

**U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Administration for Community Living**

**Affordable Care Act SHIP and ADRC Options Counseling for Medicare-  
Medicaid Individuals in States with  
Approved Financial Alignment Models**

**Amended Announcement**

**Funding Opportunity Number: CMS-1N1-14-001**

**CFDA: 93.626**

**Date: July 16, 2015**

**Applicable Dates:**

Electronic Cooperative Agreement Application Due Dates: June 12, 2014; August 14, 2014; November 13, 2014; January 15, 2015; March 18, 2015; June 16, 2015; July 20, 2015; August 14, 2015

Anticipated Notice of Award (First Round): August 1, 2014

Anticipated Notice of Award (Future Rounds): Approximately 45 days after each deadline date

Cooperative Agreement Period of Performance/Budget Period: Three years after date of award

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# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. Purpose**

Under the Centers for Medicare & Medicaid Services (CMS), the Center for Medicare & Medicaid Innovation (the Innovation Center) is authorized to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid and the Children's Health Insurance Program (CHIP) while preserving or enhancing the quality of care furnished to individuals under such programs. In July 2011, CMS released a letter to State Medicaid Directors which discussed two models for integrating care and aligning financial incentives for Medicare and Medicaid, as part of CMS' Financial Alignment Initiative, a joint initiative of the Innovation Center and the Medicare-Medicaid Coordination Office (MMCO). Under this initiative, States and CMS will collaborate to integrate care and financing for Medicare-Medicaid individuals.

The Financial Alignment Initiative is a unique Federal-state partnership to test aligning the service delivery and financing of the Medicare and Medicaid programs to better serve Medicare-Medicaid individuals. There is a need for strong beneficiary support, education and outreach in each state that is implementing a model through the Financial Alignment Initiative, including options counseling for beneficiaries. As a result, the Innovation Center in partnership with MMCO is releasing this funding opportunity to support outreach, education, and counseling for Medicare-Medicaid enrollees through State Health Insurance Assistance Programs (SHIPs) and Aging and Disability Resource Centers (ADRCs). These two groups have longstanding history and relationships with beneficiaries and are well situated to provide this service locally in each State.

Funding under this Announcement is only available to states that have signed a Memorandum of Understanding (MOU) with CMS to participate in the Financial Alignment Initiative through implementation of a CMS-approved model (State Demonstration). A state signing the MOU, will, per that MOU, be required to support options counseling.

This Funding Opportunity will provide financial assistance to SHIPs and/or ADRCs to provide options counseling to Medicare-Medicaid individuals (dual eligibles) to ensure that these individuals have access to an unbiased and consumer friendly source of information and counseling – distinct from the Demonstration Plans (See section 1.3 for definition) and Enrollment Brokers (See section I.3 for definition) – to help them make informed decisions about options they have for receiving their Medicare and Medicaid benefits. SHIPs and ADRCs are directed to ensure that options counseling for Medicare-Medicaid individuals that are part of the State Demonstration is separate and distinct from benefits counseling they may perform for any and all beneficiaries that are not part of the State Demonstration described in this FOA and paid for under other grant funding opportunities.

The work performed under this FOA will be evaluated as part of the overall evaluation of each State Demonstration.

## **2. Authority**

This solicitation is being issued under section 1115A of the Social Security Act (added by section 3021 of the Patient Protection and Affordable Care Act (P.L. 111-148)), which authorizes the Innovation Center to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid, and the Children's Health Insurance Program while preserving or enhancing the quality of care.

### 3. Background

The Federal Coordinated Health Care Office (Medicare-Medicaid Coordination Office - MMCO), established pursuant to Section 2602 of the Affordable Care Act, serves individuals who receive and are enrolled in both Medicare and Medicaid, also known as Medicare-Medicaid individuals. MMCO is charged with more effectively integrating benefits under the Medicare and Medicaid programs and improving the coordination between the federal government and states. MMCO works across federal agencies, states, and stakeholders to align and coordinate benefits between the two programs effectively and efficiently. In addition, MMCO partners with states to develop new care models and improve the way Medicare-Medicaid enrollees receive health care. MMCO is releasing this Funding Opportunity Announcement (FOA) in partnership with the Innovation Center.

The Innovation Center is authorized to test innovative service and payment delivery models. The Innovation Center's mission is threefold:

- **Better health care** by improving all aspects of patient care;
- **Better health** by encouraging healthier lifestyles in the entire population; and
- **Lower costs through** promotion of preventative medicine, improved coordination of health care services, and reduction of waste and inefficiencies.

The Financial Alignment Initiative will address a longstanding barrier to coordinating care for Medicare-Medicaid individuals, which is the financial misalignment between Medicare and Medicaid. To begin to address this issue, CMS will test two models for States to better align the financing of these two programs and integrate primary, acute, behavioral health and long term services and supports (LTSS) for their Medicare-Medicaid individuals. These two models include:

- **Capitated Model:** A State, CMS, and a health plan enter into a three-way contract, and the plan receives a prospective blended payment to provide comprehensive, coordinated care.
- **Managed Fee-for-Service Model:** A State and CMS enter into an agreement by which the State would be eligible to benefit from savings resulting from initiatives designed to improve quality and reduce costs for both Medicare and Medicaid.

To participate in the Financial Alignment Initiative, each state had to submit a proposal outlining its approach to implementing the model (State Demonstration). As of June 2012, a total of 26 states submitted financial alignment proposals to CMS. When a State meets the standards and conditions for the Financial Alignment Initiative, CMS and the State will develop a Memorandum of Understanding (MOU) to establish the parameters of the initiative. To date, CMS has approved twelve financial alignment demonstrations and a MOU has been signed by both the State and CMS. CMS continues to work with a number of other states on their models.

On August 23, 2012, CMS issued an initial funding opportunity to support options counseling in States with approved financial alignment demonstrations. Through this opportunity, CMS provided funding to five States including California, Illinois, Massachusetts, Virginia, and Washington. CMS is presenting this second Funding Opportunity Announcement to support options counseling in other States which have signed MOUs as well as afford current awardees an opportunity to request additional funding based upon demonstrated need. Through both of these funding opportunities CMS wants to ensure local counseling and informational resources are available for beneficiaries and/or caregivers who have questions about the care options under the State Demonstration as implemented in their state. CMS and the Administration for Community Living (ACL) staff collaborated on the development of this FOA and will collaborate on implementation. ACL serves in a cooperative role with CMS and will participate in consistent communication to states, technical assistance, reporting, training and ensuring collaboration between ADRCs/SHIPS at the state and local level.

The goal of this Funding Opportunity is to provide funding over a three year period to states that have signed a Memorandum of Understanding (MOU) with CMS to implement a CMS-approved State Demonstration. Awardees will develop and implement a coordinated SHIP/ADRC strategy and action plan to provide beneficiaries who are eligible for both Medicare and Medicaid – during both Phase 1 Activities and Ongoing Activities of the program, as described in Section I.4 below – with objective information and one-on-one counseling on the nature of the State’s Demonstration. Such activities will include, but are not limited to, providing information and counseling as to how and when the project will be implemented, the options these dual eligible beneficiaries will have for receiving their Medicare and Medicaid services in their state, the appeal rights they will have under the model, and what they need to do to participate in the program. The SHIP/ADRC staff assigned to this project must be able to provide this information and counseling in a way that is easy for beneficiaries to understand and is culturally and linguistically appropriate. These activities must be carried out in a SHIP/ADRC. Also, the SHIP/ADRC should possess a general understanding of all CMS approved State Demonstrations. This funding may not be used to supplant existing Federal, State, local, or private funding of infrastructure or services.

### **State Health Insurance Assistance Programs (SHIPs)**

The State Health Insurance Assistance Program, or SHIP, is a federally funded state-based program that offers free, objective, and local one-on-one health insurance counseling and assistance to people with Medicare, and their families, about Medicare, Medicaid and related programs. The SHIP program, established in 1990, was federally funded and administered by the Centers for Medicare & Medicaid Services (CMS) until FY 2014. The program is currently being fully transitioned to ACL. SHIP programs reach nearly 5 million people each year, including people who are eligible for both Medicare and Medicaid (dual eligibles), through one-on-one counseling, outreach, and media events. SHIPs are located in each of the 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. People with Medicare can visit a local SHIP office or call a toll-free phone number to speak to a trained SHIP counselor about their particular Medicare question(s). State SHIP programs are located in each State’s Unit on Aging or Department of Insurance. SHIPs have a national network of over 14,000 trained counselors and 1,300 local SHIP sites. Some programs may be called by a name other than SHIP, but they are all part of the federally funded network. SHIPs are independent and are not connected to any insurance company or health plan. They do not promote or sell insurance products.

SHIPs help people find, understand, and enroll in programs and plans, including Medicare Prescription Drug Coverage, Medicare Advantage plans, Medicare supplement insurance policies, and long-term care options. SHIPs also partner with State Medicaid Agencies in order to counsel and provide assistance to dually eligible individuals. SHIPs provide counseling to assist beneficiaries in understanding and using quality of care and cost information, with appeals and grievance processes, provide counseling on Medicare wellness and preventive benefits including those available under the Patient Protection and Affordable Care Act (ACA), and increase awareness about: Medicare fraud prevention, including increasing efforts in detecting and reporting fraud; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) competitive bidding areas; and Accountable Care Organizations (ACOs).

