










Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreements

Opportunity number: CMS-3Y3-25-001



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

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

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on March 7, 2025.



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



Step 1:

Review the Opportunity

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Basic information

Centers for Medicare & Medicaid Services

Center for Medicaid and CHIP Services

Reaching out to children and families to help them enroll or remain in Medicaid and CHIP so fewer children are uninsured.

Summary

The Centers for Medicare & Medicaid Services (CMS) is seeking applications for the Connecting Kids to Coverage (CKC) Outreach and Enrollment Cooperative Agreements program. You may use funds to:

- Target eligible, unenrolled children and help enroll them in Medicaid and the Children's Health Insurance Program (CHIP).
- Improve retention of eligible children who are already enrolled.

Funding details

Type: [Cooperative agreement](#), which means that both you and CMS will have roles in the project. Throughout the life of your project, we will be there to help and work with you.

Expected total funding for the program: \$66.3 million, subject to availability of funds

Expected total awards: 22, depending on requested and awarded amounts

Funding range per applicant for the period of performance: Up to \$3 million

For new recipients and existing recipients awarded under CMS-2Y2-22-001:

- We will provide funding in five budget periods of twelve months each over a five-year period of performance.
- The expected earliest start date for the award is July 1, 2025.

For existing recipients awarded under CMS-2D2-23-001:

- We will provide funding in one 15-month budget period and three 12-month budget periods over the five-year performance period.
- The expected earliest start date for the award is April 1, 2026.

All budget periods will end on June 30, 2030.



Have questions?
See [Contacts and Support](#).

Key facts

Opportunity name:
Connecting Kids to Coverage Outreach and Cooperative Agreements

Opportunity number:
CMS-3Y3-25-001

Announcement type:
New

Assistance listing:
93.767

Key dates

Application submission deadline: March 7, 2025

Informational webinar:
January 28, 2025, and
February 13, 2025

Expected award date:
July 1, 2025, and April 1, 2026

Expected earliest start date: July 1, 2025, and
April 1, 2026

See [other submissions](#) for other time frames that may apply to this NOFO.

Eligibility

Eligible applicants

Only these types of organizations may apply, per the statute, [42 USC 1397mm\(f\)\(1\)](#):

- Government organizations:
 - State governments.
 - County governments.
 - City or township governments.
 - Special district governments.
 - Native American tribal governments (federally recognized).
 - Native American tribal organizations (other than federally recognized tribal governments).
 - Indian tribes or tribal consortia, tribal organizations, urban Indian organizations receiving funds under [Title V of the Indian Health Care Improvement Act \(25 U.S.C. § 1651 et seq.\)](#), or Indian Health Service providers.
- Education organizations:
 - Independent school districts.
 - Public and state-controlled institutions of higher education.
 - Private institutions of higher education.
- Nonprofit organizations:
 - Nonprofits that have a 501(c)(3) status with the IRS, other than institutions of higher education.
 - Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education.
 - Community and consumer-focused nonprofit groups.
 - Other organizations.

Other eligibility requirements

If you have previously been awarded a CKC cooperative agreement funded under Section 2113 of the Social Security Act, you may apply for a new CKC cooperative agreement if your proposal meets one of the following criteria:

- Your proposal is new and distinct from those previously funded.

- You wish to continue activities you are conducting or previously conducted, if those activities were successful in enrolling and/or retaining eligible children in Medicaid and CHIP. You will need to submit data to demonstrate you were successful. We will not consider previous recipients who did not meet at least 40% of their combined new enrollment and renewal goals for children each budget year.

Completeness and responsiveness criteria

We will review your application to make sure it meets the requirements found in the [eligibility](#), [applications contents and format](#), and [application submission and deadlines](#) sections.

We won't consider an application that:

- Is from an organization that doesn't meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).
- Is not submitted through [Grants.gov](#).

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

Eligibility limitations

International organizations and for-profit entities are not eligible to apply.

Application limits

You may submit only one application under this NOFO.

Cost sharing

This program has no cost-sharing requirement. If you choose to include cost-sharing funds, we won't consider it during review. However, we will hold you accountable for any funds you add, including through reporting.

Program description

Statutory authority

[Section 2113 of the Social Security Act \(42 USC 1397mm\)](#).

Purpose

The purpose of this funding opportunity is to provide funding for eligible organizations to enroll and retain [eligible children](#) in Medicaid and CHIP, as authorized by the Social Security Act.

We use the following definitions in this NOFO:

- “Children” refer to individuals up to age 21 for Medicaid, or up to age 19 for CHIP.
- “Parents” refer to parents or guardians of CHIP-or Medicaid-eligible children.

Background

Section 2113 of the Social Security Act (42 USC 1397mm) established the Connecting Kids to Coverage (CKC) grants program. Since 2009, CMS has awarded \$270.9 million in CKC outreach and enrollment grants to 338 eligible entities, including community-based organizations, tribes, states, and local governments.

The services of CKC recipients are fundamental to enrolling and retaining eligible children in Medicaid and CHIP. They will continue to play a critical role in minimizing coverage gaps to support the goal of making health care accessible and affordable for children and families.

Program requirements and expectations

Project activities

You must use funds for activities that:

- Educate families about the availability of free or low-cost health coverage under Medicaid and CHIP.
- Identify children likely to be eligible for these programs.

- Help families, including parents and pregnant women, apply for and renew their coverage.

If you are funded, you will be required to participate in [CKC National Campaign](#) activities and strategies, including:

- Sponsoring training webinars and meetings.
- Developing articles on key topics for partners.
- Creating and updating print and digital campaigns in English, Spanish, and other languages.
- Distributing public service announcements.

