

**U.S. Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
Center for Consumer Information and Insurance Oversight**

**Affordable Care Act – Consumer Assistance Program Grants**

**Initial Announcement**

**Funding Opportunity Number: CA-CAP-12-002**

**CFDA: 93.519**

**Date: June 7, 2012**

*Applicable Dates:*

Electronic Grant Application Due Date: July 9, 2012 by 4:00 p.m. Eastern Time

Anticipated Notice of Grant Award: August 23, 2012

Grant Period of Performance/Budget Period: August 23, 2012 – August 22, 2013

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1097. The time required to complete this information collection is estimated to average (101 hours) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## **OVERVIEW INFORMATION**

Agency Name: Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
Center for Consumer Information and Insurance Oversight

Funding Opportunity Title: Affordable Care Act Consumer Assistance Program Grants

Announcement Type: Initial

Funding Opportunity Number: CA-CAP-12-002

Catalog of Federal Domestic Assistance (CFDA) Number: 93.519

### **Key Dates:**

Date of Issue: June 7, 2012

Application due date: July 9, 2012

Anticipated Notice of Award: August 23, 2012

Period of Performance: 12 months

Pre-Application Conference Call: Tuesday, June 12, 2012 at 4:00 p.m. ET. The toll-free teleconference phone number will be 877-267-1577, Meeting ID: 3918.

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **1. Purpose**

This funding opportunity announcement (FOA) has been developed to enable States to establish or expand existing consumer assistance programs by performing duties authorized under section 2793 of the Public Health Service (PHS) Act.

### **2. Authority**

Section 1002 of the Affordable Care Act (ACA) added section 2793 of the PHS Act, which provides for federal grants to States to establish, expand, or provide support for the establishment of independent offices of health insurance consumer assistance or ombudsman programs. For purposes of this FOA, these offices and programs are referred to collectively as “Consumer Assistance Programs” or “CAPs.”

### 3. Background

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act. On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 was also signed into law. The two laws are collectively referred to as the Affordable Care Act. The Affordable Care Act includes a wide variety of provisions designed to promote accountability, affordability, quality, and accessibility in the health care system. The Affordable Care Act also includes significant grant funding for States to work with the Federal government to implement health reform.

Section 1002 of the ACA added section 2793 of the PHS Act, which provides for federal grants to States<sup>1</sup> to establish, expand, or provide support for the establishment of independent offices of health insurance consumer assistance or ombudsman programs. Section 2793 of the PHS Act requires that, as a condition of receiving grant funds, consumer assistance or ombudsman programs must: assist consumers with filing complaints and appeals, assist consumers with enrollment into health coverage, and educate consumers on their rights and responsibilities with respect to group health plan and health insurance coverage. In addition, these programs must collect data on consumer inquiries and complaints to help the Secretary identify problems in the marketplace and strengthen enforcement of health laws such as the ACA and the Mental Health Parity and Addiction Equity Act by providing States and the U.S. Department of Health and Human Services (HHS) with information about potential situations in which health plans and issuers are not in compliance with the laws. Starting in 2014, programs must also help resolve problems with obtaining premium tax credits for coverage through Affordable Insurance Exchanges (Exchanges) established under section 1311 of the ACA.

As health reform is implemented, consumers will need to understand new programs, avail themselves of new protections, and navigate the system to find the most affordable coverage that meets their needs. HHS interprets the statutory requirement to include providing assistance to uninsured individuals to obtain group health plan or health insurance coverage, and, if appropriate, referring them to other sources of coverage such as Medicaid, the Children's Health Insurance Program (CHIP), or the Pre-existing Condition Insurance Plan (PCIP). For data collection activities, programs collect data on a range of consumer inquiries related to private coverage. In addition, programs collect data on the types of problems and inquiries encountered by consumers relating to public coverage, State high risk pools, and PCIP. Programs do not need to be capable of providing direct assistance to consumers on issues and problems related to Medicare, Medicaid, and CHIP. However, programs must be capable of making appropriate referrals for such consumers.

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<sup>1</sup> For the Consumer Assistance Program grants established by section 2793 of the PHS Act, as added by Section 1002 of the ACA, the District of Columbia, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands are included in the definition of "State."

The ACA requires consumer assistance or ombudsman programs to report data to the Secretary of HHS in order to strengthen oversight of the health insurance marketplace. Programs report on the types of problems and questions consumers experience with health coverage, and how these are resolved. Reports help identify patterns of problems and noncompliance with State and Federal law. HHS will share data reports with the U.S. Departments of Labor and Treasury, and with State regulators. Within HHS, reports can also provide the Center for Consumer Information and Insurance Oversight (CCIIO) with information about the effectiveness of State enforcement, and can help it identify opportunities to provide technical assistance and support to State insurance regulators.

In the ACA, Congress appropriated \$30 million in FY 2010 to carry out Section 2793 of the PHS Act, which establishes health insurance consumer assistance programs. HHS obligated \$29 million to States in October 2010; \$1 million was reserved to cover administrative costs to assist States with carrying out consumer assistance activities. For 2012, \$29.9 million is available to make awards under this program.

The Consumer Support Group in CCIIO will be available to answer questions from grantees during the grant period of performance.