### **Aging and Disability Resource Center Programs (ADRCs)**

The Administration on Aging (AoA) (now part of the ACL) and CMS have provided grants to states since 2003 to develop “one stop shop” Aging and Disability Resource Center Programs (ADRCs) to make it easier for individuals of all ages to learn about and access the LTSS options that are available in their communities. ADRCs are designed to serve as visible and trusted systems where people can access objective information on their LTSS options and other benefits. These programs provide one-on-one counseling and advice to ensure that individuals, including private pay individuals, fully understand what options are available to meet their particular needs and preferences. For people who might qualify for a public program, ADRCs help individuals navigate the eligibility processes for the public programs they might be eligible for, including Medicaid. ADRCs currently operate in over 509 community sites across 50 states and the U.S. Territories, representing close to 77% of the U.S. population. Similar to the SHIP program, each year ADRCs report serving close to 5.0 million beneficiary contacts.

### **SHIP and ADRC Coordination**

While partnerships have existed between SHIPs and state and local aging and disability organizations since the inception of SHIP programs in 1990, CMS and ACL have helped to increase and solidify partnerships over the past decade, including partnerships with ADRC systems, through a number of key efforts. In 2003, when the AoA (now part of the ACL) and CMS first provided grants to states to establish ADRCs, states were required to coordinate their ADRC and SHIP programs. In the 2006 Amendments to the Older Americans Act, ADRCs were charged with helping consumers with information and counseling on their Medicare benefits, and this statutory requirement reinforced the importance of SHIP and ADRC coordination at the federal, state and community level. This partnership was further enhanced through the implementation of the Medicare Part D drug plans, as well as the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. Since 2010, CMS and AoA provided \$60 million to ADRCs and SHIPs for the specific purpose of coordinated outreach to beneficiaries, including Medicare-Medicaid individuals. Through these coordinated efforts, ADRC and SHIP programs and Area Agencies on Aging (AAAs) have successfully filled an important role, providing valuable support at both the state and community levels for organizations involved in reaching people eligible for Medicare Part D, the Low Income Subsidy (LIS), and Medicare Savings Programs (MSP), as well as assisting beneficiaries in applying for Medicare and other health care and LTSS benefits.

To support the CMS-approved State Demonstration, this Funding Opportunity allows for a joint effort by SHIPs/ADRCs to provide options counseling to those Medicare-Medicaid individuals

that need additional information to make informed decisions about their healthcare choices. SHIPs/ADRCs will not provide plan enrollment services; that service will be provided by Enrollment Brokers. SHIPs/ADRCs will refer Medicare-Medicaid individuals to Enrollment Brokers for joining a plan.

### **Demonstration Plan**

A Demonstration Plan is a health plan selected by CMS and a state that has applied to participate in the State Demonstration. Such plan is responsible for the Medicare and Medicaid benefits for eligible Medicare-Medicaid individuals participating in the State Demonstration.

### **Enrollment Brokers**

Enrollment into Demonstration Plans will be managed by independent enrollment brokers. Individuals will be able to call these third-party entities to enroll into a Demonstration Plan of their choice, or, in some cases, will be passively enrolled by the enrollment broker into one if they do not choose a Demonstration plan. Individuals will still have a need for options counseling and assistance from entities that will be able to provide broader options counseling. (The enrollment broker facilitates the enrollment into the Demonstration Plans; the SHIP/ADRC will provide a distinct service to beneficiaries that is independent of the enrollment broker and specifically designed to provide beneficiaries with an unbiased and consumer friendly source of information and counseling that can help them make informed decisions about the options they have for receiving their Medicare and Medicaid services.)

## **4. Program Requirements**

Awardee activities through this funding announcement will encompass three key phases:

- A. Planning Phase for the State to refine its plans for SHIP/ADRC activities for Medicare-Medicaid individuals;
- B. Phase I activities; and
- C. On-going activities.

### **A. Planning Phase Activities**

The first three (3) to six (6) months of the three-year Cooperative Agreement will consist of developing detailed strategies, updated work plan charts and review of the approved budget to discuss any modifications which may be needed in advance of the start-up and implementation of the Phase I and On-going activities. This budget review will take into account any adjustments needed to the original budget approved; however, these modifications to the budget cannot exceed or deviate from the total original award amount. This planning phase will also include the coordination of activities during the rollout of the Financial Alignment Initiatives. Start-up activities will include, but are not limited to:

- Developing and providing SHIP/ADRC staff with the information, training and tools they will need to effectively and efficiently help beneficiaries during the Phase I and On-going activities of this program.
- During the planning phase, grantees will work with CMS/ACL staff and their designated technical assistance providers, as well as peers from other Demonstration states, to develop strategies and detailed, updated work plan charts and revised budgets that will

take into account the proposed implementation plan and timeframe of each state's Financial Alignment model. Awardees will also work with CMS/ACL to leverage opportunities for cross-state synergies in addressing common needs (e.g. the development of standardized information, training, and tools that could be used by SHIP/ADRC staff in all states).

- The updated work plan charts developed during the planning phase must delineate the roles and responsibilities of both the state and local level agencies and partners involved in financing, operating and oversight of the SHIP/ADRC counseling for Medicare-Medicaid individuals within the geographic areas covered by the state's Financial Alignment model.
- At a minimum, the work plan charts should be created in a chart/matrix format and must contain the following elements: Goal, Measurable Outcomes, Major Objectives, Key Tasks, Lead Person assigned, Timeframe (Start and End Dates), and the specific mechanisms that the state will employ/utilize to coordinate efforts of the SHIP and ADRC programs to ensure that the work is collaborative, that resources are leveraged to provide maximum effectiveness, and the work is not duplicative. Other elements may be added to the work plan chart during the initial planning phase.
- Work plans must also ensure the appropriate coordination between SHIP/ADRC staff and the Enrollment Brokers.
- Work plans must also ensure coordination with, the state's enrollment vendor(s), and appeals mechanisms associated with the Financial Alignment model.
- Work plans must also ensure that the information and counseling the SHIP/ADRC staff provide to beneficiaries under this project are easy for the beneficiaries to understand and are culturally and linguistically appropriate.
- If more than six months is needed during the planning phase, the awardee should send a request to extend this period. This request must be made to and approved by CMS in collaboration with ACL.

## **B. Phase I Activities**

This phase will involve SHIP/ADRC programs providing information and, as necessary, one-on-one counseling to Medicare-Medicaid individuals who have questions about their State's Demonstration before they begin participating in the model and preferably before the State Demonstration begins. The SHIP/ADRC grantees will be required to provide high-quality information and counseling to all requesting beneficiaries, providers and caregivers, and document, track and report on the types of questions being asked and the type of information and assistance they are providing to these Medicare-Medicaid individuals. Minimally, the following are the data elements that awardees will be required to track and report to CMS on a quarterly basis using the National Performance Reporting (NPR) System:

- Number of SHIP and ADRC counselors serving Medicare-Medicaid individuals by zip code, by county, by state
- Number of SHIP and ADRC counselors trained on the State Demonstration by zip, by county, by state
- Number of referrals to SHIPs and to ADRCs from:

- State Medicaid Office
- Enrollment brokers
- 1-800-MEDICARE
- CMS Federal Coordinated Health Care Office (FCHCO)
- Other
- Number of types of topics discussed or services provided to beneficiaries:
  - Enrollment broker assistance
  - Letters received from State Medicaid Office
  - Managed care options
  - Opt-out of program
  - Enrollment assistance
  - Other Medicare issues
  - Given publications and other materials
- Number and type of referrals:
  - Referred to other service(s)/organizations
  - Referred to Enrollment Broker
  - Referred to the appeals process
- Number of beneficiaries that elected to opt-out
- Number of beneficiaries who remained in assigned managed care program
- Provide a list of partners, their role(s), and expected outcome(s); identify if there is a Memorandum of Understanding (MOU) and/or contract in place with such partners.

### **C. On-going Activities**

This stage will involve SHIP/ADRC programs providing information and, as necessary, one-on-one counseling to Medicare-Medicaid individuals to navigate or access portions of the State Demonstration including but not limited to a network benefit or determining whether a particular plan continues to meet an individual's care needs. On a quarterly basis, in the NPR system, SHIP/ADRC programs will be required to document, track and report on the types of questions they are being asked and the types of information and assistance they are providing.

In all phases of the project, the SHIP/ADRC programs will provide high quality, tailored information and, as necessary, one-on-one counseling, on the State Demonstration in a manner that:

- Is fair, objective, accurate, timely, complete and impartial;
- Empowers consumers to make informed decisions about selecting plans that best meet their health and LTSS needs;
- Refers consumers and their families to other resources as needed; and,
- Ensures that a decentralized process is used to reach populations at the local level, and that there is access to a statewide 1-800 number, and an appropriate availability of counselors.

In addition to these activities, the applicant may choose to include additional program requirements and design elements that target specific Medicare-Medicaid sub-populations, including but not limited to those with limited English proficiency, intellectual and developmental disabilities, severe and persistent mental illness, and those with behavioral or cognitive disabilities. These subpopulations can also include serving individuals in rural, frontier, and/or federally-recognized American Indian tribes.

### **Program Reporting**

On a quarterly basis, in the NPR system, SHIP/ADRC programs will be required to submit reports which contain the data elements listed in Phase I activities. To successfully complete these reports, agencies must document, track and report on the types of questions they are being asked and the types of information and assistance they are providing.

