

Implementation Support for State Demonstrations to Integrate Care for Medicare-Medicaid Enrollees

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

Initial Announcement

**Funding Opportunity Number: CMS-111-13-001
Competition ID: CMS-111-13-001-016200**

CFDA: 93.628

Applicable Dates:

Application Due Dates: January 28, 2013; April 1, 2013

Anticipated Notice of Award (First Round): March 15, 2013

Anticipated Notice of Award (Second Round): May 15, 2013

Anticipated Period of Performance: Two years from date of award

OVERVIEW INFORMATION

Agency Name: U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

Medicare-Medicaid Coordination Office

Center for Medicare & Medicaid Innovation

Funding Opportunity Announcement (FOA) Title: Implementation Support for State Demonstrations to Integrate Care for Medicare-Medicaid Enrollees

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I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

The purpose of this funding opportunity is to solicit applications for eligible states to participate in a Cooperative Agreement to support the effective implementation of CMS approved designs to integrate care for Medicare-Medicaid enrollees.

Funding under this Announcement is only available to States that received a design contract for a “Demonstration to Integrate Care for Dual Eligible Individuals” and also have a signed Memorandum of Understanding (MOU) with the Centers for Medicare and Medicaid Services (CMS) to implement their demonstration design. MOUs will be required for issuance of awards but are not required with application submission. A second application period is provided to allow States starting the demonstration intervention in 2014 more time to finalize the demonstration design through discussions with CMS.

The goals of this Cooperative Agreement include:

- Better health care by improving all aspects of beneficiary care;
- Better health by encouraging healthier lifestyles in the entire population; and
- Lower costs through improvement by promoting preventative medicine, improved coordination of health care services, and by reducing waste and inefficiencies.

Under this Initiative, the Centers for Medicare and Medicaid Services (CMS), will select qualified States to test innovative payment and service delivery models to enhance the quality of care and reduce program expenditures under the Medicare and Medicaid Programs.

The Federal Coordinated Health Care Office (Medicare-Medicaid Coordination Office - MMCO) established pursuant to Section 2602 of the Affordable Care Act, serves individuals who receive and are enrolled in both Medicare and Medicaid, also known as Medicare-Medicaid enrollees. MMCO is charged with more effectively integrating benefits under the Medicare and Medicaid programs and improving the coordination between the federal government and states. MMCO works across federal agencies, states, and stakeholders to align and coordinate benefits between the two programs effectively and efficiently. The Medicare-Medicaid Coordination Office is releasing this FOA in partnership with the CMS Center for Medicare & Medicaid Innovation.

2. Authority

This solicitation is being issued under section 1115A of the Social Security Act (added by section 3021 of the Patient Protection and Affordable Care Act (P.L. 111-148)), hereinafter referred to as the Affordable Care Act, which authorizes the Center for Medicare and Medicaid Innovation (Innovation Center) to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid, and the Children’s Health Insurance Program while preserving or enhancing the quality of care.

3. Background

In 2011, CMS awarded design contracts to 15 states to develop person-centered approaches to coordinate care across primary, acute, behavioral health and long-term supports and services for individuals enrolled in both Medicare and Medicaid (Medicare-Medicaid enrollees). The goal of these approaches is to identify and test delivery system and payment coordination models to better serve Medicare-Medicaid enrollees.

The 15 states with design contracts (California, Colorado, Connecticut, Massachusetts, Michigan, Minnesota, New York, North Carolina, Oklahoma, Oregon, South Carolina, Tennessee, Vermont, Washington, and Wisconsin) submitted proposals to CMS (a few states developed more than one approach) to integrate care for Medicare-Medicaid enrollees. CMS is currently reviewing these proposals against standards and conditions before entering into Memoranda of Understanding with states to implement the proposed approaches over a three-year demonstration. States that enter into a Memorandum of Understanding with CMS to implement the demonstration designs developed through the design contracts may be eligible to receive support to implement their proposals through this funding opportunity.

The purpose of this FOA is to provide funding to states that previously had design contracts and also have a signed Memorandum of Understanding (MOU) with CMS. Funding is structured over a two year project period. Funding may cover 100% of the cost of approved implementation activities in the first year and the State and CMS will equally share costs of approved implementation activities in the second year. States are responsible for funding implementation activities for the remaining third year of the demonstration. This funding may not be used to supplant existing Federal, State, local, or private funding of infrastructure or services. When CMS conducts the evaluation of the demonstrations, it will include consideration of both implementation activities and associated funding provided through the cooperative agreement.

4. Program Requirements

Through this cooperative agreement, CMS seeks to fund activities necessary to implement the demonstrations to integrate care for Medicare-Medicaid enrollees, especially those that promote beneficiary engagement and protection of beneficiary rights.

CMS may award up to one cooperative agreement per signed MOU. State Medicaid directors may designate a single entity (state designated entity – SDE) to apply for and administer the cooperative agreement on behalf of the state Medicaid agency. All cooperative agreement applications must include a cover letter from the state Medicaid director expressing support for the application.

Awardee activities through this funding announcement will encompass:

- Project Management and Oversight
- Implementation Activities
- Reporting

4.1. Project Management and Oversight

Within 10 calendar days of the cooperative agreement start date, each awardee shall conduct a kick-off teleconference with CMS. The kick-off teleconference is the first meeting with project team members to discuss the cooperative agreement project work that will be completed. The awardee must identify the key state or SDE key staff to serve as the main points of contact for the cooperative agreement.

