Notice of Funding Opportunity

Applications are due by 11:59 p.m. ET

Cohort 1: November 26, 2024

Cohort 2: April 18, 2025

Section 206 of the Consolidated Appropriations Act, 2024: State Planning Grants to Promote Continuity of Care for Medicaid and CHIP Beneficiaries Following Incarceration

Opportunity number: CMS-2T2-25-001

Contents

Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time:

- Cohort 1: November 26, 2024
- Cohort 2: April 18, 2025

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

Step 1:
Review the Opportunity

In this step

Basic information

Centers for Medicare & Medicaid Services (CMS)

Center for Medicaid and CHIP Services (CMCS)

Helping states promote continuity of care for people who have been incarcerated.

Summary

The Centers for Medicare & Medicaid Services (CMS) is seeking applications from eligible state Medicaid and CHIP agencies for planning grants to develop operational capabilities to promote continuity of care for individuals who meet both of the following criteria:

- Are inmates of a public institution, and
- Are eligible for medical assistance under the state Medicaid program or are eligible for child health assistance or pregnancy-related assistance under the state Children's Health Insurance Program (CHIP).

These planning grants also support states with operationalizing requirements under section 205 of division G of the CAA, 2024 (P.L. 118-42), as well as the CAA, 2023 (P.L. 117-328).

Funds may be used for addressing operational barriers and improving systems for continuity of care following incarceration in state-operated prisons, local, tribal, and county jails, and youth correctional or detention facilities.

CMS will fund cooperative agreements for a four-year period of performance.

Have questions?
See Contacts and Support.

Key facts

Opportunity name: State Planning Grants to Promote Continuity of Care for Medicaid and CHIP Beneficiaries Following Incarceration

Opportunity number: CMS-2T2-25-001

Federal Assistance Listing: 93.694

Statutory authority number: Section 206 of Division G of the Consolidated Appropriations Act, 2024 (P.L. 118-42)

Key dates

Application deadline:
- Cohort 1: November 26, 2024
- Cohort 2: April 18, 2025

Optional notice of intent:
- Cohort 1: October 28, 2024
- Cohort 2: February 14, 2025

Expected award date:
- Cohort 1: February 15, 2025
- Cohort 2: July 15, 2025

Expected start date:
- Cohort 1: March 1, 2025
- Cohort 2: August 1, 2025

Funding details

Type: Cooperative Agreement, which means that you and CMS will have a role in the project. Throughout the life of your project, we (CMS) will be there to help and work with you.

Expected total funding for the program: $106,500,000, subject to availability of funds

Expected total awards: Up to 56

Anticipated funding range per applicant for the period of performance: $1 million to $5 million

We will provide funding in four budget period increments of 12 months each over a four-year period of performance.

Eligibility

Who can apply

Eligible applicants

The following types of government entities may apply:

- **State Medicaid agencies:** refers to the single state agency for medical assistance provided under Title XIX of the Social Security Act (the Act) for states, the District of Columbia, and U.S. Territories.
- **State CHIP agencies:** refers to the single state agency responsible for administering the state CHIP plan under Title XXI of the Act for states, the District of Columbia, and U.S. Territories.

Other eligibility criteria

If a state administers its Medicaid and CHIP programs through separate agencies, as a condition for applying for funds under this NOFO both agencies must agree to work together and submit one application per state. For the purposes of this NOFO and to align efforts, states with separate Medicaid and CHIP programs must include in their single application a letter of agreement identifying the Authorized Organizational Representative (AOR), the lead agency, and plans for collaboration.

A Tribal organization must come under the auspices of and work with the state Medicaid and CHIP agency (or agencies, if separate) in the implementation of this initiative.

Application cohorts

This program has two separate application deadlines:

- **Cohort 1:** November 26, 2024, by 11:59 pm EST
- **Cohort 2:** April 18, 2025, by 11:59 pm EST

Half of the available funding will be available to the first cohort, and the remaining funding will be available for the second cohort. Cooperative agreements for each cohort cover a four-year period. State Medicaid or CHIP agencies may apply for either or both cohorts. However, state Medicaid and CHIP agencies are eligible for a single award per state under this NOFO. If a state applies under the first cohort and is not awarded funds, the state may apply again during the second cohort using the same application or an updated application.

You may submit only one application under this NOFO per cohort deadline.

Eligibility limitations

We will also consider the following criteria as potential reasons to disqualify applications:

- **Incomplete application.** A non-exhaustive list of circumstances that constitute an incomplete application includes:
  - Failure to meet application requirements.
  - Omission of required application elements.
- **Insufficient supporting detail** is provided in the application. We will not review applications that merely restate the text of the NOFO. You must detail your approach to achieving program goals and milestones. Reviewers will note evidence of how effectively you address these elements in your application.
- **Program integrity concerns.** We may deny selection to an otherwise qualified applicant because of information found during a program integrity review regarding the organization, community partners, or any other relevant individuals or entities.
- **Disregard of maximum page limits** listed in the NOFO.
- **Late submission** of your application (see the application review section).

Cost sharing

This program has no cost-sharing requirement. If you choose to include cost-sharing funds, we will not consider it during review. However, we will hold you accountable for any funds you add, including the requirements for grant reporting.

Program description

Purpose

CMS, through the Center for Medicaid and CHIP Services (CMCS), seeks applications from eligible state Medicaid and CHIP agencies for state planning grants for the purpose of developing operational capabilities to promote continuity of care for individuals who meet both of the following criteria:

- Are inmates of a public institution, and
- Are eligible for medical assistance under the state Medicaid program or are eligible for child health assistance or pregnancy-related assistance under the state CHIP.