Besides the Data Element Reports, the awardee shall be responsible for providing semi-annual progress reports to CMS to summarize progress against the milestones identified in the work plan. The semi-annual progress report shall provide an analysis of challenges, discuss best practices or key lessons, and provide mitigation strategies for addressing barriers during implementation. To the extent that a State includes additional program requirements and design elements that are targeted to specific Medicare-Medicaid sub-populations, such elements and requirements will be included in the semi-annual progress report. This report shall be submitted within 30 calendar days of the end of each six-month period.

Within 90 calendar days of the end of the three-year cooperative agreement, the awardee shall submit a final report to CMS. The report will summarize federal and state expenditures for implementation activities, review lessons learned, and inform CMS about implementation needs to replicate successful demonstrations in other states or make potential future Medicare and Medicaid policy changes.

## **II. AWARD INFORMATION**

### **1. Total Funding**

The total amount of federal funds available is anticipated to be up to \$8,000,000.

### **2. Award Amount**

The amount of each cooperative agreement award made to eligible applicants (see Section III.1, *Eligible Applicants*) will be determined by a formula that considers the number of Medicare-Medicaid individuals in the state that are eligible to participate in the State Demonstration as a proportion of the number of Medicare beneficiaries, per 1,000 in the state as well as the intensity of the work that is to be undertaken. CMS will also consider the extent to which an applicant chooses to provide services to specific Medicare-Medicaid sub-populations as discussed in Section I. 4.C, *On-going Activities*.

States can select to serve one or more specific sub-populations. States selecting this option should include this information in their narrative, work plan and budget as part of their proposal. States can request up to \$150,000 to serve one sub-population, and up to \$300,000 for serving two or more sub-populations.

The funding ranges below are to help states in establishing a budget and total request for their proposal. Note the maximum award amount for each range includes the up to \$300,000 available to states that select to serve two or more of the aforementioned sub-populations:

Estimated Number of Beneficiaries Eligible for Demonstration	Minimum Award Amount	Maximum Award Amount
Up to 60,000 eligible beneficiaries	\$47,000	\$521,000
60,000 to 95,000 eligible beneficiaries	\$240,000	\$630,000
95,000 to 140,000 eligible beneficiaries	\$360,000	\$900,000
140,000 to 175,000 eligible beneficiaries	\$500,000	\$920,000
more than 200,000 eligible beneficiaries	\$600,000	\$1,000,000

CMS reserves the right to reduce the requested amount based on available funding, the number of applicants for a particular round, the formula applied to each applicant, and if an applicant previously received funding under funding opportunity announcement number **CMS-1N1-12-001**, for SHIPs and ADRCs options counseling to Medicare-Medicaid individuals in States with approved Financial Alignment Models.

ADRCs and SHIPs within a state are expected to receive an equal amount of funding, unless otherwise negotiated by the components with the State and approved by CMS.

### **3. Anticipated Award Dates**

Please refer to Section IV.3 Submission Dates and Times for the anticipated award dates for each round. Awards will be issued approximately 45 days after each deadline date.

### **4. The Period of Performance**

The budget and project period for each Cooperative Agreement awarded will be three (3) years from the date of award, not to exceed the timeframe of the state’s financial alignment demonstration.

Continued access to funding will be contingent on the applicant’s ability to comply with key deliverables within the Period of Performance.

### **5. Number of Awards**

The number of awards will depend on the number of states that, at the time of each application deadline, have a signed MOU with CMS to implement the State Demonstration and apply for funding under this opportunity.

### **6. Type of Award**

These awards will be structured as Cooperative Agreements. The Federal Grant and Cooperative Agreement Act of 1977, 31 U.S.C. 6301, defines the cooperative agreement as an alternative

assistance instrument to be used in lieu of a grant whenever substantial Federal involvement with the recipient during performance is anticipated. The difference between grants and cooperative agreements is the degree of Federal programmatic involvement rather than the type of administrative requirements imposed. Therefore, statutes, regulations, policies, and the information contained in the HHS Grants Policy Statement that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise.

### **III. ELIGIBILITY INFORMATION**

#### **1. Eligible Applicants**

A total of 26 States submitted a financial alignment demonstration proposal by the deadline of May 31, 2012. Submission of a financial alignment demonstration proposal is an important first step but not the final step towards demonstration approval. When a State meets the standards and conditions for the Financial Alignment Initiative, CMS and the State will develop and sign a Memorandum of Understanding (MOU) to establish the parameters of the initiative. Funding under this Announcement is only available to states that have signed an MOU with CMS to implement a State Demonstration. A list of states that have submitted proposals to CMS can be found at: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/StateProposals.html>. Approved State Demonstrations and signed MOUs can be found at: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/ApprovedDemonstrationsSignedMOUs.html>.

Eligible applicants from the CMS-approved Financial Alignment States include any one of the state agencies that administers the ADRC and/or SHIP program(s) within the state (e.g. State Unit on Aging, State Department of Insurance, a State Disability Agency, State Medicaid Agency or other state entity). Regardless of which agency serves as the "lead" applicant agency, the State Unit on Aging, State Department of Insurance, State Disability Agency/Agencies and State Medicaid Agency must all be involved in the planning, development and implementation of the state's options counseling efforts under this funding opportunity. A letter of commitment signed by the State Official of each coordinating agency must be provided with the submitted application. The letter of commitment should contain the name of the state agency(s), name of SHIP, name of ADRC and the designated "lead" agency. Please include a statement that the State Official agrees to deliver the services outlined in this Funding Opportunity Announcement for the entire project period stated in Section II, Award Information. The SHIP and ADRC operational activities supported by this opportunity must be fully coordinated at both the state and community level. Only one application can be submitted for approval from each eligible state. Award determinations will be made based on the extent that such support is not duplicative of previous activities or awards.

Applicants, that received an award under Funding Opportunity Number CMS-1N1-12-001, *Affordable Care Act State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center (ADRC) Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Models*, are eligible to apply under this funding opportunity so

long as the funding requested does not duplicate activities funded under CMS-1N1-12-001 and the proposal demonstrates a need for additional funding.

### **Eligibility Threshold Criteria**

- Application deadline: Applications not received electronically through [www.grants.gov](http://www.grants.gov) by the application deadline will not be reviewed.
- Application requirements: Applications will be considered for funding only if the application meets the requirements as outlined in, Section III, *Eligibility Information*, and Section IV, *Application and Submission Information*.
- Page limits: The application Project Narrative must not exceed ten pages in length, the Work Plan Chart and Vitae of Key Project Personnel must not exceed fifteen pages in length, and the Budget Narrative must not exceed five additional pages (for a total of up to 30 pages in length).
- The additional documentation, including Standard Forms, Cover Letter, Project Abstract, Letters of Commitment, and signature page of MOU are excluded from the page limitation. Type font must be 12. For more information, see Section IV. 2, *Content and Form of Application Submission*.

Applicants are strongly encouraged to use the review criteria information provided in Section V, *Application Review Information*, to help ensure that the proposal adequately addresses all the criteria that will be used in evaluating the proposals.

### **Employer Identification Number**

All applicants must have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service.

### **Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS number)**

All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number in order to apply. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following website: [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711. See Section IV. 1, *Address to Request Application Package*, for more information on obtaining a DUNS number.

### **System for Award Management (SAM)**

All applicants must register in the System for Award Management (SAM)\* database (<https://www.sam.gov/portal/public/SAM/>) in order to be able to submit an application at <http://www.grants.gov>. In order to register, applicants must provide their DUNS and EIN numbers. Additional information about SAM is available at

<https://www.sam.gov/portal/public/SAM/>. Applicants must successfully register with SAM prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. See Section IV, *Application and Submission Information*, for more guidance on SAM registration. Primary awardees must maintain a current registration with the SAM database, and **may make subawards only to entities that have DUNS numbers**. Organizations must report executive compensation as part of the registration profile at <https://www.sam.gov/portal/public/SAM/> by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170). See Section VI, *Award Administration Information*, for more information on FFATA. The Grants Management Specialist assigned to monitor the subaward and executive compensation reporting requirements is Iris Grady, who can be reached at [divisionofgrantsmanagement@cms.hhs.gov](mailto:divisionofgrantsmanagement@cms.hhs.gov).

\*Applicants were previously required to register with the Central Contractor Registration. The CCR was a government-wide registry for organizations that sought to do business with the federal government. CCR collected, validated, stored, and disseminated data to support a variety of federal initiatives. This function is now fulfilled by SAM. SAM has integrated the CCR and will also incorporate 7 other Federal procurement systems into a new, streamlined system. If an applicant had an active record in CCR prior to the rollout of SAM, an active record would be available in SAM. However, more than a year has passed since the rollout of SAM, so entities must ensure its registration with CCR (through SAM) is still active prior to applying under this funding opportunity. Please consult the SAM website listed above for additional information.

## **2. Cost Sharing or Matching**

State Cost-Sharing and Matching payments are not required for this program.

# **IV. APPLICATION AND SUBMISSION INFORMATION**

## **1. Address to Request Application Package**

This FOA contains all the instructions to enable a potential applicant to apply. The application should be written primarily as a narrative with the addition of standard forms required by the Federal government for all grants and cooperative agreements.

