prospectively, before expenses occur. Under the prospective payment system, the CHRC pays an invoice only when the previously distributed grant funding is fully expended and all supporting documentation involved with these expenditures has been submitted, reviewed, and found to support expenses that are in accordance with the terms of the grant agreement and approved budget. Without this supporting documentation, the invoice is not approved or processed for payment.

The CHRC withholds payment of the final installment of grant funds until the submission and review of the final report (usually about one month after the grant period has ended). Final payment from the CHRC is made only when the CHRC has received, with the final invoice, a final narrative report, a final M&D report, and a final expenditure reporting accounting for the expenditure of all grant funding with the remaining supporting documentation. All documents and reports are reviewed by CHRC staff, the final review is documented, and the results of the review are submitted to the Executive Director for approval and payment of the final invoice.

Exception for Health Enterprise Zones (HEZ) Grant Monitoring

HEZ grant management follows the same policies and procedures with these reporting schedule exceptions: each HEZ submits invoice and expenditure reports on a quarterly basis, with the exception of the West Baltimore HEZ, who submits invoices and expenditure reports on a monthly basis. Each HEZ submits M&D reports on a quarterly basis. Each HEZ submits narrative reports on a semiannual basis, the same as traditional grantees.

APPENDICES

Milestones & Deliverable (M&D) Report

Each M&D report includes a core set of data measures, including focus-area specific measures and grantee-specific measures, which are discussed and agreed upon between the grantee and CHRC prior to distribution of initial grant funding. At the beginning of the program, grantees provide projections on performance measures oriented around overall goals. As the program is implemented, grantees report actual metrics approximately twice a year as a condition of distribution of subsequent grant funding.

A sample M&D report follows.

| CHRC Grantee Monitoring Report | | | |
|---|---|-----------------------------|---|
| Grantee Name: | Community Health Resource | | |
| Grantee Contact Information: | Program director; 410.555.1234; director@CHRC.gov | | |
| Grantee #: | 15-001 | | |
| Grant Period: | April 1, 2015 - March 31, 2017 | | |
| Total Award: | \$150,000 | | |
| Year One Grant Award: | \$75,000 | | |
| Amount Paid to Date: | \$0 | | |
| Focus Area: | Primary Care Access | | |
| Date of this Report: | 11/30/15 | | |
| Additional Funds Leveraged to Date*: | | | |
| Grantee Payout and Report Schedule | | | |
| Report Period | Due Date | Potential Fund Distribution | Required Items |
| N/A | May 1, 2015 | \$30,000 | Signed grant agreement and approved performance measures and updated line item budget |
| Report Period One ** May 1, 2015 - October 31, 2015 | November 30, 2015 | \$35,000 | <u>Report 1:</u> narrative, M&D report, expenditures report and invoice |
| Report Period Two November 1, 2015 - April 30, 2016 | May 31, 2016 | \$35,000 | <u>Report 2:</u> narrative, M&D report, expenditures report and invoice |
| Report Period Three (Yr. 2) May 1, 2016 - October 31, 2016 | November 30, 2016 | \$30,000 | <u>Report 3:</u> narrative, M&D report, expenditures report and invoice |
| Report Period Four (Yr. 2) November 1, 2016 - April 30, 2017 | May 31, 2017 | \$20,000 | <u>Report 4 (Final):</u> narrative, M&D report, expenditures report and invoice |
| | | Total: | \$150,000 |

*List amount of additional funding leveraged from CHRC grant. Please also list the donor and the time period of the grant. (e.g., \$50,000 - Weinberg Foundation (3 yr.))

| CHRC Grantee Monitoring Report | |
|--------------------------------|---|
| Grantee: | Community Health Resource |
| Grant #: | 15-001 |
| Reporting Period: | Report #1: May 1, 2015 - October 31, 2015 |

SHIP Focus Area(s) & Measure(s):
 Access to Health Care - Persons with a usual primary care provider;
 Uninsured ED visits
 Quality Preventative Care - ED visits due to diabetes; ED visits due to Hypertension

Project Goal(s):
 Provide a medical home for uninsured/underinsured patients, reduce health disparities, and reduce preventable admissions, readmissions, and ED visits.

NOTE #1: Any measurement counting "Unduplicated" patients CANNOT include the same patients over different reporting periods. The "Totals" column for these measures should sum only unique individuals. For example, if an individual is counted in reporting period 1, then that person should not be counted again in reporting period 2.

NOTE #2: The program data with its associated data source reported by the grantee on this M&D report is subject to audit by the CHRC.

NOTE #3: The CHRC will utilize output 1c for its "Total patients/clients seen" measure, and output 1d for its "Total patient/client encounters" measure.