Funding is available through section 206(a)(2) for activities and expenses related to complying with the statutory requirements under section 5121 of the CAA, 2023, and section 205 of division G of the CAA, 2024:

- A state shall provide certain Medicaid and CHIP services to eligible juveniles in the 30 days prior to release from incarceration, and targeted case managed for at least 30 days post release for eligible Medicaid juveniles post adjudication from their release from a public institution, effective January 1, 2025.
- A state shall not terminate eligibility for medical assistance for individuals who are inmates of a public institution, effective January 1, 2026.

This Funding is also available for activities and expenses related to:

- A state electing to implement state plan options under section 5122 of the CAA, 2023, related to providing Medicaid services, CHIP services, and/or both for eligible juveniles pending disposition of charges.
- Promoting continuity of care for individuals who are inmates of a public institution and are eligible for medical assistance under the state Medicaid program or for child health assistance or pregnancy-related assistance under CHIP, according to section 206(a)(2) of division G of the CAA, 2024.

We encourage state Medicaid and CHIP agencies to form partnerships to assess state needs and determine the scope of their proposed projects. Partners may include:

- Public institutions.
- State human services agencies.
- Medicaid and CHIP managed care plans.
- Community-based organizations.
- Other relevant parties

Background

Research has shown that incarceration during adolescence and early adulthood is associated with an increased risk of adult incarceration, and poorer physical and mental health status later in adulthood.[1] Reports also indicate that people who are incarcerated face higher levels of health challenges such as chronic health conditions and infectious disease, making the need for medical coverage upon release essential.[2] Meeting the healthcare needs of those who are or have been incarcerated also can improve health equity, because people who are incarcerated are disproportionately from marginalized groups, such as racial and ethnic minorities, low-income individuals, people with disabilities, and those experiencing mental health and substance use disorders (SUD).[3]

Incarceration status is not a condition of eligibility for Medicaid and thus, does not make an individual ineligible for Medicaid coverage.[4] However, federal Medicaid funds may not be used to pay for services for individuals who are held involuntarily in a public institution (for example, a prison, jail, or juvenile detention center), except when they are inpatients in a medical institution (for example, an inpatient hospital or nursing facility). This requirement, known as the inmate payment exclusion, is provided in paragraph (A) following the last numbered paragraph of section 1905(a) of the Act.

CHIP has an eligibility exclusion at section 2110(b)(2)(A) of the Act for inmates of a public institution. According to the Act, a child who is an inmate of a public institution is excluded from the definition of a targeted, low-income child for purposes of CHIP, and therefore is generally ineligible for enrollment in a separate CHIP program.[5] Such children would need to submit a new application for enrollment after release from a public institution to regain coverage, resulting in potential delays in accessing coverage and care.

The Consolidated Appropriations Act (CAA), 2023 and 2024

The CAA, 2023, signed into law on December 29, 2022,[6] included two provisions that amend the Medicaid inmate payment exclusion and the CHIP eligibility exclusion.[7] This is limited to certain circumstances for eligible juveniles.

The term "eligible juvenile" is defined in section 1902(nn) of the Act to include individuals under age 21, or former foster care children under age 26 who were determined eligible for Medicaid before becoming an inmate of a public institution or who are determined eligible for Medicaid while an inmate of a public institution, were in foster care under the responsibility of the state on the date of attaining 18 years of age (or higher age as the state has elected), and were enrolled in a state plan under Medicaid or under a waiver of such a plan while in foster care. This term also includes incarcerated youth under age 19 enrolled in CHIP who are eligible for services under section 2102(d)(2) of the Act.

Specifically, section 5121 of the CAA, 2023, modifies the Medicaid inmate payment exclusion and the CHIP eligibility exclusion to require states to provide the following services to eligible juveniles following adjudication of charges in both Medicaid and CHIP:

- For Early and Periodic Screening, Diagnostic and Treatment (EPSDT) eligible beneficiaries under the age of 21, this includes medically necessary screening and diagnostic services in accordance with the approved CHIP state plan or Medicaid requirements in the 30 days prior to release (or as soon as practicable).
- Targeted case management (TCM) services, including referrals to appropriate care and services, in the 30 days prior to release and, for Medicaid beneficiaries, an additional period of at least 30 days following release.[8]

Section 5121(c) of the CAA, 2023, permits states to suspend, or continue providing services rather than terminate, CHIP coverage while the child is an inmate of a public institution, and imposes related requirements regarding redeterminations of eligibility prior to release.

Section 5122 of the CAA, 2023, affords states the option to remove the Medicaid inmate payment or CHIP eligibility exclusion for eligible juveniles who are pending disposition of charges. States electing this option must provide all services under the Medicaid and CHIP state plans which eligible

juveniles would be entitled to in the absence of the Medicaid inmate payment or CHIP eligibility exclusion while the eligible juvenile is incarcerated pending disposition of charges. All provisions of sections 5121 and 5122 of the CAA, 2023, are effective January 1, 2025.

Section 205 of division G of the CAA, 2024, amends section 1902(a)(84)(A) of the Act to broaden the prohibition on termination of coverage for Medicaid beneficiaries who are incarcerated from eligible juveniles to all individuals who are inmates of a public institution. For CHIP, this statute amends section 2102(d)(1)(A) of the Act to prohibit the termination of targeted low-income pregnant women in CHIP who become incarcerated but allows the state to suspend their coverage. These changes are effective January 1, 2026.