#### **Consumer Assistance Program (CAP) Grants in 2010**

CAP Grants were first awarded on October 15, 2010 to thirty-five States, the District of Columbia, and four territories. The grants have enabled CAPs to help millions of Americans in the first grant cycle. Many of these were insured Americans who had problems or questions about their coverage – for example, those who needed help filing appeals of claims denials. CAPs also helped people find coverage options and enroll into coverage.

#### **4. Program Requirements**

The primary goal of the CAP Grants is to provide awards to States for the establishment of, expansion of, or support for consumer assistance or ombudsman programs. Successful applicants are required to demonstrate that they will use grant funds to build capacity for consumer assistance in their State. This means developing or enhancing their consumer assistance activities to promote immediate improvements in health insurance consumer assistance.

As described in section 2793 of the PHS Act, States must use grant funds to support the following activities:

- Assist with the filing of complaints and appeals, including filing appeals on the consumer's behalf, and providing information about the internal and external appeals processes;
- Collect, track, and quantify problems and inquiries encountered by consumers;
- Educate consumers on their rights and responsibilities with respect to group health plans and health insurance coverage;
- Assist consumers with enrollment in a group health plan or health insurance coverage by providing information, referral, and assistance; and
- Resolve problems with obtaining premium tax credits under section 36B of the Internal Revenue Code of 1986.

It is important for grantees to share with one another lessons learned and best practices, and seek ways in which they can continuously improve consumer assistance activities; as such it is expected that grantees participate in relevant grantee meetings, trainings, and/or workshops that may be available. During the period of performance for this grant, grantees will be invited to attend a CAP all-grantee meeting in the Washington, D.C. area, as well as various web-based trainings/workshops. Grantee participation in this meeting is highly encouraged as is participation in trainings/workshops offered by CCIIO that would inform consumer assistance activities.

This solicitation provides detailed information on the grant requirements related to these activities and instructions for application submission.

## **II. AWARD INFORMATION**

### **1. Total Funding**

HHS will award up to \$29,900,000 to States.

### **2. Award Amount**

Each State, as defined in, Section III, *Eligibility Information*, is eligible for only one grant award under this FOA. In the event that not all States apply and fewer than 56 awards are made, a range of possible award amounts has been provided for each State in the table below. Award amounts will be based on the range of possible amounts for a State and the amount requested (depending on the allowability of costs requested) by the State. The ranges of award amounts are based on the State's population as a percentage of the U.S. population. Applicants will be eligible for the following amounts with a minimum grant amount of \$200,000, and should develop proposed budgets accordingly. However, the actual amount of a grant award may be less than \$200,000 or the minimum amounts listed below, depending on the allowability of costs requested and/or if less than the minimum amount is requested. The amount of a grant award

will not be more than the maximum amounts listed below, and under no circumstances will the total award to all grantees exceed \$29,900,000.

<b>State</b>	<b>Minimum Amount</b>	<b>Maximum Amount</b>
Alabama	\$418,949	\$590,718
Alaska	\$200,000	\$200,000
Arizona	\$565,476	\$797,322
Arkansas	\$256,283	\$361,359
California	\$3,287,909	\$4,635,952
Colorado	\$446,344	\$629,345
Connecticut	\$312,349	\$440,413
Delaware	\$200,000	\$200,000
District of Columbia	\$200,000	\$200,000
Florida	\$1,662,412	\$2,344,000
Georgia	\$856,192	\$1,207,231
Hawaii	\$200,000	\$200,000
Idaho	\$200,000	\$211,658
Illinois	\$1,122,600	\$1,582,866
Indiana	\$568,479	\$801,555
Iowa	\$267,129	\$376,652
Kansas	\$250,461	\$353,151
Kentucky	\$381,144	\$537,413
Louisiana	\$399,068	\$562,686
Maine	\$200,000	\$200,000
Maryland	\$508,408	\$716,856
Massachusetts	\$574,638	\$810,240
Michigan	\$861,511	\$1,214,731
Minnesota	\$466,238	\$657,396
Mississippi	\$259,819	\$366,345
Missouri	\$524,319	\$739,290
Montana	\$200,000	\$200,000
Nebraska	\$200,000	\$246,065
Nevada	\$237,559	\$334,958
New Hampshire	\$200,000	\$200,000
New Jersey	\$769,480	\$1,084,966
New Mexico	\$200,000	\$278,059
New York	\$1,697,972	\$2,394,140
North Carolina	\$842,339	\$1,187,698
North Dakota	\$200,000	\$200,000
Ohio	\$1,007,079	\$1,419,982
Oklahoma	\$330,738	\$466,340

<b>State</b>	<b>Minimum Amount</b>	<b>Maximum Amount</b>
Oregon	\$337,747	\$476,223
Pennsylvania	\$1,111,577	\$1,567,323
Rhode Island	\$200,000	\$200,000
South Carolina	\$408,175	\$575,526
South Dakota	\$200,000	\$200,000
Tennessee	\$558,572	\$787,586
Texas	\$2,239,632	\$3,157,881
Utah	\$245,750	\$346,507
Vermont	\$200,000	\$200,000
Virginia	\$706,276	\$995,849
Washington	\$595,792	\$840,067
West Virginia	\$200,000	\$247,764
Wisconsin	\$498,244	\$702,524
Wyoming	\$200,000	\$200,000
Puerto Rico	\$323,339	\$455,908
Guam	\$200,000	\$200,000
U.S. Virgin Islands	\$200,000	\$200,000
Northern Mariana Islands	\$200,000	\$200,000
American Samoa	\$200,000	\$200,000

### **3. Anticipated Award Date**

The anticipated award date is August 23, 2012.

