U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Medicare-Medicaid Coordination Office
Center for Medicare & Medicaid Innovation

Support for Ombudsman and Beneficiary Counseling Programs for States Participating in Financial Alignment Model Demonstrations for Dually Eligible Individuals

Initial Announcement

Cooperative Agreement

Funding Opportunity Number: CMS-1J1-19-001

CFDA: 93.634

Date: April 1, 2019

Applicable Dates:

Electronic Cooperative Agreement Application Due Date:	May 30, 2019 First Round May 1, 2020 Second Round August 17, 2020 Third Round (3:00 pm Eastern Daylight Time)
Anticipated Notices of Award:	July 30, 2019 – First Round August 3, 2020 – Second Round November 17, 2020 – Third Round
Anticipated Cooperative Agreement Period of Performance:	Up to 45 months from date of award, not to exceed the timeframe of the state's financial alignment model demonstration with a demonstration close-out period, with up to 12 month budget periods

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Executive Summary

The Centers for Medicare & Medicaid Services (CMS) is partnering with states to test models that integrate care and financing for individuals who are dually eligible to receive services through both Medicare and Medicaid (referred to in this funding opportunity as beneficiaries). Demonstrations testing these financial alignment models are currently in operation in ten states,[1] serving hundreds of thousands of beneficiaries. At the time of the initial posting of this Notice of Funding Opportunity (NOFO), CMS is engaged in discussions with states regarding the future of these demonstrations.

Through this NOFO, CMS is making available resources to states and entities designated by states to support and assist beneficiaries eligible for ongoing financial alignment model demonstrations. CMS has previously provided similar support to financial alignment model demonstration states for ombudsman and one-on-one counseling programs, most recently through a NOFO issued in 2016, "Support for Ombudsman and Beneficiary Counseling Programs for States Participating in the Medicare-Medicaid Financial Alignment Initiative."

This NOFO offers two types of activities to support beneficiary decision-making and empowerment: 1) ombudsman services; and 2) one-on-one counseling. It is open only to states that are currently receiving funding to conduct these activities as part of a financial alignment model demonstration, and to entities designated by these states. States will only receive funding for a particular activity (i.e. ombudsman services or one-on-one counseling) if they have received funding for that activity under the prior NOFO (Funding Opportunity Number # CMS-1J1-17-001). In addition, to be eligible for funding under this NOFO, applying states must have a financial alignment model demonstration or a comparable model test using authority under Section 1115A of the Social Security Act that will operate beyond the end of the award under the prior NOFO.

Please note the following:

- States may choose one applicant to submit one combined application for both ombudsman services and one-on-one counseling (see Section A6.). This would result in one grant encompassing both types of activities and would give states the maximum flexibility.

- Alternatively, if two separate state agencies or state-designated entities prefer to apply separately for two separate grants for ombudsman and one-on-one

[1] California, Illinois, Massachusetts, Michigan, New York, Ohio, Rhode Island, South Carolina, Texas and Washington. CMS and Minnesota are also operating an administrative alignment demonstration program.

counseling, they may do so. This would result in two separate grant awards (one for ombudsman services and one for one-on-one counseling).

- States are not required to apply for both programs.

- States must have previously received funding for an activity (either ombudsman services[2] or one-on-one counseling[3]) under Funding Opportunity Number CMS - 1J1-17-001 to be eligible for funding for that same activity under this NOFO or to designate an entity to apply.

At the time of the initial posting of this NOFO, no decision has been made regarding the extension of any individual State's demonstration beyond currently scheduled completion dates, and no decision has been made at the time of the initial posting of the NOFO regarding continuation of ombudsman and one-on-one counseling grants during potential extensions of any such demonstrations. Eligible states whose prior awards have not yet ended should schedule their application so that they will be less than four months from the end of the prior award period by the anticipated award date for this award.

[2] See A1. Purpose for a list of eligible states for ombudsman services.
[3] See A1. Purpose for a list of eligible states for one-on-one counseling activities.

Item	Description
Notice of Funding Opportunity Title:	Support for Ombudsman and Beneficiary Counseling Programs for States Participating in Financial Alignment Model Demonstrations for Dually Eligible Individuals
Authorization	Section 1115A of the Social Security Act (as added by Section 3021 of the Patient Protection and Affordable Care Act (P.L. 111-148)).
Funding Opportunity Type	New
Funding Opportunity Number	CMS-1J1-19-001
Type of Award	Cooperative Agreement
Catalog of Federal Domestic Assistance	93.634
Letter of Intent to Apply Due Date	Not applicable
Cooperative Agreement Application Due Dates	May 30, 2019 – First Round May 1, 2020 - Second Round August 17, 2020 – Third Round
Anticipated Issuance Notice(s) of Award	July 30, 2019 – First Round August 3, 2020 – Second Round November 17, 2020 – Third Round
Period of Performance	Up to 45 months from date of award
Anticipated Total Available Funding	The total funding available through this NOFO through the life of the program is expected to be approximately $22.5 million (pending funding availability). The total funding available for FY 2019 is $4.3 million.
Estimated Number of Awards:	10-12
Estimated Award Amount:	• Ombudsman Activities up to $850,000 to $5,600,000 per state • One-on-one Counseling up to $800,000 to $1,300,000 per state

A. Program Description

A1. Purpose

The purpose of this NOFO is to support two types of activities to promote beneficiary decision-making and empowerment of beneficiaries eligible for financial alignment model demonstrations in eligible states. To be eligible, a state must: a) have previously received funding for these activities as part of a financial alignment model demonstration; b) have a demonstration that will continue operation beyond the end date of their prior award; and c) be less than four months from the end of the prior award period by the anticipated award date for this award. The activities are:

- 1.1 Ombudsman services empower beneficiaries and support their engagement in resolving problems. This NOFO provides up to 45 months of funding for ombudsman programs in eligible states (California, Illinois, Massachusetts, Michigan, Ohio, Rhode Island, and South Carolina). The 45 month performance period will allow better alignment with the overall timeframes of the demonstrations.

- 1.2 One-on-one counseling activities enables informed decision-making by beneficiaries in eligible states by delivering information and counseling on options for health coverage. Under this NOFO, states have the flexibility to determine what entity will provide this service, and how they wish to structure the one-on-one counseling program. The state-selected entity could be a State Health Insurance Assistance Programs (SHIP), an Aging and Disability Resource Center (ADRC), a joint project of a SHIP and ADRC, an ombudsman program, or another appropriate entity. This NOFO allows for up to 45 months of funding for one-on-one counseling programs in eligible states (California, Illinois, Massachusetts, Michigan, New York, Ohio, and Rhode Island). The 45 month performance period will allow better alignment with the overall timeframes of the demonstrations.

A2. Authority

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

A3. Background

CMS is partnering with states to test models designed to better align the financing of the Medicare and Medicaid programs and integrate primary, acute, and behavioral health services, long term services and supports. The states eligible for awards under this NOFO are all operating capitated models, under which a state, CMS, and a health plan enter into contracts (typically a three-way contract), and the plan receives a prospective blended Medicare-Medicaid payment to provide comprehensive, coordinated care.

Through this NOFO, CMS is supporting up to 45 months of Ombudsman services (not to exceed the timeframe of the state's demonstration plus a 3-month close-out period at the end of the demonstration) for states involved in testing models to ensure that beneficiaries, caregivers, and authorized representatives continue to have access to person-centered assistance in resolving problems related to the demonstrations. CMS is also supporting up to three years of one-on-one counseling through this NOFO. A project period of up to 45 months will enable funding for these activities to align with demonstration years, which run on a calendar year basis, as well as for an additional three months to cover any demonstration close-out or transition activities.

A4. Program Requirements for Demonstration Ombudsman Programs

Through this cooperative agreement, CMS seeks to fund activities necessary for states to deliver Demonstration Ombudsman Program services to beneficiaries and their families, as appropriate. CMS may award up to one cooperative agreement per eligible state to any state government agency that previously received funding from CMS for their Demonstration Ombudsman Program, or to another entity designated by that state government agency. The state or designee may apply for this funding in order to provide ombudsman services directly, by contract with another state agency or other arrangement with a public or private non-profit entity or entities (referred to in this document as "designated entity"). The state agency or designated entity must meet the following principles and capabilities.

A4.1. Demonstration Ombudsman Program Principles and Capabilities

Demonstration Ombudsman Programs must adhere to the following principles and have the following capacities:

i. Credible to beneficiaries

The Demonstration Ombudsman Program must:

- **Serve as a problem-resolver** – providing resolution of beneficiary problems when a Medicare-Medicaid Plan (plan) has not been able to successfully

address the issue.

- **Be free of conflicts of interest** – neither an individual serving as an ombudsman nor the organizational placement of the Demonstration Ombudsman Program should have a conflict with the beneficiaries' interests. The entity should not be co-located with a health plan, service providers of the plan, an entity funding or administering the plan, or an entity making eligibility or enrollment decisions for beneficiaries.

- **Be knowledgeable in areas relevant to beneficiary service** – about beneficiary rights under Medicaid and Medicare programs, long-term services and supports, health and behavioral health services, accessibility and non-discrimination laws and regulations as they apply to access to medical plans, providers and benefit design (including the Americans with Disabilities Act, Sections 504 and 510 of the Rehabilitation Act of 1973, and Section 1557 of the Affordable Care Act), and person-centered planning and service approaches.

- **Be confidential** – the identity of the individual at issue and the complainant (if other than the individual at issue) and information provided to the ombudsman shall not be revealed without consent of the beneficiary. Individuals who contact an ombudsman should be protected from retaliation.

- **Be skilled in negotiation** – experienced in alternative dispute resolution techniques; sufficiently independent to have access to negotiate; access to plans, plan service providers, state policy-makers, and others with authority to resolve the problem.

- **Work to empower beneficiaries and support their engagement in resolving problems –** engage with beneficiaries to empower and support them in concerns they have with their health care, behavioral health care, and long-term services and supports.

ii. Accessible to beneficiaries

The services of the Demonstration Ombudsman Program must be:

- Free of charge to beneficiaries and applicants.

- Accessible by phone, web, and e-mail.

- Able to provide in-person access when necessary (e.g., this may require in-person visits to homes or facilities, depending on the functional limitations of the beneficiary).

- Able to provide culturally and linguistically competent services – including, but not limited to, competency to serve individuals of varying ethnicities and functional and cognitive abilities and of limited English proficiency (For more information about culturally and linguistically competent services, go to: https://minorityhealth.hhs.gov/default.aspx).

iii. Authorized to access information needed to investigate complaints

The Demonstration Ombudsman Program must be:

- Provided, with the beneficiary's approval, with access to records needed to investigate and resolve beneficiary complaints. Relevant records include records of the plan, service providers, and regulatory agencies.

- Required to comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule and other relevant privacy laws and regulations.

iv. Coordinate with other entities in order to resolve beneficiary problems

The Demonstration Ombudsman Program must:

- Coordinate its services and develop referral protocols with other entities, including, but not limited to:

    - SHIPs, State Protection and Advocacy Programs, No Wrong Door (NWD) systems and ADRCs, Medicaid certified application counselors, Long Term Care Ombudsman Programs, state enrollment brokers, other Managed Care Ombudsman Programs (where applicable) and health care marketplace navigators – in order to make appropriate pre-enrollment, benefits counseling, and one-on-one counseling on the demonstration referrals;

    - Relevant licensing and regulatory agencies – in order to make appropriate regulatory referrals; and

    - Civil legal services providers (including services for low-income individuals, individuals with disabilities and older Americans, such

as those funded by the Legal Services Corporation or the Administration for Community Living) – in order to make appropriate referrals for legal representation and counsel of beneficiaries.

- Regularly communicate with representatives of the plan, including service providers and enrollment brokers – in order to negotiate on behalf of beneficiaries and make appropriate referrals related to enrollment and disenrollment processes.

v. Capable of identifying systems-level trends and emerging issues

The Demonstration Ombudsman Program must:

- Collect data on complaints received and outcomes of efforts to resolve complaints.

- Provide reports on identified systemic trends to policy-makers, stakeholders, the CMS contract management team, and plans.

- Provide recommendations to improve financial alignment model demonstrations and Medicaid or Medicare-covered services to beneficiaries.

vi. Capable of performing tasks

The state shall use an entity consistent with the principles and capabilities indicated above (Section A4.1) and, if services are provided through a designated entity, develop any needed contracts or other agreements to carry out the program. In selecting the state agency or designated entity to host the Demonstration Ombudsman Program, the state must consider:

- Entities that have previously delivered ombudsman services to beneficiaries in the Financial Alignment Initiative. CMS encourages, but does not require, states using a designated entity to continue to use the same entity that delivered ombudsman services in the previous CMS-funded demonstration ombudsman grant. States may wish to consider the capacity of entities (or collection of entities) to continue to provide services to these demonstration populations. Such existing entities could include, but not be limited to, the Protection and Advocacy network, the entity hosting the Office of the State Long-Term Care Ombudsman, state-authorized health or behavioral health ombudsman programs, and state agencies or programs specifically designed to help consumers resolve problems with health insurance programs or plans.

- How to avoid compromising the capacity of the state or designated entity to provide current services to its existing service populations.

A4.2 State Assurances to CMS

The state (or state-designated applicant) must provide assurance to CMS that, in implementing the Demonstration Ombudsman Program, the state must:

- Not divert resources from or diminish the capacity of existing consumer protection services.

- Provide any needed legal authority to the Demonstration Ombudsman Program in order to ensure that:

    - Demonstration Ombudsman Program representatives have access to beneficiaries (including in their places of residence) and access to records needed for investigations;

    - The identities of beneficiaries and complainants served by the Demonstration Ombudsman Program are protected; and

    - The information provided to the Demonstration Ombudsman Program from beneficiaries and complainants is protected.

- Operate the Demonstration Ombudsman Program in alignment with the principles and capabilities indicated above.

- Ensure that the Demonstration Ombudsman Program will provide regular reports to CMS contract management teams overseeing demonstration plans.

- Coordinate its efforts with the state Medicaid program.

