

**Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services**

**MEDICAID PROGRAM AND CHILDREN'S HEALTH INSURANCE  
PROGRAM GRANTS**

**Initial Announcement**

Invitation to Apply for 2013:

**Connecting Kids to Coverage  
OUTREACH AND ENROLLMENT GRANTS  
CFDA 93.767**

DATE: January 7, 2013

**Agency Funding Opportunity Number:**

CMS-1Z0-13-002

**Competition ID Number:**

CMS-1Z0-13-002-016205

Applicable Dates:

Voluntary Notice of Intent to Apply: January 29, 2013

Electronic Grant Application Due Date: February 21, 2013

Anticipated Issuance of Notice of Awards: June 1, 2013

Grant Period of Performance/Budget Period: June 1, 2013– May 31, 2015

**Teleconferences for Applicants:**

The Centers for Medicare & Medicaid Services (CMS) will hold at least two applicant teleconferences to provide an opportunity to ask questions about this solicitation. The first teleconference will take place on January 16, 2013, from 2 p.m. to 3 pm eastern time. The dates, times, and call information for this and future teleconferences will be posted on the Insure Kids Now website at

[www.insurekidsnow.gov/professionals/outreach/grantees](http://www.insurekidsnow.gov/professionals/outreach/grantees).

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **1. Purpose**

This solicitation seeks applications for **Connecting Kids to Coverage Outreach and Enrollment (Cycle III)** grant funding, provided under the Section 2113 of the Social Security Act, as amended by section 10203(d)(2)(E)(i) of the Patient Protection and Affordable Care Act (ACA) (Pub. L. 111-148). A total of \$32 million is available for grants to states, local governments, community-based and non-profit organizations. Indian health care providers and tribal entities also are eligible to apply for grants under this FOA. In addition, the Center for Medicare & Medicaid Services (CMS) will be announcing a separate FOA exclusively for Indian health care providers and tribal entities, under which \$4 million will be made available for outreach and enrollment grants. Cycle III grants will support outreach strategies similar to those conducted in previous grant cycles, and also will fund activities designed to help families understand new application procedures and health coverage opportunities, including Medicaid, CHIP and insurance affordability programs under the ACA.

### **2. Authority**

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub. L. 111-3), signed into law by President Obama on February 4, 2009, reauthorized the Children's Health Insurance Program (CHIP) through federal fiscal year (FFY) 2013. (The ACA extended CHIP funding through 2015.) In addition to financing health coverage for low-income children, the law contained provisions aimed at reducing the number of children who were eligible for Medicaid or CHIP but are not enrolled and improving retention so that eligible children stay covered for as long as they qualified. To support such efforts, CHIPRA provided a total of \$100 million for outreach and enrollment activities, including \$80 million for grants to states, local governments, community-based and non-profit organizations and others; \$10 million in grant funds exclusively for Indian health care providers and tribal entities; and \$10 million devoted to a national outreach and enrollment campaign.

To continue this work, section 10203(d)(2)(E) of the Patient Protection and ACA, enacted on March 23, 2010, provided an additional \$40 million in funding for outreach and enrollment activities, available through FFY 2015. These funds are allocated in the same proportion as the funding available through CHIPRA, with \$32 million for grants to states, local governments, community-based and non-profit organizations; \$4 million for Indian health care providers and tribal entities (as noted above, these funds will be made available in a separate FOA); and, \$4 million for a national outreach and enrollment campaign.

To date, a total of \$90 million in grant funding has been awarded. The first \$40 million, released in Cycle I, was awarded to 68 grantees in 42 states in September 2009. This was followed in April 2010 with awards amounting to \$10 million in grants to 41 American Indian/Alaska Native (AI/AN) grantees in 19 states. Cycle II grants were awarded in August 2011 with another \$40 million going to 39 grantees in 23 states. All grants support projects aimed at raising awareness about the availability of health insurance for eligible children under Medicaid and CHIP and facilitating their enrollment. The Cycle II grants were geared specifically to outreach efforts in five focus areas: (1) using technology to facilitate enrollment and renewal; (2) focusing on retention of coverage for eligible children; (3) engaging schools in outreach, enrollment and renewal strategies; (4) reaching out to populations likely to experience gaps in coverage; and (5) ensuring that eligible teens are enrolled and stay covered.

### **3. Background**

Since 2009, the nation has made substantial progress toward reducing the number of children who remain uninsured, and toward providing health coverage to all children who are eligible for Medicaid and CHIP but are not enrolled. An analysis of the most recent Census data by Georgetown University's Center for Children and Families found that the number of uninsured children fell from 6.4 million in 2009 to 5.5 million in 2011, and children's coverage rates rose to 92.5 percent.<sup>1</sup> During this period, the number of children enrolled in Medicaid and CHIP increased.

In addition to the increase in enrollment, Medicaid and CHIP participation rates also increased, indicating that a greater proportion of eligible children were enrolling in coverage and gaining access to the health benefits that Medicaid and CHIP provide. A recent study by the Urban Institute, which has been tracking Medicaid and CHIP participation rates, found that nationally such rates have increased steadily from 81.7 percent in 2008 to 84.3 percent in 2009 to 85.8 percent in 2010.<sup>2</sup> Similarly, participation rates have increased over time in every state, and a growing number of states in every region of the country have attained participation rates of 90 percent or higher. The researchers attribute these achievements, to a great extent, to the efforts states have made to simplify eligibility rules and streamline enrollment and renewal procedures, and also to state and community-based outreach efforts that have helped families get their eligible children signed up for Medicaid and CHIP.

While this progress is significant, the Urban Institute analysis shows that approximately 4.4 million children remain eligible for Medicaid and CHIP but are not enrolled.<sup>3</sup> Recent improvements have narrowed gaps in coverage – in some cases, substantially – among subgroups

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<sup>1</sup> Joan Alker, et. al. "Uninsured Children: 2009-2011: Charting the Nation's Progress," Center for Children and Families, Georgetown University Health Policy Institute, October 23, 2012.

<sup>2</sup> Genevieve M. Kenney, et. al. "Medicaid and CHIP Participation Among Children and Parents," Urban Institute, October 2012.

of children, such as adolescents, Hispanic and American Indian/Alaska Native children, yet coverage disparities persist. In short, the nation is moving forward to ensure that children have the health coverage they need, but there is more work to be done.

There also are new challenges to be addressed. While the effort to find and enroll eligible children in Medicaid and CHIP remains among the Department of Health and Human Services' highest priorities, the system through which children and families obtain coverage under Medicaid and CHIP is on the verge of a simplifying transformation for 2014 with the introduction of a single, streamlined application which will be accessible to consumers in both electronic and paper formats and can be submitted online, by phone, by mail and in person. Outreach efforts will be needed to ensure that families and communities understand these new developments and to provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible during the transition and beyond. This funding opportunity – the Connecting Kids to Coverage Outreach and Enrollment Grants (Cycle III) – is designed to support projects that focus on both our longstanding goals for increasing children's participation in Medicaid and CHIP and on helping consumers navigate new changes in the application and renewal process for children and families in 2014.

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

The Cycle III grants will be awarded in accordance with the statute with respect to the types of entities eligible to receive funding and for activities related to boosting enrollment and retention of eligible children in Medicaid and CHIP. Successful proposals will be based on approaches to increasing participation rates and educating consumers that have been shown to be effective based on research and experience.

Applicants should take the following factors into consideration as they prepare their proposals:

- To be most effective, outreach efforts should link families with eligible children to direct enrollment and renewal assistance. Incorporating technology into outreach and enrollment activities can make the application and renewal process more efficient and consumer-friendly, helping families to successfully get coverage for their children.
- While the emphasis of the Connecting Kids to Coverage Outreach and Enrollment (Cycle III) grants program remains focused on enrolling eligible children in Medicaid and CHIP, 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 and other health services.<sup>4</sup> Appropriate messaging and strategies that help enroll eligible

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<sup>3</sup> *ibid*

<sup>4</sup> Sara Rosenbaum, et al., "Parental Health Coverage as Child Health Policy: Evidence from the Literature," Department of Health Policy, George Washington University, June 2007; Karyn Schwartz, "Spotlight on Uninsured Parents: How a Lack of Coverage Affects Parents and their Families," Kaiser Commission on Medicaid and the

parents can also facilitate the enrollment of eligible children.