Data and reporting requirements

If funded, you will be required to collect and report data to CMS about your progress toward your goals. You must follow a detailed data dictionary and upload the data to a web-based portal that we will provide. We will give you tools to submit all required data and reports.

We may require you to report additional data over the course of the project so we can fully assess your performance.

Timely and accurate data collection and reporting is foundational to the monitoring, oversight, and evaluation of the project.

Cooperative agreement terms

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

Your responsibilities if awarded funding

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

- Attend monthly calls with the CMS project officer or grants management specialist to discuss your project's progress and challenges. The meetings will include key personnel at your organization as well as the CMS project officer.
- Participate in CMS-sponsored onboarding, meetings, and technical assistance trainings.
- Participate in CKC National Campaign activities.

Our responsibilities

- Monitor the project's performance and progress.
- Collaborate with you and provide substantial input into planning and implementing the project.
- Provide substantial input into evaluation activities.
- Make recommendations for continuing the project.
- Review and approve website content before launch and updates.
- Review and approve all key personnel.
- Communicate with you at least monthly through conference calls, technical assistance, and consultation.
- Review and provide feedback on all required performance assessment reports.
- Review and approve all required submitted data.
- Provide a structured approach to sharing, integrating, and actively applying improvement concepts, tactics, and lessons learned.

Substantial involvement relates to programmatic involvement, not administrative oversight.

Funding policies and limitations

Limitations

We do not allow the following costs:

- Pre-award costs.
- Matching requirements for any other federal funds or local entities.
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law, such as vocational rehabilitation or education services.

- Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are required by law.
- Goods or services not allocable to the project.
- Supplanting existing state, local, tribal, or private funding for infrastructure or services, such as staff salaries.
- Construction.
- Capital expenditures for improvements to land, buildings, or equipment that materially increase their value or useful life as a direct cost, except with our prior written approval.
- Independent research and development, including their share of indirect costs. See [45 CFR 75.476](#).
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or executive orders.
- Certain telecommunications and video surveillance equipment. See [2 CFR 200.216](#).
- Meals, unless in limited circumstances such as:
 - For subjects and patients under study.
 - Where specifically approved as part of the project or program activity, such as in programs providing children's services.
 - As part of a per diem or subsistence allowance provided in conjunction with allowable travel.
- Other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government, funding awarded under this NOFO may not be used for:
 - Paying the salary or expenses of any grant recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or executive orders proposed or pending before Congress or any state government, state legislature, or local legislature or legislative body.
 - Lobbying. However, awardees can lobby at their own expense if they can keep federal funds separate from their other financial resources used for lobbying.
- To pay for direct services to beneficiaries.

- To pay for contracted evaluation services.
- Costs associated with enrolling individuals who are not eligible for federally funded Medicaid and/or CHIP.

For guidance on some types of costs that we restrict or do not allow, see 45 CFR part 75, [General Provisions for Selected Items of Cost](#).

General policies

- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting your project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we will consider:
 - Funding more applicants.
 - Extending the period of performance.
 - Awarding supplemental funding.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project.

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

Method 1 — Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency.

Method 2 — *De minimis* rate. Per [2 CFR 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you are awaiting approval of an indirect cost proposal, you may also use the *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

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

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2024, the salary rate limitation is \$221,900. We will update this limitation in future years.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [45 CFR 75.307](#).



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

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

To register, go to [SAM.gov Entity Registration](#) and select “Get Started.” From the same page, you can also select the “Entity Registration Checklist” for the information you will need to register.

When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations \[PDF\]](#). You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with [Grants.gov](#).

You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Need help? See [Contacts and Support](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number CMS-3Y3-25-001.

Join the webinar

We will host two webinars to provide details about the Connecting Kids to Coverage program and answer your questions about this funding opportunity.

The webinars will be held January 28 and February 13, 2025, from 1 to 2 p.m. ET.

You can [register for the webinar at CMS's Zoom site](#).



Step 3:

Prepare Your Application

In this step

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Application contents and format

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

See requirements for [other submissions](#).

Your organization's authorized organizational representative (AOR) must certify and submit your application. The AOR is the person who can make legally binding commitments for your organization.

We will provide instructions on document formats in the following sections. See [completeness and responsiveness criteria](#) to understand what may disqualify your application from consideration.

Project abstract

Limit to one page. May be single-spaced. Follow other [formatting requirements for the project narrative](#).

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

- The name of your organization.
- The names of any subrecipients or sub-awardee organizations, if applicable.
- Project goals.
- Total budget amount.
- A description of how you will use funds.
- If you are a current or previous CKC grantee, historical achievement on project enrollment and renewal goals.

Project narrative

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

See the [merit review criteria](#) to understand how reviewers will assess and score your project narrative.

Your project narrative should include:

- [Targeted populations](#): Who are you going to serve?
- [Proposed activities](#): What are you going to do?
- [Project goals](#): What do you expect to achieve?
- [Capabilities](#): Why are you qualified to serve the targeted populations?
- [Work plan and timeline](#): What is your action plan to meet the project goals and carry out the proposed activities?
- [Data collection plan](#): How will you collect data to demonstrate progress toward your project goals?

Targeted populations: Who are you going to serve?