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

The anticipated period of performance is August 23, 2012 – August 22, 2013.

### **5. Terms and Conditions of Funding**

The grantee's ability to draw down funds will be dependent on HHS' acceptance of the required quarterly Federal Financial Reports (FFR) and compliance with the terms and conditions provided with the Notice of Award (NoA) for this CAP award as well as all previous CAP awards.

### **6. Number of Awards**

No more than 56 grants will be awarded.

All awards that are issued under this announcement are subject to the availability of funds as well as satisfactory progress on all previous CAP awards and any supplemental awards, if applicable. In the absence of funding, HHS is under no obligation to make awards under this announcement.

## **7. Type of Award**

These awards will be issued and structured as grants.

## **III. ELIGIBILITY INFORMATION**

### **1. Eligible Applicants**

For the purposes of this FOA, a “State” means each of the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. In order to receive a grant, States must propose a plan to use grant funds to develop or enhance their consumer assistance activities and demonstrate that eligibility criteria are satisfied, in accordance with the requirements specified in this FOA.

This grant opportunity is open to States, including existing CAP grantees. Existing CAP grantees are eligible so long as they are not delinquent on their quarterly CAP grant FFR (at the time of application through to selection as an awardee). For the purposes of this FOA, an “existing CAP grantee” means recipients of the 2010 CAP grant award (the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and 33 states, to include Arkansas, California, Connecticut, Delaware, Georgia, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, and West Virginia).

As part of the grant application, States must specify the type of entity or entities that it is designating to perform the grant activities under this funding opportunity. The types of entities that can be designated are:

1. State insurance departments
2. Independent State consumer assistance agencies
3. Offices of the attorney general
4. Other State agencies
5. Non-profit organizations (or a non-profit organization working in consortium with other non-profit organizations that otherwise meet the requirements of this grant) with the intent to contract with the State

As stated above, States may contract or enter into agreements with one or more non-profit organizations (working as a consortium) that otherwise meet the requirements of this grant. States that wish to partner with a non-profit organization or organizations can include a letter of intent to contract with the non-profit agency(ies), with final documentation of the agreement submitted to HHS no later than 90 days after the date of the NoA.

Criteria in the review process will include a proven track record of consumer assistance and expertise in consumer education and problem resolution. Applicants should provide assurance regarding the independence of the proposed program, and of the ability of the program to advocate on behalf of consumers and report objective data to the Secretary. Applicants must also demonstrate that potential designees will meet other program performance and reporting requirements. In the event that a designee is not able to perform (for example, due to a prohibition in State law) one of the consumer assistance activities authorized under section 2793 of the PHS Act, the applicant should provide a description of alternative plans to ensure that consumers receive that identified service. For example, if due to prohibition under State law a designee cannot file appeals on behalf of consumers, an applicant is not automatically disqualified from applying under this FOA so long as alternative plans are presented on how the designee will meet the statutory requirement to assist consumers with filing appeals (for example, the designee may be able to contract out this specific activity to a non-profit entity, if permitted under State law).

Each State is eligible for only one grant award.

**Insurance companies and health discount plans are ineligible.**

In the case of applications from States that intend to partner with non-profit organizations, the partner organization must not be a health insurance issuer or an entity that is treated under subsection (a) or (b) of section 52 of the Internal Revenue Code of 1986 as a member of the same controlled group of corporations (or under common control with) as a health insurance issuer.

Partnerships with organizations or individuals that have a conflict of interest, such as individuals or companies that sell insurance or insurance-like products, including discount plans, are prohibited.

**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 limit: The application Project Narrative must not exceed ten pages in length, the Work Plan and Timeline must not exceed three pages in length, and the Budget Narrative must not exceed three additional pages (for a total of up to 16 pages in length). The additional documentation, including Cover Sheet, Standard Forms, Cover Letter, Project Abstract, and Contract or Agreement (or Letter of Intent to contract) between the State and the non-governmental entity(ies), if applicable, is excluded from the page limitation. Font size 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) 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.

### **Central Contracting Registration (CCR) Requirement**

All applicants must provide a DUNS and an EIN number in order to be able to register in the Central Contractor Registration (CCR) database at [www.ccr.gov](http://www.ccr.gov). Applicants must successfully register with CCR 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. 1, *Address to Request Application Package*, for more guidance on CCR registration. Prime awardees must maintain a current registration with the CCR database, and **may make subawards only to entities that have DUNS numbers**. Organizations must report executive compensation as part of the registration profile at [www.ccr.gov](http://www.ccr.gov) 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).

### **Continued Eligibility**

Grantees must meet reporting requirements and deadlines to be eligible throughout the project period.

### **2. Cost Sharing/Matching**

Cost sharing or matching is not required as a condition of award.

## **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.

### **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. The Funding Opportunity Announcement can also be viewed on the Centers for Medicare and Medicaid Services website at <http://cciio.cms.gov>.