Activities funded under Cycle III grants may emphasize increasing enrollment among particular groups of children or conducting outreach in settings where large numbers of eligible children may be easily identified and enrolled. Cycle III grants may also be used to build and enhance community-based resources for assisting families with the application process. Applicants should select one of the following five Areas of Focus on which to base their proposals:

1. Engaging **schools** in outreach, enrollment and retention activities;
2. **Bridging health coverage disparities** by reaching out to subgroups of children that exhibit lower than average health coverage rates;
3. Designing and executing **targeted enrollment strategies** to streamline health coverage enrollment for individuals participating in other public benefit programs, such as SNAP, WIC or other programs;
4. Establishing and developing **application assistance** resources to provide high quality, reliable Medicaid/CHIP enrollment and renewal services in local communities; and,
5. Conducting **training programs** to equip communities to help families understand the new application and enrollment system and to deliver effective assistance to families with children eligible for Medicaid and CHIP.

## II. AWARD INFORMATION

### 1. Total Funding

A total of \$32 million in federal funding will be available for grants for activities to increase enrollment and retention of eligible children in Medicaid and CHIP over a 24-month period.

### 2. Award Amount

Grants will range in size from \$250,000 to \$1 million.

### 3. Number of Awards

We anticipate awarding approximately 40 grants.

### 4. Type of Awards

These awards are discretionary grants.

### 5. Anticipated Award Date

We anticipate that awards for the Cycle III grants will be announced on June 1, 2013.

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Uninsured, June 2007; and Leighton Ku and Matthew Broaddus, "Coverage of Parents Helps Children Too," Center on budget and Policy Priorities, October 2006.

**6. Anticipated Period of Performance**

The anticipated period of performance for the Cycle III grants will be June 1, 2013, to May 31, 2015.

### **III. ELIGIBILITY INFORMATION**

#### **1. Eligible Applicants**

This grant opportunity is open to the following individual eligible entities, coalitions or collaboratives of eligible entities.

Eligible entity means any of the following (see Attachment 3, page 34 for definitions), and includes a coalition made up of such entities or a collaborative among such entities:

- 1) A State with an approved child health plan under this title [42 U.S.C. section 1397aa et seq.];
- 2) A local government;
- 3) An Indian tribe or tribal consortium, a tribal organization, an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.), or an Indian Health Service provider;
- 4) A Federal health safety net organization;
- 5) A national, state, local, or community-based public or nonprofit private organization, including organizations that use community health workers or community-based doula programs;
- 6) A faith-based organization or consortia, to the extent that a grant awarded to such an entity is consistent with the requirements of section 1955 of the Public Health Service Act (42 U.S.C. 300x-65) relating to a grant award to nongovernmental entities;
- 7) An elementary or secondary school

#### **2. Former and Current Grantees (Cycle I, Cycle II and AI/AN Grantees)**

Current grantees (Cycle II) submitting new proposals must be grantees in good standing, meaning they must have met all reporting requirements and other contractual obligations under their current grant.

Applicants awarded Cycle I, Cycle II or AI/AN grants may apply for a Cycle III grant only if their proposals meet one of the following criteria:

- **New and distinct activities:** A Cycle I, Cycle II or AI/AN grantee may submit a proposal for activities that are new and distinct from those previously funded under a Cycle I, Cycle II or AI/AN grant, provided the work described in the new proposal falls under one of the Areas of Focus described in this solicitation, OR

- **Continuation of successful activities:** A Cycle I, Cycle II or AI/AN grantee that wishes to continue activities it is currently conducting, or conducted during Cycle I, may submit a proposal for a Cycle III grant, but must present data demonstrating that the activities it wishes to continue have proved successful in enrolling and/or retaining eligible children in Medicaid and CHIP and warrants further funding. The continuing activities must also fall under one of the Areas of Focus described in this solicitation.

### **3. Non-State Applicants**

These grant funds are intended to be widely distributed across a range of governmental and non-governmental organizations that have the ability to promote enrollment in children's health coverage. While not all state Medicaid and CHIP agencies will be interested in participating directly in this initiative due to state budget or other issues, state support helps ensure success and, at a minimum, is important with respect to making data available to document progress and identify areas for improvement.

Non-state applicants awarded grants under Areas of Focus 1-4 will be required to enter into a Memorandum of Understanding (MOU) with their respective state, or secure some other appropriate formal statement of commitment, in order to ensure that they will be able to meet the data and reporting requirements for this grant project, including semi-annual enrollment and retention numbers, as appropriate. If the applicant cannot secure a MOU from the state, it must show that an attempt was made to obtain an MOU, but was unsuccessful. The applicant must provide a statement detailing how it will document the number of eligible children enrolled or retained in Medicaid and CHIP as a result of the project.

Non-state applicants awarded grants under Area of Focus 5 will not need a MOU; however, evidence that the state supports the applicant's training efforts will be preferred. CMS will work with grantees and states to help them understand the reporting requirements and will provide guidance on producing the required data. For more information see sections IV and VI.

### **4. Multiple State Applicants**

In states where both the state agency and a non-state entity receive grants through separate applications, or where two non-state entities receive a grant, grantees must work together to ensure their efforts are complementary and coordinated.

### **5. Coalitions or Collaboratives**

Coalitions and collaborations may represent broad-based community partnerships or more narrowly-based partnerships that utilize the strengths of each group that is involved. Proposals from coalitions or collaboratives should identify all member organizations and the roles and responsibilities of each. Proposals must designate a lead agency/organization. Proposals from coalitions will be considered on their strengths and merits in the same manner as individual states or other entities. Proposals should include a written Letter of Commitment from the director (or other responsible person) of each organization participating in the coalition or collaborative. The letter should confirm the organization's participation in the coalition or

collaborative and the role it will play. Alternatively, applicants may include one Statement of Collaborative Effort (SCE) which lists each partner organization, the role each will play and the signature of the director of each organization (or other responsible person). Where applicable, Letters of Commitment or the SCE should provide information about past joint endeavors.

## **6. Non-Eligible Entities**

Foreign and International Organizations are not eligible to apply. Applicants must be public and/or not-for-profit entities. For-profit entities are not eligible to apply.

## **7. Other Eligibility Information**

### **Cost Sharing/Matching and Maintenance of Outreach Funding**

Awardees, including states, are not required to provide a matching contribution. However, any outside funding that will be contributed to this effort by other entities should be mentioned in the Budget Narrative. In the case of a state that is awarded a grant, the state funds expended for outreach and enrollment activities during the grant project period shall not be less than the level of such funds expended in the federal fiscal year proceeding the first fiscal year for which the grant is awarded.

### **Single Application Requirement**

Only one application may be submitted by any given lead eligible entity for funding for a Cycle III grant; however, an eligible entity may be a member of multiple applicant coalitions. Entities working together as a coalition shall submit one application. Only one Cycle III grant will be awarded to a single eligible entity or to the lead agency of a coalition. If an eligible entity submits more than one application, only the latest eligible application submitted will be accepted for review. No others will be accepted. All awardees must attest that they will not finance the same scope of work under more than one Cycle III grant award or other federal funding stream.

### **CMS/Grantee Collaboration**

The applicant must include a statement of commitment to fulfill all grant reporting requirements, participate in key grantee activities as identified by CMS and to support national outreach campaign activities, including:

- Submit, in a timely manner, semi-annual and annual required data elements utilizing the web-based tool provided by CMS (see section VI for a description of the required data reporting process).
- Submit timely, accurate Financial Status Reports (SF425), as required.
- Participate on conference calls, Web conferences, regional meetings and other forums as requested by CMS.
- Work with CMS to identify successful strategies and share information about grant activities.
- Share best practices and lessons learned with other grantees via peer-to-peer learning opportunities provided by CMS.