### **Application Materials**

Application materials will be available for download at <http://www.grants.gov>. Please note that HHS requires applications for all announcements to be submitted electronically through <http://www.grants.gov>. For assistance with <http://www.grants.gov>, contact [support@grants.gov](mailto:support@grants.gov) or 1-800-518-4726. At <http://www.grants.gov>, applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website.

Specific instructions for applications submitted via <http://www.grants.gov>:

- You can access the electronic application for this project at <http://www.grants.gov>. You must search the downloadable application page by the CFDA number 93.626.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. HHS strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time needed to complete the required registration steps.
- All applicants under this announcement must have an Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN), to apply. **Please note, applicants should begin the process of obtaining an EIN/TIN as soon as possible after the announcement is posted to ensure this information is received in advance of application deadlines.**
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number. The DUNS number is a nine-digit identification number that uniquely identifies business entities. To obtain a DUNS number, access the following website: <http://www.dnb.com/> or call 1-866-705-5711. This number should be entered in block 8c (on the Form SF-424, Application for Federal Assistance). The organization name and address entered in block 8a and 8e should be exactly as given for the DUNS number. **Applicants should obtain this DUNS number as soon as possible after the announcement is posted to ensure all registration steps are completed in time.**
- The applicant must also register in the System for Award Management (SAM) database in order to be able to submit the application. Applicants are encouraged to register early, and must have their DUNS and EIN/TIN numbers in order to do so. Information about SAM is available at <https://www.sam.gov/portal/public/SAM/>. The SAM registration process is a separate process from submitting an application. **You should allow a minimum of five business days to complete SAM registration; however, in some cases, the registration process can take approximately two weeks or longer to be completed. Therefore, applicants should begin the SAM registration process as soon as possible after the announcement is posted to ensure that it does not impair your ability to meet required submission deadlines.**
- Authorized Organizational Representative: The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password at [http://grants.gov/applicants/get\\_registered.jsp](http://grants.gov/applicants/get_registered.jsp). AORs must wait one business day after successful registration in SAM before entering their profiles in Grants.gov. **Applicants should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines.**

- When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz POC will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.
- The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.
- **Any files uploaded or attached to the Grants.Gov application must be PDF file format and must contain a valid file format extension in the filename. Even though Grants.gov allows applicants to attach any file formats as part of their application, CMS restricts this practice and only accepts PDF file formats. Any file submitted as part of the Grants.gov application that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application during the review process. In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation. All documents that do not conform to the above specifications will be excluded from the application materials during the review process.**
- After you electronically submit your application, you will receive an acknowledgement from <http://www.grants.gov> that contains a Grants.gov tracking number. HHS will retrieve your application package from Grants.gov. **Please note, applicants may incur a time delay before they receive acknowledgement that the application has been accepted by the Grants.gov system. Applicants should not wait until the application deadline to apply because notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications submitted after the deadline, as a result of errors on the part of the applicant, will not be accepted.**
- After HHS retrieves your application package from Grants.gov, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by Grants.gov.

Each year organizations and entities registered to apply for Federal grants through <http://www.grants.gov> must renew their registration with the System for Award Management (SAM). You can register with SAM online; registration will take about 30 minutes to complete (at <https://www.sam.gov/portal/public/SAM/>). **Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying via Grants.gov. Similarly, failure to maintain an active SAM registration during the application review process can prevent HHS from issuing your agency an award under this program.**

Applications cannot be accepted through any email address. Full applications can only be accepted through <http://www.grants.gov>. Full applications cannot be received via paper mail, courier, or delivery service.

All grant applications must be submitted electronically and be received through <http://www.grants.gov> by 3:00 pm Eastern Standard or Daylight Time (as appropriate) for the applicable deadline date. See Section IV.3, *Submission Dates and Times* for more information.

All applications will receive an automatic time stamp upon submission and applicants will receive an email reply acknowledging the application's receipt.

Please be aware of the following:

- Search for the application package in Grants.gov by entering the CFDA number 93.626.
- If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: [www.grants.gov/customersupport](http://www.grants.gov/customersupport) or 1-800-518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
- When contacting Grants.gov, always obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved.

Grants.gov complies with Section 508 of the Rehabilitation Act of 1973. If an individual uses assistive technology and is unable to access any material on the site including forms contained with an application package, they can email the Grants.gov contact center at [support@grants.gov](mailto:support@grants.gov) or call 1-800-518-4726.

## **2. Content and Form of Application Submission**

### **Form of Application Submission**

Each application must include all contents described below, in the order indicated, and in conformity with the following specifications:

- Use 8.5" x 11" letter-size pages (one side only) with 1" margins (top, bottom, and sides). Other paper sizes will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5" x 11".
- All pages of the project narrative must be paginated in a single sequence.
- Font size must be 12-point with an average character density no greater than 14 characters per inch.
- The narrative portions of the application must be DOUBLE-SPACED.
- The project abstract is restricted to a one-page summary which should be single-spaced.

- The Project Narrative must not exceed ten pages in length.
- The Budget Narrative must not exceed five pages in length.
- The Work Plan Chart and Vitae of Key Project Personnel must not exceed fifteen pages in length.
- Signature page of the Memorandum of Understanding (MOU) with CMS to implement the State Demonstration.
- The total of all narrative portions, including supporting materials, should not exceed thirty pages. The Cover Letter, Project Abstract, signature-page of the Memorandum of Understanding, Letters of Commitment, and Standard Forms are **not included** within the 30-page limit.

## A. Standard Forms

- SF 424: Official Application for Federal Assistance (see note below)
- SF 424A: Budget Information Non-Construction
- SF 424B: Assurances-Non-Construction Programs
- SF LLL: Disclosure of Lobbying Activities  
*All applicants must submit this document. If your agency does not engage in lobbying, please insert “Non-Applicable” on the document and include the required Authorized Organizational Representative (AOR) name, contact information, and signature.*
- Project Site Location Form(s)

**Note:** On SF 424 “Application for Federal Assistance:”

- Item 15 “Descriptive Title of Applicant’s Project.” Please indicate in this section the name of this Cooperative Agreement funding opportunity: **State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center (ADRC) Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Models**
- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these cooperative agreement awards.
- Assure that the total Federal Cooperative Agreement funding requested is for the entire period of the Cooperative Agreement.

## B. Required Letters of Commitment

Please refer to Section III.1, *Eligible Applicants*, for information on the letters that must be submitted with the application.

## C. Cover Letter

A letter from the applicant indicating the title of the project, the principal contact person, and the amount of funding requested.

This letter should be addressed to:

Christopher Clark  
Grants Management Specialist  
Centers for Medicare & Medicaid Services  
Office of Acquisition and Grants Management  
7501 Wisconsin Avenue  
Bethesda, MD 20814

#### **D. Copy of Signed Memorandum of Understanding**

Applicants must include a copy of the signature page of the signed Memorandum of Understanding (MOU) with CMS to implement the State Demonstration.

#### **E. Project Abstract (Maximum of One Page)**

The abstract (single-spaced) should serve as a succinct description of the proposed project and must include the goals of the project, the total budget, and a description of how the cooperative agreement will be used. The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Personal identifying information should be excluded from the abstract.

#### **F. Project Narrative (Maximum of Ten Pages)**

The Project Narrative is the most important part of the application, since it will be used as the primary evaluative tool for determining whether your project meets the minimum requirements for this cooperative agreement. The Project Narrative should provide a clear and concise description of your project, and include complete and separate responses to the following nine questions outlined below:

1. Will all funds provided under this cooperative agreement be used solely to support outreach, information, and one-on-one counseling efforts directed toward Medicare-Medicaid individuals eligible to participate in the State Demonstration? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)
2. Will all activities provided through the SHIP/ADRC programs under this cooperative agreement to Medicare-Medicaid individuals be above and beyond the regular activities that the ADRC and SHIP have planned in response to federal funding provided under the other ADRC and SHIP program grant awards? (Yes or No – Note that an answer of Yes is required to be eligible for funding.) If yes, how will the awardee ensure that funds provided under this FOA are not used towards meeting requirements under other funding streams? If yes, the awardee also agrees to include a description of how this funding will extend or enhance the ADRC and SHIP efforts within the State as part of their detailed work plan chart, which will be reviewed and may be adjusted within 6 months from receipt of funds.

