U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services

Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP

Announcement Type: Initial

Funding Opportunity Number: CMS-1F1-15-001

CFDA: 93.644

Date: May 5, 2015

Applicable Dates:

State Voluntary Letter of Intent to Apply Due Date: June 3, 2015

Electronic Grant Application Due Date: July 7, 2015 3:00 PM ET

CMS Anticipated Notice of Award Date: September 2, 2015

Grant Period of Performance: September 2, 2015 – September 1, 2019

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OVERVIEW INFORMATION

Agency Name: Department of Health and Human Services
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Catalog of Federal Domestic Assistance (CFDA) Number: 93.644

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Applicant's Teleconference:
May 13, 2015 from 2:00 to 3:00 p.m. Eastern Time
Registration link:
http://w.on24.com/r.htm?e=989669&s=1&k=919F8E1F142CF894364D93649C55DB11

I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

This funding opportunity will support the Center for Medicaid and CHIP Services (CMCS) Maternal and Infant Health Initiative: *Improving the Health of Mothers and Infants in Medicaid and CHIP – Investing in the Future of Our Nation* (the Initiative) (http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Maternal-and-Infant-Health-Initiative.pdf), which seeks to focus improvement efforts in two distinct yet related areas: 1) increasing the rate and content of postpartum visits; and 2) increasing the rate of pregnancies that are intended through increased use of effective contraception. This grant will support states in collecting and reporting data to CMCS on a new developmental quality measure to assess performance on the latter goal.

The data gathered through this grant activity will be used to improve CMCS' understanding of the provision of contraceptive services in Medicaid and CHIP populations. This grant activity will aid CMS in developing future efforts to improve maternal and infant health outcomes in Medicaid and/or CHIP. Data collected through this grant may be publically reported by CMS.

States are encouraged to align this data collection and reporting effort with other activities of the CMCS Maternal and Infant Health Initiative and/or other state level efforts. Included is a detailed description of the funding opportunity, including eligibility requirements, award information, application and submission information, and the application review criteria.

2. Authority

This grant is being issued under the authority of the Affordable Care Act, Title II, Subtitle I, *Improving the Quality of Medicaid for Patients and Providers*, section 2701, *Adult Health Quality Measures*, which added section 1139B of the Social Security Act (Act) directing the Secretary of Health and Human Services (HHS) to identify an initial core set of quality measures that could be used to monitor and improve the care provided to adults covered by Medicaid. This authority was established in the same manner as the child health quality measures efforts under section 1139A of the Social Security Act, which provided for quality measurement and improvement demonstrations.

3. Background

In comparison to other nations, the United States fares poorly on perinatal outcomes, ranking 27th globally with an infant mortality rate of 6 per 1,000 live births.[1] While infant mortality has trended downward slightly over the past few years, rates of preterm birth and low birth weight have declined more slowly and racial/ethnic disparities in perinatal health outcomes persist.[2] Preterm birth and low birth weight, with their associated economic and social costs, are far reaching; furthermore, their impacts can be long-lasting, particularly among the most vulnerable populations. Medicaid and CHIP are an important source of coverage for vulnerable individuals and families; and while birth outcomes have improved among individuals with public and private coverage, the rate of births reported as preterm or low birth weight remains higher in Medicaid than private insurance (10.4% vs. 9.1%).[3]

CMCS has a unique opportunity to improve perinatal outcomes and reduce disparities as a result of the Affordable Care Act's coverage expansion and its dedicated funding for quality measurement and improvement. In addition to federal interest, States, providers, and maternal and infant health advocacy groups have demonstrated their commitment to improving maternal and infant health outcomes through their participation in a variety of targeted efforts.

Considering the importance of Medicaid and CHIP as the payer for almost half of all births, CMCS has an important role to play in improving maternal and infant health outcomes. In 2012, CMS embarked on two major activities to improve perinatal health outcomes: the Strong Start for Mothers and Newborns Initiative,[4] and an Expert Panel on Improving Maternal and Infant

[1] MacDorman MF, Hoyert DL, Mathews TJ. NCHS Data Brief, No. 120. April 2013.
[2] Lu MC, Kotelchuck, Hogan V, Jones L, Wright K, Halfon N. Closing the Black-White Gap in Birth Outcomes: A life course approach. Ethnicity and Disease, Vol 20, Winter 2010.
[3] Barradas D.T., et. al. "Hospital Utilization and Costs among Preterm Infants by Payer: Nationwide Inpatient Sample, 2009." Unpublished manuscript, 2014.
[4] Additional information on Strong Start can be found at http://innovation.cms.gov/initiatives/strong-start/.

Health Outcomes in Medicaid and CHIP (Expert Panel). [5] The Expert Panel provided valuable information to CMCS about near term opportunities to improve birth outcomes. Based on the feedback of the Expert Panel, CMCS established the Maternal and Infant Health Initiative which defines national goals to promote healthier outcomes among Medicaid and CHIP enrollees. These goals, selected based on potential impact, resources and partnership opportunities, are:

- To increase by 10 percentage points the rate of postpartum visits among pregnant women in Medicaid and CHIP in at least twenty states over a 3-year period; and
- To increase by 15 percentage points use of effective methods of contraception in at least twenty states over a 3-year period.