- Attend National Connecting Kids to Coverage Outreach and Enrollment Conference, if one is sponsored by CMS. (Project budgets should include funding for two staff to attend a conference in a major city in the continental U.S. during the first year of the grant.)
- Coordinate messages and strategies with the national Connecting Kids to Coverage Outreach and Enrollment Campaign.
- Cooperate fully with the independent evaluation of the grant program conducted by the CMS evaluator.

### **Legal Status**

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

## **IV. APPLICATION AND SUBMISSION INFORMATION**

### **1. Submitting the Electronic Application Package**

This solicitation serves as the application package for this grant and contains all the instructions that a potential applicant requires to apply for grant funding. The application should be written primarily as a narrative with the addition of standard forms required by the federal government for all grants. Applicants are required by HHS to submit their applications in the form of a complete electronic application package, including all required forms, to <http://www.grants.gov>. For assistance with Grants.gov, contact [support@grants.gov](mailto:support@grants.gov) or call 1-800-518-4726. The solicitation can also be viewed on the CMS website at [www.insurekidsnow.gov/professionals/outreach/grantees](http://www.insurekidsnow.gov/professionals/outreach/grantees).

Standard application forms and related instructions may also be requested from <http://www.grants.gov> OR by email from Paul Schimmel, at [OAGMGrantsBaltimore@cms.hhs.gov](mailto:OAGMGrantsBaltimore@cms.hhs.gov).

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

- You can access the electronic application for this project at <http://www.grants.gov>. You must search the downloadable application page by the CFDA number shown on the cover page of this announcement.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. HHS strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time needed to complete the required registration steps. All applicants under this announcement must have an Employer Identification Number (EIN) to apply. **Please note, the time needed to complete the EIN registration process can be substantial, and applicants should therefore begin the process of obtaining an EIN immediately upon posting of this FOA to ensure the EIN is received in advance of application deadlines.**

- All applicants, as well as sub-recipients, must have a Dun and Bradstreet Data Universal Numbering System (DUNS) number at the time of application in order to be considered for a grant or cooperative agreement. A DUNS number is required whether an applicant is submitting a paper application (only applicable if a waiver is granted) or using the Government-wide electronic portal, [www.grants.gov](http://www.grants.gov). The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following website: [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF 424, Application for Federal Assistance). The name and address in the application should be exactly as given for the DUNS number. **Applicants should obtain this DUNS number as soon as possible after the announcement is posted to ensure all registration steps are completed in time.**
  
- **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 ([www.sam.gov](http://www.sam.gov)) Information about SAM is available at <https://www.sam.gov/portal/public/SAM/>. Registering an account with SAM is a separate process from submitting an application. Applicants are encouraged to register early. Therefore, registration should be completed in sufficient time to ensure that it does not impair your ability to meet required submission deadlines.
 

\*Applicants were previously required to register with the Central Contractor Registration (CCR.) However, SAM has integrated the CCR and 7 other federal procurement systems into a new, streamlined system. If an applicant has an active record in CCR, there will be an active record in SAM. Nothing more is needed unless a change in the business circumstances requires updates to the Entity record(s) in order for the applicant to be paid, receive an award, or to renew the Entity prior to expiration. Please consult the SAM website listed above for additional information.
  
- **Authorized Organizational Representative:** The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with [www.grants.gov](http://www.grants.gov) for a username and password. AORs must complete a profile with [www.grants.gov](http://www.grants.gov) using their organization's DUNS Number to obtain their username and password, at [http://grants.gov/applicants/get\\_registered.jsp](http://grants.gov/applicants/get_registered.jsp). AORs must wait at least one business day after registration in before entering their profiles in [www.grants.gov](http://www.grants.gov). **Applicants should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines.**
  - When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz point-of-contact will receive an e-mail notification. The e-mail address provided in the profile will be the e-mail 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.
- The AOR and the DUNS must match. If your organization has more than one DUNS number, be sure you have the correct AOR for your application.
- 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 format 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 constraints will be excluded from the application materials during the review process.

- Prior to application submission, Microsoft Vista, and Office 2007 users should review the Grants.gov compatibility information and submission instructions provided at [www.grants.gov](http://www.grants.gov). Click on "Vista and Microsoft Office 2007 Compatibility Information."
- After you electronically submit your application, you will receive an automatic email from [www.grants.gov](http://www.grants.gov) that contains a Grants.gov tracking number. **Please be aware that this notice does not guarantee that the application will be accepted by the Grants.gov system. Rather, this email is only an acknowledgement of receipt of the application by the Grants.gov system.**

All applications must be **validated** by the Grants.gov system before they will be accepted. Please note that applicants may incur a time delay before they receive acknowledgement that the application has been validated and accepted by the Grants.gov system. In some cases, the validation process could take up to 48 hours. If for some reason the application is not accepted, then the applicant will receive a subsequent notice from Grants.gov system indicating that the application submission has been rejected.

**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 because the original submission failed validation and is therefore rejected by Grants.gov, as a result of errors on the part of the applicant, will not be accepted**

**by CMS and/or granted a waiver.** For this reason, CMS recommends that applicants apply in advance of the application due date and time.

- The most common reasons why an application fails the validation process and is rejected by Grants.gov are:
  - SAM/CCR registration cannot be located and validated;
  - SAM/CCR registration has expired;
  - The AOR is not authorized by the E-Biz POC to submit an application on behalf of the organization; and,
  - File attachments do not comply with the Grants.gov file attachment requirements.
- HHS retrieves applications from Grants.gov only after Grants.gov validates and accepts the applications. Applications that fail validation and are rejected by the Grants.gov system are not retrieved by HHS, and HHS will not have access to rejected applications.
- After HHS retrieves your application from Grants.gov, you will receive an email notification from Grants.gov stating that the agency has received your application and once the receipt is processed, you will receive another email notification from Grants.gov citing the Agency Tracking Number that has been assigned to your application. It is important for applicants to keep these notifications and know the Grants.gov Tracking Number and Agency Tracking Numbers associated with their application submission.
- Each year organizations and entities registered to apply for federal grants and cooperative agreements through [www.grants.gov](http://www.grants.gov) will need to renew their registration with SAM. You can register online. **Failure to renew registration prior to application submission will prevent an applicant from successfully applying.**

Applications cannot be accepted through any email address. Full applications can only be accepted through [www.grants.gov](http://www.grants.gov). Full applications cannot be received via paper mail, courier, or delivery service, unless a waiver is granted per the instructions below.

All applications for the awards must be submitted electronically and be received through [www.grants.gov](http://www.grants.gov) by February 21, 2013, at 3:00 p.m. Eastern time.

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

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

The applicant must seek a waiver **at least** 10 days prior to the application deadline in order to submit a paper application. Applicants that receive a waiver to submit paper application documents must follow the rules and timelines that are noted below.

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

Please be aware of the following:

- 1) Search for the application package in Grants.gov by entering the CFDA number. This number is shown on the cover page of this announcement.
- 2) If you experience technical challenges while submitting your application electronically, please contact by email [support@grants.gov](mailto:support@grants.gov), or by phone at (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on federal holidays). CMS encourages applicants not to wait until close to the due date to submit the application.
- 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 and a waiver from the agency must be obtained.
- 4) If it is determined that a waiver is needed from the requirement to submit your proposal electronically, you must submit a request in writing (e-mails are acceptable) to [OAGMGrantsBaltimore@cms.hhs.gov](mailto:OAGMGrantsBaltimore@cms.hhs.gov) with a clear justification for the need to deviate from our standard electronic submission process.
- 5) If the waiver is approved, the application should be sent directly to the Division of Grants Management and received by the application due date.

Grants.gov complies with section 508 of the Rehabilitation Act of 1973. If an individual uses assistive technology and is unable to access any material on the site, including forms contained with an application package, he or she can e-mail the Grants.gov contact center at [support@grants.gov](mailto:support@grants.gov) for help, or call 1-800-518-4726.