Within 25 calendar days of the cooperative agreement start date, awardees will submit an updated implementation plan for the approved activities funded through the cooperative agreement. The plan will describe how the awardee would organize and manage the project, in what time frames, and what management control and coordination tools would be used to assure the timely and successful implementation.

While applicants will have identified the data elements and data sources that could be used to document program outcomes in their draft implementation plan, the specific tools and data definitions will be determined jointly between the grantees and CMS within 6 months of grant award.

4.2 Implementation Activities

Awardees will implement the Cooperative Agreement following CMS direction. Implementation tasks will vary, but could include:

- Beneficiary and provider outreach and education;
- Participant ombudsmen activities to support individual advocacy and independent systematic oversight with a focus on compliance with principles of community integration, independent living, and person-centered care in the home and community based care context;
- Independent enrollment broker and information and assistance for beneficiaries;
- Stakeholder engagement;
- Provider training;
- Ongoing monitoring of health plans, care coordination entities, and providers, including network adequacy;

- Improvement to and execution of grievances and appeals;
- Ongoing processes to confirm network adequacy;
- Tracking claims and quality data;
- Actuarial analysis and rate-setting;
- State-level IT systems modifications to support beneficiary enrollment and data collection and reporting; and
- Evaluation activities that do not duplicate those performed by the CMS' independent evaluator for the demonstration.

4.3 Reporting

The awardee shall be responsible for providing ongoing ad hoc status updates at the request of CMS as well as formal semi-annual progress reports to CMS to summarize progress against the milestones identified in the implementation plan. The semi-annual progress report shall provide an analysis of challenges, discuss best practices or key lessons, and provide mitigation strategies for addressing barriers during implementation. The report shall also detail how cooperative agreement funds were used for each six-month period. This information shall be provided to CMS using the SF-424A form. CMS will use this information to monitor operations. This report shall be submitted within 30 calendar days of the end of each six-month period.

Within 90 calendar days of the end of the two-year cooperative agreement, the awardee shall submit a final report to CMS. The report will summarize federal and state expenditures for implementation activities, review lessons learned, and inform CMS about implementation needs to replicate successful demonstrations in other states or make potential future Medicare and Medicaid policy changes. Through the MOU, CMS will receive additional required reports until the demonstration is completed.

With respect to the demonstration evaluation, awardees are required to cooperate, and shall require any other individuals or entities performing functions or services related to demonstration activities to cooperate. CMS will contract with an independent evaluator who will assess the impact of the demonstration. Awardees must provide data needed to assess the impact to the independent evaluator. CMS shall have full rights to use such data to disseminate successful care management techniques, including factors associated with performance, to other providers and suppliers and the public and to evaluate the demonstration. Awardees shall cooperate, and shall require any other individuals or entities performing functions or services related to demonstration activities to cooperate, in any site visits conducted by CMS or its designee(s). CMS or its designee(s) shall schedule the site visit with the awardee no less than 15 days in advance for purposes of evaluation, learning, and documenting best practices.

II. AWARD INFORMATION

1. Total Funding

Total funding for this Initiative is up to \$95 million to support up to 15 States to participate in a Cooperative Agreement for implementation support to integrate care for Medicare-Medicaid enrollees.

Cooperative agreements will be awarded to select qualified States based on criteria outlined in Section V. Application Review Information. The estimated award per state may range from \$1,000,000 to \$15,000,000. The amount of the award will be subject to each State's request and the assessment of that request during the application review.

2. Award Amount

CMS expects to make awards ranging from \$1 million to \$15 million to each grantee to cover a two-year cooperative agreement period of performance, and CMS reserves the right to award less or more depending on the scope and nature of the individual applications received. Awardees may not receive the total award amount requested but may be asked to revise the work plan and to reflect the funding that CMS will award.

For the first 12-month budget period, funding may cover 100% of approved implementation activities during this period.

In the second 12-month budget period, cooperative agreement funding is available for 50% of the costs of approved implementation activities. The applicant must fund the remaining 50%. The applicant-funded portion may include a combination of state funds and administrative Federal Financial Participation (FFP) through which existing Medicaid matching rules would apply.

3. Anticipated Award Date

CMS anticipates making cooperative agreement awards by March 15, 2013. Thereafter, it is approximately 45 days after each application due date (subsequent application due date is April 1, 2013.).

4. Period of Performance

The anticipated cooperative agreement period of performance for the program is 2 years. Funding will be awarded in 12-month budget periods. CMS is under no obligation to make additional awards under this program. To receive continued funding in the second year, cooperative agreements will be awarded through a non-competitive process contingent upon the progress of the state towards meeting the benchmarks set forth in the state's draft implementation plan and detailed in the Terms and Conditions.

5. Number of Awards

The number of estimated awards is based on the number of states that have signed MOUs with CMS to implement its demonstration to integrate care for Medicare-Medicaid enrollees. Up to 17 awards may be made. States may receive more than one cooperative agreement for different CMS approved designs but activities in each cooperative agreement must not duplicate one another; no more than one cooperative agreement will be awarded per signed MOU, per state. Each application must be for a single demonstration design. Each cooperative agreement will only include activities specific and appropriate to the demonstration design in the signed MOU.

6. Type of Award

Awards will be made through cooperative agreements to eligible states or state designated entities (SDEs) (see Section III. Eligibility Information).

CMS will be substantially involved in award activities. This will include collaboration and participation by the awarding staff as well as monitoring the cooperative agreements and their resulting recipient responsibilities.