3. Will all the required state agencies that must be involved in the planning and implementation of this project (i.e., the State Unit on Aging, State Department of Insurance, State Disability Agency/Agencies and State Medicaid Agency) have meaningful coordination and partnership roles in the project? (Yes or No – Note that an answer of Yes is required to be eligible for funding.) Please provide a letter of commitment signed by all coordinating agencies.
4. Will funding be provided to the state and local agencies and organizations that administer the ADRC and SHIP programs within the state as appropriate to support the goals of this funding opportunity and the timeline and work plan chart for the State Demonstration? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)
5. Does the "lead" applicant and its partner agencies within the state agree to work with CMS/ACL and their Technical Assistance Providers to review and revise a proposed, detailed work plan chart and project budget during the three (3) to six (6) month planning phase of the cooperative agreement, as outlined in the funding announcement? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)

NOTE: At a minimum, the detailed work plan chart that awardee states will have to develop during their three (3) to six (6) month planning phase must include:

- A statement of the project's overall goal, and anticipated outcome(s),
  - Key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s) for the Phase I activities and On-going activities of the cooperative agreement.
  - For each major task/action step, the work plan chart will identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.
  - The specific mechanisms that the state will employ/utilize to coordinate efforts of the SHIP and ADRC programs to ensure that the work is collaborative, that resources of the programs are leveraged to provide maximum effectiveness and the work is not duplicative.
6. Will the awardee agree to work with CMS/ACL and its Technical Assistance Providers to develop an approach to evaluate the state's progress? If Yes, awardee agrees to implement its detailed work plan chart and achieve specific measurable outcomes, including outcomes related to: (Yes or No – Note that an answer of Yes is required to be eligible for funding.)
    - Number of SHIP and ADRC counselors serving Medicare-Medicaid individuals eligible to participate in the State Demonstration (duals) by zip code, by county, by state
    - Number of SHIP and ADRC counselors trained on the State Demonstration, by zip, by county, by state
    - Number of Medicare-Medicaid individuals eligible to participate in the State Demonstration referrals to SHIPs and to ADRCs from:
      - State Medicaid Office

- Enrollment brokers
  - 1-800-MEDICARE
  - CMS Federal Coordinated Health Care Office (FCHCO)
  - Other
- Number of types of topics discussed or services provided to beneficiaries eligible to participate in the State Demonstration:
    - Enrollment broker assistance
    - Letters received from State Medicaid Office
    - Managed care options
    - Opt-out of program
    - Enrollment assistance
    - Other Medicare issues
    - Given publications and other materials
  - Number and type of referrals
    - Referred to other service(s)/organizations
    - Referred to Enrollment broker
    - Referred to the appeals process
  - Number of beneficiaries that elected to opt-out
  - Number of beneficiaries who remained in assigned managed care program
  - Provide a list of partners, their role(s), and expected outcome(s); identify if there is a MOU and/or contract in place with such partners.
7. Will the awardee establish new and/or expand existing partnerships that will enable the awardee to reach and/or provide options counseling to Medicare-Medicaid individuals? (Yes or No) If Yes, awardee agrees to include a description of what specific partnerships the awardee will establish or expand as part of its detailed, revised work plan chart due no later than 6 months from receipt of funds. (Yes or No – Note that an answer of Yes is required to be eligible for funding.)
8. How many Medicare-Medicaid individuals does the applicant currently provide options counseling for? How will the applicant use funds provided under this FOA to enhance that service and further outreach?
9. Who will provide project management for the cooperative agreement? Please briefly describe the clear delineation of the roles and responsibilities of key project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. Please specify who would have day-to-day responsibility for key tasks such as: leadership of the project; monitoring the project's on-going progress, preparation of reports and submission of data; communications with other partners and CMS and ACL. Please also describe the approach that will be used to monitor and track progress on the project's tasks and objectives.

10. Please briefly describe the organizational capability of the "lead" organization to carry-out the activities of this cooperative agreement. Ensure that the vitae of key project personnel are provided as attachments to the application. This description should include how the applicant agency is organized, the nature and scope of its work and/or the capabilities it possesses, as well as a description of the organization's capability to sustain some or all project activities after federal financial assistance has ended. If appropriate, include an organization chart showing the relationship of the project to the current organization as an attachment to the Project Narrative. Also, include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

### **G. Work Plan Chart**

At a minimum, the proposed work plan chart should be created in a chart/matrix format and must contain the following elements: Goal, Measurable Outcomes, Major Objectives, Key Tasks, Lead Person assigned, Timeframe (Start and End Dates), and the specific mechanisms that the State will employ/utilize to coordinate efforts of the SHIP and ADRC programs to ensure that the work is collaborative, that resources of the programs are leveraged to provide maximum effectiveness, and the work is not duplicative. The applicant should be as detailed as possible in its proposal. Upon award, grantees will revise the work plan chart during the planning phase.

### **H. Vitae of Key Project Personnel**

As indicated in the description under the Project Narrative (see questions 9 and 10), applicants should include vitae of key project personnel involved in this project. Vitae may include the following elements: Contact information, Brief biography, Undergraduate education, Graduate education, Training, Employment history, Technical, computer, and language skills, Professional licenses and certifications, Memberships.

### **I. Budget and Budget Narrative (Maximum of Five Pages)**

In addition to submitting the SF-424A which outlines the budget with appropriate budget line items, applicants must also submit a budget narrative that identifies and describes the funding needed to accomplish the cooperative agreement's goals. For the budget recorded on form SF-424A, applicants should outline the total amount requested by line item category, as well as provide an overall total requested. The SF-424A must be fully completed. The Budget Narrative must include a yearly breakdown of costs for the three-year project period. Specifically, the Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF424A by grant year, including a breakdown of costs for each activity/cost within the line item. The proportion of the requested funding designated for each cooperative agreement activity should be clearly defined and justify the applicant's readiness to receive funding throughout the three-year project period. This will include providing complete explanations and justifications for the proposed activities. Applicants must include specific salary rates if planning to use cooperative agreement funds to pay for salaries. The budget must separate out funding that is administered directly by the lead agency from funding that will be used by any entity other than the lead agency.

Please see Appendix 1 for guidance on creating a sample budget narrative.

As part of each application for funding, applicants must request funding only for activities not already funded/supported by prior funding. Awards made under this funding opportunity should not supplant any prior funding, including funding provided under *ACA SHIP and ADRC Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Models, CMS-1N1-12-001*. Current awardees should distinguish activities to be funded through this opportunity from current options counseling funding. In addition, current awardees must explain and demonstrate a need for additional funding.

The budget presentation must include the following:

- Estimated budget total
- Total estimated funding requirements for each of the following line items, and a breakdown for each line item:
  - Personnel;
  - Fringe benefits;
  - Contractual costs, including subcontract contracts;
  - Equipment;
  - Supplies;
  - Travel;
  - Other costs;
  - Indirect charges, in compliance with 2 CFR Part 200
  - Provide budget notes for major expenditures and notes on personnel costs and major contractual costs; and
- Completion of the Budget Form 424A remains a requirement for consideration of your application. This estimated budget presentation is an important part of your proposal and will be reviewed carefully by HHS staff.

### **Completing the SF-424A**

All applicants must submit an SF-424A. To fill out the budget information requested on form SF-424A, review the general instructions provided for the SF-424A and follow the instructions outlined below.

#### Section A – Budget Summary

*Grant Program Function or Activity* (column a) = Enter “SHIP and ADRC Options Counseling” in row 1.

*New or Revised Budget, Federal* (column e) = Enter the Total Federal Budget Requested for the 3-year project period in rows 1 and 5.

*New or Revised Budget, Non-Federal* (column f) = Enter Total Amount of any Non-Federal Funds Contributed (if applicable) in rows 1 and 5.

*New or Revised Budget*, Total (column g) = Enter Total Budget Proposed in rows 1 and 5, reflecting the sum of the amount for the Federal and Non-Federal Totals.

### Section B – Budget Categories

Enter the total costs requested for each Object Class Category (Section B, number 6) for each year of the 3-year project period.

Column (1) = Enter Year 1 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 1 line items should be entered in column 1, row k (sum of row i and j).

Column (2) = Enter Year 2 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 2 line items should be entered in column 2, row k (sum of row i and j).

Column (3) = Enter Year 3 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 3 line items should be entered in column 3, row k (sum of row i and j).

Column (5) = Enter total costs for all years of the project period for each line item (rows a-h), direct total costs (row i), and indirect costs (row j). The total costs for all line items for the three years should be entered in row k (sum of row i and j). The total in column 5, row k should match the total provided in Section A - Budget Summary, *New or Revised Budget*, column g, row 5.

### **3. Submission Dates and Times**

All cooperative agreement applications must be submitted electronically and be received through <http://www.grants.gov> by 3:00 p.m. Eastern Standard or Daylight Time on the respective due date.

Application Due Date (Round 1): June 12, 2014

The anticipated announcement date for Round 1 is August 1, 2014.

Following this deadline, based on available funding, applications will be accepted for review and approval from eligible applicants according to the submission due dates outlined in the chart below:

## FY 2014 and FY 2015 Subsequent Funding Application Submissions and Review Schedule

<b>Application Submission Due</b>	<b>Estimated Review Period</b>	<b>Anticipated Notice of Award Date</b>	<b>Anticipated Funding Period</b>
August 14, 2014, 3 p.m. EDT	August 15, 2014 – September 25, 2014	September 26, 2014	September 26, 2014 to September 25, 2017
November 13, 2014, 3 p.m. EST	November 14 – December 21, 2014	December 22, 2014	December 22, 2014 – December 21, 2017
January 15, 2015, 3 p.m. EST	January 15 – March 1, 2015	March 2, 2015	March 2, 2015 – March 1, 2018
March 18, 2015, 3 p.m. EDT	March 18 – May 3, 2015	May 4, 2015	May 4, 2015 – May 3, 2018
June 16, 2015, 3 p.m. EDT	June 16 – August 2, 2015	August 3, 2015	August 3, 2015 – August 2, 2018
July 20, 2015, 3 p.m. EDT	July 20 – August 31, 2015	September 1, 2015	September 1, 2015 – August 31, 2018
August 14, 2015, 3 p.m. EDT	August 14 – September 27, 2015	September 28, 2015	September 28, 2015 – September 27, 2018

### 4. Intergovernmental Review

Applications for these Cooperative Agreements are not subject to review by States under Executive Order 12372, “Intergovernmental Review of Federal Programs” (45 CFR 100). Please check box “C” on item 19 of the SF 424 (Application for Federal Assistance) as Review by State Executive Order 12372, does not apply to these Cooperative Agreements.