    - **If the state agency applying for the cooperative agreement is not the state Medicaid agency, the application must include a written attestation that the state Medicaid director supports the application.** A statement by the applicant that they have discussed the application with officials at the state Medicaid agency and obtained the agency's support is sufficient for these purposes, and should be included in the Resources section of the application's Project Narrative as described in Section D2.e. CMS may confirm the Medicaid agency's support.

- **If a state designates a non-governmental entity as its applicant for the cooperative agreement, the application must include a letter of support from the state Medicaid agency.**

- Coordinate its efforts with the state agency providing one-on-one counseling on the demonstration to beneficiaries (if not the same state agency).

- Establish procedures for systematically using the analysis and recommendations produced by the Demonstration Ombudsman Program to improve the performance of the financial alignment model demonstration to better serve beneficiaries.

- Ensure that federal funding under this project will not be used by the Demonstration Ombudsman Program as match for Medicaid funding.

- Provide status reports and updates on beneficiary experiences and the ombudsman program to CMS.

- Participate in periodic teleconferences as requested by CMS and the Administration for Community Living (ACL), in order to keep CMS informed of the progress of the cooperative agreement.

- Attend up to two, two-day meetings/conferences and/or webinars organized by CMS and/or its technical assistance provider, ACL, in Baltimore/Washington D.C. or another national conference location as specified by CMS and ACL.

The award recipient shall be responsible for the implementation of this cooperative agreement. If the Demonstration Ombudsman Program is housed within a designated entity, the state recipient will have an additional responsibility to monitor the quality and compliance of the designated entity with the terms and conditions of the contract or other arrangement under which this service is provided.

A4.3 State Plans for Sustainability

The project period for ombudsman activities within the cooperative agreement will be up to 45 months from the date of award, but no later than the timeframe of the demonstration plus up to an additional three months for close-out and transition. CMS may choose to end the cooperative agreement at an earlier date if a demonstration ends sooner, although transition and close-out ombudsman activities may continue for a period of up to three months after a Demonstration ends. The state shall include in its application plans for sustaining

ombudsman services (as described in Section A4.4 and F4.) beyond the period of this cooperative agreement as long as the state continues to partner with CMS in serving beneficiaries through a financial alignment model demonstration.

A4.4 Demonstration Ombudsman Program activities

In general, the Demonstration Ombudsman Program shall investigate and resolve complaints with or on behalf of dually eligible beneficiaries participating in (or enrolling in) a financial alignment model. Like any ombudsman program[4], the Demonstration Ombudsman Program is designed to be a safe entity to which individuals may complain or ask questions without fear of retaliation. Ombudsman complaints generally relate to access to a needed service, the quality of a service, and individuals' rights or allegations of unfair treatment.

The Ombudsman helps even the playing field for the individual who may be overwhelmed by an entity that may be large, bureaucratic or complex. Specific services include:

i. Empowering beneficiaries

   a. Ombudsman programs provide one-on-one education to individual beneficiaries (and their caregivers and representatives) relating to beneficiary rights to Medicare and/or Medicaid benefits and to the quality of services provided to the individual by such benefits.

   b. Ombudsman programs provide education to groups of beneficiaries or other stakeholders, relating to beneficiary rights to Medicare and/or Medicaid benefits and the quality of services provided to the individual by such benefits.

ii. Conducting outreach

   a. Ombudsman programs conduct outreach to help raise awareness on the part of demonstration-eligible beneficiaries (and their caregivers and representatives) of the availability of ombudsman services as part of the overall demonstration.

iii. Complaint investigation and resolution

   a. Complaint intake: Ombudsman programs accept complaints relating to

[4] For a description of Ombudsman models and minimum standards, see American Bar Association, *Standards for the Establishment and Operation of Ombuds Offices* (February, 2004).

beneficiary rights to Medicare and/or Medicaid benefits and the quality of services provided. Complaints may be received from any source.

b. Investigation of complaints: Ombudsman programs investigate complaints to determine whether there is sufficient merit to pursue resolution. The investigation does not need to produce sufficient evidence to substantiate the claim for purposes of any legal proceeding.

c. Resolving the complaint: Ombudsman programs implement strategies to resolve complaints, including, but not limited to, negotiating with involved parties (e.g., service provider, the plan, the Medicaid agency, other relevant state agencies), assisting the beneficiary to file appeals, and making referrals to appropriate regulatory or licensing entities.

d. Representing the interest of the beneficiary – Throughout the complaint resolution process, the ombudsman should represent the beneficiary's interest, for example:

    i. Beneficiary consent: Complaints should not be investigated by the ombudsman when a beneficiary has indicated that he/she does not want the ombudsman to investigate on his/her behalf. If a beneficiary is unable to provide informed consent, the ombudsman may receive consent from a beneficiary representative.

    ii. Working with the beneficiary (or representative if beneficiary is unable to do so) to develop the strategy for resolution of the complaint.

    iii. While Ombudsman programs typically coordinate with relevant regulatory agencies, the Ombudsman is often able to resolve individuals' complaints informally, thereby avoiding initiation of more expensive and often-prolonged regulatory processes.

NOTE: States are not prohibited from using funds under this cooperative agreement to support outside services that would assist beneficiaries in appeals of plan, service provider, or Medicaid determinations. However, in designing the Demonstration Ombudsman Program sustainability plan (for after the completion of the award) the state should be aware that CMS will not provide funding for outside services in such appeals or legal services for beneficiaries. There should be mechanisms in place to avoid supplanting or duplicating funding or overlapping of identical services between operation of the Demonstration Ombudsman Program and other existing programs.

A4.5. Systems analysis and recommendations

i. Collection and reporting of complaint data: Demonstration Ombudsman Programs must submit this data to CMS or its contractor on a monthly basis, as described in Section A4.6

ii. Analysis of complaint trends: Ombudsman programs will analyze complaints to identify emerging trends.

iii. Coordination: Ombudsman programs coordinate with stakeholders and other agencies involved in Medicaid and Medicare benefits, and other third-party health insurance as applicable to identify trends and formulate recommendations.

iv. Provide information and recommendations: Ombudsman programs will inform and make recommendations to the CMS contract management team overseeing demonstration plans, MMCO staff, the state, the plan, and other stakeholders of systemic analysis findings.

v. Share information: Ombudsman programs will participate in conference calls scheduled by CMS and/or ACL (CMS's technical assistance provider), to discuss trends and systemic analysis findings.

A4.6 Reporting for Demonstration Ombudsman Program

The state or designated entity shall be responsible for providing informal monthly reports on the Demonstration Ombudsman Program to CMS or its contracted technical assistance provider. Identifying information of individual beneficiaries or complainants shall not be included in the data transmitted by the Demonstration Ombudsman Program to any other entity.

In addition, the state or designated entity will be responsible for submitting semi-annual progress reports and a final report to CMS for the cooperative agreement as described in Section F5.1.

The Demonstration Ombudsman Program will be evaluated as a part of the overall independent evaluation of each demonstration. States and designated entities are required to cooperate, and shall require any other individuals or entities performing functions or services related to demonstration evaluation activities to cooperate with CMS and its designee(s). States and designated entities must provide data needed to assess the impact of the Ombudsman program to CMS or its independent evaluator. CMS shall have full rights to use such data to disseminate successful complaint resolution techniques, including factors associated with performance, to

other providers and suppliers and the public and to evaluate the demonstration. States and designated entities shall cooperate, and shall require any other individuals or entities performing functions or services related to demonstration activities to cooperate, in any site visits conducted by CMS or its designee(s). For any such site visits, CMS or its designee(s) shall schedule the visit with the awardee no less than 15 days in advance.

A5. Program Requirements for one-on-one counseling program

A5.1 One-on-one counseling program activities

State entities will provide dually eligible beneficiaries (and their caregivers and representatives) with comprehensive and objective information and, as necessary, one-on-one counseling, regarding the demonstration. Activities shall include but are not limited to:

i. Staying apprised of the status of the financial alignment model demonstration operating in their state, including plan participation, enrollment schedules, and outreach campaigns.

ii. Developing and providing one-on-one counseling entity staff in demonstration regions with the information, training, and tools they will need to effectively and efficiently help dually eligible beneficiaries.

iii. Conducting outreach to educate dually eligible beneficiaries (and their caregivers and representatives) about their coverage options, including those available through the demonstration.

iv. Partnering with stakeholders and other entities such as state Medicaid agencies, participating health plans, enrollment brokers, and demonstration ombudsman, to conduct beneficiary outreach and education.

v. Assisting beneficiaries (and their caregivers and representatives) in making informed decisions about what forms of coverage best meet an individual's care needs (for example, considerations relative to enrolling in or changing Medicare-Medicaid Plans).

vi. Assisting beneficiaries with enrollment and disenrollment activities, including referring to or assisting with the state enrollment broker.

vii. Referring beneficiaries, as appropriate, to other organizations, including Demonstration Ombudsman Programs and other service organizations for additional assistance.

viii. Apprising CMS and ACL of trends or lessons learned affecting dually eligible beneficiaries in demonstration areas;

ix. Providing assistance to beneficiaries in a manner that:

a. Is fair, objective, accurate, timely, complete and impartial;

b. Empowers consumers to make informed decisions about selecting plans that best meet their health and LTSS needs, and continues to meet their needs;

c. Refers consumers and their families to other resources as needed;

d. Ensures that a decentralized process is used to reach populations at the local level, and that there is access to a statewide 1-800 number, and an appropriate availability of counselors;

e. Culturally and linguistically appropriate; and

f. Complies with accessibility and non-discrimination laws and regulations as they apply to access to medical plans, providers and benefit design (including the Americans with Disabilities Act, Sections 504 and 510 of the Rehabilitation Act of 1973, and Section 1557 of the Affordable Care Act), and person-centered planning and service approaches.

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

xi. As described in Section C1 applicants for one-on-one counseling activities will need to attest in writing that they have the support of partner agencies including the State Unit on Aging, State Department of Insurance, State Disability Agency/Agencies and State Medicaid Agency.

A5.2 Reporting for one-on-one counseling program

The state shall be responsible for providing quarterly reports on the one-on-one counseling program to CMS or its technical assistance provider. Reporting shall be through the ACL-

administered STARS system or as otherwise specified by CMS and ACL. Identifying information of individual beneficiaries shall not be included in the data transmitted by the one-on-one counseling program to any other entity.

In addition, the state will be responsible for an informal semi-annual narrative progress report to CMS and ACL. The state is also responsible for submitting a final report to CMS for the cooperative agreement as described in Section F5.2.

A6. Opportunity for a Combined Application

Applicants may submit an application for one or both activities supported through the Notice of Funding Opportunity (NOFO). States applying for both options (i.e. ombudsman and one-on-one counseling funding) have several choices for structuring their applications described below. States pursuing both options and that wish to submit a single, combined application should include one set of standard forms as described in Section D2. The combined application should otherwise include separate project narratives, budget narratives, and work plans for the two sets of activities offered under this NOFO.

A7. One state agency applies for both options

One agency applying for both options (for example a state Department of Aging seeking both ombudsman and one-on-one counseling funding) should submit a combined application. One Notice of Award will be issued. An agency receiving funds under a combined application will have the discretion to make budget notifications, consistent with HHS grants policy, across the two activities.

A8. Two different state agencies apply for the two options

Two separate state agencies (or state-designated entities) may submit two separate applications for each program (for example, the state Medicaid agency could apply for ombudsman funding and the state Department of Aging could apply for one-on-one counseling funding). The application for ombudsman funding should include a letter of support from the agency applying for, or currently providing, one-on-one counseling funding and vice versa. Applications may otherwise be completed independently and submitted at different times. If awarded, two Notice of Awards (NoAs) for separate cooperative agreements will be issued to the two applicant agencies, and agencies funded through separate awards will not be able to shift funding between ombudsman and one-on-one counseling activities.

Alternatively, the two agencies may submit a combined application. **In a combined application, the agency applying for ombudsman funding must be the prime applicant**. The combined application must include a letter of agreement between the two agencies

expressing support for the combined application. The agencies awarded under this option will be required to execute a Memorandum of Understanding (MOU) (or, for existing two-agency combined applications, document an existing MOU) within 90 days of the date of the award explaining how the agencies will share responsibility and ensure accountability. The applicant will submit the MOU to CMS for review. A combined application, if awarded, would result in one NoA. The prime recipient will pass-through funds to the partner/subrecipient agency. The prime recipient under a combined application will have the discretion to make budget modifications, consistent with HHS grants policy, across the two activities.

B. FEDERAL AWARD INFORMATION

B1. Total Funding

The total funding available for FY 2019 is $4.3 million. Funding beyond FY 2019, if any, will be determined based on decisions regarding any extensions for State demonstrations and associated grantee funding.

B2. Award Amount

CMS expects to fund ombudsman activities up to $850,000 to $5,600,000 per state for up to a 45-month period, not to exceed the timeframe of the demonstration plus a demonstration close-out period of up to three months.

CMS expects to fund one-on-one counseling activities up to $800,000 to $1,300,000 per state for up to a 45-month project period, not to exceed the timeframe of the demonstration plus a demonstration close-out period of up to three months. The total amount will depend in part on whether an applicant chooses to provide one-on-one counseling services to specific geographic regions and/or dually eligible sub-populations as discussed in Section A5.1.x. Applicants can request up to $150,000 to serve one region or sub-population, and up to $300,000 for serving two or more regions or sub-populations.

The amount of each cooperative agreement award made to eligible applicants (see Section C., Eligibility Information) will be determined by a formula. States may not use this funding to supplant or duplicate funding from other funding sources. Award funds may not be used as match for other federal funds.

CMS reserves the right to award less than requested by the applicant depending on the scope and nature of the individual applications received. Awardees may be asked to revise the work plan to reflect the funding that CMS will award.

B3. Anticipated Award Date

CMS anticipates making cooperative agreement awards within approximately 90 days of application due dates.