- Describe the targeted populations, including geographic areas.
- **Tribal applicants only:** Clearly define the tribal populations for the project (federally recognized Indian tribes and geographic locations or counties).
- Provide data on the number or [rate of uninsured children](#) in the target population, as well as estimates of the number or percent of [children eligible for Medicaid or CHIP](#).
 - If such data does not exist, provide other demographic data that shows the target population's need for health coverage. This could include poverty data, school lunch participation data, or other data.
- Identify barriers to enrolling and retaining the targeted population.

Proposed activities: What are you going to do?

- Describe the year-round outreach, application, and enrollment strategies and messaging that you will use to conduct the required activities:
 - Identifying children likely to be eligible for these programs.

- Educating families about the availability of free or low-cost health coverage under Medicaid and CHIP.
 - Helping families, including parents and pregnant women, apply for and renew coverage.
- Describe how you will make the most of the following three important aspects of enrolling eligible children (and parents or pregnant women, if applicable) in Medicaid and CHIP:
 - Outreach and enrollment at back-to-school time.
 - Reminding families that they can enroll in Medicaid and CHIP year-round.
 - Keeping eligible people insured under Medicaid and CHIP.
- Discuss where you will conduct outreach and enrollment activities and explain why you chose those settings.
- Describe how you will help families apply for and renew their enrollment in a culturally and linguistically appropriate manner.
- Describe how you will track and report on the number of children, parents, and pregnant women the project assists and the outcome of those interactions.

We encourage you to consider any of the following outreach strategies:

- Involving schools and other programs serving young people in outreach, enrollment, and retention activities.
- Targeting subgroups of children with lower-than-average health coverage rates (such as adolescents, Latino/as, American Indians or Alaska Natives, or children in rural areas) to bridge racial and demographic health coverage disparities.
- Creating application assistance resources to provide high-quality, reliable Medicaid/CHIP enrollment and renewal services in local communities.
- Working with organizations that serve parents and children released from incarceration.
- Partnering with organizations that focus on children and families who are homeless or at risk of homelessness.
- Working with organizations that serve children with special health care needs, including mental health and behavioral health needs.
- Using social media to conduct virtual outreach.
- Recruiting and employing linguistically and culturally diverse staff from the local community.

- Partnering with other local and state health and human services programs and agencies to identify uninsured children and enroll them in coverage, such as:
 - The Supplemental Nutrition Assistance Program (SNAP).
 - Childcare agencies.
 - Child welfare agencies.
 - Head Start.
 - The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- Partnering with tribal programs that work with children and families.
- Using parent mentors and community health workers to help families enroll in Medicaid and CHIP, retain coverage, and find resources to address their health care needs.

Project goals: What do you expect to achieve?

Using the following table, develop project goals for all five budget years. The people you help must be eligible for federally funded Medicaid and/or CHIP.

You must consider the following in establishing your project goals:

- Size of the geographic areas where you will work.
- Size and health care needs of the populations you plan to serve.
- Amount of funding you are requesting for the budget periods and how you will use the funds to meet your goals.

Table: Project goals

As a direct result of CKC funding, number of:	Year 1	Year 2	Year 3	Year 4	Year 5
Children who will apply for health coverage.					
Children who will be newly enrolled in Medicaid or CHIP.					
Children whose enrollment in Medicaid or CHIP will be renewed.					
Parents who will apply for health coverage (if applicable).					
Parents who will be newly enrolled in Medicaid (if applicable).					
Parents who will renew their enrollment in Medicaid (if applicable).					
Pregnant women who will apply for health coverage (if applicable).					
Pregnant women who will be newly enrolled in Medicaid or CHIP (if applicable).					

- Describe why these goals are achievable for your organization and service delivery area. Proposed goals must be realistic and supported by quantitative and qualitative data on your target population, including:
 - Information on the number or percent of uninsured children, parents, and/or pregnant women in the community.
 - Your ability to reach this population.
- You should only report on applications, enrollments, and renewals that are directly attributed to CKC funding. If you receive funding from another federal source conducting similar work, do not report the results of that work here.

When deciding on your goals, please consider the following.

- The emphasis of the CKC program is enrolling eligible children in Medicaid and CHIP, but a large body of research finds that when eligible parents get enrolled in health insurance, their children are more likely to get enrolled and receive necessary preventive care.^[1]
 - This means that messaging and strategies that help enroll eligible parents can also lead to enrolling eligible children.

- Forty states and the District of Columbia have [expanded their Medicaid programs](#) to cover more low-income adults. This provides an important opportunity to take a two-generation approach, helping parents apply for coverage as a way to get more eligible children enrolled.
- We encourage applicants to include pregnant women as a target population. Infants born to pregnant women who are enrolled in Medicaid or CHIP are automatically eligible for Medicaid or CHIP, so enrolling pregnant women also helps enroll newborn children.

Capabilities: Why are you qualified to serve the targeted populations?

Capacity to implement

- Describe your capacity to implement the proposed project. Include information about your:
 - Level of knowledge about Medicaid and CHIP eligibility and enrollment procedures.
 - Previous experience conducting health coverage outreach and enrollment activities.
 - Capacity to reach target populations in your community.
- Include information about your experience conducting outreach and enrollment activities for other public benefit programs.
- Describe your readiness to implement the project, including how much time you will spend on start-up activities during the 90-day [planning period](#).

Community partnerships

- Describe the community partnerships you plan to use. If you plan to use partners for this project, these partnerships should already be established. For each partner, please describe:
 - Why you selected the partner.
 - How you will monitor the partner's activities.
 - The partner's compatibility with the goals of this program.
 - The partner's credibility.
 - The partner's former and current successes with outreach to the targeted populations.
 - The partner's readiness to implement the current project.