Both of these goals have the potential to improve overall perinatal outcomes in the U.S. The postpartum visit provides the opportunity to not only assess women's physical recovery from pregnancy and childbirth, but also to address any chronic health conditions, postpartum mental health status, and family planning, including contraception and inter-conception counseling. CMCS will focus on increasing postpartum visits as a way to reduce maternal morbidity and improve the quality of maternal and infant health care. Unintended pregnancy is associated with poorer preconception health, delayed prenatal care, reduced birth spacing and increased risks of preterm birth and low birth weight. To gather more data on pregnancy planning and spacing, CMCS will track the use of effective contraception (i.e. long acting reversible contraceptives (LARCs), injectables, oral pills, patches, or rings).

In order to gather more data on the second Initiative goal, states are encouraged to uniformly collect and report on a new developmental quality measure. Through these grant funds, CMS will support states' data collection, measurement and reporting efforts for the developmental measure related to the Initiative. These data are also useful in identifying opportunities to improve health care quality for women of child-bearing age enrolled in Medicaid and to drive changes in care practices and delivery accordingly.

4. Program Requirements: Qualifying for Receipt of Reporting Payments

Under the authority of section 2701 of the Affordable Care Act, $10 million will be available for this funding opportunity. Specifically, a total of 25 grant awards are available for the initial one year period of performance; these may be continued for up to three non-compete option years, assuming satisfactory performance, for a maximum four-year period of performance. Each of the 25 recipients will be eligible to receive up to $400,000 total for the four years, assuming satisfactory performance, defined as submission of measure data by the required due date (see chart below). Under this funding opportunity, there is no required state match.

This grant opportunity will be open to all 56 State Medicaid agencies to support collecting and reporting the developmental Initiative quality measure to CMS. By "State," we refer to the

[5] The Expert Panel was co-chaired by Dr. Mary Applegate, Ohio's Medicaid Medical Director and Dr. James Martin, past chair of American College of Obstetricians and Gynecologists (ACOG). More information on the Expert Panel may be found at www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Maternal-and-Infant-Health-Care-Quality.html.

definition provided under 45 CFR §75.2, *Definitions*, as "any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, U. S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any agency or instrumentality thereof exclusive of local governments."

This grant will facilitate data collection and reporting on a developmental measure, *Use of Contraceptive Methods by Women.* This will be the first time CMCS will collect this measure. Additional details about the developmental Use of Contraceptive Methods by Women measure can be found on Medicaid.gov at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Maternal-and-Infant-Health-Care-Quality.html.

As part of this grant opportunity, states may find it necessary to work with their partners, including managed care organizations, other providers, Departments of Public Health, and other stakeholders to obtain the necessary data to report on the measure.

- States may use grant funds to improve data validation methods/initiatives, evaluate data sources and measures, and train and educate providers in collecting and reporting the measure.
- States may use funds for staff training in the use of tools for collecting and analysis of data from claims, surveys, medical records, or encounter records.
- States may use the grant funding to develop a plan to sustain collection beyond the grant period.
- States may use the grant funds to participate in CMCS sponsored technical assistance activities related to the Initiative measure.

Participation (and the receipt of all monies available under the award) is contingent on:

- A state submitting baseline data using Calendar Year 2014 data on the measure;
- A state submitting remeasurement data annually using CY 2015-2017 data on the measure; and
- A state submitting the baseline and remeasurement data by the required due date (satisfactory performance).

Grant payments will be issued annually by May 1st, following reporting of the quality measure information into the measure reporting system[6] no later than January 31st of each year.

The chart below describes the reporting required under this grant. It also specifies the percentage of the total award that is associated with each data submission.

[6] The reporting system refers to a web-based tool which is used for reporting the Medicaid Adult and Child Core Set Measures.

Reporting Deadline	Data Name and Year	Funds Release Date	Maximum Funds (as a percentage of the total possible award)
January 31, 2016	Baseline (CY 2014)	May 1, 2016	25%
January 31, 2017	1st Remeasurement (CY 2015)	May 1, 2017	25%
January 31, 2018	2nd Remeasurement (CY 2016)	May 1, 2018	25%
January 31, 2019	3rd Remeasurement (CY 2017)	May 1, 2019	25%

5. CMS Procedures for Acting on Requests for Award Payments

CMS will issue up to $400,000 over 4 years to entities based upon application submitted. The maximum initial award amount is up 25% ($100,000) of overall amount available to each entity. Each subsequent year an entity is eligible to receive up to an additional 25% ($100,000) of the overall amount available through non-competing continuation awards. Funds awarded each year will not be released for drawdown until May 1st of each year in accordance with the information included under Section I.4. *Program Requirements: Qualifying for Receipt of Reporting Payments*. CMS will make determinations that a state is qualified for a quality reporting payment under this grant based on submission of the performance measure data to the CMS reporting system by January 31st of each year. The reporting system is the vehicle States use to report the CMS Child and Adult Core quality measures to CMS. Additional details regarding the submission of measure data to the measure reporting system, and the issuance of the grant funds, will be specified in the Standard and Program Terms and Conditions which will accompany the Notice of Award.

II. AWARD INFORMATION

1. Total Funding

In total, $10 million has been designated for this funding opportunity. Grants will be awarded with consideration to: (1) available funding; and (2) the quality of each application and the applicants' demonstrated ability to meet the goals of the project. Awardees will not receive the

total award requested if they fail to fully participate in the grant (see full participation description under Section I.4. *Program Requirements: Qualifying for Receipt of Reporting Payments*).