Application Due Date	Anticipated Award Date
May 30, 2019	July 30, 2019
May 1, 2020	August 3, 2020
August 17, 2020	November 17, 2020

B4. Period of Performance

The anticipated cooperative agreement period of performance for the program is up to 45 months, not to exceed the timeframe of the states' financial alignment model demonstration. Funding will be awarded in up to three 12-month budget periods, and an additional shorter budget period will be permitted to align with demonstration end dates and to complete transition and close-out activities. Following the initial 12-month budget period, additional funding will be issued through non-competing continuation prior to each subsequent budget period contingent upon progress toward meeting the benchmarks set forth in the state's draft implementation plan and detailed in the terms and conditions of the cooperative agreement. Continued access to funding will also be conditional upon the grantee's ability to comply with key deliverables within the period of performance. CMS is under no obligation to make additional awards under this program.

B5. Number of Awards

CMS anticipates making up to 12 awards, including 5 awards in FY 2019, pending funding availability.[5] Submission of combined applications will result in fewer awards.

B6. Type of Award

These awards will be structured as cooperative agreements. The Federal Grant and Cooperative Agreement Act of 1977, 31 U.S.C. 6301, defines the cooperative agreement as an alternative assistance instrument to be used in lieu of a grant whenever substantial Federal involvement with the award recipient during performance is anticipated. Therefore, statutes, regulations, policies, and the information contained in the HHS Grants Policy Statement that are applicable to grants also apply to cooperative agreements, unless the award itself states otherwise.

CMS will monitor and evaluate award recipients' activities performed under the cooperative agreement.

[5] Potential FY 2019 awards are California ombudsman, Illinois (currently a combined award), Massachusetts ombudsman and one-on-one counseling (currently separate awards), and Ohio (currently a combined award),

Continued disbursement of funding over the period of performance is conditional on the state entity meeting program requirements and the availability of funds. Program requirements will be further detailed in the terms and conditions of the cooperative agreement.

B7. Type of Competition

This will be a competitive Funding Opportunity open to all eligible applicants identified in C1. Eligible Applicants.

C. ELIGIBILITY INFORMATION

C1. Eligible Applicants

Ombudsman Funding

Funding for ombudsman services under this NOFO is only available to states that: a) have previously received funding for ombudsman activities as part of a financial alignment model demonstration under Funding Opportunity Number CMS-1J1-17-001 (California, Illinois, Massachusetts, Michigan, Ohio, Rhode Island, and South Carolina); b) intend to continue operation of that demonstration or a related demonstration; and c) will be less than four months from the end of the prior award period by the anticipated award date for this award. An otherwise eligible state may designate a different entity to apply for ombudsman funding. Regardless of which agency applies, CMS recommends that the state unit on aging, state disability agency, state protection and advocacy agency, state developmental disabilities council, state behavioral health agency, and state Medicaid agency should be involved in the implementation of the State's Demonstration Ombudsman Program under this NOFO.

For states pursuing a combined application to include both ombudsman and one-on-one counseling activities, the applicant must be the state agency implementing the ombudsman activities, even if two separate agencies will carry out the activities.

One-on-One counseling

Funding for one-on-one counseling activities under this NOFO is only available to states that: a) have previously received funding for one-on-one counseling activities as part of a financial alignment demonstration under funding opportunity number CMS-1J1-17-001 (California, Illinois, Massachusetts, Michigan, New York, Ohio, and Rhode Island); b) intend to continue operation of that demonstration or a related demonstration; and c) will be less than four months from the end of the prior award period by the anticipated award date for this award. Eligible applicants for one-on-one counseling activities under this NOFO include any one of the state agencies that administers the SHIP or ADRC program, (e.g.

State Unit on Aging, State Department of Insurance, State Disability Agency(s), State Medicaid Agency) or another appropriate state entity designated by the state. Regardless of which agency or entity serves as the applicant agency, the State Unit on Aging, State Department of Insurance, State Disability Agency/Agencies and State Medicaid Agency must all be involved in the state's one-on-one counseling efforts under this NOFO. An attestation from the applicant that each coordinating agency supports the effort must be provided with the submitted application. This attestation, which may be a statement by the applicant, should be included the Resources section of the application's Project Narrative (see Section D2.e).

C2. Cost Sharing or Matching

Cost sharing or matching is not a requirement of this NOFO.

C3. Letter of Intent

A letter of intent is not a requirement of this NOFO.

C4. Ineligibility Criteria

Applicants must ensure that they are only seeking funding to plan and implement activities that they are not currently receiving Federal grant funding to plan and implement. Each award made under this Funding Opportunity should support different activities and should not be used for activities funded by other grant awards. In the budget request, applicants should distinguish between activities that will be funded under this application and activities funded with other sources.

C5. Single Application Requirements

A state (or a designated state entity) may only apply for one (1) award of the same type. For example, a State may apply for one ombudsman award and one (1) one-on-one counseling award.

C6. Continued Eligibility

Award recipients must meet reporting and programmatic deadlines throughout the initial 12 month budget period to remain eligible for a non-competing continuation award for the subsequent budget periods. Recipients will need to demonstrate strong performance during the initial budget period before additional years of funding are awarded. Additionally, recipients could receive decreased funding or their grant could be terminated due to poor performance if: (1) the recipient is not making adequate progress; (2) the recipient has not complied with the terms and conditions of the award; (3) program priorities change, as per new or revised

legislation; or, (4) the amount available to CMS for funding has been reduced or eliminated.

C7. EIN, DUNS, and SAM Regulations

In order to apply, all applicants are required to have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN); a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number; and be registered in the System for Award Management (SAM) database (https://www.sam.gov/SAM/) to be able to submit an application at grants.gov. See Appendix B, *Application and Submission Information*, for descriptions of EIN, DUNS, and SAM.

C8. Foreign and International Organizations

Foreign and International Organizations are not eligible to apply.

C9. Faith-Based Organizations

Faith-based organizations are eligible to serve as the designated entity if selected by the State.

D. APPLICATION AND SUBMISSION INFORMATION

D1. Address to Request Application Package

Application materials will be available at http://www.grants.gov. Please note that HHS requires applications for all NOFOs to be submitted electronically through 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. Refer to Appendix B, *Application and Submission Information*, for specific instructions.

D2. Content and Form of Application Submission

a. Application Format

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.

- The application for each type of program (ombudsman or one-on-one counseling), with the appendices, shall not exceed 56 pages in length (i.e. a combined application shall not exceed 112 pages).

- The project abstract is restricted to a one-page summary which may be single-spaced.

- The Project Narrative must be DOUBLE-SPACED with the exception of charts and tables and must not exceed 20 pages in length for each program. The Project Narrative shall include

    - Proposed Approach

    - Organizational Capacity and Management Plan

    - Evaluation and Reporting

- The Budget Narrative may be single or double-spaced and must not exceed 6 pages in length for each program.

- The Appendices for each program shall include (not exceeding 20 pages in length):

    - Work plan

    - Brief resumes from designated entity staff (if applicable)

- The Business Assessment of Applicant Organization must not exceed 10 pages.

Other required materials NOT included in page limits are:

- Abstract

- Standard forms (see D2. Content and Form of Application Submission)

- Indirect Cost Rate Agreements or Cost Allocation Plans (CAP)

- Letters of support or letters of agreement (for states applying for both programs)

<u>Content of Combined Application</u>

Combined applications should include:

- One set of Standard Forms (Section D2.b. below)
- One combined SF-424A Form inclusive of funding for Ombudsman and one-on-one counseling
- Abstract for Demonstration Ombudsman Program (Section D2.c.)
- Abstract for one-on-one counseling program (Section D2.c.)
- Project Narrative for Demonstration Ombudsman Program (Section D2.e.)
- Project Narrative for one-on-one counseling program (Section D2.e.)
- Work Plan for Demonstration Ombudsman Program (Section D2.f.)
- Work Plan for One-on-One Counseling Program (Section D2.f.)
- Budget Narrative for Demonstration Ombudsman Program (Section D2.g.)
- Budget Narrative for one-on-one counseling program (Section D2.g.)
- Business Assessment of Applicant Organization (Section D2.h.)
- Letter of agreement for two-agency combined applications (Section D2.i.)

Applications determined to be ineligible, incomplete, and/or nonresponsive based on the initial screening may be eliminated from further review. However, in accordance with HHS Grants Policy, the CMS, Office of Acquisition and Grants Management (OAGM), Grants Management Officer in his/her sole discretion, may 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.

b. Standard Forms

The following standard forms must be completed with an electronic signature of the Authorized Organizational Representative (AOR) and enclosed as part of the application. For a combined application, the applicant should complete only one set of standard forms. **For a two-agency combined application, the lead agency (i.e. the agency applying for the Demonstration Ombudsman Program) must complete the standard forms**.

- Project Abstract Summary

- SF-424: Official Application for Federal Assistance (see note below)
- SF-424A: Budget Information Non-Construction
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities

All applicants must submit this document. If your 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. Please note that the application kit available online in Grants.gov is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. The specific NOFO will provide final, binding guidance. **This form is required as part of your application package and must be submitted for your application to be considered eligible for review.**

- Project/Performance Site Location(s) form

All applicants must submit this document. Please note that the application kit available online in Grants.gov is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. The specific NOFO will provide final, binding guidance. **This form is required as part of your application package and must be submitted for your application to be considered eligible for review.**

Note: On SF-424 "Application for Federal Assistance":

- On Item 15 "Descriptive Title of Applicant's Project," state the specific cooperative agreement opportunity for which you are applying: Support for Ombudsman and Beneficiary Counseling Programs for States Participating in Financial Alignment Model Demonstrations for Dually Eligible Individuals
- Check "C" to item 19, as Review by State Executive Order 12372 does not apply to these grants.

c. Abstract:

Abstract for Demonstration Ombudsman Program

The one-page abstract (single-spaced) shall serve as a succinct description of the proposed Demonstration Ombudsman Program and how it will support the goals of the financial alignment model demonstration, including the total budget, and the projected size of the target

population and geographic location of the service. It shall also include a brief description of the capacity of the State, and/or, if applicable, the designated entity to perform the activities for which funds are being requested. The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Information specific to an individual should be excluded from the abstract.

Abstract for one-on-one counseling program

The one-page abstract (single-spaced) shall serve as a succinct description of the proposed one-on-one counseling program and how it will support the goals of the Financial Alignment Initiative demonstration, including the total budget, and the projected size of the target population and geographic location of the service. It shall also include a brief description of the capacity of the State, and, if applicable, the designated entity to perform the activities for which funds are being requested. The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Information specific to an individual should be excluded from the abstract.

d. Cover Letter (optional)

e. Project Narrative – 20 page maximum per program

Project Narrative for Demonstration Ombudsman Program

The application is expected to address how the applicant will implement the cooperative agreement program in support of the goals of the financial alignment model demonstration. The required sections of the application are listed below. Also provided is a brief description of the type of information that is required to be addressed within each specific section. The application must be organized by these headings, noted as the operations element sections, outlined below.

1. Proposed Approach

Scope of application - The application shall state whether the applicant is applying for Demonstration Ombudsman Program support alone or in combination with support for one-on-one counseling.

Strategy - The application shall clearly summarize activities that are necessary and appropriate to implement ombudsman services for individuals served under the financial alignment model demonstration. The application must also meet the principles and capabilities described in Section A4.1.

In addition, the application should address how the state plans to establish procedures for systematically using the analysis and recommendations produced by the Demonstration Ombudsman Program to improve the performance of the financial alignment model demonstration. Finally, existing programs should also describe any changes to the program or any areas of improvement based on lessons learned from ongoing operations of its Demonstration Ombudsman Program.

Staffing – The application should include required staffing, appropriateness of the staffing, staffing levels, and key activities by staff. The application shall present a clear and robust strategy explaining how those staff would coordinate with stakeholders, including entities providing one-on-one counseling to beneficiaries, such as SHIPs and ADRCs and Long Term Care Ombudsman Programs. The application shall describe any past, current or planned stakeholder engagement activities related to operation of the Demonstration Ombudsman Program.

Resources – The application shall describe the resources needed to support grant activities, the organizations and individuals who will execute those tasks, and when these resources are needed to support implementation tasks. This description shall identify any existing resources currently available to the state and state contributions to implementation, gaps in existing resources that the cooperative agreement award will address, and any risk to financial alignment model demonstration implementation in the absence of additional resources. **If the state agency designated entity applying for the cooperative agreement is not the state Medicaid agency, the application must include an attestation that the state Medicaid director supports the application.** A statement by the applicant that they have discussed the application with the state Medicaid agency and obtained the agency's support is sufficient for these purposes. CMS may confirm the Medicaid agency's support. **If a state designates a non-governmental entity as its applicant for the cooperative agreement, then the application must include a letter of support from the state Medicaid agency.**

The funding in this Cooperative Agreement shall provide for ombudsman services specifically to individuals participating in the financial alignment model demonstration. The applicant shall describe how the services to be provided under this Cooperative Agreement will meet the needs of beneficiaries without endangering the capacity of the state or designated entity to provide consumer support services to existing service populations.

2. Organizational Capacity, Structure, and Management Plan

The application shall describe the infrastructure/capacity of the state agency and/or designated entity, if applicable, to plan and implement the cooperative agreement activities and associated funding. This section shall describe the capacity of the state to manage and oversee execution of the cooperative agreement activities, and include a description of current

ombudsman program management and oversight. If submitting a combined application involving two agencies, this section shall include also plans for coordination and oversight of activities supporting one-on-one counseling. The state or designated entity, if applicable, is required to maintain sufficient organizational resources, including staff, information technology, and capacity to track data for required reports, and other resources necessary to implement the project. The applicant must identify key staff for each task.

The application shall include qualifications of relevant staff, roles and responsibilities of each position, and percentage of time that key personnel would dedicate to the project. The application shall describe how the principles and capabilities set forth in Section A4.1, above will be met by the state or designated entity hosting the Demonstration Ombudsman Program.

If a state has selected a designated entity to host the Demonstration Ombudsman Program, the application shall describe lines of business, mission statement, total annual revenue, current staffing level, geographic areas of operation, and other factors necessary for CMS to understand the designated entity's organization. It shall describe any relationships, contracts or other arrangements that the designated entity has with the state and its experience providing services on behalf of a state agency, including but not limited to the state Medicaid agency. The application shall describe past performance with activities under the prior years of the demonstration, and what changes in organizational structure, if any, the state or designated entity anticipates making to reflect experience gained during the initial years.