While awardees are expected to cooperate with and facilitate the role of the awarding office and work of the operations support contractor and evaluation contractor, it is not necessary to budget for these activities beyond allowance for staff time for interactions and data reporting. For example, the awardee is not expected to provide working space for federal participants, etc.

Applications should propose plans and budgets without any assumption of operational programmatic support from the awarding office. For example, the awarding office will not make facilities or other resources available beyond the cooperative agreement award amount.

Applications that would require such additional support will be considered non-responsive and will be eliminated from consideration. Applications that require data from CMS should specify this need.

7. Termination of Award

Continued funding to an awardee is dependent on satisfactory performance against goals and performance expectations delineated in the cooperative agreement's terms and conditions. CMS reserves the right to terminate the cooperative agreement if it is determined to be in the Government's best interests. Projects will be funded subject to meeting terms and conditions specified and may be suspended or terminated if these are not met [see 1115A [42 USC 1315 a](b)(3)(B)].

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Funding under this opportunity is only available to state Medicaid agencies that were previously awarded a State Demonstration to Integrate Care for Dual Eligible Individuals - Design Contract in 2011 and associated state designated entities (i.e., those entities designated by those state Medicaid agencies) that are authorized by law to administer cooperative agreements, grants, and contracts in support of state programs. Funding is only available once the state has signed a Memorandum of Understanding with CMS to implement their demonstration design.

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

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

System for Award Management (SAM) Requirement: All applicants must provide their DUNS and EIN/TIN numbers in order to be able to register in the System for Award Management (SAM)* <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. In some cases, the registration process can take approximately two weeks to be completed. 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 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.

Applicants must successfully register with SAM prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. See Section IV, Application and Submission Information, for more guidance on SAM registration. Prime recipients must maintain a current registration with the SAM database, and may make sub awards only to entities that have DUNS numbers.

Organizations must report executive compensation as part of the registration profile at <https://www.sam.gov/portal/public/SAM/> by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170)). See Section VI, Award Administration Information, for more information on FFATA.

Application Eligibility Threshold Criteria

Applications not meeting threshold criteria will not be reviewed. Threshold criteria include:

- Application deadline: Applications must be received in Grants.gov by the application deadline.
- Applications shall include the required cover letter expressing support from state Medicaid director. If applicable, this letter shall express support for the state designated entity to apply for and administer the cooperative agreement. The cover letter should be included as a PDF and uploaded into the application. The letter should be addressed to:

Penny Williams, Grants Management Specialist
Centers for Medicare & Medicaid Services
Office of Acquisitions and Grants Management
7500 Security Boulevard
Mail Stop: B3-30-03
Phone: 410-786-2237 or email: Penny.Williams@cms.hhs.gov
- Applications shall include standard forms and page limit: Applications must not be more than 20 pages in length and separate appendices must not exceed 20 pages in length. Thus, the application with the appendices shall not exceed 40 pages in length.
- The Application Narrative section of the Application must be double-spaced, on 8 ½" x 11" plain white paper with 1" margins on both sides, and a font size of not less than 12.
- The Application Narrative must not exceed 20 pages. NOTE: The draft implementation plan and state letter(s) are not counted as part of the Project Narrative for purposes of the 20- page limit.
- Application requirements: In addition to timely submission and submitting required letters of support from the state, applications will be considered for funding only if the application meets the requirements as outlined in Section III. Eligibility Information and IV. Application and Submission Information.
- The application narrative shall include (not exceeding 20 pages in length):
 - Proposed Approach
 - Organizational Capacity and Management Plan
 - Evaluation and Reporting
 - Budget and Budget Narrative
- The appendices shall include (not exceeding 20 pages in length):
 1. Letter of support and commitment from the state Medicaid director (noted above)
 2. Draft implementation plan

- 3. Brief resumes from key contractor staff (if applicable)
- Other required materials NOT included in page limits are:
 - Abstract
 - Standard forms (see Overview of Cooperative Agreement Application Structure and Content)
 - Cover letter

More information can be found in Section IV. **Application and Submission Information.**

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

2. Cost Sharing or Matching

For the first 12-month budget period, cooperative agreement funding may cover 100% of approved implementation activities during this period.

In the second 12-month budget period, cooperative agreement funding is available for 50% of the costs of implementation activities. The applicant must fund the remaining 50%. The applicant-funded portion may include a combination of state funds and administrative Federal Financial Participation (FFP), through which existing Medicaid matching rules would apply (see Section I. Award Information).

3. Foreign and International Organizations

Foreign and international organizations are ineligible to apply.

4. Faith-Based Organizations

Faith-based organizations are eligible to apply, if selected by the state as the state designated entity.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Application Materials

This Funding Opportunity Announcement contains all of the instructions for a potential applicant to apply.

Application materials will be available for download at <http://www.grants.gov/>.

Please note that U.S. Department of Health and Human Services (HHS) requires applications for all announcements to be submitted electronically through <http://www.grants.gov/>. For assistance with <http://www.grants.gov/>, contact support@grants.gov or call 1-800-518-4726. Below are specific instructions for applications submitted via <http://www.grants.gov/>

- You can access the electronic application for this funding opportunity announcement at <http://www.grants.gov/>. Search for the funding opportunity by using the CFDA Number or the Funding Opportunity 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/>.
- All applicants under this announcement must have an Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN), to apply. **Please note, the time needed to complete the EIN/TIN registration process is substantial, and applicants should therefore begin the process of obtaining an EIN/TIN immediately to ensure this information is received in advance of application deadlines.**
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number. 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: <http://www.dnb.com/> or call 1-866-705-5711. This number should be entered in the block 8c (on the Form SF-424, Application for Federal Assistance). The organization name and address entered in block 8a and 8e should be exactly as given for the DUNS number. **Applicants should obtain this DUNS number immediately to ensure all registration steps are completed in time.**
- The applicant must also register in the System for Award management (SAM)* database in order to be able to submit the application. 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. In some cases, the registration process can take approximately two weeks to be completed. Therefore, registration should be completed in sufficient time to ensure that it does not impair your ability to meet required submission deadlines. Applicants must have their DUNS and EIN/TIN numbers in order to do so. Information about SAM is available at <https://www.sam.gov/portal/public/SAM/>.