2. Award Amount

A total of up to 25 grants could be awarded to States, the District of Columbia, and the US Territories. Grant awardees may receive up to $400,000 over the performance period assuming the grantee is found eligible for all payments.

Initial award amounts will not exceed 25% ($100,000) of the overall amount available to each entity. Each subsequent year an entity is eligible to receive up to an additional 25% ($100,000) of the overall amount available through non-competing continuation awards. Approximately sixty days prior to the end of each 12-month budget period, awardees must submit a non-competing continuation application to receive funds for the subsequent 12-month budget period. Funds awarded will not be available for drawdown until released by CMS. Please see Sections I.4 *Program Requirements: Qualifying for Receipt of Reporting Payments* and I.5 *CMS Procedures for Acting on Requests for Award Payments* for more information. Additional guidance on submitting a non-competing continuation application will be included in the terms and conditions of award.

3. Anticipated Award Date

The anticipated award date is September 2, 2015.

4. Period of Performance

The anticipated period of performance for the 4-year project period is September 2, 2015 through September 1, 2019. The 4-year project period will be comprised of four, 12-month budget periods. The first budget period will be September 2, 2015 to September 1, 2016. Upon notification of the grant award, States will receive a Notice of Award which will specify the award amount for the initial 12-month budget period. In the absence of funding, CMS is under no obligation to make awards under this program.

5. Number of Awards

A maximum of 25 awards will be made.

6. Type of Award

These awards are structured as grants. CMS will evaluate each Grantee's performance and ability to show demonstrated progress toward aims of the grant, specifically developing baselines for and conducting re-measurements of the Initiative measure. **If a Grantee fails to meet the mutually agreed upon annual progress, CMS may rescind the grant award including all un-obligated balances.**

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligible applicants for this funding opportunity are limited to the 56 State Medicaid Agencies. The single State Medicaid Agency will lead the project. Only one application can be submitted

for a given State. By "State," we refer to the definition provided under 45 CFR §75.2, *Definitions*, as "any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, U. S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any agency or instrumentality thereof exclusive of local governments."

CMS expects that grant-funded activities would align with and not duplicate similarly-focused efforts, such as enhancements to the Medicaid Management Information System (MSIS) and associated data systems, health information exchange, and any meaningful use quality measure collection infrastructure developed for the administration of the Medicaid Electronic Health Record Incentive Program. As appropriate, there is an expectation that the State will coordinate with its Department of Public Health, other State agencies, and health care providers[7] and hospitals, as necessary to ensure accurate and reliable data collection.

A letter or memorandum of agreement from any major partner that is not the lead agency is encouraged. An applicant should include all such letters as part of its application package as instructed in this solicitation (please see Section IV.2, Content and Form of Application Submission). CMS will disregard any letter received outside of the submitted application. Letters should be included as a PDF file as instructed in the requirements of the application submission.

Only one grant application can be submitted for a given State.

Eligibility Threshold Criteria:

- Application deadline: Applications not received electronically through http://www.grants.gov by the application deadline of July 7, 2015 (3:00 pm Eastern Time) 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 must not be more than 16 pages in length, including the project narrative (maximum of 5 pages), the attestation (1 page), the budget narrative (maximum of 6 pages), and any supporting materials (4 pages available, if needed). The Standard Forms, Cover Letter, and Project Abstract are not included in the page limit. For more information, see Section IV.2, Content and Form of Application Submission.

[7] These providers may include primary, secondary and tertiary health providers (including Federally Qualified Health Centers and Rural Health Clinics, maternal and child health clinics, hospitals (including Medicaid disproportionate share hospitals); other primary and specialized care professionals (including members of the allied health professions); Tribal providers, behavioral health professionals; Medicaid managed care plans, primary care case management providers (PCCMs), medical groups, independent physician associations and quality improvement collaborative that include these providers.

- Dollar limit: Applications will be considered for funding only if the Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP Grant application narrative includes an attestation acknowledging that the full value of the grant award is only available based on full participation.

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

Employer Identification Number

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

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

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

System for Award Management (SAM)
All applicants must register in the System for Award Management (SAM) database in order to be able to submit an application (https://www.sam.gov/). The SAM registration process is a separate process from submitting an application. In order to register, applicants must provide their DUNS and EIN numbers. **Applicants should begin the SAM registration process as soon as possible after the announcement is posted to ensure that it does not impair your ability to meet required submission deadlines.** Additional information about SAM is available at https://www.sam.gov/portal/public/SAM/.

Applicants must successfully register with SAM prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. See Section IV, *Application and Submission Information*, for more guidance on SAM registration. Primary awardees must maintain a current registration with the SAM database, and **may make subawards only to entities that have DUNS numbers**. Organizations must report executive compensation as part of the registration profile at https://www.sam.gov/ 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.

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

2. Cost Sharing or Matching

Grantees are not required to make a State match contribution.

3. Foreign and International Organizations

Foreign and international organizations are not eligible to apply for this funding opportunity.

4. Faith Based Organizations

Faith based organizations are not eligible to apply for this funding opportunity.

5. Letter of Intent to Apply

Applicants are encouraged to submit a non-binding Letter of Intent to Apply. Letters of Intent to Apply are not required and their submission or failure to submit a letter has no bearing on the scoring of proposals received. Receipt of such notices enables CMS to better plan for the application review process. These may be submitted in any format; however, a sample is included in Section VIII, Appendices, Appendix A. Letters of Intent to Apply are due June 3, 2015, and should be emailed to Lekisha Daniel-Robinson at CMCS_MIH_Initiative@cms.hhs.gov.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

This Funding Opportunity Announcement serves as the application package for this grant and 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.