The application shall include assurances that the state and/or designated entity will perform the functions needed to support an effective Demonstration Ombudsman Program, including, but not limited to, the assurances set forth in Section A4.2, above.

Applicants must also include an organizational chart for the state agency and designated entity, if applicable, responsible for the management of the cooperative agreement and a Narrative Staffing Plan. The Narrative Staffing Plan shall include:

- The number and titles of staff that will be dedicated to the cooperative agreement;
- Percentage of time and total hours per month each individual/position is dedicated to the cooperative agreement;
- Brief description of roles/responsibilities of each position;
- How the proposed key staff positions have relevant skills and leadership ability to successfully carry out the project; and

- Number of contracted individuals supporting the cooperative agreement.

For applicants submitting a combined application (as described in Section A6.*)*, each program's Narrative Staffing Plan should also clearly identify which staff have oversight responsibilities of the entire cooperative agreement.

3. Evaluation and Reporting

The application must describe applicant's plan for two types of reporting:

- Semi-annual award progress reporting to CMS as described in Section F5.1.
- The state or designated entity's Demonstration Ombudsman Program data (see Section A4.6, above).

States and the designated entity, if applicable, will also be required to fully cooperate with the CMS operations support, and evaluation contractors in reporting data that they may require for the project support and evaluations. Note that CMS nor its contractors nor any other entity shall request identifying information of individual beneficiaries or complainants served by the Demonstration Ombudsman Program.

Project Narrative for one-on-one counseling program

The Project Narrative should provide a clear and concise description of the project, and address the following the components:

1. Proposed Approach

Scope of application: The application shall state whether the applicant is applying for Demonstration Ombudsman Program support alone or in combination with support for one-on-one counseling.

Strategy: The application shall clearly summarize activities necessary to support outreach, information, and one-on-one counseling efforts directed toward dually eligible individuals eligible for the demonstration (and their caregivers and representatives). The state should include a description of experiences gained during the initial years of the demonstration and what consistencies and changes are expected in the coming years.

The application should include a description of strategies to ensure that the information and one-on-one counseling the staff provides to beneficiaries under this project are easy for the beneficiaries (and their caregivers and representatives) to understand and are culturally and linguistically appropriate. If the state chooses to target specific geographic regions and/or

dually eligible sub-populations as outlined in Section A5.1.x., explain how the state will provide appropriate services for the targeted sub-population.

Staffing: The application should include required staffing, appropriateness of the staffing, staffing levels, and key activities by staff. Applicants should include resumes of lead personnel involved in this project and designate a main point of contact for the project. Resumes may include the following elements: contact information, brief biography, undergraduate education, graduate education, training, employment history, technical, computer, and language skills, professional licenses and certifications, and memberships.

Resources: The application shall describe the resources needed to support grant activities, the organizations and individuals who will execute those tasks, and when these resources are needed to support implementation tasks. The application shall explain how other state agencies will be involved in the one-on-one counseling program, and include the applicant's attestation that cooperating agencies support the application, as described in Section C1. Additionally, the application should also describe what new and/or expanded existing partnerships will enable the state to reach and/or provide one-on-one counseling to dually eligible individuals.

2. Organizational Capacity, Structure, and Management Plan

The state will describe how it will provide project management for the one-on-one counseling services. The state should describe the clear delineation of the roles and responsibilities of key project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. Moreover, the state should specify who should have day-to-day responsibility for key tasks such as: leadership of the project; monitoring the project's ongoing progress, preparation of reports and submission of data; communications with other partners and CMS and ACL. The state should describe the approach that will be used to monitor and track progress on the project's tasks and objectives.

In addition, the state must address the organizational capability of the "lead" organization to carry-out the one-on-one counseling activities of this cooperative agreement. This description should include how the applicant agency is organized, the nature and scope of its work and/or the capabilities it possesses, as well as a description of the organization's capability to sustain some or all project activities after federal financial assistance has ended. If appropriate, include an organization chart showing the relationship of the project to the current organization as an attachment to the Project Narrative. Also, include information about any contractual organization(s) that will have a significant role(s) in implementing the project and achieving project goals.

3. Evaluation and Reporting

As further described in Section A5.2 the application must describe applicant's plan for two types of reporting:

- The applicant's semi-annual progress reporting to CMS; and
- The applicant's reporting on scope and volume of one-on-one counseling services using the ACL-administered STARs system or other method designated by CMS and ACL.

States will also be required to submit a final report as described in Section F5.2 and to cooperate fully with the CMS operations support and evaluation contractors in reporting data that they may require for the project support and evaluations. Note that CMS nor its contractors nor any other entity shall request identifying information of individual beneficiaries or complainants served by the Demonstration Ombudsman Program.

f. Work plan

The application shall include a work plan for each program for which an application is submitted. The work plan shall be submitted as an Appendix. Combined applications should submit two work plans (one for the ombudsman program, and one for the one-on-one counseling program).

Upon award, grantees may be requested by CMS to revise the Work Plan.

Work plan for ombudsman program

The application shall include a Work Plan for up to a 45-month project period (not to exceed the timeframe of the state demonstration, including up to three months for program close-out and transition after the anticipated end date of the demonstration). The Work Plan shall describe how the applicant will organize and manage the project, in what time frames, and what management control and coordination tools would be used to assure the timely and successful implementation of the cooperative agreement activities. The application shall indicate the organizational capacity to effectively conduct this project, track activities and deliverables, and report on its progress throughout the cooperative agreement period of performance. Applicants may wish to use a chart/matrix format.

Work Plan for one-one one counseling program

At a minimum, the proposed Work Plan, which shall be submitted as an Appendix, must contain the following elements: Goal, Measurable Outcomes, Major Objectives, Key Tasks, Lead Person assigned, Timeframe (Start and End Dates), and the specific mechanisms that the state will employ/utilize to coordinate efforts of local organizations/programs to ensure that the work is collaborative, that resources of the programs are leveraged to provide maximum

effectiveness, and the work is not duplicative. The applicants may wish to use a chart/matrix format. The applicant should be as detailed as possible in its proposal.

g. Budget Narrative

Applicants must supplement Form SF-424A with a Budget Narrative. The Budget Narrative must include a yearly breakdown of costs according to a 12-month period. See Section B. *Federal Award Information* for more information on the performance period. Applicants must include a clear description of the proposed set of services that will be covered with grant funds. The Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF- 424A by grant year, including a breakdown of costs for each activity/cost within the line item. The proportion of the requested funding designated for each activity should be clearly defined and should justify the applicant's readiness to receive funding. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners. Combined applications should include budget narratives for both programs.

If the state anticipates that the resources available through the cooperative agreement are less than those needed to fully implement the Demonstration Ombudsman Program, the state shall describe to CMS:

- What resources would be needed for full implementation; and
- How it plans to implement services within available resource limits.

For example, the state could indicate how the designated entity plans to triage specific types of complaints (e.g., by level of service provided, varying standards of promptness in responding) or to target subpopulations of beneficiaries who may be at greatest risk.

For more specific information and instructions for completing the SF-424A and Budget Narrative, please refer to Appendix A, *Guidance for Preparing a Budget Request and Narrative*. This Appendix provides detailed instructions and examples of how the information in the budget narrative should be presented. Detailed explanations must be provided for each activity as well as full computations. Applicants must also clearly link each activity to the goals and requirements of this NOFO. Funding to support activities that do not include sufficient justification (to include full descriptions and computations) may be omitted from the final budget approved.

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

- Personnel
    - NOTE: Consistent with Section 202 of the ‘‘Department of Defense and

Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, none of the funds appropriated in this law shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

- Fringe benefits
- Contractual costs, including subcontracts
- Equipment
- Supplies
- Travel (The budget should reflect that a minimum of one staff person is required to attend up to two two-day meetings per year in the Washington DC/Baltimore MD area for those applicants for ombudsman activities.)
- Indirect charges
  - In compliance with appropriate 45 CFR 75, if requesting indirect costs in the budget, a copy of the approved indirect cost rate is required.
- Other costs, including those not otherwise associated with training and education.

Personnel and personnel contract costs must include detailed salary and fringe benefit costs clearly delineated for review. The Budget Narrative shall outline the strategies and activities of the program, and provide cost breakdowns for any subcontracts that will be implemented to achieve anticipated outcomes.

h. Business assessment of applicant organization (maximum of 10 pages)

As required by 45 CFR §75.205 for competitive grants and cooperative agreements, CMS will evaluate the risk posed by an applicant before they receive an award. This analysis of risk includes items such as financial stability, quality of management systems, and the ability to meet the management standards prescribed in 45 CFR Part 75.

An applicant must review, answer, and submit the business assessment questions outlined in Appendix D, *Business Assessment of Application Organization (Questions)*. There are ten (10) topic areas labeled A-J, with a varying number of questions within each topic area. Applicants MUST provide an answer to each question. Moreover, applicants should refrain from solely answering yes or no to each question – i.e., a brief, substantive answer should be given for almost all questions (referring to sections of official agency policy is acceptable). If the answer to any question is non-applicable, please provide an explanation. Please note, if CMS cannot complete its review without contacting an applicant for additional clarification, the applicant

may not be selected for award.

i. Letters of Support or Letter of Agreement

Applicants should include the following letters as applicable:

- States applying for both the ombudsman program and one-on-one counseling programs through separate applications should include a letter of support from the agency applying for the other program (e.g. the application for the ombudsman program should include a letter of support from the agency applying for the one-on-one counseling program, and the agency applying for one-on-one counseling program should include a letter of support from the agency applying for the demonstration program). Letters of support are not required for a combined application.
- A combined two-agency application should include a letter of agreement between the two agencies that includes a commitment to execute a Memorandum of Understanding within 90 days of the date of the award explaining how the agencies will share responsibility and ensure accountability.
- If a state designates a non-governmental entity as its applicant for the ombudsman program cooperative agreement, then the application must include a letter of support from the state Medicaid agency.

Letters required under this section are excluded from page limits.

D3. Unique Agency Identifier and Systems for Award Management (SAM) - Required

Unless the applicant is an individual or Federal awarding agency that is excepted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)), each applicant is required to:

(i) be registered in SAM before submitting its application;

(ii) provide a valid unique entity identifier in its application; and

(iii) continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

CMS may not make a Federal award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements and, if an applicant has not fully

complied with the requirements by the time the Federal awarding agency is ready to make a Federal award, the Federal awarding agency may determine that the applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another applicant.

D4. Submission Dates and Times

The deadlines for submission under this NOFO are as follows:

FY 2019 and FY 2020 Subsequent Funding Application Submissions and Review Schedule

Application Due Date	Anticipated Award Date
May 30, 2019	July 30, 2019
May 1, 2020	August 3, 2020
August 17, 2020	November 17, 2020

- Applications received through http://www.grants.gov by 3:00 p.m. Eastern Daylight Time (Baltimore, MD) on the due date will be considered "on time." Applications submitted after 3:00 Eastern Time, on the applicable deadline date, will not be reviewed or considered for award.

D5. Intergovernmental Review

Applications for these cooperative agreements are not subject to review by states under Executive Order 12372, "Intergovernmental Review of Federal Programs". Please check box "C" on item 19 of the SF-424 (Application for Federal Assistance) as Review by State Executive Order 12372, does not apply to these cooperative agreements.

D6. Funding Restrictions

Prohibited Uses of Grant Funds

The Department of Health and Human Services funds for Support for Ombudsman and Beneficiary Counseling Programs for States Participating in Financial Alignment Model Demonstrations for Dually Eligible Individuals may not be used for any of the following:

- To cover the costs to provide direct services to individuals.
- To match any other Federal funds.

- To provide services, equipment, or supports 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.

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

- To provide goods or services not allocable to the approved budget.

- To be used by local entities to satisfy State matching requirements.

- To pay for construction.

- To pay for capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life as a direct cost, except with the prior written approval of the Federal awarding agency.

- To pay for the cost of independent research and development, including their proportionate share of indirect costs (unallowable in accordance with 45 CFR 75.476).

- To use as profit to any award recipient even if the award recipient is a commercial organization, (unallowable in accordance with 45 CFR 75.215(b)), except for grants awarded under the Small Business Innovative Research (SBIR) and Small Business Technology Transfer Research (STTR) programs (15 U.S.C. 638). Profit is any amount in excess of allowable direct and indirect costs.

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, funds for these cooperative agreement awards may not be used to pay 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. Grant recipients may lobby at their own expense if they can segregate Federal funds from other financial resources used for that purpose.

Indirect Costs and Cost Allocation Plans

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 (D)(1)(b) 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.

Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of $25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs. See 45 CFR § 75.2, Definitions.

Reimbursement of Pre-Award Costs

As permitted by the cost principles under 45 CFR Part 75 (implementing 2 CFR part 200) and further clarified by the Health and Human Services Grants Policy Statement, funds awarded under this NOFO may be used to reimburse pre-award costs that are allowable and incurred up to 90 days before grant award. The applicant must seek prior approval in writing before incurring pre-award costs. If a State does not receive a grant award, HHS is not liable for costs incurred by the applicant. See 45 CFR § 75.458, Pre-Award costs.

Note: If applicant has a current award under Funding Opportunity Number CMS-1J1-17-001, funds under that award for approved activities/costs must be used prior to incurring any pre-award costs for those same activities/costs under this specific cooperative agreement NOFO. If applicable, applicants must outline these pre-award costs in the application and seek prior approval from CMS.

Direct Services

The recipient is responsible for ensuring that no federal funds provided under this cooperative agreement are used to provide services including Medicare, Medicaid, CHIP and/or any ancillary services provided through the Financial Alignment Initiative, that are duplicative of funds or services authorized under other Federal initiatives. These services do not include

expenses budgeted for provider and/or consumer task force member participation in conferences, provision of technical assistance, or attendance at technical assistance conferences sponsored by CMS or its national technical assistance providers for the benefit of awardees.

The recipient may be requested by CMS to provide evidence of well-documented internal controls to ensure that resources are used in the most efficient manner and that activities are not duplicative as stated above. If any duplication occurs, the recipient must notify the CMS Grants Management Specialist and the CMS Project Officer at the time of discovery, and provide a mitigation plan to the CMS Grants Management Specialist and the CMS Project Officer. Documentation of all communication and collaborative efforts to eliminate duplication must be addressed in each quarterly report.