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 93.519.
- 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) to apply. **Please note, the time needed to complete the EIN registration process is substantial, and applicants should therefore begin the process of obtaining an EIN immediately upon posting of this FOA to ensure this information is received in advance of application deadlines.**
- All applicants, as well as sub-recipients must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number at the time of application in order to be considered for a grant or cooperative agreement. A DUNS number is required whether an applicant is submitting a paper application (only applicable if a waiver is granted) or using the Government-wide electronic portal, [www.Grants.gov](http://www.Grants.gov). 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: <http://www.dunandbradstreet.com> or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF-424, Application for Federal Assistance). The name and address in the application 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 Central Contractor Registration (CCR) database in order to be able to submit the application. Applicants are encouraged to register early, and must have their DUNS and EIN numbers in order to do so. Information about CCR is available at <http://www.ccr.gov>. The Central Contractor Registration process is a separate process from submitting an application. **You should allow a minimum of five business days to complete CCR registration; however, in some cases, the registration process can take approximately two weeks or longer to be completed. Therefore, applicants should begin the CCR 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. [http://grants.gov/applicants/get\\_registered.jsp](http://grants.gov/applicants/get_registered.jsp). AORs must wait one business day after successful registration in CCR before entering their profiles in Grants.gov. **Applicants should complete this process as soon as possible after successful registration in CCR 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 of the following file formats and must contain a valid file format extension in the filename – Microsoft Word, Excel or Powerpoint, Corel WordPerfect, ASCII Text, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file formats as part of their application, CMS restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above, 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 or RAR 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, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application 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 and/or granted a waiver.**
- 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> will need to renew their registration with the Central Contractor Registration (CCR). You can register with the CCR online; registration will take about 30

minutes to complete (<http://www.ccr.gov>). **Failure to renew CCR registration prior to application submission will prevent an applicant from successfully applying.**

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, unless a waiver is granted per the instructions below.

All grant applications must be submitted electronically and be received through <http://www.grants.gov> by 4:00 p.m. Eastern Time on the due date.

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

The applicant must seek a waiver **at least** ten days prior to the application deadline if the applicant wishes to submit a paper application. Applicants that receive a waiver to submit paper application documents must follow the rules and timelines that are noted below.

In order to be considered for a waiver application, an applicant **must** have adhered to the timelines for obtaining a DUNS number, registering with the Central Contractor Registration (CCR), registering as an Authorized Organizational Representative (AOR), obtaining an Employer Identification Number (EIN), completing Grants.gov registration, as well as requested timely assistance with technical problems. Applicants that do not adhere to timelines and/or do not demonstrate timely action with regards to these steps will not be considered for waivers based on the inability to receive this information in advance of application deadlines.

Please be aware of the following:

- Search for the application package in Grants.gov by entering the CFDA number 93.519.
- Paper applications are not the preferred method for submitting applications. However, if you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: [www.grants.gov/customer-support](http://www.grants.gov/customer-support) or (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
- Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and a waiver from the agency must be obtained.

- If it is determined that a waiver is needed, you must submit a request in writing (emails are acceptable) to [Michelle.Feagins@cms.hhs.gov](mailto:Michelle.Feagins@cms.hhs.gov) with a clear justification for the need to deviate from our standard electronic submission process.
- If the waiver is approved, the application should be sent directly to the Division of Grants Management and received by the application due date.

To be considered timely, applications must be received on or before the published deadline date. However, a general extension of a published application deadline that affects all applicants or only those applicants in a defined geographical area may be authorized by circumstances that affect the public at large, such as natural disasters (e.g., floods or hurricanes) or disruptions of electronic (e.g., application receipt services) or other services, such as a prolonged blackout.

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 conformance 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 application Project Narrative must not exceed ten pages in length, the Work Plan and Timeline must not exceed three pages in length, and the Budget Narrative must not exceed three additional pages (for a total of up to 16 pages in length). The additional documentation listed below, including Cover Sheet, Standard Forms, Cover Letter, Project Abstract, and Contract or Agreement (or Letter of Intent to contract) between the State and the non-governmental entity(ies), if applicable, is excluded from the page limitation.

### *Overview of Grant Application Structure and Content*

## Cover Sheet (as outlined in Section VIII. 1, Application Cover Sheet)

### Standard Forms

The following standard forms must be completed with an electronic signature and enclosed as part of the application:

- 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;
- Project Site Location Form(s); and
- Project abstract summary.

**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 grant: **Affordable Care Act Consumer Assistance Program Grants.**
- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these grants.

### Cover Letter

A letter from the Applicant’s Authorized Organizational Representative, indicating the eligible entity (e.g., State department of insurance, State contracting with a non-profit organization(s), etc.), title of the project, the Principal Investigator/Project Director of the grant project with contact information, and, amount of funding requested. The letter should indicate that the submitting agency or Lead Agency has existing authority to oversee and coordinate the proposed activities or can demonstrate a plausible plan for obtaining such authority.

This letter should be addressed to:

Michelle Feagins  
Grants Management Officer  
Centers for Medicare and Medicaid Services  
Office of Acquisition and Grants Management  
200 Independence Ave., S.W.  
Room 733H-02  
Washington, DC 20201

### Project Abstract (maximum of one page)

A one-page abstract 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 grant will be used to establish or enhance consumer assistance activities in the State related to those activities authorized in section 2793 of the PHS Act. 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. Personally identifying information should be excluded from the abstract.