It is recommended that a Letter of Intent be submitted by 11:59 pm Eastern Time on June 3, 2015. The purpose of the Letter of Intent is to estimate the number of applications and enable CMS to plan its review process. The signed Letter of Intent must be submitted via e-mail to Lekisha Daniel-Robinson at CMCS_MIH_Initiative@cms.hhs.gov.

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 grants.gov, contact support@grants.gov or call 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 CMS website at http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/quality-of-care.html.

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 93.644.
- 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/Taxpayer Identification Number (EIN/TIN) to apply. **Please note, applicants should begin the process of obtaining an EIN/TIN as soon as possible after the announcement is posted to ensure this information is received in advance of application deadlines.**
- All applicants, 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. The DUNS number is a nine-digit identification number that uniquely identifies business entities. To obtain a DUNS number, access the following website: www.dandb.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.**
- Authorized Organizational Representative: The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password at http://grants.gov/applicants/get_registered.jsp. AORs must wait one business day after successful registration in the System for Award Management (SAM) before entering their profiles in Grants.gov. **Applicants should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines.**
- When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz POC will receive an email notification. The email

address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.

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

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

All grant applications must be submitted electronically and be received through http://www.grants.gov by 3:00 pm Eastern Time on July 7, 2015.

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

Please be aware of the following:

- Search for the application package in Grants.gov by entering the CFDA number 93.644.

- If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: http://www.grants.gov/web/grants/support.html or (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).

- When contacting Grants.gov, always obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved. To be considered timely, applications must be received on or before the published deadline date.

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 or call 1-800-518-4726.

2. Content and Form of Application Submission

A. 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 no smaller than 12-point with an average character density no greater than 14 characters per inch. This requirement does not apply to the organization chart and/or any other charts or tables provided.

- The Project Narrative must be DOUBLE-SPACED. This requirement does not apply to the text within any charts or tables that may be included within the Project Narrative.

- Applications must not be more than 16 pages in length including the project narrative (maximum of 5 pages), the attestation (1 page), the budget narrative (maximum of 6 pages), and any supporting materials (4 pages available, if needed). Standard forms, the

Cover Letter, and the Project Abstract are not included in the page limit. The total size of all uploaded files may not exceed a total file size of 10 MB.

B. Overview of Grant Application Structure and Content

i. Standard Forms

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

SF 424: Official Application for Federal Assistance (see note below)
SF 424A: Budget Information Non-Construction
SF 424B: Assurances-Non-Construction Programs
SF LLL: Disclosure of Lobbying Activities **All applicants must submit this document. Though this form may be listed as optional as part of application kit in Grants.gov, this form is mandatory. If your entity does not engage in lobbying, please insert "Non-Applicable" on the document and include the required Authorized Organizational Representative (AOR) name, contact information, and signature.*
Project Site Location Form(s)**All applicants must submit this document. Though this form may be listed as optional as part of application kit in Grants.gov, this form is mandatory.*
Project Abstract

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: Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP Grants.
- Check "No" to item 19c, as Review by State Executive Order 12372 does not apply to these grants.

ii. Cover Letter

A letter from the State Medicaid Director identifying the Medicaid agency applicant as the lead organization, indicating the title of the project, the principal contact person, amount of funding requested, and the name of the division within the State Medicaid agency that will administer the grant and all major partners, departments, divisions, services, and organizations actively collaborating in the project is required.

This letter should be addressed to:

Shamia Blanks, Grants Management Specialist
Center for Medicare and Medicaid Services
Office of Acquisition and Grants Management
Mailstop #7700 Bethesda
5600 Fishers Lane
Rockville, MD 20857

iii. Project Narrative

The application is expected to address the State's interest in participating in the grant program and confirm its capability to report annually on the Initiative measure using the measure reporting system.

The required elements (sections) of the project narrative are outlined below. Also, provided is a brief description of the type of information that is required to be addressed within each specific section.

- Interest in participation – The application must include a brief statement expressing the State's interest in participating in the Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP Grant. This statement may include a description of why the state is interested in the grant (for example, any current maternal and infant health initiatives the state is participating in, a description of any family planning-related activities, maternal and/or infant health performance measures, etc.).

- Organization and Administration – The application must include a description of the organizational and structural administrations that will be in place to implement, monitor, and operate the grant program. The tasks to be conducted by each administrative component must also be described. The application should document the State's ability to successfully implement the proposed program. The application should describe State activity related to the grant including a description of other HHS grant funding the applicant has received that is related to quality measurement (e.g., Electronic Health Record Incentive Program, CHIPRA Quality Demonstration Grants). It should document how the proposed activities will complement, not duplicate, activities currently funded by other grants and/or cooperative agreements including those funded by CMS and explain how the grant activities will interact with other legislative efforts. **Applicants must also include an organizational chart for the entity that is responsible for the management of this grant**. Describe the relationship between that entity and all other departments, agencies, and service systems that will play a role in collecting information or data related to the measurement and evaluation of care and services under the grant program.

- Narrative Staffing Plan –
  - The number, title, and, if known, the names of staff that will be dedicated to the grant program.
  - Brief description of roles/responsibilities of each position.
  - For each position, the percentage of that individual's work that represents in-kind support.
  - Number of contracted individuals supporting the grant.