### 5. Funding Restrictions

No cooperative agreement funds awarded under this solicitation may be used for any item listed under the Prohibited Uses of Grant Funds as detailed below:

1. To match any other Federal funds.
2. To provide services, equipment, or support that are the legal responsibility of another party under Federal or State law (such as vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
3. To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
4. To cover any pre-award costs.
5. To expend funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body. Grant recipients may lobby at their own expense if they can segregate federal funds from other financial resources used for that purpose.
6. Continuation of existing projects without expansion or new and innovative approaches.

7. Technology projects/data systems (excluding equipment, e.g., lap top, PC)

The following activities are not fundable:

Note: A recent Government Accountability Office (GAO) report number 11-43, has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (EO 13589) and Delivering Efficient, Effective and Accountable Government (EO 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are to be charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

Meals are generally unallowable except for the following:

- For subjects and patients under study (usually a research program);
- Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g., Headstart);
- When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;
- As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and
- Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances. (Note: conference grant means the sole purpose of the award is to hold a conference)

## **V. APPLICATION REVIEW INFORMATION**

In order to receive a Cooperative Agreement for establishing Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Initiatives, applicants must submit an application, in the required format, no later than the deadline date.

If an applicant does not submit all of the required documents and does not address each of the topics described below, the application will be disqualified.

As indicated in Section IV. 2, *Content and Form of Application Submission*, all applicants must submit the following:

1. Standard Forms
2. Required Letters of Commitment
3. Cover Letter
4. Copy of signed Memorandum of Understanding (MOU) with CMS to implement State Demonstration (signature page)
5. Project Abstract
6. Project Narrative
7. Work Plan Chart

8. Vitae of Key Project Personnel
9. Budget and Budget Narrative

Written proposals for funding under this announcement will be reviewed by a CMS determined review panel, based on the requirements of the Program Funding Opportunity Announcement. Applicants selected for award will have answered yes to all the “Yes” required questions (1 to 7) and provided detailed responses which address the criteria outlined below.

## **1. Criteria**

Applications will be evaluated using the following three criteria:

- **Approach; (40 points)**
- **Budget; (20 points) and,**
- **Organizational Capacity (40 points)**

The points shown above are the maximum amounts allowed for the scoring of each of the criteria. Points are awarded based on the applicants sufficiently addressing the following:

### **A. Approach**

Does the project narrative provide “yes” answers for questions 1 through 7? Does the project narrative provide sufficiently detailed responses to questions 8, 9, and 10 to allow CMS/ACL staff and the independent reviewers to assess the overall strengths and merits of approach being proposed?

### **B. Budget**

Is the budget justified with respect to the adequacy and reasonableness of resources requested? Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project? Is the use of consultants, contractors and sub-awardees justified? Is the budget complete?

Are budget line items clearly delineated and consistent with the budget narrative? For example, has a multiyear line-item budget (SF-424A) been submitted as well as a budget narrative which includes detailed descriptions and cost breakdowns for each individual year? Ensure that there is no duplication of effort.

### **C. Organizational Capacity**

Do the applicant organization and its partners clearly identify their capacity for carrying out the proposed project and evaluation, including current and/or proposed volunteers and paid staff? Do the proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles?

## **2. Review and Selection Process**

A team consisting of qualified, unbiased experts will review all applications. The review process will include the following:

- Applications will be screened to determine eligibility for further review using the criteria detailed in Section III, *Eligibility Information*, of this solicitation.
- An evaluation rubric will be developed by HHS, which will consist of critical elements identified in Section V, *Application Review Information*, of this solicitation. This evaluation rubric will be used by qualified, unbiased experts in their review of all applications. An applicant may receive a score of up to 100 points. HHS reserves the option to request that applicants revise or otherwise modify their applications and budget based on the recommendations of the panel.
- The results of the objective review of the applications by federal and non-federal qualified experts will be used to advise the approving HHS official. Final award decisions will be made by a HHS program official. In making these decisions, HHS program official will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the extent to which the requested resources directly support demonstration implementation efforts; any overlap with existing resources that support implementation; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.
- HHS reserves the right to conduct pre-award Budget Negotiations with potential awardees.

Successful applicants will receive one cooperative agreement award per application issued under this announcement. See Section II, *Award Information, Number of Awards* for more information. CMS reserves the right to approve or deny any or all applications for funding. Section 1115A(d)(2) of the Social Security Act states that there is no administrative or judicial review of the selection of organizations, sites, or participants to test models under section 1115A.

### **3. Anticipated Announcement and Award Dates**

Please refer to Section IV.3 Submission Dates and Times for the anticipated award date for each round. The anticipated award date is approximately 45 days after each application due date.

## **VI. AWARD ADMINISTRATION INFORMATION**

### **1. Award Notices**

Successful applicants will receive a Notice of Award (NoA) signed and dated by the HHS Grants Management Officer. The NoA is the document authorizing the grant award and will be issued to the applicant as listed on the SF-424 and available to the organization through the online grants management system used by CMS and awardee organizations. Any communication between HHS and applicants prior to issuance of the NoA is not an authorization to begin performance of a project.

Unsuccessful applicants will be notified by letter, sent electronically or through the U.S. Postal Service to the applicant as listed on its SF-424, within 30 days of the award date.

## **2. Administrative and National Policy Requirements**

The following standard requirements apply to applications and awards under this FOA:

1. Specific administrative requirements, as outlined in 2 CFR Part 200 and 45 CFR Part 75, apply to this cooperative agreement opportunity.
2. All awardees receiving awards under this cooperative agreement must comply with all applicable Federal statutes relating to nondiscrimination including, but not limited to:
  - a. Title VI of the Civil Rights Act of 1964,
  - b. Section 504 of the Rehabilitation Act of 1973,
  - c. The Age Discrimination Act of 1975, and
  - d. Title II Subtitle A of the Americans with Disabilities Act of 1990.
3. All equipment, staff, other budgeted resources, and expenses must be used exclusively for the project identified in the applicant's original agreement application or agreed upon subsequently with CMS, and may not be used for any prohibited uses.
4. Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project. All cooperative agreement budgets must include some funding to facilitate participation on the part of individuals who have a disability or long-term illness and their families.

Cooperative Agreements are administered in accordance with the following program requirements, regulations, policies, and cost principles:

- The criteria as outlined in this grant announcement and in section 1115A of the Social Security Act (added by Section 3021 of the Patient Protection and Affordable Care Act (P.L. 111-148)).
- Title 2, Code of Federal Regulations, Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) – effective December 26, 2014 [[http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)]
- Title 45, Code of Federal Regulations, Part 75, HHS codification of 2 CFR Part 200, with agency-specific amendments [<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=b0174eb503950e93d9857a260f9f3aeb&ty=HTML&h=L&r=PART&n=pt45.1.75>]
- Grants Policy: HHS Grants Policy Statement, Revised 01/07.
  - \* The recently released Uniform Guidance and HHS regulations supersedes information on administrative requirements, cost principles, and audit requirements for grants and cooperative agreements included in the HHS Grants Policy Statement where differences are identified.

## **Indirect Costs**

If the applicant entity has a current negotiated indirect cost rate agreement (NICRA) and is requesting indirect costs, a copy of the current NICRA must be submitted with the application. Applicants are required to use the rate agreed to in the Indirect Cost Rate Agreement. Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to 2 CFR Part 200 (Uniform Guidance) —States and Local Government and Indian Tribe Indirect Cost Proposals, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in §200.403 Factors affecting allowability of costs, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.

The provisions of 2 CFR Part 200, Direct and Indirect (F &A) Costs §§200.412 to 200.415 and Special Considerations for States, Local Governments and Indian Tribes, §§ 200.416 to 200.417 govern reimbursement of indirect costs under this solicitation.

## **3. Terms and Conditions**

This solicitation is subject to the *Department of Health and Human Services Grants Policy Statement (HHS GPS)* at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>. Standard and program-specific terms of award will accompany the Notice of Award (NoA). Potential applicants should be aware that special requirements could apply to cooperative agreement awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary. The recently released Uniform Guidance (2 CFR Part 200) and HHS regulations (45 CFR Part 75) supersedes information on administrative requirements, cost principles, and audit requirements for grants and cooperative agreements included in the current HHS Grants Policy Statement where differences are identified. Awardees must also agree to respond to requests that are necessary for the evaluation of national efforts and provide data on key elements of their own cooperative agreement activities.

HHS may terminate any CMS award for material noncompliance or for convenience. Material noncompliance includes, but is not limited to, violation of the terms and conditions of the award; failure to perform award activities in a satisfactory manner; improper management or use of award funds; or fraud, waste, abuse mismanagement, or criminal activity.

All recipients must avoid conflicts of interest in the award and administration of contracts. Recipients should comply with 2 CFR Part 200, Procurement Standards as outlined in §§ 200.317 to 200.326.