**Project Narrative (as outlined in Section V. 1, Criteria)**

**Work Plan and Timeline (as outlined in Section V. 1, Criteria)**

**Budget and Budget Narrative (as outlined below and in Section V. 1, Criteria)**

The applicant is required to provide a detailed budget for the grant period. The budget presentation must include the following:

- Estimated budget total
- Total estimated funding requirements for each of the following line items, and a break down for each line item:
  - Personnel;
  - Fringe benefits;
  - Contractual costs, including subcontract contracts;
  - Equipment;
  - Supplies;
  - Travel; and
  - Other costs.
  - Indirect charges, in compliance with the Code of Federal Regulations. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.
  - Provide budget notes for major expenditures and notes on personnel costs and major contractual costs.
  - Completion of the Budget Form SF-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 “Affordable Care Act Consumer Assistance Program Grants” in row 1.
- *New or Revised Budget, Federal* (column e) = Enter the Total Federal Budget Requested for the 1-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 the 1-year project period.
- Column (1) = Enter the heading for this column as Year 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 (5) = Enter total costs for 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 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.

#### **Contract or Agreement between the State and the non-governmental organization (if applicable)**

If a State chooses to contract or enter into agreements with one or more non-profit organizations (working as a consortium) to complete the required activities as described in this FOA, the applicant must include in the application submitted to HHS a Contract or Agreement between the State and the non-governmental organization(s).

In the event that a Contract or Agreement is not available at the time of the application, a letter signed by both the State and the non-governmental organization(s) indicating their intent to contract with each other is acceptable. This letter must be included in the application submitted to HHS. The State has ninety (90) days from the date of the initial award to present a copy of the

contract/agreement to HHS. If the State does not present a copy of the contract/agreement to HHS within 90 days, the State's access to grant funds will be restricted until such time a contract/agreement is presented to HHS.

### **3. Submission Date and Time**

All applications are due July 9, 2012 by 4:00 p.m. Eastern Time through <http://www.grants.gov>. All applications will receive an automatic time stamp upon submission and applicants will receive an e-mail reply acknowledging the application's receipt.

The anticipated announcement date for all grant awards will be August 23, 2012. All awards will have an initial budget period of 12 months.

### **4. Intergovernmental Review**

Applications for these grants 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 grants.

### **5. Funding Restrictions**

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

The Department of Health and Human Services Consumer Assistance Program Grants awarded may not be used for any of the following:

1. To cover the costs to provide direct health care services to individuals.
2. To match any other Federal funds.
3. To provide services, equipment, or support that are the legal responsibility of another party under Federal or State law (e.g., 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.
4. To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
5. To fund any lobbying activities.

## **V. APPLICATION REVIEW INFORMATION**

In order to receive a grant under this funding opportunity announcement, 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 applicant risks not being awarded.

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

1. Cover Sheet
2. Standard Forms
3. Cover Letter
4. Project Abstract
5. Project Narrative
6. Work Plan and Timeline
7. Budget and Budget Narrative
8. Contract or Agreement between the State and the non-governmental entity(ies) (or Letter of Intent to contract), if applicable

### **1. Criteria**

In order to receive a grant award, applicants must submit a proposal to establish, expand, or provide support for offices of health insurance consumer assistance or ombudsman programs, including a plan for disclosing program information to the Secretary as described in this section. As part of the application, the State must describe the extent of their current consumer assistance activities and provide a plan to strengthen and enhance these activities. In the event that a potential designee(s) is not able to perform one of the consumer assistance activities authorized under section 2793 of the PHS Act, the applicant should provide a description of plans to ensure that consumers receive that identified service. For example, if due to prohibition under State law a designee cannot file appeals on behalf of consumers, an applicant must demonstrate an alternative method to ensure consumers receive assistance with filing appeals. An alternative method can include, but is not limited to, partnering with a non-profit to fulfill this grant requirement if permitted under State law. Specific application requirements are outlined below.

Application materials submitted shall not contain any personally identifiable information, unless expressly requested by a form or this grant announcement.

As indicated in Section IV. 2, *Content and Form of Application Submission*, all applicants must submit the following: Cover Sheet, Standard Forms, Cover Letter, Project Abstract, Project

Narrative, Work Plan and Timeline, Budget and Budget Narrative, and Contract or Agreement between the State and the non-governmental entity(ies) (or Letter of Intent to contract), if applicable, as part of their grant application. A complete description of the Project Narrative, Work Plan and Timeline, and Budget and Budget Narrative is provided below:

**A. Project Narrative (maximum of ten pages)**

The project narrative must be no more than ten pages in length and may include any attachments requested in the application requirements below (attachments will not be subject to the page limit).

**i. Type of entity and description of the program’s independence and ability to coordinate**

As part of the grant application, States must specify the type of entity or entities that it is designating to perform the grant activities under this funding opportunity. The types of entities that can be designated are:

1. State insurance departments
2. Independent State consumer assistance agencies
3. Offices of the attorney general
4. Other State agencies
5. Non-profit organizations (or a non-profit organization working in consortium with other non-profit organizations that otherwise meet the requirements of this grant) with the intent to contract with the State

Additionally, States must provide a description of the program’s organizational structure (in relation to other State agencies).

**Independence**

States must demonstrate that designees:

- can advocate freely and vigorously on behalf of consumers. With respect to the specific program requirement to file appeals on behalf of consumers, applications including State agencies that may adjudicate appeals must describe how they propose to carry out this function independent of conflicts.
- are capable of reporting objective data to the Secretary on the responsiveness of agencies that oversee private health insurance and group health plans and public coverage. Applications including State agencies that oversee one or any combination of the following: private health insurance, group health plans, and public coverage, must describe how they propose to report objective data independent of conflicts.