- Reporting –
  - The application must include a description of the State's plan for collecting, reporting, and otherwise producing the data, information, and analysis required to be provided to CMS.

iv. Attestation

The application must include a signed attestation that the State understands that the full value of the grant will only be available to states that fully participate in the grant. Full participation requires the state to:

- Submit re-measurement data annually using CY 2015-2017 data on; and
- To submit the baseline and remeasurement data by the required due date.

v. Budget and Budget Narrative

a. Budget SF424A

All applicants must submit a SF424A. For the budget recorded on form SF 424A, the instructions outlined below should be followed, in addition to reviewing the general instructions provided for the SF424A.

Section A – Budget Summary

Grant Program Function or Activity (column a) = Enter "Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP" in row 1.
New or Revised Budget, Federal (column e) = Enter the Total Federal Budget Requested for the 4-year project period in rows 1 and 5.
New or Revised Budget, Non-Federal (column f) = Enter Total Amount of any Non-Federal Funds Contributed (if applicable) in rows 1 and 5.
New or Revised Budget, Total (column g) = Enter Total Budget Proposed in rows 1 and 5, reflecting the sum of the amount for the Federal and Non-Federal Totals.

Section B – Budget Categories

Enter the total costs requested for each Object Class Category (Section B, number 6) for each year of the 4-year project period.
Column (1) = Enter Year 1 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 1 line items should be entered in column 1, row k (sum of row i and j).
Column (2) = Enter Year 2 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 2 line items should be entered in column 1, row k (sum of row i and j).
Column (3) = Enter Year 3 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 3 line items should be entered in column 1, row k (sum of row i and j).
Column (4) = Enter Year 4 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 4 line items should be entered in column 1, row k (sum of row i and j).
Column 5 = Enter total costs for all years of the project period for each line item (rows a-h), direct total costs (row i), and indirect costs (row j). The total costs for all line items for the four years should be entered in row k (sum of row i and j). The total in column 5, row k should match the total provided in Section A - Budget Summary, New or Revised Budget, column g, row 5.

b. Budget Narrative

The Budget Narrative must include a yearly breakdown of costs for the 4-year performance period. Specifically, the Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF424A by grant year, including a breakdown of costs for each activity/cost within the line item. The yearly breakdown of costs should reflect the maximum amount of reimbursement based upon level of participation in project and percentage available for reimbursement (see Section I.4. Program Requirements: Qualifying for Receipt of Reporting Payments for more information). The proportion of grant funding designated for each grant activity should be clearly outlined and justify the State's readiness to receive funding through 2019, including complete explanations and justifications for the proposed grant activities. The budget must separate out funding that is administered directly by the lead agency from funding that will be used by any entity other than the lead agency.

The following budget categories should be addressed (as applicable):

- Personnel
- Fringe benefits
- Contractual costs, including subcontract contracts
- Equipment
- Supplies
- Travel
- Indirect charges, in compliance with 45 CFR Part 75. A copy of the current indirect cost rate agreement must be provided if requesting indirect costs, unless an indirect cost rate agreement has never been established (refer to Section IV. 5, *Funding Restrictions*, for more information).
- Other costs (can include infrastructure, data collection, and data analysis costs)

Submissions must identify a Project Manager responsible for the overall project. It is recommended that each grantee dedicate a Project Manager by either hiring and compensating this individual with grant funds or voluntarily utilizing a state staff employee to dedicate time as a Project Manager through an in-kind contribution. The project manager should be an employee of the state, not a contractor.

The Budget Narrative should also outline the strategies and activities of the grant program, and cost breakdowns for any contracts that will be implemented to achieve the anticipated outcomes.

The Budget Narrative should clearly distinguish the funding source of any given activity/cost, as either Federal or Non-Federal. Applicants should pinpoint those costs funded through in-kind contributions. Applicants must include detailed salary and fringe benefit costs for State staff dedicated to this project through an in-kind contribution. Applicants must also include yearly salary costs and the percentage of time dedicated to this project (for any given year). For example, if a State employee regularly makes $75,000 a year and will dedicate 50% of his/her time to this project for Year 1 (as an in-kind contribution) then the Budget Narrative should include a formula to indicate this, such as ($75,000 x 50%) = $37,500.

Completion of the Budget Form SF424A remains a requirement for consideration of your application. This Estimated Budget and Budget Narrative are an important part of your proposal and will be reviewed carefully by HHS staff. Applicants should review and follow guidance and sample information provided in *Appendix B: Guidance for Preparing a Budget Request and Narrative in Response to SF424A*.

Additional Cost Considerations

All grantees will be required to budget for two representatives from the grantee team to attend up to two Medicaid/CHIP quality conferences in the Washington, DC or Baltimore, MD area sponsored by CMS over the grant period. Therefore, applicants' budgets must include travel funds for two people to attend CMS-sponsored conferences in the Washington, DC or Baltimore, MD area.

vi. Letter(s) or Memorandum of Agreement(s) – Optional

All grantees are encouraged to submit a letter or memorandum of agreement from any major partner that is not the lead agency. An applicant should include all such letters as part of its application package as instructed in this solicitation. CMS will disregard any letter received outside of the submitted application. Letters should be included as a PDF file as instructed in the requirements of the application submission**.**