*Submit Your Application Early.* CMS strongly encourages applicants to submit well before the closing date and time so that if your application is rejected due to errors, an applicant will have time to correct the errors and/or to solicit help from Grants.gov. Please note: Validation or rejection of your application by Grants.gov may take up to 2 business days after submission. Please consider this in developing your submission timeline.

For issues including, but not limited to, downloading the application, retrieving your password, or error messages, please contact grants.gov directly at 1-800-518-4726 or [support@grants.gov](mailto:support@grants.gov). Hours of Operation: 24 hours a day, 7 days a week, closed on federal holidays. Please have the following information available when contacting grants.gov to help expedite your inquiry:

- Funding Opportunity Number (FON)
- Name of Agency to Which You Are Applying
- Specific Area of Concern

Please do not contact CMS regarding Grants.gov related issues.

You can visit the following website: [http://www07.grants.gov/applicants/app\\_help\\_reso.jsp](http://www07.grants.gov/applicants/app_help_reso.jsp) for additional resources.

## 2. Content and Forms for Complete Application Submission

A. Each application must include all contents described below, in the order indicated on the Application Cover Sheet and Check-Off List (Attachment 2). **Applications that do not include the required documents will not be reviewed.** The contents **must** be in conformance with the following specifications:

- Use 8.5 x 11" pages (on one side only) with one-inch margins (top, bottom and sides). Paper sizes other than 8.5 x 11" 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. Use a font not smaller than 12-point.

The following four sections combined must not exceed **20 pages**, as described below.

**Proposals that do not adhere to this strict page limitation will not be reviewed and will be rejected.**

- Applicant's Cover Letter, described below, will not exceed one page and may be single spaced.
- The Project Abstract, as described below, will not exceed one page and must be double spaced.
- The Project Narrative and Evaluation Plan (combined), as described in Section V, will not exceed 15 pages and must be double-spaced.
- The Budget and Budget Narrative, as described in Section V, will not exceed 3 pages and may be single spaced.

Additional information about the items listed above follow:

### 1) Applicant's Cover Letter:

A letter from the applicant must identify the:

- Eligible entity, or (if the proposal is submitted by a collaborative or coalition of eligible entities) the entity that will serve as the lead agency;
- Title of the project;
- The Area of Focus being selected;
- Total amount of funding requested for the grant period;
- Names of the coalition members actively participating in the project; and
- Name and contact information for the Project Director of the grant project.

The letter should indicate that the submitting agency or Lead Agency has clear authority to oversee and coordinate the proposed activities, and is capable of convening a suitable working group of all relevant members.

## 2) Project Abstract:

A one-page, double spaced abstract should serve as a succinct description of the proposed project and should include a statement of the primary Area of Focus, the goals of the project, the total 2-year budget, a description of how the grant will be used to increase enrollment of eligible children in Medicaid and CHIP and/or prepare families and the community for navigating the new application and renewal system.

## 3) Project Narrative and Evaluation Plan

The applicant is required to justify the need for the project, define project goals and describe the strategies to be employed during the grant period. In addition, the applicant is required to provide an Evaluation Plan. The elements of the Project Narrative and the details of the Evaluation Plan are described in the Application Review Criteria, section V.

## 4) Proposed Budget and Budget Narrative:

The applicant is required to provide a detailed budget for the 2-year grant period. The budget presentation must include the following:

- Estimated Budget Total
- State applicants must include a statement of the current state funding for Medicaid and CHIP outreach and enrollment efforts, including the amount of money that was spent in the preceding federal fiscal year on outreach, to determine compliance with the Maintenance of Outreach Funding requirement. This information is required for state applicants.
- Total estimated budget broken down by quarter.
- Funding from other sources, including in-kind support.
- Total estimated funding requirements for each of the cost categories listed below. For each cost category, please provide an itemized breakdown of all expenses requested. For each item, please provide a cost estimate, how this estimate was calculated and a brief description on how this expense will further the objectives of the grant. Please provide this same level of detail for any expected contracts.

- Personnel
  - Note: Consistent with Section 203 of the Consolidated Appropriations Act, 2012 (P.L.112-74) 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 (\$179,700/year).
- Fringe benefits
- Contractual costs, including subcontract contracts
- Equipment
- Supplies
- Travel, including travel for HHS National Outreach and Enrollment Conference, if CMS sponsors one
- Indirect charges, in compliance with the appropriate OMB Circulars. If requesting indirect costs in the budget, a copy of the Indirect Cost Rate Agreement is required
  - Note: If an organization intends to **establish** an indirect cost rate, they may request in this application an amount equaling one-half of the amount of indirect costs up to a maximum of ten (10) percent of direct salaries and wages (exclusive of fringe benefits).
- Other costs

Provide budget notes for major expenditures and notes on personnel costs and major contractual costs.

- B. The additional supporting documentation listed below is required for a complete application. These documents are excluded from the 20-page limit and may be single-spaced.

**There is a page limit of 18 pages for the additional supporting documentation**, exclusive of Letters of Commitment from coalition partners and letters from appropriate state agencies. The number of such letters will vary depending on the nature of the proposal, so there is no explicit limit. Proposals should include within the 18-page limit the documents listed below in 1) a – b and 3) Appendices. **Proposals that exceed this limit will not be reviewed.**

1) Cover Sheet and Forms:

- a. Application Cover Sheet and Check-Off List (Attachment 2) Note: This document presents the order in which all application materials must appear in the complete application package.
- b. Forms: The following forms must be completed and included in the application.
  - i. SF 424: Official Application for Federal Assistance (see note below)
  - ii. SF 424A: Budget Information Non-Construction
  - iii. SF 424B: Assurances - Non-Construction Programs
  - iv. SF LLL: Disclosure of Lobbying Activities
  - v. Additional Assurance Certifications:  
[http://apply.grants.gov/forms/sample/SSA\\_AdditionalAssurances-V1.0.pdf](http://apply.grants.gov/forms/sample/SSA_AdditionalAssurances-V1.0.pdf)
  - vi. List of Key Contacts including the Project Officer and Financial Officer who is responsible for completing the Financial Status Report (SF-425) and the Federal Cash Transactions Report (PSC 272).

**Note:** On SF 424 “Application for Federal Assistance”:

- Item 15 “Descriptive Title of Applicant’s Project.” Please indicate in this section the name of this grant: Connecting Kids to Coverage Outreach and Enrollment Grant.
  - Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these grants.
  - Assure that the total Federal grant funding requested is for the period of the grant.
- 2) Letters of Commitment including:
- a. Letters from coalition partners or a Statement of Collaborative Effort, as required.
  - b. Letters from appropriate state agencies, if applicable, related to maintenance of outreach effort and Memorandum of Understanding for data sharing.
- 3) Appendices
- A 2-year project Work Plan and Timeline as described in section V. The work plan may be presented in table format and be single spaced.
  - Project Staffing Plan as well as resumes/job descriptions for Project Director and Assistant Director and a statement of the percentage of time that each person will be working on this project and the percentage of time that is spent on duties outside of the grant activities.

### **3. Submission Dates and Times**

All grant applications must be submitted electronically through [www.grants.gov](http://www.grants.gov) and are due on February 21, 2013. Applications received through [www.grants.gov](http://www.grants.gov) until 3:00 p.m. Eastern Standard Time on February 21, 2013, will be considered “on time.” All applications will receive an automatic time stamp upon submission and applicants will receive an automatic e-mail reply acknowledging the application’s receipt.

Customer Service for Grants.gov is as follows:

- Grants.gov Contact Center: 1-800-518-4726 or by email at [support@grants.gov](mailto:support@grants.gov). Hours of Operation: 24 hours a day, 7 days a week. Closed on federal holidays.
- iPortal: Top 10 requested help topics (FAQs), Searchable knowledge base, self-service ticketing and ticket status, and live web chat (available 7:00 A.M. - 9:00 P.M. ET).

Applications that do not meet the above criteria for submission through [www.grants.gov](http://www.grants.gov) will be considered late. **Late applications will not be reviewed.**

### **4. Intergovernmental Review**

Applications for these grants are not subject to review by states under Executive Order 12372, “Intergovernmental Review of Federal Programs” (45 CFR 100). Please check box “C” to item 19 of the SF-424 (Application for Federal Assistance) as Review by State Executive Order 12372 does not apply to these grants.