Special considerations for applicants that represent collaborative efforts, if applicable

If you represent a collaborative, you must identify all member organizations and their roles and responsibilities. Your proposal must designate a lead organization that will serve as the funding recipient. Proposals from collaboratives will be considered on their strengths and merits in the same way as proposals from individual entities.

Proposals must include documentation of the collective. If applicable, this documentation must provide information about past joint endeavors. You can include either:

- A [letter of commitment](#) from the director (or other responsible person) of each organization participating in the collaborative as a subrecipient. The letter must confirm the organization's participation in the collaborative and the role it will play.
- One [statement of collaborative effort](#) that lists each partner organization, the role it will play, and the signature of the director (or other responsible person).

Staffing plan

- Describe how you will staff the project, including the number of staff, their skills and credentials, how they will be recruited and retained, and their roles on the project.
- Include brief job descriptions and resumes for the project director and AOR, if available.
 - We require the project director to devote at least 25% of their time to this project. They will serve as the main point of contact and will be responsible for day-to-day project activities. They are expected to participate in key training activities we identify and fully cooperate and work collaboratively with us and all contractors associated with the cooperative agreement.
- Outline related work experience of the project director and other key personnel.
- State the percentage of time that each person will be working on this project and the percentage of time they will spend on duties outside this project.
- Describe how the project director will develop and provide on-the-job training and foster a team culture that promotes collegiality and collective achievement.

Planning period

- You will be given a 90-day planning period to ensure that needed project leadership has been hired, the participating employees are fully trained, and both leadership and employees are actively working on the project. You can use grant money to employ individuals and begin operations during this time.
- We may waive or reduce the 90-day planning period if your outreach and enrollment efforts are well established and if your project leadership, staff, and support are already in place.
- We expect that 50% of the staff paid under the cooperative agreement, including the project director, will be hired and trained by the end of the 90-day planning period.

Work plan and timeline: What is your action plan to meet the project goals and carry out the proposed activities?

Your work plan should address all components of your project plan in your [proposed activities section](#).

Your work plan should also align with your [project goals](#). The work plan and timeline should document activities, realistic and achievable milestones, and timeframes that will enable you to achieve your stated goals. You should also identify who will be responsible for each activity.

- As an attachment, provide a chart, table, or graph depicting a realistic timeline with goals and objectives that align with your proposed project narrative for the first budget period.
- See the [work plan attachment section](#) for more details about what to include.

Data collection plan: How will you collect data to demonstrate progress toward your project goals?

- Describe clearly how you will collect the required data and verify the number of new Medicaid and CHIP enrollments, renewals, and denials resulting from your CKC funding.
 - Describe whether you have used this collection and reporting plan before and how it has been successful.
 - If it is a new plan, describe why you chose this plan, what obstacles you may encounter, and how you will quickly address these obstacles.

- Also describe any nonrequired data or metrics the project will collect and report, why the data is useful, and how you will collect, report, and use it.
- Describe how you will ensure that you are only reporting data on applications, enrollments, renewals, and denials that arose from this cooperative agreement.
 - If your staff is partly funded by this cooperative agreement, describe how you will determine what percentage of their results can be attributed to this grant.
- Describe how you will ensure the accuracy of any data reported by subrecipients.
 - Describe how you will monitor subrecipients during the entire period of performance to ensure that they use the most effective strategies, and how you will resolve any obstacles that could prevent you from reaching your goals.
- Discuss what data you will use to determine whether you are meeting your goals and whether you need to make changes during the project to remain on course.
 - Discuss how you would make these changes.
 - Discuss how you will assess your progress and your subrecipients, recognize any obstacles, and implement course corrections in a timely fashion.
- Describe how you will verify your data submissions.
 - The best way to verify data is with the state or county Medicaid or CHIP agencies. This typically requires you to establish a detailed memorandum of understanding (MOU) or other data-sharing agreement with your state or county agency. This would allow you to submit detailed identifying information about the people you have assisted and receive verification of their enrollment status.
 - If you are not a state entity, you must describe your plan to secure an MOU or other data-sharing agreement with the state or county agencies within 120 days after you have been awarded the cooperative agreement.
 - We recognize that it may not always be possible to obtain data from state or county sources. Therefore, all nonstate applicants must also describe alternative methods for verifying new enrollments and renewals that do not depend on cooperation by state or county agencies and that you can implement with the requested funding.

- If you do not obtain an MOU or create and implement a well-designed and effective alternative data methodology within 120 days from the date of the award, we may terminate the award.

Required format for project narrative

Page limit: 40, excluding attachments

Endnotes are not included in the page limit.

File name: Project Narrative

File format: PDF

Font size: 12-point font

Font color: Black

Footnotes and text in graphics may be 10-point.

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

Spacing for main content: Double-spaced

Margins: 1-inch

Page size: 8.5 x 11

Include consecutive page numbers throughout.

Budget narrative

The budget narrative supports the information you provide in Standard Form 424-A. See [other required forms](#).

It includes added detail and justifies the costs you ask for. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

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

To create your budget narrative, see [detailed instructions and a template](#) on our website.

In your budget narrative, you will:

- Identify a [project director](#) who will dedicate sufficient time and effort to manage and provide oversight of the program.
- Include a yearly breakdown of costs for each line item in your SF-424A.
- Describe the proposed costs for each activity or cost within the line item.
- Define the proportion of the requested funding you will spend on each activity.
- Justify the costs and describe how you calculated them.
- Explain how you separate costs and funding administered directly by you, as the lead agency, from funding you subcontract to other partners.
- Be clear about how costs link to each activity and the goals of this program.
- Mention any outside funding that other entities will contribute.
- For states: Make sure the state funds you spend on outreach and enrollment activities during the period of performance are not less than the amount you spent in the federal fiscal year before the first fiscal year of the grant.
- Attest that you will not finance the same scope of work under more than one CKC award or other federal or nonfederal funding stream.