3. Submission Dates and Times

Letter of Intent to Apply

Voluntary Letters of Intent to Apply are due by June 3, 2015 and should be e-mailed to Lekisha Daniel-Robinson, Project Officer at CMCS_MIH_Initiative@cms.hhs.gov. It is not mandatory for an applicant to submit a Letter of Intent to Apply; however, such submissions help CMS plan its review process, including its review panels. Submission of a Letter of Intent to Apply does not bind the applicant to apply; nor will it cause a proposal to be reviewed more favorably. A sample Letter of Intent to Apply is located in Section VIII, Appendices, Appendix A.

i. Grant Applications

All grant applications are due by July 7, 2015. Applications submitted through http://www.grants.gov by 3:00 p.m. Eastern Time on July 7, 2015 will be considered "on time." All applications will receive an automatic time stamp upon submission and applicants will receive an e-mail reply acknowledging the application's receipt**.**

All grant awards have an anticipated award date of September 2, 2015. All grants 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

Indirect Costs

If the applicant entity has a current negotiated indirect cost rate agreement (NICRA) and is requesting indirect costs, a copy of the current NICRA must be submitted with the application. Applicants are required to use the rate agreed to in the Indirect Cost Rate Agreement. Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to 45 CFR Part 75 —States and Local Government and Indian Tribe Indirect Cost Proposals, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in §75.403 *Factors affecting allowability of costs*, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.

The provisions of 45 CFR §§75.412 to 75.419 as well as Appendix VII govern reimbursement of indirect costs for states under this solicitation. Applicants should also consult Appendices V and VI regarding state/local governmentwide central service and public assistance cost allocation plans.

Direct Services

Grant funds may not be used to furnish direct services to Medicaid service recipients. Please note, however, that direct services do not include:

- Expenses budgeted for provider and/or consumer task force member conferences; and
- Attendance at technical assistance conferences sponsored by CMS; or
- National technical assistance provided for the benefit of all States.

Reimbursement of Pre-Award Costs

No grant funds awarded under this solicitation may be used to reimburse pre-award costs.

Prohibited Uses of Grant Funds

1. To match any other Federal funds.

2. To provide services, equipment, or support that are the legal responsibility of another party under Federal or State law (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.

3. To provide infrastructure for which Federal Medicaid matching funds are available at the 90 / 10 matching rate, such as certain information systems projects.

4. To supplant existing Federal, State, local, or private funding of infrastructure or services, such as staff salaries, etc.

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 dates.

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 a grant.

As indicated in Section IV, *Application and Submission Information*, all applicants must submit the following:

1. Standard Forms
2. Cover Letter
3. Project Narrative
4. Attestation
5. Budget and Budget Narrative

1. Criteria

This section fully describes the evaluation criteria for this grant program. Applicants are strongly encouraged to review the programmatic requirements detailed in Section I, Funding Opportunity Description. The application must be organized as detailed in Section IV, Application and Submission Information, of this solicitation. The following criteria will be used to evaluate applications received in response to this solicitation. Applications will be scored with a total of 100 points available.

A. Defined Plan for Grant Implementation (35 points)

The proposed grant program is well-designed and likely to succeed in:

(1) Testing and evaluating the collection, reporting and using the Initiative measure for Medicaid-enrolled adults. (10 points)

(2) Developing staff capacity to report, analyze, and use the data for monitoring and improving access and the quality of care in Medicaid. This should include a description of the State's plan to coordinate submission of Initiative measure data with Core Set Measures submissions into the CMS reporting system. (10 points)

(3) Effectively demonstrates how the State will enhance the related data infrastructure activities. (10 points)

(4) Documents, as necessary, partnerships with organizational entities (e.g., Department of Public Health, health care providers, other publicly financed health programs) necessary to collect and report the Initiative measure to CMS on an annual basis. (5 points)

The proposal shall be comprehensive, feasible and include a timeline with defined specific milestones.

B. Administration and Organization (15 points)

The proposed grant program demonstrates plans for effective administration of the grant program and coordination with other relevant State initiatives.

(1) The applicant must identify a Project Manager responsible for the overall project, communication with CMS and submission of data. (5 points)

(2) The State has a documented ability to successfully implement the proposed program as determined by system readiness. (5 points)

(3) Tasks for implementation, the organizations accountable for accomplishing each task, and each organization's ability to perform the task are fully described and explained. The State also has effectively demonstrated how it will partner closely with its Department of Public Health, provider groups, managed care entities and others as necessary to collect and report the Measure. The grant program partners should also have administrative ability to carry out the grant program. (5 points)

C. Plans for Data Collection (30 points)

The proposal includes clear and comprehensive:

(1) Plans for implementing changes, and describes the applicant's measurement collection processes, analyses, and mechanisms for tracking related quality improvement outcomes. (20 points)

(2) Plans to track and report on data from the grant program on such issues as grant program participation, and effects of the grant program on utilization and outcomes. (10 points)

D. Staffing and Budget (20 points)

The staff proposed to lead the grant program has the skills and experience needed to assure smooth and effective implementation. (5 points)

The proposed budget is carefully developed, with plans for an efficient use of funds to meet the grant objectives. (15 points)

2. Review and Selection Process

A team consisting of Federal staff from HHS will review all applications. The review process will include the following:

A. Applications will be screened to determine eligibility for further review using the criteria detailed in this solicitation. Applications received late or that fail to meet the eligibility requirements as detailed in the solicitation or do not include the required forms will not be reviewed.