*Applicants were previously required to register with the 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 Grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password. http://grants.gov/applicants/get_registered.jsp. AORs must wait at least one business day after registration in SAM before entering their profiles in Grants.gov. **Applicants should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines.**
 - 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 email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz point of contact (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 format. **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 resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application during the review process.

- Beginning August 15, 2012, applicants are now limited to using the following UTF-8 characters in all attachment file names.
 - A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period.
 - If applicants use any other characters when naming their attachment files their applications will be rejected.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the Grants.gov compatibility information and submission instructions provided at <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 notification from 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 Grants.gov. It is only an acknowledgement of receipt.** All applications that are successfully submitted must be validated by Grants.gov before they will be accepted. Please note 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 your application is not accepted, then you will receive a subsequent notice from Grants.gov citing that the application submission has been rejected. **Applicants should not wait until the application deadline (date and time) to apply because notification by Grants.gov that the application fails validation and is rejected may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications that fail validation and are rejected by Grants.gov after the deadline will not be accepted and/or granted a waiver.** For this reason CMS recommends submission of applications prior to the due date and time.
 - The most common reasons why an application fails the validation process and is rejected by Grants.gov are:
 - SAM registration cannot be located and validated
 - SAM registration has expired
 - The AOR is not authorized by the E-Biz POC to submit an application on behalf of the organization
 - 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 validations and are rejected by Grants.gov 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 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 the applicant to keep these notifications and know the Grants.gov Tracking Number and Agency Tracking Number associated with their application submission.
- Each year organizations and entities registered to apply for Federal grants and cooperative agreements through Grants.gov will need to renew their registration with the System for Award Management (SAM). You can register with the SAM online at; <https://www.sam.gov/portal/public/SAM>. . **Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying.**

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

All applications must be submitted electronically and be received through Grants.gov by 3:00 p.m. Eastern Time (Baltimore, MD) on January 28, 2013; and April 1, 2013.

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

The applicant must seek a waiver **at least** ten days prior to the application deadline if the applicant wishes 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 System for Award Management (SAM), registering as an Authorized Organizational Representative (AOR), obtaining an Employer/Taxpayer Identification Number (EIN/TIN), completing Grants.gov registration, as well as requesting timely assistance with technical problems. **Applicants that 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:

- Search for the application package in Grants.gov by entering the CFDA Number or Funding Opportunity Number. These numbers are shown on the cover page of this announcement.
- If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: support@grants.gov or (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.

- Upon contacting Grants.gov, obtain a helpdesk 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.
- If it is determined that a waiver is needed from the requirement to submit your application electronically, you must submit a request in writing (emails are acceptable) to Penny.Williams@cms.hhs.gov with a clear justification for the need to deviate from our standard electronic submission process.
- If the waiver is approved, the application must be received in the Office of Acquisition and Grants Management, Division of Grants Management by the application due date and time.
- To be considered timely, applications must be received by the published deadline date. However, a general extension of a published application deadline that affects all 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.

Grants.gov complies with Section 508 of the Rehabilitation Act of 1973. If an individual uses assistive technology and is unable to access any material on the site including forms contained with an application package, they can email the Grants.gov contact center at support@grants.gov or call 1-800-518-4726.

2. Content and Form of Application Submission

2.1. Form of Application Submission

Each application must include all contents described below, in the order indicated, and in conformance with the following specifications:

- Use 8.5” x 11” letter-size pages (one side only) with 1” margins (top, bottom, and sides). Other paper sizes will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5” x 11”.
- All pages of the project narrative must be paginated in a single sequence.
- Font size must be no smaller than 12-point with an average character density no greater than 14 characters per inch.
- All narrative portions of the application (project and budget) must be DOUBLE-SPACED including charts and tables.
- The project abstract is restricted to a one-page summary which may be single-spaced. The abstract is often distributed to provide information to the public and Congress, so it should be clear, accurate, concise, and without reference to other parts of the application. Personal identifying information should be excluded from the abstract.
- The application with the appendices shall not exceed 40 pages in length.
- The application narrative shall include (not exceeding 20 pages in length):

- Proposed Approach
- Organizational Capacity and Management Plan
- Evaluation and Reporting
- Budget and Budget Narrative
- The appendices shall include (not exceeding 20 pages in length):
 - Letter of support and commitment from the state Medicaid director
 - Draft implementation plan
 - Brief resumes from key contractor staff (if applicable)

Other required materials NOT included in page limits are:

- Abstract
- Standard forms (see Overview of Cooperative Agreement Application Structure and Content)
- Cover letter
- Indirect Cost Rate Agreements

2.2. Overview of Cooperative Agreement Application Structure and Content

2.2.1. Standard Forms

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

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

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

- a) On Item 15 “Descriptive Title of Applicant’s Project,” state the specific cooperative agreement opportunity for which you are applying: State Demonstration to Improve Care for Medicare-Medicaid Enrollees Implementation Support.
- b) Check “C” to item 19, as Review by State Executive Order 12372 does not apply to these grants.
- c) Item 18 “Estimated Funding,” shall contain the amount of federal funding requested for the FIRST FUNDING PERIOD (12 months) of the project only