For the first- and third-year budget periods only: Submit budget estimates for one or two employees to attend a two-day in-person meeting in the Baltimore, Maryland, area.

Note that you will only be allowed to spend **\$6,000 per budget period** on promotional items and incentives, subject to prior approval by CMS. Promotional items and incentives must be consistent with grants guidance and regulations.

- **For existing AI/AN 2023 recipients only:** Provide a detailed budget that clearly supports the proposed activities for the first 15-month budget period and includes a high-level summary of budget costs for Years 3 through 5.

Required format for budget narrative

Page limit: 10

File name: Budget Narrative

File format: PDF

Font size: 12-point font

Font color: Black

Margins: 1-inch

Page Size: 8.5 x 11

Include consecutive page numbers throughout.

Attachments

You will upload attachments in Grants.gov using the Other Attachments form.

Work plan

Provide a chart, table, or graph depicting a realistic timeline with [goals and objectives](#) that are consistent with those outlined in your proposed project narrative.

Your [work plan](#) and timeline should cover the first budget period.

- For most applicants, this is a 12-month period from July 1, 2025, to June 30, 2026.
- If you are a CKC AI/AN 2023 grantee, your first budget period will be the 15-month period from April 1, 2026, to June 30, 2027.

The work plan should document key activities, associated timeframes, and responsible staff. It must align with your project plan and project goals.

The work plan should include:

- **Program goals:** Indicate the overall purpose of the project. This may include quantitative goals.
- **Targeted populations and proposed geographic service areas:** Indicate who you will serve and where you will provide services.
- **Objectives:** Define how you will achieve your program goals through the activities laid out in your project plan.
- **Activities:** Identify the tasks required to achieve your project goals.
- **Timeframes:** Indicate the duration of each activity.
- **Outcomes:** Identify how you will measure the success of your activities by the end of the budget period.
- **Target numbers:** Include your targets for each outcome.

Two sample work plan templates are provided here as guides. They show how you can outline program goals for your work plan in the first budget period.

Year 1 Work Plan: Sample 1

Program goal: To enroll/retain 9,817 children, 3,355 parents, and 2,082 pregnant women in the Medicaid/CHIP program.

Targeted populations and geographic service area: Children, parents, and pregnant women in Florida (statewide).

Objective: Enrollment/retention activities will be designed to support and encourage communities through a multipronged approach, maximizing strategies that have proven to be effective at the local level.

Timeframe: July 1, 2025, to June 30, 2026

Table: Work plan sample 1 activities, target numbers, and staff

Activities	Target numbers	Responsible staff
Provide direct assistance through referrals from community partners and in-reach activities to newly eligible families.	Year one: 1,930 children 623 parents 265 pregnant women	Project director and their staff, and five local subcontracted partners.
Identify and train, in-person and virtually, new application sites.	10 new sites	Project director and their staff.
Help families with application issues.	100% of families will be assisted by project staff on their post-application issues.	Project staff and five local subcontracted partners.

Outcomes:

- # of targeted populations enrolled.
- # of new sites identified.

Year 1 Work Plan: Sample 2

Program goal: Collaborate on enrollment efforts with Denali KidCare partners and staff, create partner workshops, and conduct community outreach strategies to increase awareness.

Targeted populations and geographic service area: Children, parents, and pregnant women in Alaska (statewide).

Objective: Increase awareness about Denali KidCare.

Timeframe: July 1, 2025, to June 30, 2026

Table: Work plan sample 2 activities, target numbers, and staff

Activities	Target number	Responsible staff
Formalize collaborative partnerships to maximize outreach and education.	62 partnerships	Project director and their staff, and five local subcontracted partners.
Conduct community partner workshops on using Denali KidCare knowledge and best practices for increasing enrollment and retention.	40 community partner workshops	Project staff.
Participate in school-, hospital-, and community-based events to promote Denali KidCare.	113 community events 6,250 individuals reached	Project staff and five local subcontracted partners.

Outcomes:

- # of community partner workshops.
- # of community events and individuals reached.

Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your [cognizant agency for indirect costs](#). If you use the *de minimis* rate, you do not need to submit this attachment.

Proof of nonprofit status

If your organization is a nonprofit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is a nonprofit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a nonprofit.
- Any of these documents for a parent organization. Also include a statement signed by an official of the parent group stating that your organization is a nonprofit affiliate.

Resumes and job descriptions

For key personnel, attach resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications.

Business assessment of applicant organization

Maximum 12 pages, single-spaced.

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

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

For us to complete your assessment, you must review, answer, and attach the business assessment questions found on our website at [Business Assessment of Applicant Organization \[PDF\]](#).

Letter of commitment or statement of collaborative effort (if applicable)

Provide one of the following:

- A letter of commitment from the director (or other responsible person) of each organization participating in the collaborative as a subrecipient. The letter must confirm the organization's participation in the collaborative and the role it will play.
- One statement of collaborative effort that lists each partner organization, the role it will play, and the signature of the director (or other responsible person).