B. The results of the objective review process completed by HHS staff with the required expertise will be used to advise the approving HHS official. Final award decisions will be made by an 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; review of risk posed by applicants (per 45 CFR §75.205), and the likelihood that the proposed project will result in the benefits expected.

The Department reserves the right to conduct pre-award Budget Negotiations with potential awardees.

C. Successful applicants will receive one grant award issued under this solicitation.

3. Anticipated Announcement and Award Date

The anticipated award date is September 2, 2015.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Successful applicants will receive a Notice of Award (NoA) signed and dated by the HHS Grants Management Officer. The NoA is the document authorizing the grant award and will be issued to the applicant as listed on the SF-424 and available to the organization through the online grants

management system used by CMS and awardee organizations. Any communication between HHS and applicants prior to issuance of the NoA is not an authorization to begin performance of a project.

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

2. Administrative and National Policy Requirements

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

- Specific administrative requirements, as outlined in 2 CFR Part 200 and implemented by HHS regulation 45 CFR Part 75, 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 project(s) 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. Appropriate budget justification to support the request for these funds must be included.

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

- The criteria as outlined in this grant announcement.
- Title 45, Code of Federal Regulations, Part 75, [http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=b0174eb503950e93d9857a260f9f3aeb&ty=HTML&h=L&r=PART&n=pt45.1.75] which implements Title 2, Code of Federal Regulations, Part 200 – Uniform Administrative. Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) – effective December 26, 2014 [http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl].
- HHS Grants Policy Statement, Revised 01/07.

- *The recently released HHS regulation (45 CFR Part 75) supersedes information on administrative requirements, cost principles, and audit requirements for grants and cooperative agreements included in the HHS Grants Policy Statement where differences are identified.

Indirect Costs

If the applicant entity has a current negotiated indirect cost rate agreement (NICRA) and is requesting indirect costs, a copy of the current NICRA must be submitted with the application. Applicants are required to use the rate agreed to in the Indirect Cost Rate Agreement. Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to 45 CFR Part 75—States and Local Government and Indian Tribe Indirect Cost Proposals, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in §75.403 *Factors affecting allowability of costs*, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.

The provisions of 45 CFR §§75.412 to 75.419 as well as Appendix VII govern reimbursement of indirect costs for states under this solicitation. Applicants should also consult Appendices V and VI regarding state/local governmentwide central service and public assistance cost allocation plans.

3. Terms and Conditions

This solicitation is subject to the Department of Health and Human Services Grants Policy Statement (HHS GPS) at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf . The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary. The recently released HHS regulation (45 CFR Part 75) supersedes information on administrative requirements, cost principles, and audit requirements for grants and cooperative agreements included in the current HHS Grants Policy Statement where differences are identified. Standard and program-specific terms of award will accompany the NoA. Potential applicants should be aware that special requirements could apply to these 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.

4. Programmatic Reporting

States are required to submit performance measurement data annually via the reporting system as well as provide a final, written progress report.

Annual Data Reporting [Performance Measurement Data on Initiative Measure (January 2016, January 2017, January 2018, and January 2019)] The state must submit data on the measure into the reporting system by January 31st of each year, following the measure specifications.

Final Report

The final report should be submitted to CMS no later than 90 days following the project period end date (September 2, 2019). The requirements for this final report will be detailed in the Standard and Program Terms and Conditions, but should at a minimum include the information outlined below.

The final report will require the State to briefly summarize its efforts regarding data collection and reporting to be provided in a four (4) page report that will include sections addressing the following:

- To what degree has the project achieved its purposes, aims, goals, objectives, and quantified targets related to the overall aims of the grant in the first year?
- What specific lessons were learned as a result of the program? What would you recommend to other States which may be interested in implementing a similar approach?
- Accomplishments/successes of the project, overall lessons learned, challenges encountered in collecting and using the Initiative measure.
- What can you point to as examples of real, sustained improvement in the measure?

5. Federal Financial Report (FFR)

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

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 semi-annual reporting due dates are as follows: 1/30, 4/30, 7/30, 10/30. A Quick Reference Guide for completing the FFR in PMS is at: www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx.

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

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

6. 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.fsrs.gov).

7. 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

A. Programmatic Content

Programmatic questions about the Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP grants should be directed to an e-mail address that multiple people access, so that someone will respond even if others are unexpectedly absent during critical periods. This e-mail address is: CMCS_MIH_Initiative@cms.hhs.gov.

B. Administrative Questions

Administrative questions about the Adult Medicaid Quality Grants may be directed to:

Shamia Blanks, Grants Management Specialist
Center for Medicare and Medicaid Services
Office of Acquisition and Grants Management
Mailstop #7700 Bethesda
5600 Fishers Lane
Rockville, MD 20857
Phone: 301-492-4315 or Email: Shamia.Blanks@cms.hhs.gov

VIII. APPENDICES

Appendix A: Optional Letter of Intent to Apply

Adult Medicaid Quality:
Improving Maternal and Infant Health Outcomes in Medicaid and CHIP

Measuring Progress

To facilitate reporting of the quality measure in conjunction with the Center for Medicaid and CHIP Services (CMCS) Maternal and Infant Health Initiative (the Initiative), CMCS will make available a grant to states that choose to participate in reporting on the developmental measure, Use of Contraceptive Methods by Women (a developmental measure). Please use the space below to indicate interest and intent to apply for the grant initiative. Send completed expressions of interest and/or questions to CMCS_MIH_Initiative@cms.hhs.gov.