2.2.2. Cover letter

Applications shall include the required cover letter expressing support from state Medicaid director. If applicable, this letter shall express support for the state designated entity to apply for and administer the cooperative agreement. The cover letter should be included as a PDF and uploaded into the application. The letter should be addressed to:

Penny Williams, Grants Management Specialist
Centers for Medicare & Medicaid Services
Office of Acquisitions and Grants Management
7500 Security Boulevard
Mail Stop: B3-30-03
Phone: 410-786-2237 or email: Penny.Williams@cms.hhs.gov

2.2.3. Project Abstract and Profile (one page)

The one-page abstract (single-spaced) shall serve as a succinct description of the proposed implementation activities and how they support the goals of the demonstration, including the total budget, and the projected size of the target population and geographic location of the proposed demonstration. It shall also include a brief description of the capacity of the state, and if applicable the state designated entity, to complete the activities for which funds are being requested. The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Information specific to an individual should be excluded from the abstract. Applicants shall use the Project Abstract Summary Form to complete the project abstract.

2.2.4. Application Narrative

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

Applicants should focus on describing the specific activities for which they are requesting funds and how these activities support the goals of the demonstration. However, applicants may assume that reviewers have access to and some familiarity with the state's demonstration proposal posted at: <http://cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialModelstoSupportStatesEffortsInCareCoordination.html>

A. Proposed Approach

The application shall clearly summarize a comprehensive list of the proposed activities to support the demonstration, including a description of the overall implementation strategy and anticipated timeline and activities associated with building the infrastructure needed to implement the demonstration. The applicant shall only propose activities that are necessary and appropriate to implement the demonstration. The application shall clearly articulate how the proposed activities help further the goals of the demonstration, prioritizing activities that support beneficiary engagement and add resources for improving beneficiary experience and protect beneficiary rights. Consistent with these activities, the application shall clearly describe the

implementation tasks, required staffing, appropriateness of the staffing, staffing levels, and key activities by staff. The application shall present a clear and robust strategy explaining how those staff would work in cooperation with stakeholders. The application shall describe any current or planned stakeholder engagement efforts.

The application shall articulate the resources needed to support implementation tasks, the organizations/individuals who will execute those tasks, and when these resources are needed to support implementation tasks. This description shall identify any existing resources currently available to the state Medicaid agency or its demonstration partners and state contributions to implementation, gaps in existing resources that the cooperative agreement award will address, and any risk to demonstration implementation in the absence of additional resources. The applicant shall attest that it has the ability to fund the state portion in the second 12-month period of performance and that grant funds will not be used as the state share of funding.

The applicant shall attach a letter expressing support for the application from the state Medicaid director. If applicable, this letter shall express support for the state designated entity to apply for and administer the cooperative agreement. The letter(s) of support from the state Medicaid director and, if applicable, state designated entity, shall indicate a partnership from relevant state agencies and other relevant organizations.

B. Organization Capacity

The application shall describe the infrastructure/capacity of the state Medicaid agency or the state designated entity to implement and oversee the cooperative agreement activities and associated funding. This section shall address staffing, expected use of any existing contractors or other resources, and the capacity of the applicant to manage and oversee execution of the cooperative agreement activities. The state or, if applicable, the state designated entity, is required to maintain sufficient organizational resources, including staff, information technology, and capacity to track data for required semi-annual progress reports, and other resources necessary to implement the proposed intervention. The applicant must identify key staff for each task.

For state designated entities, the application shall describe lines of business, mission statement, total annual revenue, current staffing level, geographic areas of operation, and other factors necessary for CMS to understand the state designated entity's organization. It shall describe any relationships that the state designated entity has with the state and its experience providing services on behalf of the state Medicaid agency.

For state agencies and state designated entities that are proposing to use contractors or other staff to support implementation of the demonstration, the application shall include qualifications of

these staff, roles and responsibilities of each position, and percentage of time that key personnel would dedicate to the project. The application shall describe past performance of these contractors and other proposed staff with implementation activities similar to those proposed under this cooperative agreement. When a function would be contracted out but the contractor is unknown, please indicate whether the contractor will be selected through a competitive process and provide a timeline for completing the procurement process. The application shall indicate the management and monitoring plan for contractors and indicate the key state or state designated entity staff with the responsibility for oversight.

The application shall include a preliminary draft implementation plan, which may be submitted as an Appendix, describing how it would organize and manage the project, in what time frames, and what management control and coordination tools would be used to assure the timely and successful implementation of the cooperative agreement activities in support of the demonstration. The application shall indicate the organizational capacity to effectively conduct this project, track activities and deliverables, and report on its progress throughout the cooperative agreement period of performance.

C. Reporting and Evaluation

The application must include a description of the applicant's plan for collecting and producing the data and analysis of the cooperative agreement activities for the semi-annual progress reports that will be provided to CMS. Note that the participants will also be required to fully cooperate with the operations support, actuarial rate-setting services, and evaluation contractors in reporting data that they may require for the project evaluations.

2.2.5. Budget and Budget Narrative

Form SF-424A: Budget Information – Non-Construction Programs and Budget Narrative:

All applicants must submit an SF-424A. Instructions for completing the SF-424A can be found on [Grants.gov](https://www.grants.gov).