Other required forms

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

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

Extra instructions for SF-424: Application for Federal Assistance

- To write your Descriptive Title of Applicant's Project in Item 15, see the [Descriptive Title of Applicant's Project instructions](#) on our website.
- Check "No" to item 19c. State that [review under Executive Order 12372](#) does not apply.
- Your [AOR](#) must electronically sign this form. When the AOR authorizes an application, they agree to assume all award obligations.

Pre-award requirements

None.



Step 4:

Learn About Review and Award

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Application review

Initial review

We review each application to make sure it meets basic requirements.

We will review your application to make sure that it meets both the [completeness criteria and the responsiveness criteria](#). If your application does not meet these criteria, we will not move it to the merit review phase.

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

Merit review

A merit review panel reviews all applications that pass the initial completeness and responsiveness review. The members use the following criteria. For more information, see [Merit Review and Selection Process](#) on our website.

Scoring criteria summary	Total available points: 150
1. Targeted populations: Who are you going to serve?	15 points
2. Proposed activities: What are you going to do?	35 points
3. Project goals: What do you expect to achieve?	10 points
4. Capabilities: Why are you qualified to serve the targeted populations?	20 points
5. Work plan and timeline: What is your action plan to meet the project goals and carry out the proposed activities?	35 points
6. Data collection plan: How will you collect the data to demonstrate progress toward your project goals?	20 points
Budget narrative	15 points

Criteria

The panel will review your application to assess how well you do the following.

Targeted populations: Who are you going to serve? (Maximum points: 15)

- Clearly define the targeted populations and the geographic areas for the project.
- Describe the number or percentage of uninsured children, and number or percentage of children not enrolled in Medicaid and CHIP.
- **Tribal applicants only:** Clearly define the tribal populations for the project (federally recognized Indian tribes and geographic locations or counties).
- Explain why you chose the target populations, including data to determine the needs of the targeted population and geographic areas.
- Identify barriers to enrolling and retaining the target population.

Proposed activities: What are you going to do? (Maximum points: 35)

Outreach and enrollment assistance

- Clearly explain your strategy to provide outreach and enrollment assistance to your chosen targeted populations within the proposed geographic area.
- Explain how you will prepare to assist people seeking help with Medicaid or CHIP coverage.
- Clearly describe outreach and enrollment activities to targeted populations for the three important aspects of the program:
 - Back-to-school.
 - Year-round enrollment.
 - Keeping targeted populations enrolled in Medicaid and CHIP.

Outreach and enrollment settings

- Clearly explain where and how often you will conduct outreach and enrollment.

Application and renewal assistance

- Clearly describe how you will help families apply and renew their enrollment in a culturally and linguistically appropriate manner and if applicable, in a manner that is accessible for individuals with disabilities.

Modification of strategies

- Explain how you will modify and refine outreach, enrollment, and renewal strategies as needed.

Project goals: What do you expect to achieve? (Maximum points: 10)

- Establish realistic and achievable project goals for the first budget period.
- Outline project goals in a table.
- Consider in your project goals:
 - The geographic areas you will serve.
 - The targeted populations you will serve.
 - The amount of funding you are requesting.

Based on previous experience with recipients setting overly ambitious goals, CMS will closely evaluate your proposed goals, and take these goals into consideration with proposed funding requests. Award proposal amounts should be realistic and commensurate with enrollment targets.

Capabilities: Why are you qualified to serve the targeted populations? (Maximum points: 20)

Capacity to implement

- Clearly describe your capabilities to carry out the proposed activities, reach your priority population, and achieve your project goals.
- Describe current or prior experience working with targeted populations.

Community partnerships

- Identify organizations you will partner with to carry out your project.
- Describe how your partnerships are appropriate for the targeted populations and geographic area and have relevant experience.
- Provide at least one example of how you have successfully included community partners or local organizations in a project.

Collaboratives (if applicable)

- Identify all member organizations and their roles and responsibilities.
- Designate a lead organization that will serve as the funding recipient.
- Provide a letter of commitment for each participating organization or one statement of collaborative effort.

Staffing plan

- Demonstrate the organizational and staffing capacity and qualifications needed to carry out the activities and achieve the project goals.
- Include a recruitment and hiring schedule, along with resumes and job descriptions for key personnel.
- Demonstrate how you will make sure all staff are trained on federally funded Medicaid and CHIP programs in their state.

Capabilities: Why are you qualified to serve the targeted populations? (Maximum points: 20)

- Clearly outline processes and tools the project director and AOR will use to oversee and monitor the activities and completion of project goals.

Work plan and timeline: What is your action plan to meet the project goals and carry out the proposed activities? (Maximum points: 35)

- Clearly outline how you will carry out all components of your project and achieve your goals.
- Document key activities, associated timeframes, and responsible staff.
- Use a chart, table, or graph to provide a timeline with goals and objectives that are consistent with your project plan for the first budget period.
- Present feasible outcomes that will provide actionable information to demonstrate success.

Data collection plan: How will you collect data to demonstrate progress toward your project goals? (Maximum points: 20)

- Clearly describe how you will collect the required data and verify enrollments, renewals, and denials.
- Describe the timeframes for data reporting.
- If you are planning to use a data collection plan you have used before, describe whether and how it was successful. For a new plan, describe why you chose it.
- Describe how you will ensure that all data reported reflects work completed by grant-funded staff.
- If relevant, describe how you will ensure that subrecipient data is accurate.
- Describe how you will verify data submissions.