## 5. Funding Restrictions

### 1) Indirect Costs

Applicable cost principles are as follows:

- **OMB Circular A-87**, Cost Principles for State, Local and Indian Tribal Governments, which establishes the cost principles for permissibility of costs incurred by state, local and federally-recognized Indian tribal governments under federally-sponsored agreements.
- **OMB Circular-122**, which establishes cost principals for permissibility of costs incurred by nonprofit organizations under Federally-sponsored agreements.
- **45 CFR Part 74, Appendix E** establishes the cost principles for permissibility of costs incurred by hospitals under Federally-sponsored agreements.
  - If requesting a specific indirect cost rate, the applicant must submit a copy of the approved Indirect Cost Rate Agreement used in calculating the budget. Note: if an organization intends to **establish** an indirect cost rate, they may request in this application an amount equaling one-half of the amount of indirect costs up to a maximum of ten (10) percent of direct salaries and wages (exclusive of fringe benefits).

### 2) Direct Services

Grant funds are not to be used to pay for direct services (e.g., medical and other services covered by Medicaid or CHIP).

### 3) Reimbursement of Pre-Award Costs

No grant funds awarded under this solicitation may be used to reimburse pre-award costs (e.g., consultant fees associated with preparing the Connecting Kids to Coverage Outreach and Enrollment Grant proposal).

### 4) Prohibited Uses of Grant Funds

Funding for the Connecting Kids to Coverage Outreach and Enrollment Grants for FY 2013-2015 may not be used for any of the following:

- a) To cover the costs to provide direct services to individuals.
- b) To match any other Federal funds.
- c) 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.
- d) To provide infrastructure for which federal Medicaid or CHIP matching funds are claimed.
- e) To supplant existing state, local, or private funding of infrastructure or services such as staff salaries, etc.
- f) To be used for data processing software or hardware in excess of the software and personal computers required for staff devoted to the grant.

The same scope of work may not be paid for by more than one Connecting Kids to Coverage Outreach and Enrollment Grant award or other federal funding stream.

Note: A recent Government Accountability Office (GAO) report number 11-43 has raised considerable concerns about grantees and contractors charging the federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (EO 13589) and Delivering Efficient, Effective and Accountable Government (EO 13576) have been issued and instruct federal agencies to promote efficient spending. Therefore, if meals are charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

*Meals are generally unallowable except for the following:*

- *For subjects and patients under study (usually a research program);*
- *Where specifically approved as part of the project or program activity, e.g. in programs providing children's services (e.g. Headstart);*
- *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;*
- *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and,*
- *Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances. (Note: conference grant means the sole purpose of the award is to hold a conference.)*

### **3. Notice of Intent to Apply**

Applicants are strongly encouraged to submit a non-binding Notice of Intent to Apply (See Attachment 1). However, Notices of Intent to Apply are not required and submission or failure to submit a notice has no bearing on the scoring of proposals received. The receipt of notices enables CMS to better plan for the application review process. Notices of Intent to Apply are due, and should be faxed to CMS at 410-786-8534 by January 29, 2013.

## **V. APPLICATION REVIEW INFORMATION**

### **1. CRITERIA**

#### **A. Project Narrative (Weight: 55 points)**

- Statement of Area of Focus (described below) (5 points)
- Statement of Project Goal (5 points)
  - Specify the goals for your proposed project, including the number of children that will be enrolled and the number that will be retained in Medicaid and CHIP, if applicable. If the proposal is for activities under Area of Focus 5, specify other

appropriate metrics, for example, metrics related to training activities, such as number of organizations and staff that will receive training.

- Description of Need (5 points)
  - Describe the target population and provide demographic data on the number and/or rate of uninsured, as well as estimates of the number and/or percent of eligible children who are not enrolled in Medicaid and CHIP. If such data do not exist, provide other demographic data that can support the target population's need for health coverage. Supportive data may include poverty data, school lunch participation data, uninsured parents/families data and other data, as appropriate.
  - Identify barriers to enrollment and retention of target population or geographic area.
- Outreach and Enrollment Plan (40 points)
  - Describe the strategies that will be used to enroll and retain eligible children in Medicaid and CHIP, or for Focus Area 5, to promote and conduct training programs for the target audience.

Given that the period of performance for Cycle III grants leads up to and surpasses the first open enrollment period for individuals and families seeking to obtain coverage through state-run and federally facilitated health insurance exchanges, plans should describe how the grantee will make the appropriate transition to the new system and how it will help families with eligible children navigate and take advantage of new health coverage opportunities.

All proposals should:

- Demonstrate the extent of the applicant's knowledge of Medicaid and CHIP eligibility criteria, the changes to be implemented in 2014, and the impact such changes are likely to have on the applicant's approach to assisting families with eligible children with enrollment and renewal now and in 2014;
- Demonstrate the ability to change and refine outreach, enrollment, and renewal strategies based on an ongoing self-assessment of the effectiveness of those strategies; and,
- Discuss how the applicant will sustain the proposed efforts beyond the grant period using additional funding or in-kind support from sources other than the federal government, or through the adoption of ongoing systemic changes in the process or system for applying for or renewing coverage.

### **Areas of Focus**

The Outreach and Enrollment Plan must designate one primary Area of Focus and describe activities to be conducted under that Area of Focus.

1. **School-Based Outreach -- Engaging schools in outreach, enrollment and retention activities:** Schools are widely accepted as an important setting for

conducting children's health coverage outreach and enrollment activities. Proposals may include efforts to develop and enhance systems to facilitate the identification of potentially eligible children (for example, through free and reduced-price school meals programs or data on emergency contact cards or school registration cards) and offer families enrollment assistance. Proposals also may include efforts to engage principals; school athletic directors and coaches; school nurses; school-based health clinics; school social workers and counselors in outreach and enrollment activities. Efforts may also reach out to assist eligible parents in obtaining health coverage, given that research shows that covering parents helps to enroll eligible children and makes it more likely that they will get needed preventive care.<sup>5</sup>

2. **Bridging Health Coverage Disparities -- Reaching out to subgroups of children that exhibit lower than average health coverage rates:** Proposals may include efforts to target particular subgroups of children for whom data show persistent disparities in health insurance coverage. Such groups may include Latino children, American Indian/Alaska Native children, children older than age 13, or other subgroups. Activities may seek to address and mitigate language and literacy challenges, concerns about immigration status, health issues or other matters associated with a particular age group or population. Proposals should show how culturally competent or age-appropriate outreach approaches will be emphasized and may highlight specific partnerships with the education, faith, health provider, business or other communities that are aimed at enhancing enrollment and retention of the target population.
3. **Targeted Enrollment Strategies -- Designing and executing targeted enrollment strategies to streamline health coverage enrollment for individuals participating in other public benefit programs:** Millions of children and parents who are currently eligible for Medicaid and CHIP participate in other public benefit programs administered at the state or local levels. Proposals may focus on designing outreach strategies to identify participants of such programs who are very likely to qualify for health coverage and using existing systems to alert families to the availability of Medicaid and CHIP, and to streamline enrollment. Such strategies may include creating mechanisms for families to flag their interest in obtaining health coverage when they apply for or renew their benefits and developing procedures for families to give permission for personal data to be shared with health coverage programs for the purpose of determining eligibility and getting enrolled.

These types of strategies are already being used throughout the country in a number of ways. For example, a number of states routinely use SNAP renewal data to facilitate enrollment and retention in Medicaid. Cycle III grant activities could lead to or enhance the implementation of options such as express lane eligibility or presumptive eligibility.<sup>6</sup> Targeted enrollment strategies could also entail developing methods to provide specific information, instruction, or assistance about health

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<sup>5</sup> ibid

<sup>6</sup> See CHIPRA, Sec 203 (Express Lane Eligibility) and Social Security Act §1920A; 42 CFR 435.1101-1102 (Presumptive Eligibility)

coverage opportunities to families participating in particular programs, such as Head Start, WIC, Child Support Enforcement, Low-Income Heating and Energy Assistance Program, public housing or other programs.