D7. Mandatory Disclosures

Submission is required for all applicants, in writing, to the awarding agency and to the HHS Office of Inspector General (OIG) all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to:

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
Office of Acquisition and Grants Management
Attn: Director, Division of Grants Management
7500 Security Blvd, Mail Stop B3-30-03
Baltimore, MD 21244-1850

Materials should also be scanned and emailed to the Grants Management Specialist assigned to this NOFO. See Section G.

AND

U.S. Department of Health and Human Services
Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201
URL: https://oig.hhs.gov/fraud/report-fraud/index.asp (Include "Mandatory Grant Disclosures" in subject line)
Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

E. APPLICATION REVIEW INFORMATION

E1. Application Review Criteria

In order to receive an award, applicants must submit an application, in the required format, no later than the deadline date. If an applicant does not submit all of the required documents and does not address each of the topics described in the Application and Submission Information section, the applicant risks not being awarded a grant.

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

1. Standard Forms
2. Project Abstract
3. Project Narrative
4. Work Plan
5. Budget Narrative
6. Business Assessment of Applicant Organization
7. Letters of Support or Letter of Agreement (as applicable, see Section D2.i)

Applications will be scored with a total of 100 points available for each program (ombudsman and one-on-one counseling). Combined applications will be scored on a total of 200 points, with each program weighted equally. The following criteria will be used to evaluate applications received in response to this NOFO.

- Proposed Approach (40 points);
- Organizational Capacity and Management Plan (20 Points):
- Evaluation and Reporting (20 Points); and
- Budget and Budget Narrative (20 Points)

Missing, vague, or incomplete elements within a criterion will result in a lower score.

a. Criteria for Demonstration Ombudsman Program

This section fully describes the evaluation criteria for this cooperative agreement program. In

preparing applications, applicants are strongly encouraged to review the programmatic requirements detailed in Section A4. Program Requirements for Demonstration Ombudsman Programs and A5. Program Requirements for one-on-one counseling programs. See also A6. to A8. for submission requirements related to a combined application, one state agency applying for both types of programs, and two separate agencies applying separately for the two programs. The application must be organized, as detailed in D2. Content and Form of Application Submission, and be submitted by an eligible applicant as defined in Section C1. Eligible Applicants.

1. **Proposed Approach (40 Points)**

Strategy and procedures (10 Points): The applicant clearly describes the state's strategy for providing ombudsman services to beneficiaries (and their caregivers and representatives) and any changes to the ombudsman program based on lessons learned from prior years of the program. The applicant also describes how they will establish procedures for systemically using the analysis and recommendations produced by the Demonstration Ombudsman Program to improve the financial alignment model demonstration. Activities proposed under this cooperative agreement are necessary and appropriate to implement the project and meet the principles and capabilities described in Section A4.1 of the NOFO.

Staffing (8 Points): Consistent with the proposed activities, the applicant describes the required staffing, appropriateness of the staffing, staffing levels, and key activities by staff. The application presents a clear and robust strategy explaining how those staff would coordinate with stakeholders and describes any past, current or planned stakeholder engagement activities related to the operation of the Demonstration Ombudsman Program.

Resources (7 Points): The applicant clearly describes the resources needed to deliver ombudsman services, the organizations and individuals who will execute those tasks, and when these resources are needed to support implementation tasks. This description identifies any existing resources currently available to the state and state contributions to implementation of ombudsman services to beneficiaries, gaps in existing resources that the cooperative agreement award will address, and any risk to implementation of the financial alignment model demonstration in the absence of additional resources. The application describes how the services to be provided under this award will meet the needs of beneficiaries without endangering the capacity of the state or designated entity to provide consumer support services to existing service populations.

Support from Medicaid agency (5 Points): If the applicant is a state agency other than the state Medicaid agency, the application includes an attestation of the state Medicaid director's and agency's support for the application. If applicable, attestation also expresses support for the designated entity to provide Demonstration Ombudsman Services under the cooperative

agreement. A statement by the applicant that they have discussed the application with the state Medicaid agency and obtained the agency's support is sufficient for these purposes. CMS may confirm the Medicaid agency's support. If a state designates a non-governmental entity as its applicant for the cooperative agreement, then the application must include a letter of support from the state Medicaid agency. Applicants that are the state Medicaid agency will receive five points.

Letter of support or Letter of agreement, if required (5 Points): If a different state agency is applying separately for one-on-one counseling under this NOFO, a letter of support from the entity designated to provide one-on-one counseling services should also be included. If the state is applying for both the ombudsman and one-on-one counseling programs through a combined two-agency application, a letter of agreement from both agencies should be included (see Section D2.i.). Applications not requiring these letters (i.e. the same state agency applying for both programs) will receive five points.

Leveraging other programs (5 Points): The application must also describe how it will coordinate with and leverage existing state programs designed specifically to help consumers resolve complaints with health insurance plans and products, including SHIPs, ADRCs, and Long Term Care Ombudsman Programs.

2. Organizational Capacity and Management Plan (20 Points)

Oversight and execution (5 Points): The applicant demonstrates sufficient infrastructure and capacity of the state agency and designated entity, if applicable, to plan and implement the cooperative agreement activities and associated funding. The applicant describes sufficient capacity of a) the state to manage and oversee execution of the cooperative agreement activities and b) the state or designated entity, if applicable, in terms of organizational resources, including staff, information technology, and capacity to track data for the CMS prescribed reports, and other resources necessary to implement indicated activities. The applicant must also demonstrate how it will coordinate with and leverage existing state programs designed specifically to help consumers, including the SHIP, ADRC, or any other entity providing one-on-one counseling to beneficiaries.

Appropriateness of proposed organization (4 Points): The applicant adequately describes how the principles and capabilities set forth in Section A4., will be met by the state or designated entity hosting the Demonstration Ombudsman Program. The applicant assures that the state will perform the functions needed to support an effective Demonstration Ombudsman Program, including, but not limited to, the assurances set forth in Section A4.2.

Capacity of designated entity, if applicable (4 Points): If the applicant indicates that it will use a designated entity to host the Demonstration Ombudsman Program, the applicant adequately describes the entity's organizational capacity, including consistent lines of business, mission statement, total annual revenue, current staffing level, and geographic areas of operation. The applicant describes relationships that the designated entity has with the state, the entity's experience providing services on behalf of any state agency, and past performance with activities similar to those proposed under this cooperative agreement. Applications not using a designated entity will receive four points.

Timeline (7 Points): The applicant clearly articulates its preliminary draft implementation work plan, describing how it would organize and manage the project, in what time frames, and what management control and coordination tools would be used to assure the timely and successful implementation of the cooperative agreement activities.

3. **Evaluation and Reporting (20 Points)**

Reporting (10 Points): The applicant clearly describes its plan and capacity for two types of reporting: semi- annual progress reporting to CMS and the state or designated entity's Demonstration Ombudsman Program monthly data report.

Cooperation with External Evaluation (10 Points): The application confirms that the states and designated entity, if applicable, will fully cooperate with CMS operations support and evaluation contractors in reporting data that they may require for the project support and evaluations.

4. **Budget and Budget Narrative (20 Points)**

Budget (15 Points): The proposed Budget is carefully developed and justified, reflects all costs of staffing and implementing the project, and demonstrates an efficient and reasonable use of funds. The application clearly explains how costs were derived and justifies the costs in relation to the overall project. Overhead and administrative costs are reasonable, with funding focused on services to beneficiaries rather than administration of the demonstration. The use of consultants, contractors and sub-awardees are justified. Budget line items are clearly delineated and consistent with the budget narrative. For example, the applicant includes a multi-year line-item budget (SF-424A) as well as a budget narrative which includes detailed descriptions and cost breakdowns for each individual year.

Budget Narrative (5 Points): The applicant allocates appropriate time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project. The applicant indicates that there will not be

any duplication of effort. The application must not propose the use of award funds as a match to any other federal funds.

b. Criteria for one-on-one counseling program

1. Proposed Approach (40 points)

The applicant clearly addresses how they will use grant funds to support outreach, information, and one-on-one counseling efforts directed toward dually eligible individuals in the demonstration. Specific criteria include:

Strategy (10 Points): The applicant clearly addresses how they will use grant funds to support outreach, information, and one-on-one counseling efforts directed toward dually eligible individuals (and their caregivers and representatives) in the demonstration. Specific criteria include:

Coordination (5 Points): The applicant clearly describes how it will coordinate, including expanding any existing partnerships, with external entities as applicable, including, but not limited to the SHIP, ADRCs, the State Unit on Aging, State Department of Insurance, State Disability Agency/Agencies and State Medicaid Agency, Demonstration Ombudsman and have meaningful coordination and partnership roles in the project. The applicant must include their attestation that each coordinating agency supports the effort.

Outcomes (5 Points): The applicant describes specific measurable outcomes, including outcomes related to one-on-one counseling.

Partnerships (5 Points): The applicant discusses new and/or expanded existing partnerships which will enable the state to reach and/or provide one-on-one counseling to dually eligible individuals.

Experience (7 Points): The applicant describes any experience the state agency has gained from the initial years of the demonstration implementation.

Cultural Competency (5 Points): The applicant describes how information and one-on-one counseling the staff provide to beneficiaries under this project will be easy for the beneficiaries to understand and are culturally and linguistically appropriate.

Letter of support or Letter of agreement (3 Points): If required: If the state is applying separately for the Demonstration Ombudsman Program under this NOFO, a letter of support from the entity designated to provide one-on-one counseling services should also be included. If the state is applying for both the ombudsman and one-on-one counseling programs through a combined two-agency application, a letter of agreement from both agencies should be included

(see Section D2.i.). Applications not requiring these letters (i.e. the same state agency applying for both programs) will receive three points.

2 Organizational Capacity and Management Plan (20 points)

Staffing (6 Points): The applicant organization and its partners clearly identify their capacity for carrying out the proposed project and evaluation, including current and/or proposed volunteers and paid staff. The proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles.

Organizational configuration (5 Points): The applicant demonstrates it has the organizational capacity, including staff, information technology, and capacity, to implement indicated activities and track data. The applicant must also demonstrate how it will coordinate with and leverage any other existing state programs designed specifically to help consumers.

Timeline (9 Points): The applicant clearly articulates its preliminary draft implementation work plan, describing how it would organize and manage the project, in what time frames, and what management control and coordination tools would be used to assure the timely and successful implementation of the cooperative agreement activities.

3. Evaluation and Reporting (20 Points)

Reporting (10 Points): The applicant clearly describes its plan and capacity for two types of reporting: The applicant's semi-annual progress reporting to CMS and the applicant's reporting on scope and volume of one-on-one counseling services (more information will be provided by CMS).

Cooperation with External Evaluation (10 Points): The application confirms that the applicant will fully cooperate with CMS operations support and evaluation contractors in reporting data that they may require for the project support and evaluations.

4. Budget and Budget Narrative (20 points)

Budget (15 Points): The proposed Budget is carefully developed and justified, reflects all costs of staffing and implementing the project, and demonstrates an efficient and reasonable use of funds. The application clearly explains how costs were derived and justifies the costs in relation to the overall project. Overhead and administrative costs are reasonable, with funding focused on services to beneficiaries rather than administration of the demonstration. The use of consultants, contractors and sub-awardees are justified. Budget line items are clearly delineated and consistent with the budget narrative. For example, the applicant includes a multi-year line-item budget (SF-424A) as well as a budget narrative which includes detailed descriptions and cost breakdowns for each individual year.

Budget Narrative (5 Points): The applicant allocates appropriate time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project. The applicant indicates that there will not be any duplication of effort. The application must not propose the use of award funds as a match to any other federal funds.

E2. Review and Selection Process

For detailed information on the Review and Selection Process, please refer to Appendix E., Review and Selection Process. In addition to the information include in this Appendix, CMS will also consider the extent to which the requested resources directly support development and implementation of a Demonstration Ombudsman Program and/or one-on-one counseling program, any overlap with existing resources to support implementation of these programs, and the extent to which the state is leveraging state resources to implementation efforts.

Section 1115A(d)(2) of the Social Security Act states that there is no administrative or judicial review of the selection of organizations, sites, or participants to test models under Section 1115A.

E3. Anticipated Announcement and Award Dates

Please refer to the Executive Summary, for the anticipated award date for each round. Decisions for awards under this NOFO will be made and awards will be announced no later than approximately 90 days after receipt of the application.

F. FEDERAL AWARD ADMINISTRATION INFORMATION

F1. Federal Award Notices

If successful, Applicant will receive a Notice of Award (NoA) issued 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 Applicant organization through the online grants management system used by CMS and awardee organizations. Any communication between HHS and Applicant prior to issuance of the NoA is not an authorization to begin performance of a project.

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

F2. Administrative and National Policy Requirements

F2.1. National/Public Policy Requirements

By signing the application, the authorized organizational official certifies that the organization will comply with applicable public policies. Once a grant is awarded, the Recipient is responsible for establishing and maintaining the necessary processes to monitor its compliance and that of its employees and, as appropriate, subrecipients and contractors under the grant with these requirements. Recipient should consult the applicable Appropriations Law, Exhibit 3 of the HHS Grants Policy Statement, titled *Public Policy Requirements*, located in Section II, pages 3-6, as well as the terms and conditions of award for information on potentially applicable public policy requirements.

A. Non-Discrimination

All awardees receiving awards under this cooperative agreement 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,

d. Title II, Subtitle A of the Americans with Disabilities Act of 1990, as amended, and

e. Section 1557 of the Affordable Care Act.

B. Non-discrimination Provisions

Award recipients, as recipients of federal financial assistance (FFA) from the U.S. Department of Health and Human Services (HHS), must administer their programs in compliance with federal civil rights laws. This means that award recipients must administer their programs in a manner that does not discriminate on the basis of a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. It is HHS' goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations.

HHS provides guidance to award recipients on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. In addition, award recipients will have specific legal obligations for serving qualified individuals with disabilities by providing information in alternate formats.