The program is funded in two, 12-month budget periods. On the SF424A Section B Budget Categories, please use Column 1 for the first 12-month budget period and Column 2 for the second 12-month budget period. The second 12-month budget period in Section B should be the entire budget – both federal and state portions.

This program is funded in 12-month budget period increments. Therefore, the applicant shall ensure that all amounts entered in Sections A, C, and D are for the FIRST FUNDING PERIOD of the project only. Federal funds requested for future funding periods shall be entered in Section E.

A. Budget Narrative

In addition, applicants must supplement Budget Form SF-424A with a Budget Narrative. The Budget Narrative must include a yearly breakdown of costs for the two-year cooperative agreement period of performance. Specifically, the Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF-424A Section B by year including a breakdown of costs for each activity/cost within the line item. The proportion of cooperative agreement funding designated for each activity should be clearly outlined and justify the organization's readiness to receive funding for two 12-month budget periods including complete explanations and justifications for the proposed cooperative agreement activities. The budget must separate out funding that is administered directly by the awardee from any funding that will be subcontracted. The second 12-month budget period must include and distinguish between both the federal share and the non-federal share and the applicant shall attest that it has the ability to fund the non-federal share.

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

- 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).

- Fringe benefits
- Contractual costs, including subcontracts
- Equipment
- Supplies
- Travel
- Indirect charges
 - In compliance with appropriate OMB Circulars, if requesting indirect costs in the budget, a copy of the approved indirect cost rate is required.
- Other costs, including those not otherwise associated with training and education.

State personnel and personnel contract costs must include detailed salary and fringe benefit costs clearly delineated for review.

The Budget Narrative shall outline the strategies and activities of the program, and provide cost breakdowns for any subcontracts that will be implemented to achieve anticipated outcomes.

B. Organizational Structure

- Applicants must also include with the Budget Narrative an organizational chart for the entity that is responsible for the management of the cooperative agreement. In addition, provide a Narrative Staffing Plan to include:

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

Note: Rather than duplicate information in their application, applications should refer to the information provided in response to the information specified in Overview of Cooperative Agreement Application Structure and Content when writing this section.

2.3. Submission Dates and Time

The deadline for the submission of initial applications under this Funding Opportunity Announcement is January 28, 2013. Applications received through <http://www.grants.gov> by 3:00 p.m. Eastern Standard Time (Baltimore, MD) on due date 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. This serves as the official date/time that an application is received.

Following this deadline, based on available funding, applications will be accepted for review and approval from eligible states according to the submission due dates outlined in the chart below.

FY 2013 Subsequent Funding Application Submissions and Review Schedule

Application Submission Due	Estimated Review Period	Anticipated Notice of Award Date	Anticipated Funding Period
January 28, 2013 3 p.m. Eastern Standard Time (EST)	January 28 – March 14, 2013	March 15, 2013	March 15, 2013 to March 14, 2015
April 1, 2013 3 p.m. Eastern Standard Time (EST)	April 1, 2013 to May 14, 2013	May 15, 2013	May 15, 2013 to May 14, 2015

2.4. Intergovernmental Review

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

2.5. Funding Restrictions

2.5.1. Indirect Costs

If requesting indirect costs, a currently effective Indirect Cost Rate Agreement will be required. Applicants are required to use the rate agreed to in the Indirect Cost Rate Agreement. However, if there is not an agreed upon rate, the award (if the applicant is selected) may not include an amount for indirect costs unless the organization has never established an indirect cost rate (usually a new recipient) and intends to establish one. In such cases, the award shall include a provisional amount equaling one-half of the amount of indirect costs requested by the applicant, up to a maximum of 10 percent of direct salaries and wages (exclusive of fringe benefits). If the recipient fails to provide a timely proposal, indirect costs paid in anticipation of establishment of a rate will be disallowed. See the Health and Human Services Grants Policy Statement at <http://www.hhs.gov/grantsnet/adminis/gpd/> for more information.

The provisions of 2 CFR Part 225 (previously OMB Circular A-87) govern reimbursement of indirect costs under this solicitation. <http://www.whitehouse.gov/omb/circulars>

2.5.2. Direct Services

Cooperative agreement funds may not be used to provide individuals with services that are already funded through Medicare, Medicaid and/or CHIP including any ancillary services provided through the duals demonstrations. These services do not include expenses budgeted for provider and/or consumer task force member participation in conferences, provision of technical assistance, or attendance at technical assistance conferences sponsored by CMS or its national technical assistance providers for the benefit of awardees.

2.5.3. Reimbursement of Pre-Award Costs

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

2.5.4. Prohibited Uses of Cooperative Agreement Funds

- To match any other federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under federal or state law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To supplant existing state, local, or private funding of infrastructure or services, such as staff salaries, etc.
- To be used by local entities to satisfy state matching requirements.

- To provide infrastructure for which federal Medicaid matching funds are available at the 90 / 10 matching rate, such as certain information systems projects.
- To pay for the use of specific components, devices, equipment, or personnel that are not integrated into the application.
- Construction or alteration and renovation of real property (A&R).
- Any equipment, (including information technology equipment), over \$5,000 must be approved by CMS.