4. **Application Assistance -- Establishing and developing application assistance resources to provide high quality, reliable Medicaid/CHIP enrollment and renewal services in local communities:** Substantial efforts to simplify Medicaid and CHIP eligibility rules and enrollment procedures have helped to boost the enrollment of eligible children and adults in Medicaid and CHIP. The broad use of online applications and verification systems that preclude the need for applicants and beneficiaries to submit paper documentation are expected to remove even more barriers. Yet, there will still be a need for direct application assistance, either in-person or by phone and other channels, especially for individuals who face language and literacy challenges or who need help that is accessible to people with disabilities. Since program and systems changes are being implemented simultaneously, ensuring that consumers have help from trusted sources will increase their confidence and make it more likely that they will apply for coverage easily and successfully. Cycle III funding can be used to create application assistance resources or networks of application assistance centers within community-based organizations, community action agencies, local health departments, community health centers, schools, or other appropriate venues. Grants can be used to build upon existing networks and enhance the knowledge, expertise and reach of application assistors. Application assistance centers may also provide ombudsman services to help consumers troubleshoot problems as they arise and help them understand and respond, if necessary, to eligibility decisions. To receive grant-funding under this Area of Focus, grantees must assure that organizations and individuals providing application assistance under the grant comply with any state or federal rules related to training, reporting and monitoring, and that they obtain any appropriate certification, if required.
  
5. **Training Strategies -- Establishing and conducting training programs to equip communities to help families understand the new application and enrollment system and to deliver effective assistance:** Fundamental changes in the way families and individuals apply for Medicaid and CHIP and other insurance affordability programs are being planned and will be implemented within the next year. There is an important need to ensure that community leaders, organizations and institutions are prepared to help consumers understand the coming changes and know how to answer key questions, allay concerns, encourage enrollment and refer consumers to individualized assistance, if needed. Proposals may focus on creating training programs that take a geographic approach (i.e. a county or city-wide program) and organizational approach (i.e. a program to train staff in all social services agencies or community health centers in the state) or a “targeted professionals” approach (i.e. to tailor training for all school social workers or visiting nurses). Training programs should be set up to provide ongoing assistance to trainees to keep them updated as programs evolve, to answer new questions as they surface and to be able to refine training curricula and materials.

**NOTE:** Using a Train-the-Trainer model, CMS plans to provide a series of training webinars for grantees receiving awards under Area of Focus #5. Grantees will be required to participate in these webinars and will receive basic materials and guidance that can be tailored and used in the training programs to be established under the grant.

## **B. Evaluation Plan (20 points)**

Proposals must include a detailed plan to evaluate the effectiveness of the grant project. The plan should demonstrate the grantee's capacity to conduct an objective assessment of project activities and to collect and report relevant data. The plan should provide for ongoing assessment of meaningful performance and outcome measures that will facilitate continuous improvement in project activities to achieve the stated goals. It should also include a final report that assesses the overall effectiveness of the project and suggests how the specific strategies and activities could be amended to better achieve stated goals. In addition to the grantee's evaluation of project activities, an overall evaluation of Cycle III grants will be conducted by CMS. Grantees are expected to cooperate with the CMS evaluator.

The Evaluation Plan should include a proposed set of performance and outcome measures (in addition to required enrollment/retention data) related to the specific proposal, the goals of the project and the approach to outreach and enrollment undertaken. Information on how the measures will be collected and analyzed should also be included.

Examples of relevant data that is not required, but could be collected to help evaluate the project follow:

- Number of applications or renewals successfully completed
- Number of applications completed by phone, online, in-person
- Number of parents and children who enrolled using same application
- Number of children enrolled and retained in Medicaid and CHIP, by race, ethnicity and/or age
- Length of time to complete or process an application or renewal, by type of application
- Hours of assistance provided, by type of application
- Increase in the number of locations where eligible children can apply for Medicaid/CHIP
- Number of helpline requests for assistance
- Length of time on hold waiting for helpline assistance
- Customer satisfaction results
- Number of training sessions conducted, number of trainees
- Other measures specific to the proposed project.

## **Required Data Collection and Reporting**

All grantees conducting projects in Areas of Focus 1-4, unless otherwise noted, will be required to report the following data and any other information deemed necessary by CMS on a semi-annual and annual basis utilizing the web-based reporting tool provided by CMS (see section VI for further discussion of the reporting process). Proposals should address how these data will be collected.

- The number of children contacted and/or assisted by the project in applying for Medicaid or CHIP.
- The number of children contacted and/or assisted by the project in retaining their coverage in Medicaid or CHIP.
- The number of children successfully **enrolled** in Medicaid or CHIP as a direct result of project activities.
- The number of children successfully **retained** in Medicaid or CHIP as a direct result of project activities.

Grantees conducting projects in Focus Area 5 will be required to report data related to the effectiveness of their training programs. Proposals should describe measures that can be used to evaluate their success.

### **State Medicaid/CHIP Agencies**

If the applicant is a state agency or a collaborative or coalition that includes the state agency, the proposal must include assurance that required enrollment and retention data will be reported by the state semi-annually and annually using ever-enrolled data to ensure that a child is not counted more than once.

A funded state Medicaid or CHIP agency (if separate) must have an agreement in place with its sister agency (CHIP or Medicaid, respectively) to provide the required enrollment and retention data for its respective program. For example, a funded Medicaid agency must have an agreement from the separate CHIP agency to provide the needed data. This agreement should be stated in a Letter of Commitment from the non-applicant Medicaid or CHIP agency.

***Grantees will have 90 days after notification of their award to develop an MOU with the other state agency to establish the procedures for reporting enrollment and retention data.***

### **Non-State Agencies**

If the applicant is a non-state agency the proposal must describe a plan for data collection and reporting that includes a data-sharing agreement with the state. State enrollment and retention data should be used as the source for reporting those required data elements. The proposed plan should include the intent to develop an MOU with the state Medicaid and CHIP Agencies for purposes of data collection and reporting.

*Grantees will have 90 days after notification of their award to develop an MOU with the state to establish the procedures for reporting or verifying enrollment and retention data related to funded activities. Letters of Commitment from the applicable state agencies (if available) should include the intention to work with the grantee to develop such an MOU. CMS will work with grantees to help facilitate these arrangements, as needed.*

**C. Work Plan and Timeline (15 points)**

The work plan submitted with the application should document activities, reasonable benchmarks, milestones and timeframes that are likely to lead to achievement of the stated project goal, and should identify the responsible parties.

**D. Budget and Budget Narrative (10 points)**

Applicants must provide a budget with appropriate budget line items and a narrative that describes the funding needed to accomplish the goals of the grant. For the budget recorded on form SF 424 A, provide a breakdown of the aggregate numbers detailing their allocation to each major set of activities. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners.

State applicants or collaboratives or coalitions with state agency membership must provide assurance that the state share of funds expended for outreach and enrollment activities under the state child health plan shall not be less than the state share of such funds expended in the fiscal year proceeding the first fiscal year for which the grant is awarded.

**Required Supporting Documentation**

The following supporting documentation should accompany the application. These items are not included in the page limitations:

Letters of Commitment from Applicable State(s) (as required). Such letters would include:

- State certification of maintenance of effort from the state Medicaid or CHIP Program verifying that the grant funds will not supplant existing state expenditures for Medicaid and CHIP outreach and enrollment efforts.
- Confirmation that within 90 days of the award, the state will enter into a data access/sharing Memorandum of Understanding with the grant applicant for purposes of sharing and tracking enrollment data and assisting in tracking and evaluating the applicant's outreach and retention efforts.

## Project Staffing Plan

The applicant must provide a clear delineation of the roles and responsibilities of project staff and how they will contribute to achieving the project's objectives including:

- The grantee's capacity to implement the proposed project and manage grant funds, including a reasonable and cost-efficient budget; and
- An organizational chart and job descriptions of staff who will be dedicated to the project. Also included will be the time that staff will spend on grant activities (this will also be reflected in the budget).