Several sources of guidance are provided below:

a. http://www.hhs.gov/civil-rights/for-providers/index.html

b. http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html

c. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

d. http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html

e. http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at https://www.hhs.gov/ocr/index.html or call 1-800-368-1019 or TDD 1-800-537-7697.

Award recipients will be required to review and comply with the Accessibility Requirements outlined in Appendix F to this NOFO.

F2.2. Administrative Requirements

- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original grant application or agreed upon subsequently with HHS, and may not be used for any prohibited uses.

- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project.

- This award is subject to 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards [available at http://www.ecfr.gov/cgi-bin/text-idx?SID=c0cbb91464f5eec9e7d1c7285b05bb1c&mc=true&node=pt45.1.75&rgn=div5], which implements 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ("Uniform Guidance") effective December 26, 2014. See below for more information.

Uniform Administrative Requirements, Cost Principles, and Audit Requirements

Applicants and recipients should take particular note of the following information found in 45 CFR Part 75.

Uniform Administrative Requirements

In accordance with 45 CFR §75.112, all award recipients receiving federal funding from CMS must establish and comply with the conflict of interest policy requirements outlined by CMS (available for applicants upon request).

In accordance with 45 CFR §75.113, *Mandatory Disclosures*, the non-Federal entity or applicant for a Federal award must disclose, in a timely manner, in writing to the HHS awarding agency or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII to 45 CFR Part 75 are required to report certain civil, criminal, or administrative proceedings to SAM. Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321). For specific information on reporting such disclosures to CMS and HHS please see Section F3. *Terms and Conditions,* of this NOFO.

Cost Principles

CMS grant awards provide for reimbursement of actual, allowable costs incurred and are subject to the Federal cost principles. The cost principles establish standards for the allowability of costs, provide detailed guidance on the cost accounting treatment of costs as direct or indirect, and set forth allowability and allocability principles for selected items of cost. Applicability of a particular set of cost principles depends on the type of organization. Award recipients must comply with the cost principles set forth in HHS regulations at 45 CFR Part 75, Subpart E with the following exceptions: (1) hospitals must follow Appendix IX to part 75 and commercial (for-profit) organizations are subject to the cost principles located at 48 CFR subpart 31.2. As provided in the cost principles in 48 CFR subpart 31.2, allowable travel costs may not exceed those established by the Federal Travel Regulation (FTR).

There is no universal rule for classifying certain costs as either direct or indirect (also known as Facilities & Administration (F&A) costs) under every accounting system. A cost may be direct with respect to some specific service or function, but indirect with respect to the Federal award or other final cost objective. Therefore, it is essential that each item of cost incurred for the same purpose is treated consistently in like circumstances either as a direct or F&A cost in order to avoid double-charging of Federal awards. Guidelines for determining direct and F&A costs charged to Federal awards are provided in 45 CFR §§75.412 to 75.419. Requirements for development and submission of indirect (F&A) cost rate proposals and cost allocation plans are contained in Appendices III-VII, and Appendix IX to Part 75.

Indirect Costs

HHS will reimburse indirect costs to recipients under an award if (1) allowable under the

governing statute, regulations, or HHS grants policy; (2) the recipient requests indirect costs; and (3) the recipient has a Federally approved indirect cost rate agreement covering the grant supported activities and period of performance or the non-Federal entity has never received an indirect cost rate and elects to charge a de minimis rate of 10% of Modified Total Direct Costs (MTDC) in accordance with 45 CFR §75.414(f).

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 (D)(1)(b) 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 Appendices III, IV, and VII to 45 CFR Part 75 govern reimbursement of indirect costs under this NOFO.

Commercial (For-Profit) Organizations: Indirect Costs are allowable under awards to for-profit organizations. The for-profit recipient must have a Federally-approved indirect cost rate agreement covering the grant supported activities and period of performance. Indirect cost rates for for-profit entities are negotiated by the Division of Financial Advisory Services (DFAS) in the Office of Acquisition Management and Policy, National Institutes of Health (if the preponderance of their Federal awards are from HHS), available at http://oamp.od.nih.gov/dfas/indirect-cost-branch, or other Federal agency with cognizance for indirect cost rate negotiation. If there is no Federally-approved indirect cost rate for the specific period of performance and the for-profit recipient has never received an indirect cost rate, then the non-Federal entity may elect to charge a de minimis rate of 10% of MTDC in accordance with 45 CFR §75.414(f).

Cost Allocation

In accordance with 45 CFR §75.416 and Appendix V to 45 CFR Part 75 – State/Local

Government wide Central Service Cost Allocation Plans, each State/local government will submit a plan to the Department of Health and Human Services Cost Allocation Services for each year in which it claims central service costs under Federal awards. Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the Department of Health and Human Services entitled “A Guide for State, Local and Indian

Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government." A copy of this brochure may be obtained from the HHS' Cost Allocation Services at https://rates.psc.gov. A current, approved cost allocation plan must be provided to CMS if central service costs are claimed.

Public Assistance Cost Allocation Plans

Appendix VI to 45 CFR Part 75 – Public Assistance Cost Allocation Plans, provides that State public assistance agencies will develop, document and implement, and the Federal government will review, negotiate, and approve, public assistance cost allocation plans in accordance with Subpart E of 45 CFR Part 95. The plan will include all programs administered by the State public assistance agency. Where a letter of approval or disapproval is transmitted to a State public assistance agency in accordance with Subpart E, the letter will apply to all Federal agencies and programs. This Appendix (except for the requirement for certification) summarizes the provisions of Subpart E of 45 CFR Part 95.

Audit Requirements

The audit requirements in 45 CFR Part 75, Subpart F apply to each award recipient fiscal year that begins on or after December 26, 2014. A non-Federal entity that expends $750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of Subpart F, Audit Requirements.

Commercial Organizations (including for-profit hospitals) have two options regarding audits, as outlined in 45 CFR §75.501 (see also 45 CFR §75.216).

F3. Terms and Conditions

This announcement is subject to the *Department of Health and Human Services Grants Policy Statement (HHS GPS)* at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/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. Standard and program specific terms of award will accompany the NoA. Potential applicants should be aware that special requirements could apply to grants based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The 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. Awardees must also agree to respond to requests that are necessary for the

evaluation of national efforts and provide data on key elements of their own grant activities.

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

In the event a Recipient or one of its sub-Recipients enters into proceedings relating to bankruptcy, whether voluntary or involuntary, the Recipient agrees to provide written notice of the bankruptcy to CMS. This written notice shall be furnished within five (5) days of the initiation of the proceedings relating to bankruptcy filing and sent to the CMS Grants Management Specialist and Project Officer. This notice shall include the date on which the bankruptcy petition was filed, the identity of the court in which the bankruptcy petition was filed, a copy of any and all of the legal pleadings, and a listing of Government grant and cooperative agreement numbers and grant offices for all Government grants and cooperative agreements against which final payment has not been made.

Intellectual Property

Recipients under this solicitation must comply with the provisions of 45 CFR § 75.322, Intangible property and copyrights. The non-Federal entity may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a Federal award. The Federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. The non-Federal entity is subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401.

In accordance with 45 CFR §75.112, all award recipients receiving federal funding from CMS must establish and comply with the conflict of interest policy requirements outlined by CMS (available upon request).

F4. Cooperative Agreement Terms and Conditions

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

appropriate.

Cooperative Agreement Roles and Responsibilities are as follows:

Centers for Medicare and Medicaid Services (CMS)

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

- Technical Assistance – CMS will host opportunities for training and/or networking, including conference calls and other vehicles. CMS will work with the Administration for Community Living (ACL) (or another entity) to provide technical assistance to awardees with matters such as substantive training, coordination with other awardees, best practices, and help and guidance with data reporting.

- Collaboration - To facilitate compliance with the terms of the Cooperative Agreement and to support recipients more effectively, CMS will actively coordinate with other relevant Federal Agencies including but not limited to ACL.

- Program Evaluation – CMS will work with award recipients to implement lessons learned to continuously improve this program.

- Project Officers and Monitoring – CMS will assign specific Project Officers to each Cooperative Agreement award to support and monitor recipients throughout the period of performance. CMS Grants Management Officers, Grants Management Specialists, and Project Officers will monitor, on a regular basis, progress of each recipient. This monitoring may be by phone, document review, on-site visit, other meeting and by other appropriate means, such as reviewing program progress reports and Federal Financial Reports (FFR or SF-425). This monitoring will be to determine compliance with programmatic and financial requirements.

Recipients

Recipients and assigned points of contact retain the primary responsibility and dominant role for planning, directing and executing the proposed project as outlined in the terms and conditions of the Cooperative Agreement and with substantial CMS involvement. Recipients shall engage in the following activities:

- Reporting - comply with all reporting requirements outlined in this NOFO and the terms and conditions of the Cooperative Agreement to ensure the timely release of funds. Submit all required documents and data within agreed upon timeframes, and in the agreed upon format.

- Program Requirements - complete activities outlined in the Program Requirements section of the NOFO, including development and submission of a project work plan chart and implementation of the work plan chart.

- Customer Service Satisfaction - develop and implement a customer satisfaction process that ensures quality and reports results to CMS and a corrective action plan, if necessary.

- Data Collaboration - agree to work with CMS, ACL (technical assistance provider) and their peers in other Financial Alignment model states to identify and collect common data elements and measures to facilitate cross state comparisons.

- Program Evaluation - cooperate with CMS-directed national program evaluations.

- Program Standards – comply with all applicable program requirements and standards, as detailed in regulations, guidance, and the cooperative agreement terms and conditions provided with the NoA.

F5. Reporting (Frequency and Means of Submission)

States and the designated entity, if applicable, are required to fully cooperate with the CMS operations support, actuarial rate-setting services, and evaluation contractors in reporting data that they may require for the project support and evaluations. Note that neither CMS nor its contractors nor any other entity shall request identifying information of individual beneficiaries or complainants served by the Demonstration Ombudsman Program. Reports shall be submitted electronically.

F5.1. Semi-Annual Progress Reports

Awardees are required to submit semi-annual progress reports that describe their activities, outcomes related to their goals, challenges and lessons learned with final copies of formal funding agreements developed during the grant period attached. The semi-annual progress report shall provide an analysis of challenges, discuss best practices or key lessons, and provide mitigation strategies for addressing barriers during implementation. The semi-annual Progress Reports shall also detail how cooperative agreement funds were used for each six-month period. If the cooperative agreement includes funding for Ombudsman services, the semi-annual progress report must also include a discussion of the state's plans for ensuring financial sustainability of the program. CMS will use this information to monitor operations. This report shall be submitted within 30 calendar days of the end of each six-month period. Additional details will be included in the terms and conditions of the cooperative agreement award.

F5.2. Final Report

Within 90 calendar days of the end of the cooperative agreement, the awardee shall submit a final report to CMS. The report will summarize federal and state expenditures for implementation activities, review lessons learned, and inform CMS about implementation needs to replicate successful ombudsman programs and one-on-one counseling efforts in other States or make potential future Medicare and Medicaid policy changes. Additional details on the final report will be included in the terms and conditions of the cooperative agreement award.

F5.3 Program Reports

Awardees that receive cooperative agreement funding to support Ombudsman activities are also required to submit monthly program reports as described in Section A4.6. More information on the file and submission process for these reports will be provided in the terms and conditions of the cooperative agreement award.

Awardees that receive cooperative agreement funding to support one-on-one counseling are also required to submit periodic reports as described in Section A5.2. More information on the file and submission process for these reports will be provided in the terms and conditions of the cooperative agreement award.

F5.4. Financial Reports

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

Quarterly Cash Transaction Financial Reporting

Recipient must report, on a quarterly basis, cash transaction data via the Payment Management System (PMS) using the Federal Financial Report (SF-425 or FFR) form. The FFR combines the information that grant recipients previously provided using two forms: the Federal Cash Transactions Report (PSC-272) and the Financial Status Report (SF-269). Cash transactions data is reflected through completion of lines 10a-10c on the FFR. Recipient must include information on indirect costs if approved as part of grant award. The quarterly FFR is due within (30) days after the end of each quarter. The quarterly reporting due dates are as follows: 4/30, 7/30, 10/30, 1/30. A Quick Reference Guide for completing the FFR in PMS is at: https://pms.psc.gov/training/federal-financial-report-guide.html.

Semi-Annual, Annual, and Final Expenditure Reporting

Recipient must also report on Federal expenditures, Recipient Share (if applicable), and Program Income (if applicable and/or allowable) at least annually. Frequency of expenditure reporting, whether semi-annually or annually, is stipulated in the Program Terms and Conditions of award. This information is reflected through completion of lines 10d through 10o of the FFR. Recipient must include information on indirect costs if approved as part of grant award.

Additional information on financial reporting will be provided in the Standard and Program Terms and Conditions of award.

F5.5. Federal Funding Accountability and Transparency Act Reporting Requirements

Awards issued under this NOFO 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).

F5.6 Payment Management System Reporting Requirements

Once an award is made, the funds are posted in recipient accounts established in the Payment Management System (PMS). Grantees may then access their funds by using the PMS funds request process. Recipients must submit a quarterly SF-425 via PMS. The report identifies cash transactions against the authorized funds for the award. Failure to submit the report may result in the inability to access funds.

The PMS funds request process enables grantees to request funds using a Personal Computer with an Internet connection. The funds are then delivered to the recipient via Electronic Funds Transfer (EFT). If you are a new grant recipient, please go to PMS Access Procedures to find information to register in PMS. If you need further help with that process, please contact the One-DHHS Help Desk via email at pmssupport@psc.gov or call (877) 614-5533 for assistance.