Information for Staff Contact

Name:	Title:
Phone:	Email:

Medicaid Senior Leadership Expression of Support

States are expected to have the support of the Medicaid Director or the Medicaid Medical Director to demonstrate there is interest in supporting this initiative and its goals. Please indicate below the name and contact information for the senior Medicaid official supporting this letter of intent.

Name:	Title:
Agency:	Address:
Direct Phone:	Email:

Send completed Expression of Interest Forms to

CMCS_MIH_Initiative@cms.hhs.gov

For Administrative Purposes Only

Completeness check:

Panel Assignment:

Primary Panel Reviewer:

Appendix B: Guidance for Preparing a Budget Request and Narrative in Response to SF 424A

Introduction

This guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by ensuring that the required or needed information is provided. This is to be done for the 12-month project period. Applicants should be careful to request funding only for activities that will be funded by this specific funding opportunity, *Adult Medicaid Quality: Improving Maternal and Infant Health Incomes in Medicaid and CHIP*. Any other grant funding provided by HHS, including previously awarded funds to support Adult Medicaid Quality measures should not be supplanted by funds issued through this opportunity.

Applicants must request funding only for activities not already funded/supported by a previous award. Awards should support separate activities and new federal funding should not be supplanted by prior federal funding. In the budget request, applicants should distinguish between activities that will be funded under this grant application and activities funded with other sources. Other funding sources include: *Adult Medicaid Quality Grants: Measuring and Improving the Quality of Care in Medicaid*, other HHS grant programs, and other federal funding sources as applicable.

A. Salaries and Wages (Personnel)

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

Sample Budget

Personnel Total $_____
Grant $_____
Funding other than Grant $_____
Sources of Funding_____

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

Sample Justification

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

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

B. Fringe Benefits

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

Sample Budget

Fringe Benefits Total $_____
AMQ Grant $_____
Funding other than AMQ Grant $_____
Sources of Funding_____

25% of Total salaries = Fringe Benefits
If fringe benefits are not computed by using a percentage of salaries, itemize how the amount is determined.

Example:	*Project Coordinator — Salary*	=	*$45,000*
	Retirement 5% of $45,000	=	*$2,250*
	FICA 7.65% of $45,000	=	*3,443*
	Insurance	=	*2,000*
	Workers' Compensation	=_____	
		Total:	*$52,693*

C. Travel

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Travel for other participants, advisory committees, review panel, etc. should be itemized in the same way specified below and placed in the **"Other"** category. Travel incurred through a contract should be shown in the contractual category.
In-State Travel—Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. The mileage rate cannot exceed the rate set by the General Services Administration (GSA). If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Costs for per diem/lodging cannot exceed the rates set by GSA. Include the cost of ground transportation when applicable. Please refer to the GSA website by using the following link http://www.gsa.gov/portal/content/104877.

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

Sample Budget

Travel (in-State and out-of-State) Total $_____
AMQ Grant $_____
Funding other than AMQ Grant $_____
Sources of Funding_____

Sample In-State Travel Budget

In-State Travel:

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

Sample Justification

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

Sample Out-of-State Travel Budget

Out-of-State Travel:

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

Sample Justification

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

D. Equipment

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

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

Sample Budget

Equipment Total $_____
AMQ Grant $_____
Funding other than AMQ Grant $_____
Sources of Funding_____

Item Requested	*How Many*	*Unit Cost*	*Amount*
[Example] All-in-one Printer, Copier, and Scanner (large scale)	*1 ea.*	*$5,800*	$5,800
[Example] X-Ray Machine	*1 ea.*	*$8,000*	*$8,000*
		Total	*$13,800*

Sample Justification

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

E. Supplies

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

Sample Budget

Supplies Total $_____

AMQ Grant $_____
Funding other than AMQ Grant $_____
Sources of Funding_____

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

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

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

REQUIRED REPORTING INFORMATION FOR CONSULTANT HIRING

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

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

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

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

REQUIRED INFORMATION FOR CONTRACT APPROVAL

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

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

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

G. Construction (not applicable)

H. Other

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

Sample Budget

Other Total $_____
AMQ Grant $_____
Funding other than AMQ Grant $_____
Sources of Funding_____

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

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

Sample Justification

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

I. Total Direct Costs **$_____**

Show total direct costs by listing totals of each category.

J. Indirect Costs **$_____**

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

Sample Budget

The rate is ___% and is computed on the following direct cost base of $_____.

Personnel $_____
Fringe $_____

Travel $_____
Supplies $_____
Other $_____
Total $ x ___% = Total Indirect Costs

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

Appendix C: Application Check-Off List

REQUIRED CONTENTS

A complete application consists of the following materials. Please ensure that the Project Narrative is page-numbered.

- ☐ Required Forms/Mandatory Documents (Grants.gov) (with an electronic signature)
  - ☐ SF-424: Application for Federal Assistance
  - ☐ SF-424A: Budget Information
  - ☐ SF-424B: Assurances-Non-Construction Programs
  - ☐ SF-LLL: Disclosure of Lobbying Activities
  - ☐ Project Site Location Form(s)
  - ☐ Project Abstract

All documents below are required unless stated otherwise.

- ☐ Cover Letter (excluded from page limitations)
- ☐ Project Narrative (maximum of 5 pages)
- ☐ Attestation (maximum of 1 page)
- ☐ Budget Narrative (maximum of 6 pages)
- ☐ (Optional) Supporting Documentation (4 pages)