## **4. Cooperative Agreement Terms and Conditions of Award**

The administrative and funding instrument used for this program will be a Cooperative Agreement, an assistance mechanism in which substantial HHS programmatic involvement with the recipient is anticipated during the performance of the activities. Under each Cooperative Agreement, HHS' purpose is to support and stimulate the recipient's activities by involvement in, and otherwise working jointly with, the award recipient in a partnership role. To facilitate appropriate involvement during the period of this Cooperative Agreement, HHS and the recipient will be in contact at least once a month, and more frequently when appropriate.

Cooperative Agreement Roles and Responsibilities are as follows:

### **U. S. Department of Health and Human Services**

HHS will have substantial involvement in program awards, as outlined below:

- The CMS Project Officer will jointly perform the day-to-day federal responsibilities of managing a cooperative agreement initiative and will work with the awardee to ensure that the minimum requirements for the cooperative agreement are met;
- Assist the awardee project leadership in understanding the policy concerns and/or priorities of CMS by conducting periodic briefings and by carrying out ongoing consultations;
- Work cooperatively with the awardee to clarify the programmatic and budgetary issues to be addressed by the project. Based on these negotiations, and the planning phase that will occur following the award, the awardee will revise the project work plan chart and budget detailing expectations for major activities and products during the project period;
- Provide technical support to the awardee on the implementation of their project, including coordination with other awardees;
- Provide consultation to the awardee in identifying emerging issues as they relate to the goals and objectives of this funding program;
- Coordinate with other parts of CMS engaged in long-term services and supports systems redesign, and share with the awardee information about other Federally-supported projects and activities relevant to the awardees' scope of work;
- Attend and participate in major project events of the awardee as appropriate; and
- Conduct site visits to awardees as appropriate.

### **Recipients**

The awardee will execute the responsibilities of the cooperative agreement as follows:

- Complete activities outlined in the Program Requirements section of the funding announcement, including development and submission of a project work plan chart and implementation of the work plan chart;
- Collaborate with CMS in the development and execution of the updated work plan chart and budget when appropriate, including during the initial planning phase of the grant;

- Ensure that funding will be provided to the state and local agencies and organizations that administer the ADRC and SHIP programs within the state as appropriate to support the goals of this funding opportunity and the timeline and work plan chart for the state's Financial Alignment model;
- Involve partners identified in the initial application in appropriate key activities of this initiative;
- Fulfill all of the requirements of the cooperative agreement initiative as detailed in this program announcement;
- Develop and implement a customer satisfaction process that ensures quality and reports results to CMS and a corrective action plan, if necessary;
- Provide electronic copies of all document and semiannual and final reports to facilitate CMS review and submit all reports on time;
- Agree to work with CMS, its Technical Assistance providers, and their peers in other Financial Alignment model states to identify and collect common data elements and measures to facilitate cross state comparisons;
- Submit all required documents and data within agreed upon timeframes, and in the agreed upon format; and
- At a minimum, the detailed, updated work plan charts that will have to be developed during the three (3) to six (6) month planning phase must include:
  - a statement of the project's overall goal,
  - anticipated outcome(s),
  - key objectives and major tasks/action steps that will be pursued to achieve the goal and outcome(s) for the first phase and continuing activities of the cooperative agreement, and
  - For each major task/action step, the work plan chart will identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

Once a Cooperative Agreement has been approved and a Notice of Award is released, requests to modify or amend it or the work plan chart and budget may be coordinated between CMS and the awardee at any time.

### **Intellectual Property**

The non-Federal entity may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a Federal award. The Federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

Recipients under this solicitation must comply with the provisions of 2 CFR Part 200 § 200.315, Intangible property, and 45 CFR Part 75.322, Intangible property and copyrights.

### **5. Reporting**

All successful applicants under this announcement must comply with the following reporting and review activities:

### **A. Data Element Reports**

Quarterly reports will contain the data elements listed in the Phase I Activities (please see Section I.4, Program Requirements) and will be submitted electronically via the NPR system. The quarterly reporting of data will be due 30 days after the end of each quarter. The quarterly reporting due dates are: 4/30, 7/30, 10/30, 1/30.

### **B. Progress Reports**

The CMS program progress report narrative is due semi-annually from the start date of the award and is due within 30 days of the six-month reporting period end date. The program progress narrative report elements – are as follows:

- i. Program Name;
- ii. Program Leader Name;
- iii. Reporting Period;
- iv. Budget Status - include amounts for planned expenditure, actual expenditure, and deficit/surplus;
- v. Work Plan Chart/Timeline status;
- vi. Project description - short summary;
- vii. Milestones - Milestones are high-level goals that often define the phases of a project. Record here milestones that have been reached at this point in the project;
- viii. Accomplishments - Tasks that were accomplished during this reporting period;
- ix. Projected Goals - Goals projected to be completed during the next reporting period; and
- x. Issues - Issues that must be addressed for the project to be successful.

The year-end narrative reports will be due within 90 days of each 12-month period (for the first two years). The final progress report will be due 90 days after the end of the project period.

### **C. Federal Financial Report (FFR)**

The Federal Financial Report (FFR or Standard Form 425) has replaced the SF-269, SF-269A, SF-272, and SF-272A financial reporting forms. All grantees must utilize the FFR to report cash transaction data, expenditures, and any program income generated.

Awardees must report on a quarterly basis cash transaction data via the Payment Management System (PMS) using the FFR in lieu of completing a SF-272/SF272A. The FFR, containing cash transaction data, is due within 30 days after the end of each quarter. The quarterly reporting due dates are as follows: 4/30, 7/30, 10/30, 1/30.

In addition to submitting the quarterly FFR to PMS, Grantees must also provide, on an annual basis, an FFR to CMS which includes their expenditures and any program income generated in lieu of completing a Financial Status Report (FSR) (SF-269/269A). Expenditures and any program income generated should only be included on the annually submitted FFR, as well as the final FFR. Annual FFRs are due within 90 calendar days of the applicable year end date. The final FFR is due within 90 calendar days of the project period end date.

Additional information on financial reporting will be provided in the terms and conditions of award.

#### **D. Federal Funding Accountability and Transparency Act Reporting Requirements**

New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Grant and Cooperative Agreement recipients must report information for each first-tier sub-award of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and sub-recipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at <https://www.frs.gov/>).

#### **E. Payment Management Requirements**

Awardees must submit a quarterly electronic SF-425 via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant. Failure to submit the report may result in the inability to access Cooperative Agreement funds. The SF-425 Certification page should be faxed to the PMS contact at the fax number listed on the SF-425, or it may be submitted to:

Division of Payment Management  
HHS/ASAM/PSC/FMS/DPM  
PO Box 6021  
Rockville, MD 20852  
Telephone: (877) 614-5533

## **VII. AGENCY CONTACTS**

### **1. Programmatic Questions**

For programmatic questions about this Cooperative Agreement to please contact:

Latonya Phipps  
U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
7500 Security Blvd.  
Mail Stop: S3-13-23

Baltimore, MD 21244  
Telephone: (410) 786-8045  
E-mail: [Latonya.Phipps@cms.hhs.gov](mailto:Latonya.Phipps@cms.hhs.gov)

## **2. Administrative Questions**

For administrative questions about this Cooperative Agreement please contact:

Christopher Clark  
U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
7501 Wisconsin Avenue  
Bethesda, MD 20814  
Attn: Christopher Clark  
Telephone (301) 492-4319  
e-mail: [Christopher.Clark@cms.hhs.gov](mailto:Christopher.Clark@cms.hhs.gov)

**VIII. APPENDICES**

**1. Guidance for Preparing a Budget Request and Narrative in Response to SF 424A**

**INTRODUCTION**

This guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by ensuring that the required or needed information is provided. This is to be done for each 12 month period of the Cooperative Agreement project period. Applicants should be careful to only request funding for activities that will be supported by this funding opportunity, *ACA SHIP and ADRC Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Models*. Any other grant funding provided by HHS, including funding previously awarded under CMS-1N1-12-001, should not be supplanted by this cooperative agreement funding.

Each award made under this funding opportunity should support new activities. In the budget request, States should distinguish between activities that will be funded under this Cooperative Agreement application and activities funded with other sources. Other funding sources include: a grant issued under CMS-1N1-12-001, other HHS grant programs, and other funding sources as applicable.

**A. (Personnel) Salaries and Wages**

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

***Sample Budget***

*Personnel Total \$* \_\_\_\_\_  
*ACA SHIP/ADRC Options Counseling Grant \$* \_\_\_\_\_  
*Funding other than ACA SHIP/ADRC Options Counseling Grant \$* \_\_\_\_\_  
*Sources of Funding* \_\_\_\_\_

<i>Position Title and Name</i>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
<i>Project Coordinator Susan Taylor</i>	<i>\$45,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$45,000</i>
<i>Finance Administrator John Johnson</i>	<i>\$28,500</i>	<i>50%</i>	<i>12 months</i>	<i>\$14,250</i>
<i>Outreach Supervisor (Vacant*)</i>	<i>\$27,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$27,000</i>

***Sample Justification***

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

*Job Description: Project Coordinator - (Name)*

*This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in-service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to HHS. This position relates to all program objectives.*

**B. Fringe Benefits**

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

**Sample Budget**

*Fringe Benefits Total \$ \_\_\_\_\_*  
*ACA SHIP/ADRC Options Counseling Grant \$ \_\_\_\_\_*  
*Funding other than ACA SHIP/ADRC Options Counseling Grant \$ \_\_\_\_\_*  
*Sources of Funding \_\_\_\_\_*

*25% of Total salaries = Fringe Benefits*

*If fringe benefits are not computed by using a percentage of salaries, itemize how the amount is determined.*

*Example: Project Coordinator — Salary \$45,000*

<i>Retirement 5% of \$45,000</i>	<i>=</i>	<i>\$2,250</i>
<i>FICA 7.65% of \$45,000</i>	<i>=</i>	<i>3,443</i>
<i>Insurance</i>	<i>=</i>	<i>2,000</i>
<i>Workers' Compensation</i>	<i>=</i>	<i>_____</i>
<i>Total:</i>		

**C. Travel**

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Travel for other participants, advisory committees, review panel, etc. should be itemized in the same way specified below and placed in the “**Other**” category. Travel incurred through a contract should be shown in the contractual category.