G. AGENCY CONTACTS

G1. Programmatic Contact Information:

All programmatic questions about this NOFO may be directed to:

Latonya Phipps

Centers for Medicare & Medicaid Services
Medicare-Medicaid Coordination
Office
7500 Security Boulevard
Baltimore, MD
21244-1850 Mail
Stop: S3-13-23
Telephone: 410-786-8045
Email: Latonya.Phipps@cms.hhs.gov

G2. Administrative Questions:

Administrative questions about this NOFO may be directed to:

Kevin Hornbeak
Grants Management Specialist
Centers for Medicare & Medicaid
Services
Office of Acquisitions and Grants
Management
Room 739H
200 Independence Avenue,
SW
Washington, DC 20201
Telephone: 301-492-4879
Email: Kevin.Hornbeak@cms.hhs.gov

H. APPENDICES

Appendix A. Guidance for Preparing a Budget Request and Narrative

Applicants should request funding only for activities which will be funded by this specific NOFO. All applicants must submit the Standard Form SF-424A as well as a Budget Narrative. The Budget Narrative should provide detailed cost itemizations and narrative supporting justification for the costs outlined in SF-424A. Both the Standard Form SF-424A and the Budget Narrative must include a yearly breakdown of costs for the entire project period. Please review the directions below to ensure both documents are accurately completed and consistent with application requirements.

Standard Form SF-424A

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

- Note: The directions in the NOFO may differ from those provided by Grants.gov. Please follow the instructions included in this NOFO as outlined below when completing the SF-424A.

- Note: The total requested on the SF-424 (Application for Federal Assistance) should be reflective of the overall total requested on the SF-424A (Budget Information – Non-Construction) for the entire project period.

Section A – Budget Summary

- *Grant Program Function or Activity* (column a) = Enter "Support for Ombudsman and Beneficiary Counseling Programs for States Participating in Financial Alignment Model Demonstrations for Dually Eligible Individuals" in row 1.

- *New or Revised Budget, Federal* (column e) = Enter the Total Federal Budget Requested for the 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 project period. NOFOs with a 5-year project period will need to also utilize a second SF-424A form.

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

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

- Column (4) = (If applicable) Enter Year 4 estimated 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 items should be entered in column 4, row k (sum of row i and j).

- Column (5) = Enter total costs for the first 4 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 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.

Budget Narrative – Sample Narrative and Instructions

Applicants must create a Budget Narrative and upload it to the Budget Narrative Attachment Form in the application kit. Applicants may request funding only for activities not already funded/supported by an existing or previous award. Awards should support separate activities and new federal funding should not be supplanted by prior federal funding. In the budget request, Applicant should distinguish between activities that will be funded under this application and activities funded with other sources. Other funding sources include other HHS grant programs, and other federal funding sources as applicable. A sample Budget

Narrative is included below.

A. (Personnel) Salaries and Wages

For each requested position, provide the following information: title of position; 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. These individuals must be employees of the applicant organization.

Sample Budget

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

Position Title	**Name (if known)**	**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
Total:					$86,250

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. This information must be provided for each position (unless the rates for all positions are identical).

Sample Budget

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

Fringe Benefit	**Rate**	**Salary Requested**	**Amount Requested**
FICA	7.65%	$45,000	$3443
Worker's Compensation	2.5%	$14,250	$356
Insurance	Flat rate - $2,000 (100% FTE for 12 months)	$2,000	$2,000
Retirement	5%	$27,000	$1,350
Total			$7,149

C. Travel

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Allowable 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.

Provide a narrative describing the travel staff members will perform. **Applicants should plan for minimal staff to attend up to two in-person events in the Baltimore/D.C. metro area annually.** This narrative must include a justification which explains why each travel activity/cost is necessary and how it will enable the applicant to complete program requirements included in the NOFO. 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. The lowest available commercial airfares for coach or equivalent accommodations must be used. 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.

Sample Budget

Travel Total $_____
Grant $_____
Funding other than Grant
$_____

Sources of Funding_____

Purpose of Travel	**Location**	**Item**	**Rate**	**Cost**
Site Visits	Neighboring areas of XXX	Mileage	$0.545 x 49 miles (use mileage rate in effect at time of mileage incurrence) x 25 trips	$668
Training (ABC)	Chicago, IL	Airfare	$200/flight x 2 persons	$400
		Luggage Fees	$50/flight x 2 persons	$100
		Hotel	$140/night x 2 persons x 3 nights	$840
		Per Diem (meals)	$49/day x 2 persons x 4 days	$392
		Transportation (to and from airport)	$50/shuttle x 2 persons x 2 shuttles	$200
		Transportation (to and from hotel)	$25/shuttle x 2 persons x 2 shuttles	$100
Total				$2,700

Sample Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend a conference on the following topic XXXX. This conference is only held once a year in Chicago, IL. Attending this conference is directly linked to project goals/objectives and is a necessity because XXXX. The information and tools we will gather from attending this conference will help us to accomplish project objectives by XXXX. A sample itinerary can be provided upon request. The Project Coordinator will also make an estimated 25 trips to birth center sites to monitor program implementation (# of birth centers, # of trips per site). We are still in the process of identifying all birth center sites, but have identified an average mileage total for each site. This travel is necessary to ensure birth center sites are consistently and systematically collecting birth center data and submitting by deadlines provided. On-site monitoring will enable us to immediately address concerns. This travel also 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 $_____
Grant $_____
Funding Other than Grant $_____
Sources of Funding_____

Item(s)	Rate	Cost
All-in-one Printer, Copier, and Scanner (large scale)	1 @ $5,800	$5,800
X-Ray Machine	1 @ $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 amongst programs, please cost allocate as appropriate. Applicant 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 $_____
Grant $_____
Funding Other than Grant $_____
Sources of Funding_____

Item(s)	Rate	Cost
Laptop Computer	2 @ $1,000	$2,000
Printer	1 @ $200	$200
General office supplies	12 months x $24/mo x 10 staff	$2,880
Educational pamphlets	3,000 copies @ $1 each	$3,000
Educational videos	10 copies @ $150 each	$1,500
Total:		$9,580

Sample Justification

General office supplies will be used by staff members to carry out daily activities of the program.

The project coordinator will be a new position and will require a laptop computer and printer to complete required activities under this NOFO. The price of the laptop computer and printer is consistent with those purchased for other employees of the organization and is based upon a recently acquired invoice (which can be provided upon request). The pricing of the selected computer is necessary because it includes the following tools XXXX (e.g. firewall, etc.). The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Usage of these pamphlets and videos will enable us to address components one and two of our draft proposal. Word Processing Software will be used to document program activities, process progress reports, etc.

F. Consultant/Subrecipient/Contractual Costs

All consultant/subrecipient/contractual costs should include complete descriptions and cost breakdowns – for each consultant, subrecipient or contract. The following information, outlined below, should be provided for each consultant, sub-award (subrecipient) 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 organizational 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 compensation 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 Budget Narrative, a summary should be provided of the proposed consultants, the work to be completed, and amounts for each. Recipient must not incur costs for consultant activities until the aforementioned information is provided for each consultant and CMS approval obtained.

REQUIRED REPORTING INFORMATION FOR SUBRECIPIENT APPROVAL

The costs of project activities to be undertaken by a third-party subrecipient should be included in this category. Please see 45 CFR Part 75.351, *Subrecipient and contractor determinations*. Applicants must submit information on the (a) Statement of Work; (b) Period of Performance; and (c) Itemized Budget and Justification. If this information is unknown at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the Budget Narrative, a summary should be provided of the proposed sub-awards (subrecipients), the work to be completed, and amounts for each. Recipient must not incur costs for subrecipient activities until the aforementioned information is provided for each subrecipient and CMS approval obtained.

REQUIRED REPORTING 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 Budget Narrative, a summary should be provided of the proposed contracts, the work to be completed, and amounts for each. Recipient must not incur costs for contractual activities until the aforementioned information is provided for each contract and CMS approval obtained.

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 $_____
Grant $_____
Funding Other than Grant $_____
Sources of Funding_____

Item(s)	Rate	Cost
Telephone	$45 per month x 3 employees x 12 months	$1,620
Postage	$250 per quarter x 4 quarters	$1,000
Printing	$0.50 x 3,000 copies	$1,500
Equipment Rental *specify item	$1,000 per day for 3 days	$3,000
Internet Provider Service	$20 per month x 3 employees x 12 months	$720
Word Processing Software (specify type)	1 @ $400	$400
Total:		$8,240

[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 45 CFR §75.414 for more information). If a rate has been issued, a copy of the most recent 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 those non-Federal entities described in Appendix VII(D)(1)(b) to 45 CFR part 75, the applicant may elect to charge a de minimis 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 minimis 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 category and fully described and itemized as other direct costs.

Appendix B. Application and Submission Information

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

EIN, DUNS, AND SAM REQUIREMENTS (ALL APPLICATIONS)

Employer Identification Number

All applicants under this announcement must have an Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN), to apply. **Please note, applicants should begin the process of obtaining an EIN/TIN as soon as possible after the announcement is posted to ensure this information is received in advance of application deadlines.**

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. The DUNS number is a nine-digit number that uniquely identifies business entities. To obtain a DUNS number access the following website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in block 8c (on Form SF-424, Application for Federal Assistance). The organization name and address entered in block 8a and 8e should be exactly as given for the DUNS number. **Applicants should obtain this DUNS number as soon as possible after the announcement is posted to ensure all registration steps are completed in time.**

System for Award Management (SAM)

The applicant must also register in the System for Award Management (SAM) database in order to be able to submit the application. Applicants are encouraged to register early, and must have their DUNS and EIN/TIN numbers in order to do so. Information about SAM is available at https://www.sam.gov/SAM/. The SAM registration process is a separate process from submitting an application. **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.**

SAM registration process is a separate process from submitting an application. Applicants are encouraged to register early, and must provide their DUNS and EIN/TIN numbers in order to do so. **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.**

Each year organizations and entities registered to apply for Federal grants through Grants.gov (or GrantSolutions as applicable) must renew their registration with SAM. **Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying via Grants.gov (or GrantSolutions as applicable). Similarly, failure to maintain an active SAM registration during the application review process can prevent HHS from issuing your agency an award.**

Applicants must also successfully register with SAM prior to registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime Awardee user. Please also refer to F5.5. (Federal Funding Accountability and Transparency Act Reporting Requirements) of this Funding Opportunity for more information. Primary Awardees must maintain a current registration with the SAM database, and **may make subawards only to entities that have DUNS numbers.**

Organizations must report executive compensation as part of the registration profile at https://www.sam.gov/portal/public/SAM/ by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170). The Grants Management Specialist assigned to monitor the sub-award and executive compensation reporting requirements is Iris Grady, who can be reached at DivisionofGrantsManagement@cms.hhs.gov.

APPLICATION MATERIALS AND INSTRUCTIONS TO APPLY VIA GRANTS.GOV (COMPETITIVE APPLICATIONS)

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

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

- You can access the electronic application for this project at http://www.grants.gov. You must search the downloadable application page by the CFDA number.

- 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. **Applications not submitted by the due date and time are considered late and will not be reviewed.**

- 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 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. Applications that are not submitted by the due date and time as a result of AOR issues will not be reviewed.**

- When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz POC will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.

- The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.

- **Any files uploaded or attached to the Grants.gov application must be PDF file format and must contain a valid file format extension in the filename.** Even though Grants.gov allows applicants to attach any file formats as part of their application, CMS restricts this practice and only accepts PDF file formats. Any file submitted as part of the Grants.gov application that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application during the review process. In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation**. All documents that do not conform to the above**

specifications will be excluded from the application materials during the review process. Please also refer to Section D2. Content and Form of Application Submission.

- 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 reviewed.**

- 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 p.m. Eastern Standard or Daylight Time (Baltimore, MD) for the applicable deadline date. Please refer to the Executive Summary section for submission date.

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

Please be aware of the following:

1) Search for the application package in Grants.gov by entering the CFDA number. This number is shown on the cover page of this NOFO.

2) If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: https://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).

3) Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved.

To be considered timely, applications must be received by the published deadline date. However, a general extension of a published application deadline that affects all State applicants or only those in a defined geographical area may be authorized by circumstances that affect the public at large, such as natural disasters (e.g., floods or hurricanes) or disruptions of electronic (e.g., application receipt services) or other services, such as a prolonged blackout. This statement does not apply to an individual entity having internet service problems. In order for there to be any consideration there must be an effect on the public at large.

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 e-mail the Grants.gov contact center at support@grants.gov for help, or call 1-800-518-4726.

Appendix C. Application Check-Off List Required Contents

Required Contents

A complete proposal consists of the materials organized in the sequence below. Please ensure that the project and budget narratives are page-numbered and the below forms are completed with an electronic signature and enclosed as part of the proposal. **Everything listed below must be submitted through http://www.grants.gov, and formatting requirements followed.**

For specific requirements and instructions on application package, forms, and formatting, please see:

Section D & Appendix B: Application and Submission Information

Section E: Application Review Information

Appendix A: Guidance for Preparing a Budget Request and Narrative

Standard Forms

- ☐ SF 424: Application for Federal Assistance
- ☐ SF-424A: Budget Information
- ☐ SF-424B: Assurances-Non-Construction Programs
- ☐ SF-LLL: Disclosure of Lobbying Activities
- ☐ Project Abstract Summary
- ☐ Project Site Location Form

Narrative Documents

- ☐ Project Narrative
- ☐ Work Plan
- ☐ Budget Narrative

☐ Business Assessment of Applicant Organization

☐ Letters of Support (for states applying separately for both programs or states designing a non-governmental entity as the applicant) or Letter of Agreement (for a combined application)

Appendix D. Business Assessment of Applicant Organization

An applicant must review and answer the business assessment questions outlined below. There are ten (10) topic areas labeled A-J, with a varying number of questions within each topic area. Applicant MUST provide an answer to each question. Moreover, the applicant should refrain from solely answering "yes" or "no" to each question or solely providing web site address(es) – i.e., a brief, substantive answer should be given for almost all questions (referring to sections of official agency policy is acceptable. If the answer to any question is inapplicable, please provide an explanation. Please note, if CMS cannot complete its review without contacting the applicant for additional clarification, the applicant may not be selected for award.

A. General Information

1. Does the organization have a Board of Directors with specific functions and responsibilities (by-laws)?

2. Are minutes of the Board of Directors' meetings maintained?

3. Is there an organizational chart or similar document establishing clear lines of responsibility and authority?

4. Are duties for key employees of the organization defined?

5. Does the organization have grants or cost-reimbursement contracts with other U.S. Department of Health and Human Services components or other Federal agencies?

6. Have any aspects of the organization's activities been audited recently by a Government agency or independent public accountant?