Section 206(a) of division G of the CAA, 2024, authorized the Secretary to award and administer state planning grants to develop operational capabilities to promote continuity of care for individuals who are inmates of a public institution and are eligible for medical assistance under the state Medicaid program or are eligible for child health assistance or pregnancy-related assistance under the state CHIP. This section further provided that states may use funds awarded under such grants for activities and expenses related to complying with the requirements of sections 1902(a)(84)(D) and 2102(d) of the Act, or adopting the state plan options described in the subdivision (A) following the last numbered paragraph of section 1905(a) and 2110(b)(7) of the Act, in accordance with the provisions of the CAA, 2023 and the CAA, 2024 discussed above.

This funding opportunity makes funds available to states to promote continuity of care for eligible individuals following incarceration and to comply with requirements of the CAA, 2023 and CAA, 2024.

Program requirements

Overview

Section 206(a) of division G of the CAA, 2024, authorizes the Secretary to award and administer state planning grants to develop operational capabilities to promote continuity of care for individuals who are inmates of a public institution and are eligible for medical assistance under the state Medicaid program or are eligible for child health assistance or pregnancy-related assistance under the state CHIP. This section further provides that states may use funds awarded under such grants for activities and expenses related to complying with the requirements of sections 1902(a)(84)(D) and 2102(d) of the Act, or adopting the state plan options described in the subdivision (A) following the last numbered paragraph of section 1905(a) and

2110(b)(7) of the Act, in accordance with the provisions of the CAA, 2023, and the CAA, 2024, as outlined in the background section.

Permitted uses of funds

The following are examples of allowable activities included in section 206(a)(2). You may propose other activities beyond the following:

- Identifying and addressing operational gaps with respect to complying with requirements or adopting state plan options, in collaboration with public institutions, state human services agencies, Medicaid managed care plans, providers, community-based organizations, and others.
- Establishing standardized processes and automated systems for activities that may include, but are not limited to:
  - Determining whether an individual is enrolled in a state Medicaid program or state CHIP at the time such individual becomes an inmate of a public institution;
  - Enrolling individuals who are inmates of a public institution;
  - Facilitating the delivery of medical assistance under the state Medicaid program or child health assistance or pregnancy-related assistance under the state CHIP to an individual who is eligible for such assistance while the individual is an inmate of a public institution, such as by establishing claims processing and prior authorization request protocols; and
  - In the case of an eligible individual whose coverage under a state Medicaid program or state CHIP was suspended while the individual was an inmate of a public institution, restoring coverage in advance to resume as of the individual's release date from the public institution.
  - Investing in information technology to:
    - Enable bi-directional information sharing between public institutions, state Medicaid and CHIP agencies, and other entities such as managed care plans and providers (in a manner consistent with applicable state and Federal privacy laws) to support care transitions and coordination of treatment (including access to care in the community after release from a public institution); and[9]
    - Develop indicators to ensure Federal financial participation for medical assistance furnished under a state Medicaid program or child health assistance or pregnancy-related assistance furnished under a state CHIP is available only for medical

assistance or child health assistance or pregnancy-related assistance for items and services for which such participation is permitted while an individual is an inmate of a public institution.

- Establishing oversight and monitoring processes to ensure public institutions and entities with which state Medicaid and CHIP agencies contract are compliant with any applicable Medicaid and CHIP requirements.

Prohibited uses of funds

As noted in section 206(a)(3), planning grant funding may not be used to:

- Provide medical assistance under a state Medicaid program or child health assistance or pregnancy-related assistance under a state CHIP to an individual, or otherwise directly administer health care services for an individual.
- Build prisons, jails, or other carceral facilities, or pay for prison, jail, or other carceral facility-related improvements other than those improvements that are for the direct and primary purpose of meeting the health care needs of individuals who are incarcerated and eligible for medical assistance under the state Medicaid program or child health assistance or pregnancy-related assistance under the state CHIP. See HHS Grants Policy Statement: Cost Considerations.

Requirements

Applications must include all of the following elements, at a minimum. See the project narrative for full details of how to structure your application and what to include.

- The number of individuals in the state who were inmates of non-federal public institutions (such as state prisons, local and county jails, tribal jails, and youth correctional or detention facilities) and were eligible for medical assistance under a state Medicaid program at any time in calendar year 2022.[10]
- The number of non-federal public institutions in the state (such as state prisons, local and county jails, tribal jails, and youth correctional or detention facilities).
- The state's current progress in developing, implementing, and operating initiatives to promote continuity of care for individuals who are inmates of a public institution **and** are eligible for medical assistance under the state Medicaid program or child health assistance or pregnancy-related assistance under the state CHIP.

    - Indicate progress and barriers to promoting continuity in care for such individuals.
    - Provide an overview of all relevant funding sources for initiatives promoting continuity of care for beneficiaries following incarceration including through any Medicaid authorities such as section 1115 demonstration authority.
- A work plan and timeline describing the planning grant and how funds will be used.

See the continued eligibility section for additional details on post-award requirements and the application contents and format section for further application requirements.

Technical assistance and information for applicants

CMS will host one informational webinar at least four weeks prior to each application deadline. Details about the webinars will be posted on the Medicaid.gov website. For any questions regarding the information contained in this NOFO, please contact the Section 206 State Planning Grants mailbox at PlanningGrantsPCC@cms.hhs.gov.

Cooperative agreement terms

All awards under this NOFO will be structured as cooperative agreements. Cooperative agreements require substantial CMS project involvement after an award is made. There are specific roles for both you and CMS. We may be in contact at least once a month, and more frequently when appropriate.