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 to be 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)

2.6. System for Award Management (SAM) and Data Universal Numbering System (DUNS)

For any organization not currently registered with SAM and DUNS, the SAM/DUNS process should begin as soon as possible as the process can take a significant period of time to complete. All Prime awardees must provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and an EIN/TIN number in order to be able to register in the Federal Funding Accountability and Transparency Subaward Reporting System (FSRS) as a prime award user. If your organization does not have a DUNS number, you will need to obtain one from DUN & Bradstreet. Call D&B at 866-705-5711 if you do not have a DUNS number. Once you have obtained a DUNS Number from D&B, you must then register with the System for Award Management at <https://www.sam.gov/portal/public/SAM/> . Prime awardees may make sub-awards only to entities that have DUNS numbers. Organizations must report executive compensation as part of the registration profile at <https://www.sam.gov/portal/public/SAM/> by the end of the month following the month in which this award is made, and annually thereafter

(based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282)), as amended by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170)). After you have completed your SAM registration, you will be able to register in FSRS as a prime awardee user.

V. APPLICATION REVIEW INFORMATION

In order to receive an award under this funding opportunity announcement, applicants must submit an application, in the required format, no later than the deadline date and time.

If an applicant does not submit all of the required documents and does not address each of the topics described below, the applicant risks not being awarded a cooperative agreement.

1. Criteria

This section fully describes the evaluation criteria for this cooperative agreement program. In preparing applications, applicants are strongly encouraged to review the programmatic requirements detailed in Section I. Funding Opportunity Description. The application must be organized, as detailed in Section IV. Application and Submission Information, and be submitted by an eligible applicant as defined in Section III. Eligibility Information.

Applications received by the due date and time from eligible applicants will be reviewed in the technical review process. If not, the applicant's submission will not receive further consideration and will not be eligible for award.

Application will be scored with a total of 100 points available. The following criteria will be used to evaluate applications received in response to this funding opportunity announcement.

1.1. Proposed Approach (Overall 40 Points)

The applicant clearly and succinctly summarizes the proposed demonstration, including a description of the overall implementation strategy and anticipated timeline and activities associated with building the infrastructure needed to implement the demonstration. Activities proposed under this cooperative agreement are necessary and appropriate to implement the demonstration. The application clearly articulates implementation tasks that help further the goals of the demonstration, with preference for those that support beneficiary engagement and add resources for improving beneficiary experience and protect beneficiary rights. Consistent with the proposed activities, the applicant describes the required staffing, appropriateness of the staffing, staffing levels, and key activities by staff. The application presents a clear and robust strategy explaining how those staff would work in cooperation with stakeholders and describes any current or planned stakeholder engagement efforts.

The applicant clearly describes the resources needed to support implementation tasks, the organizations/individuals who will execute those tasks, and when these resources are needed to

support implementation tasks. This description identifies any existing resources currently available to the state Medicaid agency or its demonstration partners and state contributions to implementation, gaps in existing resources that the cooperative agreement award will address, and any risk to demonstration implementation in the absence of additional resources.

The application includes a letter expressing support for the application from the state Medicaid director. If a state designated entity is the applicant, this letter expresses support from the state Medicaid director for the state designated entity to apply for and administer the cooperative agreement. The letter(s) of support from the state Medicaid director indicate a partnership from relevant state agencies and other relevant organizations.

1.2. Organizational Capacity and Management Plan (Overall 25 Points)

The applicant demonstrates sufficient infrastructure/capacity of the state Medicaid agency and any designee to implement and oversee the cooperative agreement activities. The applicant describes appropriate staffing and expected use of any existing contractors or other resources. The applicant demonstrates the capacity to manage the activities funded in the cooperative agreement. In combination with other state implementation plans, the activities to be funded will meaningfully improve the state's capacity to meet the goals of the demonstration. The state or state designated entity commit to maintaining sufficient organizational resources, including staff, information technology, and capacity to track data for required semi-annual progress reports, and other resources necessary to implement the proposed intervention. The applicant defines who is considered key staff.

If submitted by the state designated entity, the applicant describes lines of business, mission statement, total annual revenue, current staffing level, geographic areas of operation, and other factors necessary for CMS to understand the state designated entity's organization. The application describes any relationships that the state designated entity has with the state and its experience providing services on behalf of the state Medicaid agency. Such information demonstrates capacity and expertise to manage the cooperative agreement activities.

The applicant describes how state agencies and state designated entities will use contractors or other staff to implement the cooperative agreement activities. The application includes qualifications of these staff, roles and responsibilities of each position, and percentage of time that key personnel would dedicate to the project. The applicant clearly defines the roles of key staff. The application describes past performance of these contractors and other staff with implementation activities similar to those proposed under this cooperative agreement. It is likely the applicant may not have selected a contractor. Where functions are to be contracted out but the contractor is unknown, the applicant indicates whether the contractor will be selected through a competitive process and provides a timeline for that process. The application describes the

management and monitoring plan for contractors and indicates the key state or state designated entity staff that is tasked with the responsibility for oversight.

The application's preliminary implementation plan, which may be submitted as an Appendix, describes a sound approach to organize and manage the project, in reasonable time frames, and with the necessary management control and coordination tools to assure the timely and successful implementation of the demonstration. The application demonstrates the organizational capacity to effectively conduct this project, track activities and deliverables, and report on progress throughout the cooperative agreement period of performance.

1.3. Evaluation and Reporting (Overall 10 Points)

The application includes a description of the applicant's plan for collecting and producing the data and analysis of the cooperative agreement activities for the semi-annual progress reports that will be provided to CMS. The application confirms that the state and, if applicable, the state designated entity will fully cooperate with the operations support, actuarial rate-setting services, and evaluation contractors in reporting data that they may require for the project evaluations.