## **Coordination**

States must demonstrate capability of designees to coordinate closely with State insurance regulators and consumer assistance organizations. Designees do not need to be capable of providing direct assistance to consumers on issues and problems related to Medicare, Medicaid, and CHIP; however, applicants must demonstrate a designee's ability to make appropriate referrals for such consumers.

### **ii. Scope of program assistance**

Applicants must discuss how the program proposes to expand the consumer assistance activities in the State including, but not limited to, appeals assistance; assisting consumers with enrollment; consumer education; and data collection, management, and reporting.

## **Accessibility**

Applicants must demonstrate that services will be made available to residents throughout the State. Applicants must provide a toll-free, dedicated number or a hotline to allow consumers access to their services. There should be staff available to answer consumer calls in real time. Sufficient staff must be available during normal business hours (typically 9:00 am to 5:00 pm from Monday to Friday), with 24-hour voicemail access and message indicating calls will be returned within 24 hours. Walk-in access, which is reasonably convenient for consumers, must be provided.

Applicants must demonstrate their ability to communicate effectively with consumers, including how they propose to provide interpretive services to those with limited English proficiency and modes of communication that accommodate consumers with disabilities. Applicants must demonstrate their capacity to work with vulnerable populations and adequate staffing to respond to consumer concerns.

States are encouraged to consider submitting a proposal that includes a plan to subcontract with non-profit community-based organizations or centers in order to expand accessibility and carry out the duties prescribed under this grant.

## **Privacy and security of personally identifiable information**

Applicants must describe the mechanisms in place or they propose to put in place to protect a consumer's personal information. To be eligible for this grant, applicants must develop and implement the following criteria pertaining to the use of information entered in their database system, including criteria for:

- security for information handling and for the database maintained by the program under this grant, including efforts to use appropriate encryption technology or other appropriate technology to protect the security of such information;
- meeting the uniform electronic format for the reporting, sharing, and disclosure of information as required by HHS;
- availability of information and limitation on access to program personnel;
- access to the database, and procedures to ensure that information in the database is accurate; and
- the use and disclosure of information.

Applicants must also describe penalties for the unauthorized use and disclosure of information maintained under this grant in violation of applicable State law or regulation and provide information about the relevant State laws, policies, and procedures, if any, regarding access to, disclosure of, and purging of information from the database.

### **iii. Program accomplishments**

Applicants must include information on the program's track record of consumer assistance and expertise in consumer education and problem resolution. Applicants that previously received a CAP grant under section 2793 of the PHS Act should include the assistance provided to consumers under the grant. Applicants should describe the program's accomplishments involving the following activities:

- Assisting consumers with appeals, including filing on their behalf, coordinating with other agencies to provide assistance, and recovering benefits (if applicable);
- Assisting consumers with enrollment in a group health plan or health insurance coverage;
- Outreach to educate consumers on their rights and responsibilities with respect to group health plans and health insurance coverage; and
- Collecting, managing, and reporting data.

Applicants must discuss the range of assistance services provided by the program; including, but not limited to, private health insurance, group health plans (both private ERISA plans and nonfederal governmental plans), State high risk pools, PCIP, and other public coverage. Applicants must include information on the program's experience in handling appeals and grievances cases.

Applicants must include information about the program's existing casework. At a minimum, this should include the total number of cases handled in the previous year (both open and closed cases), the types of cases (i.e. access to care, billing, appeals and

grievance), and the disposition of cases. Additionally, applicants must discuss the program's current use of Database software for logging and tracking casework.

In providing this casework data, under no circumstances should any personally identifiable information be reported to HHS.

**iv. Expertise of consumer assistance program personnel**

A State must demonstrate that its designee is equipped to carry out the mandated duties. Applicants must provide information on the total number of staff, both full-time and part-time, as well as a description of staff expertise in handling cases involving private health insurance, under both State law and Federal law – including the ACA, as well as cases involving local programs. Applicants must provide information on personnel training (i.e. length of training, scope, resource manuals, etc.).

Applicants must include an organizational chart; job descriptions of staff who will be dedicated to the project, indicating the time that staff will spend on grant activities, as reflected in the budget; and provide a clear delineation of the roles and responsibilities of project staff and how they will contribute to achieving the project's objectives.

Applicants must discuss personnel expertise that involves the ability to provide assistance that is culturally and linguistically appropriate. In discussing this topic, please refer to the Office of Minority Health's website for the national standards on culturally and linguistically appropriate services

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>).

**B. Work Plan and Timeline (maximum of three pages)**

A timeline is required with the project goals and objectives consistent with those outlined in the project narrative. The work plan submitted with the application should document plans for use of the funds as well as associated timeframes. Applicants should identify by name and title the individual responsible for accomplishing the goals of the project. In the event there are open positions related to certain goals, applicants should indicate their plans to hire new staff on the work plan and timeline.

**C. Budget and Budget Narrative (maximum of three pages)**

Applicants should submit a budget with appropriate budget line items as well as a narrative that identifies and describes the funding needed to accomplish the grant'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. Please see Section IV. 2, *Content and Form of Application Submission*, for more information on completing the SF-424A. The SF-424A must be fully completed. The budget narrative should provide a detailed cost breakdown

for each line item outlined in the SF-424A, including a breakdown of costs for each activity/cost within the line item. The proportion of the requested funding designated for each activity should be clearly defined and justify the applicant's readiness to receive funding. This will include complete explanations and justifications for the proposed activities. Applicants must include specific salary rates if planning to use grant funds to pay for salaries. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners.