7. Has the organization obtained fidelity bond coverage for responsible officials and employees of the organization?

8. Has the organization obtained fidelity bond insurance in amounts required by statute or organization policy?

B. Accounting System

1. Is there a chart of accounts?
2. Is a double-entry accounting system used?
3. Does the organization maintain the basic books of account as applicable?
    a. General ledger
    b. Operating ledger
    c. Project (Job) cost ledger
    d. Cash receipts journal
    e. Cash disbursement journal
    f. Payroll journal
    g. Income (sales) journal
    h. Purchase journal
    i. General journal
4. Does the accounting system adequately identify receipt and disbursement for each grant (or contract)?
5. Does the accounting system provide for the recording of expenditures for each program by required budget cost categories?
6. Does the accounting system provide for recording the non-Federal share and in-kind contributions (if applicable for a grant program)?
7. Does the organization prepare financial statements at least annually? If not, how often?
8. Have the financial statements been audited within the past 2 years by an independent public accountant?
9. Does the organization have a bookkeeper or accountant? If no, who is in charge of the accounting section?

10. Is there an accounting instruction manual?

C. Budgetary Controls

1. Does the organization use an operating budget to control project funds?

2. Are persons in the organization who approve budget amendments authorized to do so by the Agency of Directors or top management?

3. Are there budgetary controls in effect to preclude incurring obligations in excess of:

    a. Total funds available for an award?

    b. Total funds available for a budget cost category?

4. Are cash requirements and/or drawdowns limited to immediate need?

D. Personnel

1. Are personnel policies established in writing or in the process of preparation which detail at a minimum:

    a. Duties and responsibilities of each employee's position?

    b. Qualifications for each position?

    c. Salary ranges associated with each job?

    d. Promotion Plan?

    e. Equal Employment Opportunity?

    f. Annual performance appraisals?

    g. Types and levels of fringe benefits paid to professionals, nonprofessionals, officers, or governing agency members?

2. Is employee compensation reasonable and comparable to that paid for similar work in the competitive labor market?

3. Are salary comparability surveys conducted? How often?

4. Are salaries of personnel assigned to Government projects about the same as before assignment? Identify reasons for significant increases.

5. Does the organization maintain a payroll distribution system which meets the required standards as contained in the applicable cost principles for that organization?

6. Does the organization maintain daily attendance records for hourly employees? Does this show actual time employees sign in and out?

7. Does the payroll distribution system account for the total effort (100%) for which the employee is compensated by the organization?

8. Who signs and certifies work performed in items 5, 6, and 7 above?

9. Where duties require employees to spend considerable time away from their offices, are reports prepared for their supervisors disclosing their outside activities?

E. Payroll

1. Does preparation of the payroll require more than one employee?

2. Are the duties of those individuals preparing the payroll related?

3. Are the names of employees hired reported in writing by the personnel office to the payroll department?

4. Are the names of employees terminated reported in writing by the personnel office to the payroll department?

5. Is the payroll verified at regular intervals against the personnel records?

6. Are all salaries and wage rates authorized and approved in writing by a designated official or supervisor?

7. Are vacation and sick leave payments similarly authorized and approved?

8. Is there verification against payments for vacation, sick leave, etc., in excess of amounts approved and/or authorized?

9. Is the payroll double-checked as to:

    a. Hours?

    b. Rates?

c. Deductions?

d. Extensions, etc.?

10. Are signed authorizations on file for all deductions being made from employees' salaries and wages?

11. Is the payroll signed prior to payment by the employee preparing the payroll? The employee checking the payroll?

12. Are salary payrolls approved by an authorized official prior to payment?

13. Are employees paid by check or direct deposit? If no, how are they paid?

14. If paid by check, are the checks pre-numbered?

15. Are checks drawn and signed by employees who do not:

    a. Prepare the payroll?

    b. Have custody of cash funds?

    c. Maintain accounting records?

16. Are payroll checks distributed to employees by someone other than the supervisor?

17. Is there a payroll bank account? If no, will one be opened if recipient is selected for award?

18. Is the payroll bank account reconciled by someone other than payroll staff or personnel who sign and distribute the pay checks?

F. Consultants

1. Are there written policies or consistently followed procedures regarding the use of consultants which detail at a minimum:

    a. Circumstances under which consultants may be used?

    b. Consideration of in-house capabilities to accomplish services before contracting for them?

    c. Requirement for solicitation or bids from several contract sources to establish reasonableness of cost and quality of services to be provided?

d. Consulting rates, per diem, etc.?

2. Are consultants required to sign consulting agreements outlining services to be rendered, duration of engagement, reporting requirements, and pay rates?

G. Property Management

1. Are records maintained which provide a description of the items purchased, the acquisition cost, and the location?

2. Are detailed property and equipment records periodically balanced to the general ledger?

3. Are detailed property and equipment records periodically checked by physical inventory?

4. Are there written procedures governing the disposition of property and equipment?

5. Are periodic reports prepared showing obsolete equipment, equipment needing repair, or equipment no longer useful to the organization?

6. Does the organization have adequate insurance to protect the Federal interest in equipment and real property?

H. Purchases

1. Does the organization have written purchasing procedures? If not, briefly describe how purchasing activities are handled.

2. Does the purchasing policy/procedure consider such matters as quality, cost, delivery, competition, source selection, etc.?

3. Has the responsibility for purchasing been assigned to one department, section, or individual within the organization? If not, explain.

4. Is the purchasing function separate from accounting and receiving?

5. Are competitive bids obtained for items such as rentals or service agreements over certain amounts?

6. Are purchase orders required for purchasing all equipment and services?

7. Is control maintained over items or dollar amounts requiring the contracting or grants management officer's advance approval? Describe controlling factors.

8. Is the accounting department notified promptly of purchased goods returned to vendors?

9. Is there an adequate system for the recording and checking of partial deliveries and checking deliveries against purchase orders?

10. When only a partial order is received, is the project account credited for the undelivered portion of the purchase order?

11. Are the vendor invoices checked for:

    a. Prices and credit terms?

    b. Extensions?

    c. Errors and omissions?

    d. Freight charges and disallowances?

12. Are vouchers, supporting documents, expenses, or other distributions reviewed and cleared by designated staff before payment is authorized?

I. Travel

1. Does the organization have formal travel policies or consistently followed procedures which, at a minimum, state that:

    a. Travel charges are reimbursed based on actual costs incurred or by use of per diem and/or mileage rates?

    b. Receipts for lodging and meals are required when reimbursement is based on actual cost incurred?

    c. Per Diem rates include reasonable dollar limitations? Subsistence and lodging rates are comparable to current Federal per diem and mileage rates?

    d. Commercial transportation costs are incurred at coach fares unless adequately justified? Travel requests are approved prior to actual travel?

    e. Travel expense reports show purpose of trip?

J. Internal Controls

1. Is there a separation of responsibility in the receipt, payment, and recording of cash?

    a. For example: Are the duties of the record keeper or bookkeeper separated from any cash functions such as the receipt or payment of cash?

    b. Or, is the signing of checks limited to those designated officials whose duties exclude posting and/or recording cash received, approving vouchers for payment, and payroll preparation?

2. Are all checks approved by an authorized official before they are signed?

3. Are all accounting entries supported by appropriate documentation (e.g., purchase orders, vouchers, vendor payments)?

4. Does the organization have an internal auditor or internal audit staff?

5. Is there a petty cash fund where responsibility is vested in one individual; limited to a reasonable amount; restricted as to purchase; and counted, verified, and balanced by an independent employee at time of reimbursement?

6. Are all checks pre-numbered and accounted for when general purpose bank account is reconciled?

7. If a mechanical or facsimile signature is used for cash disbursements, is the signature plate, die, key, electronic card, etc., under strict control?

8. Are bank accounts reconciled by persons not handling cash in the organization?

9. Are all employees who handle funds required to be bonded against loss by reason of fraud or dishonesty?

Appendix E. Review and Selection Process

The review and selection process will include the following:

i. Applications will be screened to determine eligibility for further review using the criteria detailed in Section C. Eligibility Information, and Section D. Application and Submission Information (with cross-reference to Appendix B), of this NOFO. Applications that are received late or fail to meet the eligibility requirements as detailed in this NOFO or do not include the required forms will not be reviewed. However, the CMS/OAGM/GMO, in his or her sole discretion, may continue the review process for an ineligible application if it is in the best interest of the government to meet the objectives of the program.

ii. Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. The Review criteria described in Section E1. Criteria, will be used. Applications will be evaluated by an objective review committee. The objective review committee may include Federal and/or non-Federal reviewers. Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their applications.

iii. The results of the objective review of the applications by qualified experts will be used to advise the CMS approving official. Final award decisions will be made by a CMS approving official. In making these decisions, the CMS approving official will take into consideration: recommendations of the review panel; the readiness of the applicant to conduct the work required; the scope of overall projected impact on the aims; reviews for program and grants management compliance; the reasonableness of the estimated cost to the government and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

iv. As noted in 45 CFR Part 75, CMS will do a review of risks posed by applicants prior to award. In evaluating risks posed by applicants, CMS will consider the below factors as part of the risk assessment (applicant should review the factors in their entirety at §75.205)

    a. Financial stability;

    b. Quality of management systems and ability to meet the management standards prescribed;

c. History of performance (including, for prior recipients of Federal awards: timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous federal awards, extent to which previously awarded amounts will be expended prior to future awards);

d. Reports and findings from audits performed under Subpart F of 45 CFR Part 75 and

e. Applicant's ability to effectively implement statutory, regulatory, and other requirements imposed on non-federal entities.

v. HHS reserves the right to conduct pre-award Negotiations with potential Awardees.

Appendix F. Accessibility Requirements

CMS and its grantees are responsible for complying with federal laws regarding accessibility as noted in F2. Administration and National Policy Requirements.

The grantee may receive a request from a beneficiary or member of the public for materials in accessible formats. All successful applicants under this announcement must comply with the following reporting and review activities regarding accessible format requests:

Accessibility Requirements:

1. Public Notification: If you have a public facing website, you shall post a message no later than **30** business days after award that notifies your customers of their right to receive an accessible format. Sample language may be found at: https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice. Your notice shall be crafted applicable to your program.

2. Processing Requests Made by Individuals with Disabilities:

    a. Documents:

        i. When receiving a request for information in an alternate format (e.g., Braille, large print, etc.) from a beneficiary or member of the public, you must:

            1. Consider/evaluate the request according to civil rights laws.

            2. Acknowledge receipt of the request and explain your process within **2** business days.

            3. Establish a mechanism to provide the request.

        ii. If you are unable to fulfill an accessible format request, CMS may work with you in an effort to provide the accessible format. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

            1. The e-mail title shall read "Grantee (Organization) Alternate Format Document Request."

2. The body of the e-mail shall include:

    a. Requester's name, phone number, e-mail, and mailing address.

    b. The type of accessible format requested, e.g., audio recording on compact disc (CD), written document in Braille, written document in large print, document in a format that is read by qualified readers, etc.

    c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.

    d. The document that needs to be put into an accessible format shall be attached to the e-mail.

    e. CMS may respond to the request and provide the information directly to the requester.

iii. The Grantee shall maintain record of all alternate format requests received including the requestor's name, contact information, date of request, document requested, format requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

b. Services

i. When receiving request for an accessibility service (e.g., sign language interpreter) from a beneficiary or member of the public, you must:

    1. Consider/evaluate the request according to civil rights laws.

    2. Acknowledge receipt of the request and explain your process within **2** business days.

    3. Establish a mechanism to provide the request.

ii. If you are unable to fulfill an accessible service request, CMS may work with you in an effort to provide the accessible service. You shall refer the request to CMS within **3** business days if unable to provide

the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information) to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

1. The e-mail title shall read "Grantee (Organization) Accessible Service Request."

2. The body of the e-mail shall include:

    a. Requester's name, phone number, e-mail, and mailing address.

    b. The type of service requested (e.g., sign language interpreter and the type of sign language needed).

    c. The date, time, address and duration of the needed service.

    d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)

    e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.

    f. Any applicable documents shall be attached to the e-mail.

    g. CMS will respond to the request and respond directly to the requester.

iii. The Grantee shall maintain record of all accessible service requests received including the requestor's name, contact information, date of request, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

3. Processing Requests Made by Individuals with Limited English Proficiency (LEP):

    a. Documents:

        i. When receiving a request for information in a language other than English from a beneficiary or member of the public, you must:

1. Consider/evaluate the request according to civil rights laws.

2. Acknowledge receipt of the request and explain your process within **2** business days.

3. Establish a mechanism to provide the request as applicable.

ii. If you are unable to fulfill an alternate language format request, CMS may work with you in an effort to provide the alternate language format as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

1. The e-mail title shall read "Grantee (Organization) Alternate Language Document Request."

2. The body of the e–mail shall include:

a. Requester's name, phone number, e-mail, and mailing address.

b. The language requested.

c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.

d. The document that needs to be translated shall be attached to the e-mail.

e. CMS may respond to the request and provide the information directly to the requester.

iii. The Grantee shall maintain record of all alternate language requests received including the requestor's name, contact information, date of request, document requested, language requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

b. Services

i. When receiving request for an alternate language service (e.g., oral language interpreter) from a beneficiary or member of the public, you must:

   1. Consider/evaluate the request according to civil rights laws.

   2. Acknowledge receipt of the request and explain your process within **2** business days.

   3. Establish a mechanism to provide the request as applicable.

ii. If you are unable to fulfill an alternate language service request, CMS may work with you in an effort to provide the alternate language service as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

   1. The e-mail title shall read "Grantee (Organization) Accessible Service Request."

   2. The body of the e-mail shall include:

      a. Requester's name, phone number, e-mail, and mailing address.

      b. The language requested.

      c. The date, time, address and duration of the needed service.

      d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)

      e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.

      f. Any applicable documents shall be attached to the e-mail.

      g. CMS will respond to the request and respond directly to the requester.

iii. The Grantee shall maintain record of all alternate language service

requests received including the requestor's name, contact information, date of request, language requested, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

Please contact the CMS Office of Equal Opportunity and Civil Rights for more information about accessibility reporting obligations at AltFormatRequest@cms.hhs.gov.