Your responsibilities

- Comply with the terms and conditions of the award.
- Ensure timely access to all CMS-required systems by key personnel.
- Attend and take part in CMS-sponsored onboarding, meetings, and technical assistance trainings.
- Collaborate with CMS staff to implement and monitor the project.
- Immediately notify CMS of needed or anticipated modifications to your approved project plans.
- Submit all required performance assessments, evaluations, and programmatic and financial reports included in the terms and conditions to CMS.

- Attend and take part in routine monitoring calls with the CMS project officer or grants management specialist on progress and challenges. The meetings will include key personnel and the project officer.

Our responsibilities

- Monitor the project's performance and progress.
- Collaborate with you and provide substantial project planning, implementation, and evaluation input.
- Provide substantial input in evaluation activities.
- Make recommendations for continuing the project.
- Review and approve website content before launch and updates.
- Review and approve all key personnel, such as the AOR and Project Director (PD).[11]
- Maintain regular communication with you through at least monthly conference calls along with technical assistance and consultation.
- Review and provide feedback on all required performance assessment reports.
- Review and approve all required submitted data.
- Provide a structured approach to sharing, integrating, and actively applying improvement concepts, tactics, and lessons learned.

Substantial involvement relates to programmatic involvement, not administrative oversight.

Funding policies and limitations

Limitations

We do not allow the following costs:

- Pre-award costs.
- Meeting matching requirements for any other federal funds or local entities.
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law, such as vocational rehabilitation or education services, or under any civil rights laws, such as modifying a workplace or providing accommodations that are obligations under law.
- Goods or services not allocable to the project.

- Supplanting existing state, local, tribal, or private funding of infrastructure or services, such as staff salaries, etc.
- Construction.
- Capital expenditures for improvements to land, buildings, or equipment that materially increase their value or useful life as a direct cost, except with our prior written approval.
- The cost of independent research and development, including their proportionate share of indirect costs (see 45 CFR 75.476).
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order.
- Certain telecommunications and video surveillance equipment (see 2 CFR 200.216).
- Meals, unless in limited circumstances such as:
  - Subjects and patients under study.
  - Where specifically approved as part of the project or program activity, such as in programs providing children's services.
  - Part of a per diem or subsistence allowance provided in conjunction with allowable travel.
- Costs that supplant funds for any other Notice of Funding Opportunity or Financial Assistance Program.

Other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government, funding awarded under this NOFO **may not be used for:**

- Paying the salary or expenses of any grant recipient, or agent acting for such recipient, 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.
- Lobbying, but awardees can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.
- Providing medical assistance under a state Medicaid program or child health assistance or pregnancy-related assistance under a state CHIP to an individual, or otherwise directly administering health care services for an individual.

- Building prisons, jails, or other carceral facilities, or paying for prison, jail, or other carceral facility-related improvements other than those improvements that are for the direct and primary purpose of meeting the health care needs of individuals who are incarcerated and eligible for medical assistance under the state Medicaid program or child health assistance or pregnancy-related assistance under the state CHIP.

Indirect costs

Indirect costs are those for a common or joint purpose across more than one project and that cannot be easily separated by project.

To charge indirect costs you can select one of two methods:

- **Method 1 – Approved rate.** You currently have an indirect cost rate approved by your cognizant federal agency or a current cost allocation plan.
- **Method 2 – *De minimis* rate.** Per 2 CFR 200.414(f), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you are awaiting approval of an indirect cost proposal you may also use the *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See 2 CFR 200.1 for the definition of MTDC. You can use this rate indefinitely.

Statutory authority

Section 206(a) of division G of the CAA, 2024, authorizes the Secretary to issue state planning grants to address operational barriers to complying with requirements described in sections 1902(a)(84)(A) and 2102(d) of the Act (42 U.S.C. 1396a(a)(84)(A)-(D), 1397bb(d)), or adopting the state plan options described in the subdivision (A) following the last numbered paragraph of section 1905(a) and 2110(b)(7) of the Act, in accordance with the provisions of the CAA, 2023 and the CAA, 2024.

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier. SAM.gov registration can take several weeks. Begin that process today.

To register, go to SAM.gov Entity Registration and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

Grants.gov

You must also have an active account with Grants.gov.

Need Help? See Contacts and Support.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number **CMS-2T2-25-001**.

Step 3:
Prepare Your Application

In this step

Application contents and format

Applications include five main components. The following sections include guidance and instructions on the required format for each.

> You can find all referenced forms within the funding opportunity's application package on grants.gov.

Make sure you include each of these:

Component	Submission format
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative justification	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Other Attachments form.
Other required forms	Upload using each required form.

We will provide instructions on document formats in the sections below.

Project abstract (required)

Limit to one page. May be single spaced, but must otherwise follow other formatting requirements listed for the project narrative.

Write a one-page summary of your proposed project including the purpose and outcomes. Do not include any proprietary or confidential information. We will use this document for information sharing and public information requests if you are granted an award. You must include:

- The name of your organization.
- The names of any subrecipients or sub-awardee organizations, if applicable.
- Project goals.
- Total budget amount.
- A description of how you will use funds.

Project narrative (required)

Required format for project narrative

Page limit: 25, excluding attachments

File name: Project Narrative

Format: PDF (Do not compress or encrypt.)

Size: 12-point font or bigger
Footnotes and text in graphics may be 10-point.