NOTE #4: "Patient/client Encounters" is defined as any face-to-face visit to a clinician in a clinical setting or a face-to-face meeting with a care manager in a care coordination program.

| Key Project Objectives | Output | Data Source | Year One | | |
|--|---|---|---------------------|---------------------|--------|
| | | | Reporting Period #1 | Reporting Period #2 | Totals |
| Provide a medical home to 3,000 uninsured/newly insured patients | 1a) Total # of patients referred from ED to partner location Grantee has confirmed that patients will be screened for PCP. Patients without access to PCP, high-utilizers, and other patients will be referred to partner. A specific focus on patients without PCP or 'high utilizers' will be prioritized for referral to partner. | Navigator service logs and Athena EMR | | 0 | 3000 |
| | 1b) # of high utilizer patients screened at community health resource and referred to partner (subset of 1a). Definition of "high utilizer" is any patient visiting the ED 3 or more times in 12 months. * | Navigator service logs and Athena EMR | | | |
| | 1c) # of patients referred from community health resource who received care at partner location. | Navigator service logs and Athena EMR | | 0 | |
| | 1d) # of primary care encounters by patients referred from community health resource to partner location. | Navigator service logs and scheduling directory of partner Athena EMR | | 0 | |
| | 1e) # of referred uninsured patients who are enrolled in health insurance (this is a subset of 1a) | Navigator service logs and Athena EMR | | 0 | |

| CHRC Grantee Monitoring Report | | | | |
|--|--|--|---------------------|---------------------|
| Grantee: | Community Health Resource | | | |
| Grant #: | 15-001 | | | |
| Reporting Period: | Report #1: May 1, 2015 - October 31, 2015 | | | |
| SHIP Focus Area(s) & Measure(s): Access to Health Care - Persons with a usual primary care provider; Uninsured ED visits Quality Preventative Care - ED visits due to diabetes; ED visits due to Hypertension | | | | |
| Health Metrics | | | | |
| Key Project Objectives | Output | Data Source | Year One | |
| | | | Reporting Period #1 | Reporting Period #2 |
| Reduce health disparities associated with diabetes and cardiovascular disease | 2a) % of adult patients 18 years and older w diagnosed hypertension whose most recent blood pressure was less than or equal to 140/90. Goal is 60% | Athena EMR | | 60% |
| | 2b) % of adult patients 18 years and older w Type 1 or 2 diabetes whose most recent HgBA1C is less than 8%. Goal is 60% | Athena EMR | | 60% |
| Hospital Metrics | | | | |
| Key Project Objectives | Output | Data Source | Year One | |
| | | | Reporting Period #1 | Reporting Period #2 |
| Reduce unnecessary ED visits, hospital admissions and readmissions. | 3a) # of uninsured patients making three or more visits to the ED at community health resource | Financial Data and Cerner inpatient EMR. | 0 | 5% decrease |
| | 3b) # of admissions for uninsured patients at community health resource | Financial Data and Cerner inpatient EMR. | 0 | 5% decrease |
| | 3c) 30-day readmission rate of uninsured patients at community health resource | Financial Data and Cerner inpatient EMR. | | 5% decrease |
| | 3d) 30-day readmission rate for patients with Diabetes | Financial Data and Cerner inpatient EMR. | | |
| | 3e) 30-day readmission rate for patients with Hypertension | Financial Data and Cerner inpatient EMR. | | |

*Definition of "high utilizer" is any patient visiting the ED 3 or more times in 12 months.

Narrative Report

This is a 2 to 4 page document submitted with the M&D report that provides details about the program's activities in the preceding reporting period. The narrative report provides qualitative information about the grant program, including details of any major events or activities that took place, successes and challenges of the program, and how the grantee resolved or plans to address challenges that have occurred.

Narrative reports should include the following information:

1. **Overview:** What were the overall goals of the project? What were the expected deliverables? What were the evaluation/impact metrics to be used?
2. **Strategies, activities and results:** What were the program strategies/activities for the project period? What services were performed? How many individuals were served? What health outcomes were changed?
3. **Success Stories:** Were there any specific processes or activities that were success stories? Was there anything learned in this period that could be helpful to other organizations or replicable in other areas of the state? Was there an unexpected positive outcome of a program that could be highlighted? Were there any cost savings/avoidance through the intervention?
4. **Challenges faced:** Were there challenges that led to goals not being met? How will this challenge be addressed?
5. **Newsworthy and notable:** Has the organization had or will they have an event that they would like to be mentioned in the newsletter? Has the program gotten publicity in the media?
6. **Post grant sustainability:** Did you leverage grant into additional funding? (Please identify sources of additional funds)

Expenditure Report and Supporting Documentation

This document details how grant funds were utilized in the preceding reporting period. The expenditure report includes expenses by the budget line item. Grantees provide supporting documentation such as bills of sale, receipts for expenditures, invoices, and payroll records.

A sample CHRC expenditure report template follows. While the template can be adjusted to accommodate grantee-specific expenditures and budget line items; the Commission requires that the basic format of the submitted expenditure report reflect the template. **This expenditure report template should be used by all grantees.**

When submitting required supporting documentation, please contact the Commission if there are any questions regarding appropriate documentation.

Invoice

An invoice is required for each grant payment. Invoices must include the following information:

| | | |
|---------------------------------------|-----------------|-----------------------------|
| Grantee name | Grantee address | Grantee FEIN |
| Invoice must be addressed to the CHRC | Invoice number | Amount of funding requested |

If the grantee is a state agency and requests an R*STARS transfer of funding, please also provide all necessary coding to facilitate the transfer.