Proposals submitted by collaboratives or coalitions must include Letters of Commitment from each coalition partner organization or one Statement of Collaborative Effort.

## 2 - REVIEW and SELECTION PROCESS:

CMS will be employing a multi-phase review process which will proceed as follows:

- **Phase 1:** Applications will be screened for completeness and compliance with application requirements as listed in section IV and required certifications as noted in section V. In addition, proposals will be reviewed to determine eligibility using the criteria detailed in section III. *Eligibility Information* of this solicitation. Applications that are received late or fail to meet the eligibility requirements as detailed in this solicitation or do not submit the required forms will not be reviewed.
- **Phase 2:** Applications will be reviewed by a panel of experts, the exact number and composition of which will be determined by CMS at its discretion, but may include private sector subject matter experts, researchers, and federal policy staff who are not part of the cognizant program office. The review panels will establish an overall numeric score for each application, giving consideration to criteria such as:
  - Goals for the project are clearly stated and appear achievable.
  - Description of need is compelling and is based on data that is clearly cited.
  - Choice of Area of Focus is clearly stated.
  - Metrics to be considered will measure the success of the project's activities and there is a clear plan for collecting and reporting data.
  - The applicant's level of knowledge regarding Medicaid and CHIP rules and procedures is clearly described.
  - The prospects for sustaining the project are clearly stated.
  - The evaluation plan is clearly described and feasible.
  - State support is documented as necessary.
- **Phase 3:** A CMS review team will use the scores and comments from Phase 2 to inform its final recommendations to the approving CMS official. Additionally, the CMS staff review will weigh other factors such as (but not limited to) those described

in the “Factors Other than Merit that May be Used in Selecting Applications for Award” on page 28.

- CMS may redistribute grant funds (as detailed in the “Award Information” section of this solicitation) based upon the number and quality of applications received. CMS will not fund activities that are duplicative of efforts funded through its grant programs or other Federal resources.

Based on this review, CMS will determine who will receive grant awards and the dollar amount of each award. Successful applicants will receive one grant award based on this solicitation.

## **2. ANTICIPATED ANNOUNCEMENT and AWARD DATES:**

The anticipated award date is June 1, 2013.

## **VI. AWARD ADMINISTRATION INFORMATION**

### **1. Award Notices:**

Successful applicants will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer that will set forth the amount of the award and other pertinent information. The award will include standard Terms and Conditions, and may also include additional specific grant “special” terms and conditions that request an Operational Protocol. Potential applicants should be aware that special requirements could apply to grant awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the review panel.

The NoA is the legal document issued to notify the grant applicant that an award has been made and that funds may be requested from the HHS payment system. The grant award will be sent through electronic mail to the applicant organization as listed on its SF-424. Any communication between CMS and applicants prior to issuance of the NoA is not an authorization to begin performance of a project.

Unsuccessful applicants will be notified by letter, sent through the US Postal Service to the applicant organization as listed on its SF-424, after July 1, 2013.

### **Factors Other than Merit that May be Used in Selecting Applications for Award**

CMS may assure reasonable balance among the grants to be awarded in a particular category based on key factors such as:

- Feasibility of the outreach approach, work plan and budget
- Level of outreach experience the applicant brings to the project
- Use of strategies most likely to achieve success
- Understanding of the changes to be implemented in 2014, and the opportunities and challenges such changes will bring to the proposed project.

- Level of need in area project will operate
- Balanced geographic distribution of grants awards
- Balanced representation of the Areas of Focus

CMS may redistribute grant funds based upon the number and quality of applications received for each grant opportunity (e.g., to adjust the minimum or maximum awards permitted or adjust the aggregate amount of federal funds allotted to a particular category of grants).

CMS will not fund activities that are duplicative of efforts funded through its grant programs or other federal resources.

## 2. Administrative and National Policy Requirements:

The following standard requirements apply to applications under this solicitation:

- Specific administrative and policy requirements of applicants as outlined in 45 CFR 74 and 45 CFR 92 apply to this grant opportunity.
- All awardees receiving awards under these grant programs must meet the requirements of:
  - 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. Hill-Burton Community Service nondiscrimination provisions; and,
  - e. Title II Subtitle A of the Americans with Disabilities Act of 1990.
- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original grant application or agreed upon subsequently with CMS, 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. CMS expects all grant budgets to include some funding to facilitate such participation.

## 3. Terms and Conditions

Cooperative agreements issued under this FOA are subject to the *Health and Human Services Grants Policy Statement (HHS GPS)* at <http://www.hhs.gov/grantsnet/adminis/gpd>. Standard terms and special terms of award will accompany the Notice of Award. Potential awardees should be aware that special requirements could apply to awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The General Terms and Conditions that are outlined in Section II of the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

HHS recipients must comply with all terms and conditions outlined in their grant award, including requirements imposed by program statutes and regulations and HHS grant

administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.

#### **4. Reporting**

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

###### **Requirement:**

New awards issued under this funding announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipient must report information for each first-tier sub-award of \$25,000 or more in Federal funds and executive total compensation for the recipient's and sub-recipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at [www.ftrs.gov](http://www.ftrs.gov)). Competing Continuation awardees may be subject to this requirement and will be so notified in the Notice of Award.

##### **Grant Reporting Requirements**

The grantee is expected to complete semi-annual and annual progress reports that include the required performance measures and to complete a final report for CMS. Due dates for these reports will be detailed in the award terms and conditions.

Grantees must agree to cooperate with any federal evaluation of the program and provide reports at the intervals listed in the terms and conditions of the award, and a final report at the end of the grant period in a form prescribed by CMS (including the SF-425 "Federal Financial Report" FFR forms). Progress reports may be submitted electronically. These reports will outline how grant funds were used, describe program progress, and describe any barriers and measurable outcomes. CMS will provide a format for reporting and technical assistance necessary to complete required report forms. Grantees must also agree to respond to requests for information that is necessary for the evaluation of the Connecting Kids to Coverage Outreach and Enrollment Grants and provide data on key elements of their own grant activities. A signed original of the interim SF-425 must be mailed to the CMS grants management specialist as identified in the terms and conditions; or, a signed PDF copy must be sent electronically to the CMS Grants Specialist assigned to the award. The frequency of the SF-425 report will be identified in the terms and conditions of the grant award. The final SF-425 submitted to this office must agree with the final expenditures reported on the PSC-272 to the Payment Management System. Before final FFR submission all obligations must be liquidated. A signed original is due no later than 90 days after the project period end date. Please note that interim SF-425 reports should not be marked as final. If awarded a grant, please be prepared to provide the contact information of the person or office that will complete the Federal Financial Reports.

### **Audit Requirements**

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

### **Payment Management Requirements**

Awardees must submit a semi-annual electronic SF-425 via the Payment Management System and to the CMS Office of Acquisition and Grants Management. The report identifies cash expenditures against the authorized funds for the cooperative agreements. Failure to submit the report may result in the inability to access funds. The SF-425 Certification page should be faxed to the Payment Management System contact at the fax number listed on the SF-425, or it may be submitted to:

Division of Payment Management  
HHS/ASAM/PSC/FMS/DPM  
PO Box 6021  
Rockville, MD 20852  
Telephone: (877) 614-5533

## **VII. AGENCY CONTACTS**

### **Programmatic Content**

CMS will provide technical assistance to potential applicants through a variety of mechanisms. Please check our website at <http://www.insurekidsnow.gov/professionals/index.html> for complete instructions for obtaining answers to specific programmatic questions related to your application. In addition, CMS will post frequently asked questions and their corresponding answers on the same website.

### **Administrative Questions**

Administrative questions about the Connecting Kids to Coverage Outreach and Enrollment Grants may be directed to: [OAGMGrantsBaltimore@cms.hhs.gov](mailto:OAGMGrantsBaltimore@cms.hhs.gov).