Spacing for project abstract, tables, and footnotes: Single-spaced

Spacing for main content: Double-spaced

Margins: 1-inch

Page size: 8.5 x 11

Include consecutive page numbers throughout.

The project narrative is the most important part of your application and should clearly describe your proposed project. You must address the proposed goals, measurable objectives, and milestones in accordance with the instructions in the following sections.

See the merit review criteria to understand how reviewers will assess and score your project narrative.

Your project narrative should include the following sections.

Organizational capacity of applicant organization (required)

You must demonstrate your capacity to organize and manage the planning grant and work collaboratively across key state agency partners.

The following information is required:

- Description of existing staff capacity. For example: job descriptions (including for positions that are currently vacant) for all key staff that will be involved in the project.
- Identify the individual who will be the PD (primary lead and liaison to CMS) and provide a resume or curriculum vitae (CV) for that person.
- Provide an organizational chart that identifies lines of authority and names the AOR.

- For states with separate Medicaid and CHIP agencies, describe collaboration and coordination between the organizations.

Individuals in public institutions (required)

You must provide the following information:

- The number of individuals in the state who were inmates of non-federal public institutions (such as state prisons, local and county jails, tribal jails, and youth correctional or detention facilities) and were eligible for medical assistance under a state Medicaid program or child health assistance or pregnancy-related assistance under a state CHIP at any time in calendar year 2022.[12] When describing the information regarding your state's Medicaid and CHIP beneficiaries in public institutions, please include the data source and the methodology for determining this population.
- The number of non-federal public institutions in the state (such as state prisons, local and county jails, tribal jails, and youth correctional or detention facilities). Include the data source for this number.
- An assessment of the state's current progress in initiatives that promote continuity of care for Medicaid and CHIP beneficiaries who are inmates of public institutions. Provide an overview of all relevant funding sources for initiatives promoting continuity of care for beneficiaries following incarceration including through any Medicaid authorities such as section 1115 demonstration authority. Describe progress in and barriers to implementing these initiatives.

Program oversight (required) and subrecipients and contractors (if applicable)

Describe the anticipated role of any subrecipients or contractors. In addition, describe your oversight and monitoring processes as well as your management controls for the program oversight of the planning grant.

- For the purposes of this award and to align efforts, states with separate Medicaid and CHIP agencies must identify the AOR, the lead agency, and plans for collaboration. State Medicaid agencies and state CHIP agencies will administer funding awarded under this opportunity. CMS recommends state Medicaid agencies and state CHIP agencies collaborate with pertinent parties such as non-federal public institutions, state human services agencies, Medicaid managed care plans, providers, and community-based organizations. The narrative section should describe how funding will be used to promote the collaboration needed to address the new requirements for Medicaid and CHIP beneficiaries who

are inmates of public institutions and following incarceration, as described in the program requirements section.

- The narrative must include your oversight and monitoring processes to ensure public institutions and entities with which you subaward are compliant with any applicable Medicaid and CHIP requirements as well as 45 CFR 75.351 Subrecipient and contractor determinations and 45 CFR 75.352 Requirements for pass-through entities.
- Describe the management controls and coordination mechanisms that will be used to ensure the timely and successful execution and operation of the planning grant.

Work plan (required)

The work plan should describe your goals, measurable objectives, activities, and milestones for this planning grant.

The work plan should also describe other activities to promote continuity of care for individuals who are inmates of a public institution and are eligible for medical assistance under the state Medicaid program or are eligible for child health assistance or pregnancy-related assistance under the state CHIP. This could include activities such as outreach and training for community providers.

The work plan should describe the amount, duration, and scope of the state planning grant activities, including target populations and plans and metrics for assessing progress in meeting work plan objectives. Include a timeline describing your measurable objectives.

Budget narrative (required)

The budget narrative supports the information you provide in Standard Form 424-A. See other required forms. It includes added detail and justifies the costs you ask for. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- Restrictions on spending funds. See funding policies and limitations.

HHS now uses the definitions for equipment and supplies in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

In your budget narrative, you will:

- Provide an overall estimated budget for the entire four-year period of performance, that is, the total costs across all four years.
- Provide a detailed budget for the first 12-month budget period:
  - Include breakdown of costs for each line item in your SF-424A.
  - Describe the proposed costs for each activity or cost within the line item.
  - Define the proportion of the requested funding designated for each activity.
  - Justify the costs, including how you calculated them.
- Provide a high-level summary of budget costs for Years 2 through 4:
  - Estimate the amount of funds you will request from CMS each year. For example, $2 million in Year 2 and $2 million in Year 3.
- Explain how you separate costs and funding administered directly by you as the lead agency from funding you subaward to other consortium members.
- Be clear about how costs link to each activity and the goals of this program.

To create your SF-424A and budget narrative, see detailed instructions in CMS Guidance for Preparing a Budget Request and Narrative on our website.

See merit review criteria to understand how reviewers will assess and score your budget narrative.

Required format for budget narrative

Page limit: 10 pages

File name: Budget Narrative

File format: PDF (Do not compress or encrypt.)

Font Size: 12-point or bigger

Spacing: Single-spaced

Margins: 1-inch

Page Size: 8.5 x 11

Include consecutive page numbers throughout.

Attachments

You will upload attachments in Grants.gov using the Other Attachments Form. Attachments do not count against application page limits.

Letters of support (optional)

We encourage you to submit letters of support from relevant parties that this funding opportunity may impact. These letters are not required.