1.4. Budget and Budget Narrative (Overall 25 Points)

The proposed Budget and Budget Narrative are carefully developed and reflect efficient and reasonable use of funds. Overhead and administrative costs are reasonable, with funding focused on operations rather than administration. The proposed budget request reflects a promising investment given the expected impact of the intervention.

The evaluation of applications will consider whether the applicant includes a comprehensive budget reflecting all costs of staffing and implementing the intervention.

2. Review and Selection Process

The review process will include the following:

- Applications will be screened to determine eligibility for further review using the criteria detailed in this solicitation. Applications received late or from organizations that are not eligible applicants will not be reviewed and will not be eligible for award.
- A team consisting of staff from HHS and potentially other outside experts will review all applications. The review panel will assess each application to determine the merits of the application and the extent to which the proposed program furthers the purposes of the program. CMS reserves the option to request that applicants revise or otherwise modify their applications and budget based on the recommendations of the panel.
- The results of the objective review of the applications by qualified experts will be used to advise the approving HHS official. Final award decisions will be made by an HHS program official. In making these decisions, the HHS program official will take into

consideration: recommendations of the review panel; the extent to which the requested resources directly support demonstration implementation efforts; any overlap with existing resources that support implementation; the extent to which the state is committing state resources to implementation efforts; the reasonableness of the estimated cost to the government and anticipated results; likelihood that the proposed project will result in the benefits expected; and availability of funding.

Successful applicants will receive one cooperative agreement award per application issued under this announcement. See Section II. Award Information, Number of Awards for more information. CMS reserves the right to approve or deny any or all applications for funding. Section 1115A(d)(2) of the Social Security Act states that there is no administrative or judicial review of the selection of organizations, sites, or participants to test models under section 1115A.

3. Anticipated Announcement and Award Dates

It is anticipated that decisions for the initial awards under this Funding Opportunity for the January 28, 2013 deadline will be made and awards announced approximately March 15, 2013.

Subsequent applications will be accepted for review on April 1, 2013. The anticipated award date for these is May 15, 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 grants terms and conditions. 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 awardee that an award has been made and that funds may be requested from the HHS Payment Management System. The NoA will be sent through the U.S. Postal Service, as well as through electronic mail, to the awardee organization as listed on its SF-424. Any communication between CMS and awardees prior to issuance of the NoA is not an authorization to begin implementation of a project.

Unsuccessful applicants are notified within 30 days of the final funding decision for each cooperative agreement and will receive a disapproval letter via e-mail or U.S. mail.

Federal Funding Accountability and Transparency (FFATA) Subaward Reporting Requirement: New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier 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.fsrs.gov).

2. Administrative and National Policy Requirements

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

- a) Specific administrative and policy requirements of Grantees as outlines in 45 CFR 92,2 CFR Part 225(previously OMB Circular A-87) and OMB Circulars A-102 and A-133 apply to this cooperative agreement opportunity.
- b) All awardees under this project must comply with all applicable Federal statutes relating to nondiscrimination including, but not limited to:
 - i. Title VI of the Civil Rights Act of 1964,
 - ii. Section 504 of the Rehabilitation Act of 1973,
 - iii. The Age Discrimination Act of 1975,
 - iv. Hill-Burton Community Service nondiscrimination provisions, and
 - v. Title II Subtitle A of the Americans with Disabilities Act of 1990,
- c) All equipment, staff, other budgeted resources, and expenses must be used exclusively for the project identified in the awardee's original cooperative agreement application or agreed upon subsequently with HHS, and may not be used for any prohibited uses.

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://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html>. General Terms, Special Terms, and Program Specific Terms and Conditions 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).

Awardees must also agree to respond to requests that are necessary for the evaluation of the overall State Demonstrations to Integrate Care for Dual Eligible Individuals and provide data on key elements of their own cooperative agreement activities.

4. Reporting (Frequency and Means of Submission)

4.1. Progress Reports

Awardees must agree to cooperate with any federal evaluation of the program and provide required quarterly, semi-annual, and final reports in a form prescribed by CMS. See Activity 3.b (Section I. Funding Opportunity Description) for more information about these reports.

Reports shall be submitted electronically. Awardees must submit semi-annual Progress Reports that describe their activities, outcomes related to their goals, challenges and lessons learned with final copies of formal funding agreements developed during the grant period attached. The semi-annual Progress Reports shall also detail how cooperative agreements funds were used for each six-month period. In the second budget period, the report shall report expenditure of the non-federal share. This information shall be provided to CMS using the SF-424A form. CMS will use this information to monitor operations.

4.2. Financial Reporting Requirements

Awardees are required to submit the SF-425 on a semi-annual basis. More details will be outlined in the Notice of Award.

4.3. Transparency Act Reporting Requirements

New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier 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). 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.

4.4. 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

4.5. 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/Grants Specialist. The report identifies cash expenditures against the authorized funds for the cooperative agreement. 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

1. Programmatic Contact Information:

All programmatic questions about the cooperative agreements may be directed to:

Yelile Saca

Centers for Medicare & Medicaid Services

Medicare-Medicaid Coordination Office

7500 Security Boulevard

Mail Stop:

Baltimore, MD 21244-1850

Phone: 410-786-4954 or email: FCHCOSTateDemosProgram@cms.hhs.gov

2. Administrative Questions:

Administrative questions about the cooperative agreements may be directed to:

Penny Williams, Grants Management Specialist

Centers for Medicare & Medicaid Services

Office of Acquisitions and Grants Management

7500 Security Boulevard

Mail Stop: B3-30-03

Phone: 410-786-2237 or email: Penny.Williams@cms.hhs.gov