Budget narrative (Maximum points: 15)

- Provide a detailed budget that follows the instructions in the budget narrative section.
- Separate out funding that is administered directly by the lead agency from funding that will be subawarded to other partners.
- For state applicants or collaboratives with state agency membership: Provide assurance that the state share of funds expended will not be less than the state share of such funds spent in the prior fiscal year.
- Request funds that are reasonable based on the total available funding and that link each activity to the goals of this program.
- Explain how you calculated costs and justify the items in each budget category.
- **For existing AI/AN 2023 recipients only:** Provide a detailed budget that clearly supports the proposed activities for the first 15-month budget period and includes a high-level summary of budget costs for Years 3 through 5.

We do not consider voluntary cost sharing during merit review.

Risk review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We use SAM.gov [Responsibility/Qualification](#) to check this history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

CMS selects recipients at our sole discretion unless the authorizing statute says otherwise.

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.
- The past performance of the applicant. We may choose not to fund applicants with management or financial problems.

We may:

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

Award notices

If you are successful, your AOR will receive an email notification from GrantSolutions. You can then retrieve your Notice of Award (NoA). We will email you if your application is incomplete or unresponsive.

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

By drawing down funds, you accept the terms and conditions of the award. The NoA incorporates the requirements of the program and funding authorities, the grant regulations, the [HHS Grants Policy Statement \[PDF\]](#), and the NOFO.

If you want to know more about NoA contents, go to [Notice of Award](#) on our website.



Step 5:

Submit Your Application

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Application submission and deadlines

See [Find the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. See the section on [getting registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

Optional letter of intent

Due by February 7, 2025.

Application

Due by March 7, 2025, no later than 11:59 pm ET.

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

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

Submission methods

Grants.gov

You must submit your application through Grants.gov unless we give you an exemption for a paper submission. See information on [getting registered](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure your application passes the Grants.gov validation checks. Do not encrypt, zip, or password protect any files.

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed other than checking “No” on the [SF-424 box 19c](#).

Optional letter of intent

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

Please email the letter to HealthyKids@cms.hhs.gov.

In your email, include:

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

See the [deadline for letters of intent](#).

Assurance of compliance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov.

You and all subrecipients, including contractors, must also submit an [Assurance of Compliance, HHS-690 \[PDF\]](#). You will find instructions on how to submit it at the bottom of the form.

To learn more, see the [HHS Office for Civil Rights](#) website.

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Page limit
<input type="checkbox"/> Project abstract	Use the Project Abstract Summary form.	1 page
<input type="checkbox"/> Project narrative	Use the Project Narrative Attachment form.	40 pages
<input type="checkbox"/> Budget narrative	Use the Budget Narrative Attachment form.	10 pages
Attachments (7 total) <ul style="list-style-type: none"> <input type="checkbox"/> Work plan <input type="checkbox"/> Organizational chart <input type="checkbox"/> Indirect cost agreement <input type="checkbox"/> Proof of nonprofit status <input type="checkbox"/> Resumes and job descriptions <input type="checkbox"/> Business assessment of applicant organization <input type="checkbox"/> Letter of commitment or statement of collaborative effort 	Insert each in a single Attachments form.	None None None None 12 pages None
Other required forms (4 total) <ul style="list-style-type: none"> <input type="checkbox"/> SF-424: Application for Federal Assistance <input type="checkbox"/> SF-424A: Budget Information for Non-Construction Programs <input type="checkbox"/> Project/Performance Site Location <input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL) 	Upload using each required form.	None None None None



Step 6:

Learn What Happens After Award

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Post-award requirements and administration

Administrative and national policy requirements

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

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

Reporting

If you are successful, you will have to submit financial and performance reports. Reporting requirements include:

- Progress reports.
- Federal Financial Report.
- Federal Funding Accountability and Transparency Act.
- SAM.gov Integrity and Performance Reporting (Responsibilities and Qualifications).
- Payment Management System.
- Audit reporting (Federal Audit Clearinghouse).
- Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification.

For more information on reporting, see [Post-Award Reporting Requirements](#) on our website.

Continued eligibility

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

For us to issue you continued funding, you must demonstrate satisfactory progress. If we issue all the funding in the first year, then you must continue to show satisfactory progress to maintain access to your funds.

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

Satisfactory progress for award recipients includes:

- Demonstrating progress toward the child, parent (if applicable), and pregnant women (if applicable) enrollment goals, outcomes, or performance, as outlined in your awarded application.
- Meeting a certain percentage of your combined new child enrollment and child renewal goal each grant period. If you fail to meet this threshold, we may issue a Program Assistance Letter (PAL) and/or a Non-Compliance Plan.

Non-competing continuation application (NCC)

If you receive funding, you will be required to submit NCCs annually for the five-year period of performance. We will provide instructions in the NoA.

You may use the NCC to adjust your budget or make other administrative changes. You may revise your [project goals](#) based on any reductions in funding.

Health information technology interoperability

If you receive an award, you must agree to the following conditions when implementing, acquiring, or upgrading health IT. These conditions also apply to all subrecipients.

- Compliance with [45 CFR part 170, subpart B](#). Make sure your activities meet these standards if they support the activity.
- Certified Health IT for Eligible Clinicians and Hospitals. Use only health IT certified by the [ONC Health IT Certification Program](#) for activities related to Sections 4101, 4102, and 4201 of the HITECH Act.

If 45 CFR part 170, subpart B standards do not support the activity, we encourage you to:

- Use health IT that meets non-proprietary standards.
- Follow specifications from consensus-based standards development organizations.
- Consider standards identified in the [ONC Interoperability Standards Advisory](#).