CMS will hold at least two applicant teleconferences to provide an opportunity to ask questions about this solicitation. The first teleconference will take place on January 16, 2013, from 2 p.m. to 3 p.m., Eastern Time.

Visit our website at <http://www.insurekidsnow.gov/professionals/index.html> for call-in information.

**ATTACHMENT 1**  
**Notice of Intent to Apply**  
**CONNECTING KIDS TO COVERAGE**  
**OUTREACH AND ENROLLMENT GRANTS**

Submission by Facsimile required.

Please complete by January 29, 2013, and fax to 410-786-8534

1) Name of State:

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2) Applicant Agency/Organization:

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3) Contact Name and Title:

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4) Address:

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5) Phone: \_\_\_\_\_

6) Fax: \_\_\_\_\_

7) E-mail address:

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8) Anticipated Area of Focus (select at least one of the following):

Engaging schools in outreach, enrollment and retention activities

Reaching children who are most likely to experience gaps in health coverage

Designing and executing targeted enrollment strategies

Establishing Application Assistance resources

Establishing and conducting training programs

**ATTACHMENT 2  
APPLICATION COVER SHEET AND CHECK-OFF LIST**

Page 1 of 2

**Identifying Information:**

DUNS #: \_\_\_\_\_ Requested Grant Award: \$ \_\_\_\_\_  
Applicant: \_\_\_\_\_  
Primary Contact Person (e.g. Project Director), Name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ FAX number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Type of Entity: \_\_\_\_\_ Project Focus Area (Number): \_\_\_\_\_

**For CMS Administrative Purposes Only:**

**Completeness Check:** \_\_\_\_\_

**Panel Assignment:** \_\_\_\_\_

Grant Opportunity:

**CONNECTING KIDS TO COVERAGE OUTREACH AND ENROLLMENT GRANTS –  
Eligible entities participating in this application include (please check all that apply):**

A State with an approved child health plan under title XXI.

A local government.

An Indian tribe or tribal consortium, a tribal organization, an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.), or an Indian Health Service provider.

A Federal health safety net organization.

A national, state, local, or community-based public or nonprofit private organization, including organizations that use community health workers or community-based doula programs.

A faith-based organization or consortia, to the extent that a grant awarded to such an entity is consistent with the requirements of section 1955 of the Public Health Service Act (42 U.S.C. 300x-65) relating to a grant award to nongovernmental entities.

An elementary or secondary school.

Other(s): (specify) \_\_\_\_\_

## APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 2 of 2

### Identifying Information;

DUNS #: \_\_\_\_\_ Requested Grant Award: \$ \_\_\_\_\_

Applicant: \_\_\_\_\_

### REQUIRED CONTENTS

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

First: Cover Sheet

Second: Forms / Mandatory Documents (Grants.gov). The following forms must be completed with an original signature and enclosed as part of the proposal:

- SF-424: Application for Federal Assistance
- SF-424A: Budget Information
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities

Additional Assurance Certifications:

[http://apply.grants.gov/forms/sample/SSA\\_AdditionalAssurances-V1.0.pdf](http://apply.grants.gov/forms/sample/SSA_AdditionalAssurances-V1.0.pdf)

Key Contacts (please identify the Project Director and fiscal person who is responsible for completing financial reports i.e. SF-269a and PSC 272).

Third: Letters of Support, as required

Fourth: Project Abstract

Fifth: Applicant's Application Cover Letter

Sixth: Project Narrative and Evaluation Plan

Seventh: Proposed Budget and Budget Narrative

Eighth: Required Appendices:

Work Plan/Time Line

Project Staffing Plan, including Resume/Job Description for Project Director and Assistant Director

## CONNECTING KIDS TO COVERAGE OUTREACH AND ENROLLMENT GRANTS

### ATTACHMENT 3

#### Definitions

##### **American Indian/Alaska Native (AI/AN) -**

1. A member of a Federally-recognized Indian tribe, band, or group;
2. An Eskimo or Aleut or other Alaska Native enrolled by the Secretary of the Interior pursuant to the Alaska Native Claims Settlement Act, 43 U.S.C. 1601 et seq.; or,
3. A person who is considered by the Secretary of the Interior to be an Indian for any purpose.

**Child** - an individual up to age 21 for Medicaid and an individual up to age 19 in CHIP.

**Children's Health Insurance Program (CHIP)** - 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.

**Coalition** - a temporary alliance of distinct persons, parties or entities for common action.

**Community health worker** - an individual who promotes health or nutrition within the community in which the individual resides -

- A. by serving as a liaison between communities and health care agencies;
- B. by providing guidance and social assistance to community residents;
- C. by enhancing community residents' ability to effectively communicate with health care providers;
- D. by providing culturally and linguistically appropriate health or nutrition education;
- E. by advocating for individual and community health or nutrition needs; and,
- F. by providing referral and follow-up services.

**Federal fiscal year** - starts on the first day of October each year and ends on the last day of the following September.

##### **Federal health safety net organization -**

- A. a federally-qualified health center (as defined in section 1905(l)(2)(B) [42 U.S.C. section 1396d(1)(2)(B)]);

- B. a hospital defined as a disproportionate share hospital for purposes of section 1923 [42 U.S.C. section 1396r-4];
- C. a covered entity described in section 340B(a)(4) of the Public Health Service Act (31 U.S.C. 256b(a)(4)); and
- D. any other entity or consortium that serves children under a federally funded program, including the special supplemental nutrition program for women, infants, and children (WIC) established under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), the Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801 et seq.), the school lunch program established under the Richard B. Russell National School Lunch Act [42 U.S.C. section 1751 et seq.], and an elementary or secondary school.

**Indian, Indian tribe, tribal organization, and urban Indian organization** - have the meanings given such terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).  
**Medicaid program** means the program established under title XIX of the Social Security Act (42 U.S.C. 139aa et seq.)

**Memorandum of Understanding (MOU)** - an instrument used when organizations/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.

**Provider** - an individual who provides health services to a health care consumer within the scope of practice for which the individual is licensed or certified to practice as governed by State law. An entity, such as a hospital or a pharmacy, which is duly-licensed pursuant to State law, is also characterized or classified as a provider.

**Qualified entity** - an entity that is determined by the State to be capable of making determinations of presumptive eligibility for children, and that -

1. furnishes health care items and services covered under the approved plan and is eligible to receive payments under the approved plan;
2. is authorized to determine eligibility of a child to participate in a Head Start program under the Head Start Act;
3. is authorized to determine eligibility of a child to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990;
4. is authorized to determine eligibility of an infant or child to receive assistance under the special nutrition program for women, infants, and children (WIC) under section 17 of the Child Nutrition Act of 1966; 32

5. is authorized to determine eligibility of a child or pregnant woman for medical assistance under the Medicaid State plan, or eligibility of a child for child health assistance under the Children's Health Insurance Program;
6. is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801);
7. is an elementary or secondary school operated or supported by the Bureau of Indian Affairs;
8. is a State or Tribal child support enforcement agency;
9. is an organization that –
  - a. provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act;
  - b. is a State or Tribal office or entity involved in enrollment in the program under this title, Part A of title IV, or title XXI; or
  - c. determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.); and
10. any other entity the State so deems, as approved by the Secretary.

**School-based health center -**

- (A) In general. The term "school-based health center" means a health clinic that—
- a. is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization;
  - b. is organized through school, community, and health provider relationships;
  - c. is administered by a sponsoring facility;
  - d. provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and
  - e. satisfies such other requirements as a State may establish for the operation of such a clinic.
- (B) Sponsoring facility. For purposes of subparagraph (A)(iii), the term "sponsoring facility" includes any of the following:
- a. a hospital.
  - b. a public health department.
  - c. a community health center.
  - d. a nonprofit health care agency.
  - e. a school or school system.
  - f. a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.

Separate child health program means a program under which a State receives Federal funding from its title XXI allotment to provide child health assistance through obtaining coverage that meets the requirements of section 2103 of the Act and 42 C.F.R. section 457.402.

**State** - means all states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands 33

**Teenager** - means an individual from the age of 13 through the age of 19 years old.