During the period of performance for this grant, grantees will be invited to attend a CAP all-grantee meeting in the Washington, D.C. area. In-person attendance at the all-grantee meeting of at least one representative for each grant is encouraged and should be budgeted for accordingly.

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

A team consisting of qualified 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 experts in their review of all applications. An applicant may receive a score of up to 100 points.
- The results of the objective review of applications by 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, the HHS program official will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government and anticipated results; and the likelihood the proposed cost will result in the benefits expected. HHS reserves the right to conduct pre-award Budget Negotiations with potential awardees.
- Successful applicants will receive one grant award based on this solicitation.
- Evaluations will be made available for review upon request.

**The review criteria are as follows:**

**Type of entity and description of the program's independence and ability to coordinate (20 points)**

- Description of the type of entity(ies) that will perform the grant activities under this funding opportunity, including any non-profit partner(s), and organizational structure
- Program's plan for advocating freely and vigorously on behalf of consumers
- Program's plan for reporting objective data to the Secretary on the responsiveness of agencies that oversee private health insurance and group health plans and public coverage
- Program's plan to coordinate closely with State insurance regulators
- Program's plan for referring consumers to Medicare, Medicaid, and CHIP, as appropriate

**Scope of program assistance (20 points)**

- Program's plan for assisting consumers with enrollment into private health insurance; including, but not limited to individual coverage, group health plans (ERISA plans and nonfederal governmental plans), PCIP, etc.
- Program's plan for handling appeals and grievance cases
- Program's plan for outreach to educate consumers on their rights and responsibilities with respect to group health plans and health insurance coverage, including their right to internal and external appeals

**Accessibility (15 points)**

- Statewide (Programs are required to provide services throughout the State)
- Consumer access (dedicated toll-free number or hotline, walk-ins, e-mail, website, fax, hours of operation, web address)
- Ability to work with vulnerable populations

**Process for ensuring privacy and security of personally identifiable information (10 points)**

- Mechanisms in place to protect a consumer's personal information
- Processes in place to protect consumer information entered in the Database system (if applicable)

**Budget (15 points)**

- Completeness of budget (to include SF-424A and budget narrative)

- Completeness/quality of explanations and justifications provided in budget narrative
- Reasonableness of requesting funding according to tasks proposed

**Program accomplishments (10 points)**

- Program’s track record of consumer assistance and expertise in consumer education and problem resolution
- Program’s accomplishments involving the following activities:
  - Assisting consumers with enrollment, including coordinating with other agencies to provide enrollment assistance to consumers
  - Assisting consumers with filing of complaints and appeals, including filing appeals on behalf of consumers
  - Consumer education about private health insurance, including State and Federal law
  - Data collection, management, and reporting (include information on existing Database systems used to track caseload)
  - Recovered benefits
- Caseload (number of cases handled, number of people served/calls received)

**Expertise of consumer assistance program personnel (10 points)**

- Total number of staff
- Staff expertise in handling cases involving private health insurance (Federal, State, and local rights and protections)
- Personnel training (i.e. length of training, scope, resource manuals, etc.)
- Personnel expertise that involves the ability to provide assistance that is culturally and linguistically appropriate

**3. Anticipated Announcement and Award Date**

The anticipated announcement and award date is August 23, 2012.

**VI. AWARD ADMINISTRATION INFORMATION**

**1. Award Notices**

Successful applicants will receive a NoA signed and dated by the HHS Grants Management Officer. The NoA is the document authorizing the grant award and will be sent by electronic

mail to the State as listed on its SF-424. 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 organization as listed on its SF-424, within 30 days of the award date.

### **Federal Funding Accountability and Transparency (FFATA) Subaward Reporting**

**Requirement:** 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 subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at [www.fsrs.gov](http://www.fsrs.gov)).

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

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

- Specific administrative requirements as outlined in 45 CFR Part 74 and 45 CFR Part 92 apply to this grant opportunity.
- All States receiving awards under this grant project 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.
- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original grant application or agreed upon subsequently with HHS, and may not be used for any prohibited uses.
- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project. All grant budgets must include some funding to facilitate participation on the part of individuals who have a disability or long-term illness and their families.

Grants are administered in accordance with the following regulations, policies, and cost principles:

- The criteria as outlined in this grant announcement.
- Administrative Regulations for Grants:

- 45 C.F.R., Part 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Non-profit Organizations, and Commercial Organizations.
- 45 C.F.R., Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments.
- Grants Policy:
  - HHS Grants Policy Statement, Revised 01/07.
- Cost Principles:
  - Title 2, Code of Federal Regulations: Grant and Agreements, Part 225— Cost Principles for State, Local, and Indian Tribal Governments (previously OMB Circular A-87).
  - Title 2, Code of Federal Regulations: Grant and Agreements, Part 230— Cost Principles for Non-Profit Organizations (previously OMB Circular A-122).
- Audit Requirements:
  - OMB Circular A-133, Audits of States, Local Governments, and Non-profit Organizations.