Cybersecurity requirements

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

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

You must base the plan on the [NIST Cybersecurity Framework](#). Your plan should include the following steps:

Identify:

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

Protect:

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

Detect:

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

Respond:

- Create an incident response plan. See [CISA's Incident Response Plan Basics \[PDF\]](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
 - Any unplanned interruption or reduction of quality, or
 - An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Nondiscrimination and assurance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an [Assurance of Compliance \(HHS-690\) \[PDF\]](#). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).



Contacts and Support

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Agency contacts

Program and eligibility

HealthyKids@cms.hhs.gov

Financial and budget

HealthyKids@cms.hhs.gov

Review process and application status

HealthyKids@cms.hhs.gov

Grants.gov

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

SAM.gov

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

Reference websites

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [CMS Grants and Cooperative Agreements](#)
- [Grants.gov Accessibility Information](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)

Appendix A: CKC National Campaign

The [CKC National Campaign](#) focuses on informing families that their eligible children can enroll in Medicaid and CHIP any time of the year. It also provides information on topics such as mental health, vaccinations, vision, and oral health. The CKC National Campaign:

- Sponsors activities such as training webinars and meetings.
- Develops articles on key topics for partners.
- Creates and updates print and digital materials in English, Spanish, and other languages.
- Distributes public service announcements.

You are expected to work with the CKC National Campaign on at least the [Back-to-School Initiative](#), the [Year-Round Enrollment Initiative](#), and any new initiatives focused on keeping eligible people insured with Medicaid and CHIP. These initiatives take advantage of key opportunities for outreach that are expected to be particularly productive in enrolling and retaining children in Medicaid and CHIP.

Health coverage is top of mind for families at the start of the school year, as students are typically required to have check-ups and immunizations to enroll, go back to school, and participate in after-school activities and sports. As a result, this is an ideal time to promote enrollment and retention in Medicaid and CHIP.

The Year-Round Initiative takes place after the annual Marketplace open enrollment period ends and features the Medicaid and CHIP year-round application and enrollment messaging. It is critical for people to know that they can enroll in Medicaid and CHIP at any time of year and are not limited to an open enrollment period. Your project must include messaging to remind families that they can apply for Medicaid and CHIP year-round.

You are also required to participate in National Campaign activities related to retaining eligible individuals in Medicaid and CHIP. Consumers need to play a part in ensuring that they remain covered and aren't terminated from coverage without cause. There continues to be a need for greater consumer assistance to help ensure continuity of coverage and prevent inappropriate terminations of coverage. You will play a vital role in:

- Communicating with beneficiaries.
- Encouraging them to update their contact information with the state to make sure they receive renewal notices.
- Providing help with renewal.

The CKC National Campaign will make outreach materials available to you that you can customize for local use. It will also host training webinars to help guide you and other stakeholders who will be conducting activities locally. You can tailor activities to the needs of your communities and build on what you have been doing throughout your project. The goal is to coordinate an intensive set of activities and a cohesive National Campaign.

Appendix B: Definition of Frequently Used Terms

Children's Health Insurance Program (CHIP): A program established and administered by a state, jointly funded with the federal government, to provide child health assistance to uninsured, low-income children through a separate child health program, a Medicaid expansion program, or a combination program as authorized under Title XXI of the Social Security Act.

Community health worker: An individual who promotes health or nutrition within a community by:

- Liaising between communities and health care agencies.
- Providing guidance and social assistance to community residents.
- Enhancing community residents' ability to effectively communicate with health care providers.
- Providing culturally and linguistically appropriate health or nutrition education.
- Advocating for individual and community health or nutrition needs.
- Providing referral and follow-up services.

Community partner: An individual, group, organization, or business that forms a strategic alliance with others to achieve a common goal that benefits the community. These partnerships can be formal or informal, and they can be mutually beneficial.

Cooperative agreement: A financial assistance support mechanism used when there will be substantial federal programmatic involvement. Substantial involvement means that the awarding agency's program staff will collaborate or participate in project or program activities as specified in the NoA. See [45 CFR § 75.2, Cooperative agreement](#).

Medicaid program: A program established under Title XIX of the Social Security Act (42 U.S.C. 139aa et seq.) that provides health coverage to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal

requirements. The program is jointly funded by states and the federal government.

Memorandum of Understanding (MOU): An instrument used when organizations or agencies enter into a joint project in which they each contribute their own resources; in which the scope of work is very broad and not specific to any one project; or in which there is no exchange of goods or services between the participating agencies.

Parent: An individual who is the parent or guardian of a CHIP or Medicaid-eligible child.

Parent mentor: An individual who is the parent or guardian of a CHIP or Medicaid-eligible child and is trained to help families with children who have no health insurance coverage to improve the social determinants of health of these children, including by providing:

- Education about health insurance coverage, including eligibility criteria and application and renewal processes.
- Help completing and submitting applications for health insurance coverage.
- A liaison between families and representatives of state plans under Title XIX or state child health plans under Title XXI.
- Guidance on identifying medical and dental homes and community pharmacies for children.
- Assistance and referrals to address social determinants of children's health, including poverty, food insufficiency, and housing.

State: All states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

Subaward: An award provided by a pass-through entity to a subrecipient so the subrecipient can carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or individual who is a beneficiary of a federal program. A subaward may be provided through any form of legal agreement, including a contract.

Subrecipient: A nonfederal entity that receives a subaward from a pass-through entity to carry out part of a federal program. This does not include an individual who is a beneficiary of the program. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.

Endnotes

1. Hudson, J., and Moriya, A. (2017). Medicaid expansion for adults had measurable “welcome mat” effects on their children. *Health Affairs* , 36(9). <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0347> ↑