Letter of agreement (if applicable)

For state government agencies where Medicaid and CHIP are administered separately, CMS requires a letter of agreement jointly signed by the state Medicaid agency and the state CHIP agency to be submitted with the application. The letter should identify the AOR, the lead agency, and plans for collaboration.

Organizational chart (required)

Clearly identify the reporting relationships of key personnel assigned to implementing the planning grant.

Indirect cost agreement (required)

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your cognizant agency or your cost allocation plan for indirect costs.

If you use the de minimis rate, you do not need to submit this attachment. See CMS Guidance for Preparing a Budget Request and Narrative.

Resumes and job descriptions for key personnel (required)

For key personnel, such as the AOR and principal investigator (PI/PD), attach resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications you plan to use for recruitment.

Business assessment of applicant organization (required)

Maximum 12 pages, single-spaced.

We must assess your organization's risk before we can make an award. This analysis includes your organization's:

- Financial stability.
- Quality of management systems.
- Internal controls.
- Ability to meet the management standards prescribed in 45 CFR Part 75.

For us to complete your assessment, you must review, answer, and attach the completed business assessment questions on our website at Business Assessment of Applicant Organization.

Other required forms

You will need to complete four other required forms. Submit the following required forms through Grants.gov. You can find the forms in the NOFO application package or review them and their instructions at Grants.gov Forms.

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With the application. See extra instructions below.
Budget Information for Non-Construction Programs (SF-424A)	With the application.
Disclosure of Lobbying Activities (SF-LLL)	With the application.
Project/Performance Site Location(s) Form	With the application.

Extra instructions for SF-424: Application for Federal Assistance

Special instructions include:

- To write your Descriptive Title of Applicant's Project in Item 15, see Writing a Strong Descriptive Title on our website.
- Check No to item 19c. State review under Executive Order 12372 does not apply.
- Your authorized organization representative (AOR) must electronically sign this form. The AOR is the person who can make legally binding commitments for your organization. When the AOR authorizes an application, they agree to assume all award obligations.

Step 4: Learn About Review and Award

In this step

Application review

Initial review

We review each application to make sure it is eligible, complete, and responsive. We won't consider an application that:

- Is from an organization that doesn't meet all eligibility criteria.
- Requests funding above the award ceiling.
- Is submitted after the deadline.
- Is not submitted through Grants.gov.
- Is not submitted by a state Medicaid or CHIP agency.

We will not review any pages that exceed the page limit.

According to HHS Grant Policy, the Division of Grants director or deputy director may choose to continue the review process for an ineligible application if it is in the best interests of the government to meet the objectives of the program.

Merit review

A panel reviews all applications that pass the initial review. The panel members use the criteria below. For more information, see Merit Review and Selection Process on our website.

Criterion	Total number of points = 100
Project narrative	40 points
Work plan and timeline	40 points
Budget narrative	20 points

Criteria

Project narrative section 1: Organizational capacity of applicant organization	Maximum points: 15
Description of the entity. • Describe the entity that will perform the cooperative agreement activities under this funding opportunity. • Include an **organizational chart** as an attachment clearly identifying the reporting relationships of key personnel assigned to implementing the planning grant.	5
Description of key personnel including identifying one individual to serve as PD. • In your attachments, include a resume or curriculum vitae for each individual identified as key personnel in the organizational chart. If key personnel have not yet been hired, provide a hiring strategy and job descriptions.	10

Project narrative section 2: Individuals in public institutions	Maximum points: 10
Description of Medicaid or CHIP-eligible individuals in public institutions and the current state of providing continuity of care to inmates of a public institution (include barriers and accomplishments). • Provide the number of individuals in the state who were inmates of non-federal public institutions (such as state prisons, local and county jails, tribal jails, and youth correctional or detention facilities) and were eligible for medical assistance under a state Medicaid program at any time in calendar year 2022. [13] When describing the information regarding your state's Medicaid and CHIP beneficiaries in public institutions, please include the data source and methodology for determining this number.	2
• Provide the number of non-federal public institutions in the state (such as state prisons, local and county jails, tribal jails, and youth correctional or detention facilities). Reference the source of data for these figures.	2
• Provide an assessment of the state's current progress in initiatives that promote continuity of care for Medicaid and CHIP beneficiaries who are inmates of public institutions. Describe progress in and barriers to implementing these initiatives. Provide an overview of all relevant funding sources for initiatives promoting continuity of care for beneficiaries following incarceration including through any Medicaid authorities such as section 1115 demonstration authority. Scoring preference will be given to states with less progress and those demonstrating higher need.	6

Project narrative section 3: Program oversight and subrecipients and contractors	Maximum points: 15
• Describe the management controls and coordination mechanisms that will be used to ensure the timely and successful execution and operation of the planning grant.	5
• Describe the anticipated role of any subrecipients or contractors, such as non-federal public institutions, state human services agencies, Medicaid managed care plans, providers, and community-based organizations. While state Medicaid and CHIP agencies will administer funding awarded under this opportunity, CMS recommends state Medicaid and CHIP agencies collaborate with pertinent parties such as those described above. Therefore, your narrative should also describe how you will use funding to promote the collaboration needed to address the new requirements for Medicaid and CHIP beneficiaries in public institutions and following incarceration, as outlined in the program requirements section.	5
• Describe your oversight and monitoring processes to ensure public institutions and entities with which you contract are compliant with any applicable Medicaid and CHIP requirements, as well as 45 CFR 75.351 subrecipient and contractor determinations and 45 CFR 75.352 Requirements for pass-through entities.	5