In-State Travel—Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. The mileage rate cannot exceed the rate set by the General Services Administration (GSA). If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Costs for per diem/lodging cannot exceed the rates set by GSA. Include the cost of ground transportation when

applicable. Please refer to the GSA website by using the following link  
<http://www.gsa.gov/portal/content/104877>.

Out-of-State Travel—Provide a narrative justification describing the same information requested above. Include HHS meetings, conferences, and workshops, if required by HHS. Itemize out-of-state travel in the format described above.

**Sample Budget**

Travel (in-State and out-of-State) Total \$ \_\_\_\_\_  
ACA SHIP/ADRC Options Counseling Grant \$ \_\_\_\_\_  
Funding other than ACA SHIP/ADRC Options Counseling Grant \$ \_\_\_\_\_  
Sources of Funding \_\_\_\_\_

**Sample In-State Travel Budget:**

1 trip x 2 people x 500 miles r/t x .27/mile =	\$ 270
2 days per diem x \$37/day x 2 people =	148
1 nights lodging x \$67/night x 2 people =	134
25 trips x 1 person x 300 miles avg. x .27/mile =	2,025
Total	\$ 2,577

**Sample Justification**

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend an eligibility conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation. This travel furthers our efforts to accomplish specific project goals for the following reasons \_\_\_\_\_.

**Sample Out-of-State Travel Budget**

*Out-of-State Travel:*

1 trip x 1 person x \$500 r/t airfare =	\$500
3 days per diem x \$45/day x 1 person =	135
1 night's lodging x \$88/night x 1 person =	88
Ground transportation 1 person =	50
Total	\$773

**Sample Justification**

The Project Coordinator will travel to HHS, in Atlanta, GA, to attend the HHS Conference. This travel furthers our efforts to accomplish specific project goals for the following reasons \_\_\_\_\_.

**D. Equipment**

Equipment is tangible nonexpendable personal property, including exempt property, charged directly to the award having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, lower limits may be established. Technology items such as computers that do not meet the \$5,000 per unit threshold or an alternative lower limit set by recipient policy that may therefore be classified as supplies, must still be individually tagged and recorded in an equipment/technology database. This database should include any information necessary to properly identify and locate the item. For example: serial # and physical location of equipment (e.g. laptops, tablets, etc.).

Provide justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the “Other” category. All IT equipment should be uniquely identified. Show the unit cost of each item, number needed, and total amount.

**Sample Budget**

Equipment Total \$ \_\_\_\_\_  
 ACA SHIP/ADRC Options Counseling Grant \$ \_\_\_\_\_  
 Funding other than ACA SHIP/ADRC Options Counseling Grant \$ \_\_\_\_\_  
 Sources of Funding \_\_\_\_\_

<u>Item Requested</u>	<u>How Many</u>	<u>Unit Cost</u>	<u>Amount</u>
All-in-one Printer, Copier, and Scanner (large scale)	1 ea.	\$5,800	\$5,800
X-Ray Machine	1 ea.	\$8,000	<u>\$8,000</u>
			Total \$13,800

**Sample Justification**

[Provide complete justification for all requested equipment, including a description of how it will be used in the program. For equipment and tools which are shared among programs, please cost allocate as appropriate. States should provide a list of hardware, software and IT equipment which will be required to complete this effort. Additionally, they should provide a list of non-IT equipment which will be required to complete this effort.]

**E. Supplies**

Supplies includes all tangible personal property with an acquisition cost of less than \$5,000 per unit or an alternative lower limit set by recipient policy. Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

**Sample Budget**

Supplies Total \$ \_\_\_\_\_  
 ACA SHIP/ADRC Options Counseling Grant \$ \_\_\_\_\_  
 Funding other than ACA SHIP/ADRC Options Counseling Grant \$ \_\_\_\_\_  
 Sources of Funding \_\_\_\_\_

Laptop Computer	=	\$1,000
Printer	=	\$200
General office supplies (pens, pencils, paper, etc.) 12 months x \$240/year x 10 staff	=	\$2,400
Educational Pamphlets (3,000 copies @) \$1 each)	=	\$3,000
Educational Videos (10 copies @ \$150 each)	=	\$1,500

**Sample Justification**

*General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.*

**F. Consultant/Contractual Costs**

All consultant/contractual costs should include complete descriptions and cost breakdowns – for each consultant or contract. The following information, outlined below, should also be provided for each consultant or contract.

**REQUIRED REPORTING INFORMATION FOR CONSULTANT HIRING**

This category is appropriate when hiring an individual who gives professional advice or provides services (e.g. training, expert consultant, etc.) for a fee and who is not an employee of the grantee organization. Submit the following required information for consultants:

1. Name of Consultant: Identify the name of the consultant and describe his or her qualifications.
2. Organizational Affiliation: Identify the organization affiliation of the consultant, if applicable.
3. Nature of Services to be Rendered: Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to HHS.
4. Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.
5. Number of Days of Consultation: Specify the total number of days of consultation.
6. Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem, and supplies.
7. Justification of expected rates: Provide a justification for the rate, including examples of typical market rates for this service in your area.

8. Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

## **REQUIRED INFORMATION FOR CONTRACT APPROVAL**

All recipients must submit to HHS the following required information for establishing a third-party contract to perform project activities.

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.
4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined.
5. Method of Accountability: How will the contractor be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to HHS, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

### **G. Construction (not applicable)**

### **H. Other**

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

**Sample Budget**

Other Total \$ \_\_\_\_\_  
ACA SHIP/ADRC Options Counseling Grant \$ \_\_\_\_\_  
Funding other than ACA SHIP/ADRC Options Counseling Grant \$ \_\_\_\_\_  
Sources of Funding \_\_\_\_\_

Telephone  
(\$ \_\_\_ per month x \_\_\_ months x #staff) = \$ Subtotal  
Postage  
(\$ \_\_\_ per month x \_\_\_ months x #staff) = \$ Subtotal  
Printing  
(\$ \_\_\_ per x \_\_\_ documents) = \$ Subtotal  
Equipment Rental (describe)  
(\$ \_\_\_ per month x \_\_\_ months) = \$ Subtotal  
Internet Provider Service  
(\$ \_\_\_ per month x \_\_\_ months) = \$ Subtotal  
Word Processing Software (@\$400—specify type) = \$ Subtotal

[Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If the item is not self-explanatory and/or the rate is excessive, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).]

**Sample Justification**

*We are requesting costs to accommodate telephone and internet costs for the 3 new hires that will be working on this project in the new space designated. We are also requesting printing and postage costs to support producing fliers to disseminate in the community and brochures to educate participants enrolled in the program. The word processing software will be used to help us track data and compile reports. To track and compile the data, we will need to rent \_\_\_\_\_. Without this equipment, we will not be able to produce this information in an accurate and timely manner.*

**I. Total Direct Costs** \$ \_\_\_\_\_

Show total direct costs by listing totals of each category.

**J. Indirect Costs** \$ \_\_\_\_\_

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Cognizant Federal agency unless the organization has never established one (see 2 CFR Part 200 § 200.414 for more information). If a rate has been issued, a copy of the current indirect cost rate agreement must be provided with the application.

**Sample Budget**

The rate is \_\_\_% and is computed on the following direct cost base of \$\_\_\_\_\_.

<i>Personnel</i>	\$	
<i>Fringe</i>	\$	
<i>Travel</i>	\$	
<i>Supplies</i>	\$	
<i>Other</i>	\$ _____	
<i>Total</i>	\$	$x \text{ \_\_\_\%} = \textit{Total Indirect Costs}$

If the applicant organization has never received an indirect cost rate (except for State, Local Government, and Indian Tribes), the applicant may elect to charge a de minimus rate of 10% of modified total direct costs (MTDC). If the applicant has never received an indirect cost rate and wants to exceed the de minimus rate, then costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs. These costs should be outlined in the “other” costs budget category and fully described and itemized as other direct costs.

## 2. Application Check-Off List Required Contents

### Required Contents

A complete proposal consists of the materials organized in the sequence below. Please ensure that the project narrative is page-numbered and the following forms are completed with an electronic signature and enclosed as part of the proposal:

- SF 424: Application for Federal Assistance
- SF-424A: Budget Information
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities
- Project Site Location Form(s)
- Copy of signed Memorandum of Understanding with CMS to implement the approved Financial Alignment Initiative (signature page)
- Letter(s) of Commitment
- Cover Letter
- Project Abstract
- Project Narrative
- Work Plan Chart
- Vitae of Key Project Personnel
- Budget and Budget Narrative