### **Indirect Costs**

If requesting indirect costs, a currently effective Indirect Cost Rate Agreement will be required. Applicants are required to use the rate agreed to in the Indirect Cost Rate Agreement. However, if there is not an agreed upon rate, the award (if the applicant is selected) may not include an amount for indirect costs unless the organization has never established an indirect cost rate (usually a new recipient) and intends to establish one. In such cases, the award shall include a provisional amount equaling one-half of the amount of indirect costs requested by the applicant, up to a maximum of 10 percent of direct salaries and wages (exclusive of fringe benefits). If the recipient fails to provide a timely proposal, indirect costs paid in anticipation of establishment of a rate will be disallowed. See the Health and Human Services Grants Policy Statement at <http://www.hhs.gov/grantsnet/adminis/gpd/> for more information.

The provisions of 2 CFR Part 225 (previously OMB Circular A-87) and 2 CFR Part 230 (previously OMB Circular A-122) govern reimbursement of indirect costs under this solicitation.

### **3. Terms and Conditions**

This solicitation continues to be subject to the *Department of Health and Human Services Grants Policy Statement (HHS GPS)* at <http://www.hhs.gov/grantsnet/adminis/gpd/> and may also include additional specific grant “special” terms and conditions. Potential applicants

should be aware that special requirements could apply to grant 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 Grants Policy Statement will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

Subaward Reporting and Executive Compensation: 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 subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at <http://www.fsrs.gov>).

#### **4. Reporting**

##### **A. Progress Reports**

As required under section 2793 of the PHS Act, as a condition of receiving the consumer assistance program grant, programs must collect and report data to the Secretary on the types of problems and inquiries encountered by consumers.

The initial quarterly progress report will be due on 2/15/13. Subsequent quarterly progress reports will be due on: 5/15/13, 8/15/13, and 11/15/13. A final annual report will also be due on 11/15/13.

At a minimum, progress reports must include the following information:

- Caseload including, but not limited to, total number of cases opened and total number of cases involving appeals
- Caller demographics
- Type of coverage involved
- Problem types (access to coverage, appeals, billing, etc.)
  - Program reports must address consumer complaints involving the new consumer protections prescribed under the Affordable Care Act, including, but not limited to, summary of benefits and coverage, rescission, pre-existing exclusion for children, dependent coverage to age 26, PCIP, prevention services, annual and lifetime benefit maximum, appeals and grievance, premium rate increases, medical loss ratio-rebates, and discrimination based on salary.
- Data on referrals and responsiveness of entities on calls referred

- Case resolution
- Data on recovered benefits
- Data on provider and industry behavior
- Consumer stories with all personally identifiable information redacted
- Outreach activities
- Successes and challenges experienced by the Program

Awardees must also agree to respond to requests and provide data on consumer assistance activities as needed by the Secretary throughout the project period.

Grantees will be required to report quarterly data to HHS using a template provided with the Terms and Conditions of this grant. Grantees are not required to use a particular database to collect data though it may be beneficial to use the free Database software provided by HHS (or a tool with similar fields) to collect required data and ensure that programs have all of the information needed to provide comprehensive case management, including tracking the resolution of cases whenever possible.

## **B. Financial Reports**

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.

Grantees 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/SF-272A. 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. A Quick Reference Guide for completing the FFR in PMS is at: [www.dpm.psc.gov/grant\\_recipient/guides\\_forms/ffr\\_quick\\_reference.aspx](http://www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx).

Within 90 calendar days of the budget/project period end date, Grantees must also report on the FFR their expenditures and any program income generated in lieu of completing a Financial Status Report (FSR) (SF-269/SF-269A). Expenditures and any program income generated should only be included on the final, hard-copy FFR. Additional information will be included in the terms and conditions of award.

## **C. 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 subaward

of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at [www.fsr.gov](http://www.fsr.gov)). Competing Continuation awardees may be subject to this requirement and will be so notified in the NoA.

#### **D. Audit Requirements**

Grantees must comply with audit requirements of the Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars).

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

Grantees 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 grant 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**

Programmatic questions about the Affordable Care Act Consumer Assistance Program Grants should be directed to:

Holly Whelan  
Consumer Support Group  
Center for Consumer Information and Insurance Oversight  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
[holly.whelan@cms.hhs.gov](mailto:holly.whelan@cms.hhs.gov)  
(301) 492-4220

## **2. Administrative Questions**

Administrative questions about the Affordable Care Act Consumer Assistance Program Grants should be directed to:

Michelle Feagins  
Grants Management Division  
Office of Acquisition and Grants Management  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
[michelle.feagins@cms.hhs.gov](mailto:michelle.feagins@cms.hhs.gov)  
(301) 492-4312

## VIII. APPENDICES

### 1. APPLICATION COVER SHEET

#### Identifying Information:

Grant Opportunity: **HHS Affordable Care Act Consumer Assistance Program Grants**

DUNS #: \_\_\_\_\_ Grant Award: \_\_\_\_\_

Applicant:

\_\_\_\_\_

Primary Contact Person, Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address:

\_\_\_\_\_

## **2. APPLICATION CHECK-OFF LIST**

### **REQUIRED CONTENTS**

A complete proposal consists of the following materials organized in the sequence below: Please ensure that the project narrative is page-numbered. The sequence is:

- Cover Sheet

The following forms must be 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
- Cover Letter
- Project Abstract
- Project Narrative
- Work Plan and Timeline
- Budget and Budget Narrative
- Contract or Agreement between State and non-governmental entity(ies), or Letter of Intent to contract (if applicable)