Project narrative section 4: Work plan	Maximum points: 40
• Provide the state's plan for developing, implementing, and operating initiatives to promote continuity of care for individuals who are inmates of a public institution and are eligible for medical assistance under the state Medicaid program or are eligible for child health assistance or pregnancy-related assistance under the state CHIP.	15
• Describe your goals, measurable objectives, activities and milestones.	10
Describe the following: • The amount, duration, and scope of planning grant activities. • Target populations. • A timeline for accomplishing objectives. • Metrics for assessing progress in meeting objectives.	15

Budget narrative	Maximum points: 20
• Provide a detailed budget that follows the instructions in the budget section for the period of performance.	10
• Request funds that are reasonable based on the total available funding and that link each activity to the goals of this program.	5
• Request funds that are reasonable based on proposed project goals. Identify any non-CMS funding sources and the value of such funding and describe how the funding will be integrated into the project	5

Risk review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We use SAM.gov Responsibility/Qualification to check this history for all awards. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award. For more details, see 45 CFR 75.205.

Selection process

CMS selects recipients at our sole discretion. Our selections are not subject to administrative or judicial review, per Section 1115A(d)(2)(B) of the Act.

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- Program office technical recommendations.
- Advice from other federal officials, advisory bodies, consultants, or others as documented in the NOFO.
- The larger portfolio of agency-funded projects, including project type and geographic distribution.
- The past performance of the applicant. We may choose not to fund applicants with management or financial problems. See risk review.

We may:

- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

We will have two application cohorts. Up to half of available funds will be distributed to recipients under the first cohort and up to the balance of the remaining funds will be distributed to recipients under the second cohort.

Applicants may choose to apply for the second cohort of awards. Further, applicants not selected during the first cohort may choose to submit a new application or resubmit their previous application to be considered for the second cohort application review.

Award notices

If you are successful, your authorized official will receive an email notification from GrantSolutions. You can then retrieve your Notice of Award (NoA). We will notify you if your application is disqualified or unsuccessful within 30 days of the award date.

The NoA is the only official award document. The NoA tells you about the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you don't have permission to start work.

Find out more about Notice of Award contents.

Step 5:
Submit Your Application

In this step

Application submission and deadlines

See find the application package to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. See get registered. You will have to maintain your registration throughout the life of any award.

Deadlines

Application

- **Cohort 1:** Due on November 26, 2024 at 11:59 pm ET.
- **Cohort 2:** Due on April 18, 2025 at 11:59 pm ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

The grants management officer may extend an application due date based on emergency situations such as documented natural disasters or a verifiable widespread disruption of electric or mail service.

Submission methods

Grants.gov

You must submit your application through Grants.gov. See get registered.

For instructions on how to submit in Grants.gov, see Quick Start Guide for Applicants.

Make sure that your application passes the Grants.gov validation checks or we may not get it. Do not encrypt, zip, or password protect any files. See Contacts and Support if you need help.

Other submissions

Optional notice of intent

We ask that you let us know if you plan to apply for this opportunity. We do this to plan for the number of expert reviewers we will need to evaluate applications. You do not have to submit a notice of intent to apply.

Please email the notice to PlanningGrantsPCC@cms.hhs.gov.

In your email, include:

- The funding opportunity number and title.
- Your organization's name and address.
- A contact name, phone number, and email address.
- An expression of your interest.
- The proposed regions of participation.
- A brief description of your organization.

See the deadline for notices of intent.

Intergovernmental review

This NOFO is not subject to executive order 12372, Intergovernmental Review of Federal Programs. No action is needed other than checking "No" on the SF-424 box 19c.

Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, 45 CFR 75.113.

Send written disclosures to the Office of Inspector General at grantdisclosures@oig.hhs.gov. Include "Mandatory Grant Disclosures" in subject line.

You must also email the disclosure to this NOFO's administrative and budget contact. See Contacts and Support.

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Page limit
☐ Project abstract	Use the Project Abstract Summary Form.	1 page
☐ Project narrative	Use the Project Narrative Attachment form.	25 pages
☐ Budget narrative	Use the Budget Narrative Attachment form.	10 pages
Attachments (6 total)	Insert each in a single Attachments form.	
☐ Letters of support		None
☐ Letter of agreement		None
☐ Indirect cost agreement/Cost Allocation Plan		None
☐ Resumes and job descriptions for key personnel		None
☐ Organizational chart		None
☐ Business assessment of applicant organization		12 pages
Other required forms (4 total)	Upload using each required form.	
☐ SF-424 (Application for Federal Assistance)		None
☐ SF-424A: Budget Information for Non-Construction Programs		None
☐ Project/Performance Site Locations		None
☐ Disclosure of Lobbying Activities (SF-LLL)		None

Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the NoA. See CMS Standard Terms and Conditions.
- The rules listed at 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, or any superseding regulations.
    - Effective October 1, 2024, HHS adopted the following superseding provisions:
        - 2 CFR 200.1, Definitions, Modified Total Direct Cost.
        - 2 CFR 200.1, Definitions, Equipment.
        - 2 CFR 200.1, Definitions, Supplies.
        - 2 CFR 200.313(e), Equipment, Disposition.
        - 2 CFR 200.314(a), Supplies.
        - 2 CFR 200.320, Methods of procurement to be followed.
        - 2 CFR 200.333, Fixed amount subawards.
        - 2 CFR 200.344, Closeout.
        - 2 CFR 200.414(f), Indirect (F&A) costs.
        - 2 CFR 200.501, Audit requirements.
- The HHS Grants Policy Statement (GPS). This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they'll be listed in your NoA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in the HHS Administrative and National Policy Requirements.
- Federal laws regarding accessibility if you receive a request for information in accessible formats. See CMS Accessibility Requirements on our website.

Reporting

If you are successful, you will have to submit reports. These include:

- Progress Reports.
- Federal Financial Reports (FFR).
- Federal Funding Accountability and Transparency Act (FFATA).
- SAM.gov Integrity and Performance Reporting (Responsibilities and Qualifications (R/Q)).
- Payment Management System (PMS).
- Audit Reporting (Federal Audit Clearing House).
- SAM.gov Exclusions which include information related to suspensions and debarments.

For more information on post-award reporting.

Continued eligibility

Continued funding is contingent on satisfactory progress, compliance with the terms and conditions, and the availability of funds.

For CMS to issue continuation funding, you must demonstrate satisfactory progress.

At any time, we could decrease funding or terminate your award if you fail to perform the requirements of the award. See 45 CFR 75.372 "Termination."

Satisfactory progress for selected award recipients includes, but is not limited to:

- Meeting milestones described in Performance Milestones.
- Reporting on and updating your work plan as approved by CMS in your application.

Non-competing continuation application (NCC)

Recipients will be required to submit NCCs annually for the duration of the four-year period of performance. CMS will provide instructions in the NoA Terms and Conditions.

The NCC application will include the state's progress in developing, implementing, and operating initiatives to promote continuity of care for individuals who are inmates of a public institution and are eligible for medical assistance under the state Medicaid program or child health assistance or pregnancy-related assistance under the state CHIP.

Recipients may use the NCC to adjust their budgets or make other administrative changes. Recipients will be allowed to revise their project goals in accordance with any reductions in funding.

Cybersecurity requirements

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan on the NIST Cybersecurity Framework. Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): Knowledge on Demand (hhs.gov).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. For guidance, see Incident Response Plan Basics.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
  - Any unplanned interruption or reduction of quality, or
  - An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Contacts and Support

In this step

Agency contacts

Program and eligibility

Please direct programmatic questions to:

Effie George, PhD
Effie.george@cms.hhs.gov
410-767-8639

In addition, you may reach out to our section 206 State Planning Grants mailbox for programmatic inquiries related to this NOFO:
PlanningGrantsPCC@cms.hhs.gov

Financial and budget

Kevin Hornbeak
Grants Management Specialist
PlanningGrantsPCC@cms.hhs.gov

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

Reference Websites

- U.S. Department of Health and Human Services (HHS)
- CMS Grants and Cooperative Agreements
- Grants.gov Accessibility Information
- Code of Federal Regulations (C.F.R.)
- United States Code (U.S.C.)

Note: This document contains links to non-United States Government websites. We are providing these links because they contain additional information relevant to the topic(s) discussed in this document or that otherwise may be useful to the reader. We cannot attest to the accuracy of information provided on the cited third-party websites or any other linked third-party site. We are providing these links for reference only; linking to a non-United States Government website does not constitute an endorsement by CMS, HHS, or any of their employees of the sponsors or the information and/or any products presented on the website. Also, please be aware that the privacy protections generally provided by United States Government websites do not apply to third-party sites.

Endnotes

1. Barnert, E. S., Dudovitz, R., Nelson, B. B., Coker, T. R., Biely, C., Li, N., & Chung, P. J. (2017). How does incarcerating young people affect their adult health outcomes? ↑
2. Cox, R. (2018). Mass incarceration, racial disparities in health, and successful aging. *Generations* , *42* (2), 48. https://www.questia.com/library/journal/1P4-2086655307/mass-incarceration-racial-disparities-in-health ↑
3. Acker, J., Braveman, P., Arkin, E., Leviton, L., Parsons, J., & Hobor, G.. *Mass Incarceration Threatens Health Equity in America* . Executive Summary. Princeton, NJ: Robert Wood Johnson Foundation, 2019 ↑
4. State Health Official Letter To facilitate successful re-entry . ↑
5. The CHIP eligibility exclusion is not applicable to children enrolled in a Title XXI funded Medicaid Expansion CHIP program as they follow all Medicaid eligibility requirements. ↑
6. PUBLIC LAW 117–328 ↑
7. Section 5121 of the CAA, 2023, amended section 2110(b) of the Act to provide an exception to the CHIP eligibility exclusion for children who are eligible for pre-release services under section 2102(d)(2) of the Act. ↑
8. Section 2102(d)(2) of the Act, as added by section 5121 of the CAA, 2023, specifies that separate CHIPs must provide case management services to the extent they are otherwise available under the CHIP state plan (or waiver of such plan) to children who are within 30 days of release. Upon release, children are entitled to the full array of CHIP state plan benefits. Therefore, the expectation is that they will continue to receive case management services (if applicable). ↑
9. Successful applicants under this NOFO agree that: Where award funding involves implementing, acquiring, or upgrading health information technology (IT) for activities by any funded entity, recipients and subrecipients are required to: Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B , if such standards and implementation specifications can support the activity. If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory . ↑
10. CMS will consider the number of inmates enrolled in Medicaid at any point in 2022 to serve as a proxy for the number of eligible inmates. ↑
11. See the HHS Grants Policy Statement for a description of the roles and responsibilities of the AOR and PD. ↑
12. CMS will consider the number of inmates enrolled in Medicaid at any point in 2022 to serve as a proxy for the number of eligible inmates. ↑
13. CMS will consider the number of inmates enrolled in Medicaid at any point in 2022 to serve as a proxy for the number of eligible inmates. ↑