

**GRANT FUNDS FOR ESTABLISHMENT OF
ALTERNATE NON-EMERGENCY SERVICES PROVIDERS**

OVERVIEW INFORMATION

Agency Name

Department of Health and Human Services/Centers for Medicare & Medicaid Services (CMS)/Center for Medicaid and State Operations

Funding Opportunity Title

GRANT FUNDS FOR ESTABLISHMENT OF ALTERNATE NON-EMERGENCY SERVICES PROVIDERS

Announcement Type

New - This grant opportunity is available under the authority of Section 6043(b), the Deficit Reduction Act of 2005, Public Law 109-171, enacted February 8, 2006.

Funding Opportunity No.

HHS-2008-CMS-ANESP-0005

Catalog of Federal Domestic Assistance No.

93.790

Key Dates

Application posting date: August 15, 2007

Application due date: September 21, 2007

FULL TEXT OF ANNOUNCEMENT

I. Funding Opportunity Description

Effective January 1, 2007, Section 6043, the Deficit Reduction Act of 2005, Public Law No. 109-171, "Emergency Room Co-payments for Non-Emergency Care," provides for a new State Option for Permitting Hospitals to Impose Cost Sharing for Non-Emergency Care Furnished in an Emergency Department. As part of this provision, grants funds are authorized to establish alternate non-emergency services. The grant funding amount is \$50,000,000 over 4 years. This grant solicitation is \$37,500,000 for obligation in FY 2008 (this amount includes funding carried over from FY 2006 and 2007) and \$12,500,000 million for obligation in FY 2009.

II. Award Information

Award Type:	Grant
Total amount of funding:	\$50,000,000
Anticipated number of awards:	Multiple awards
Individual award amounts:	May vary
Anticipated award dates:	October 31, 2007
Period of performance:	October, 2007 - September 30, 2009
Whether renewal or supplements of existing projects are eligible to compete with new awards:	This award is available only to Medicaid Agencies within States and Territories. Proposal requests must be from the State Medicaid Agency and have the approval of the State Medicaid Director.

III. Eligibility Information

1. Eligible Applicants

All State Medicaid Agencies are eligible to apply for Grant Funds for Establishment of Alternate Non-Emergency Service Providers.

Proposals must be for the sole purpose of the establishment of alternate non-emergency services providers as defined in section 1916A(e)(4)(B) of the Act.

ALTERNATE NON-EMERGENCY SERVICES PROVIDER—The term alternative non-emergency services provider means, with respect to non-emergency services for the diagnosis or treatment of a condition, a health care provider, such as a physician's office, health care clinic, community health center, hospital outpatient department, or similar health care provider that:

- can provide clinically appropriate services for the diagnosis or treatment of a condition contemporaneously with the provision of the non-emergency services that would be provided in an

- emergency department of a hospital for the diagnosis or treatment of a condition, and
- is participating in the program under this title.

And preference will be given to providers that:

- serve rural or underserved areas where beneficiaries under this title may not have regular access to providers of primary care services; or
- are in partnership with local community hospitals.

Additionally, in reviewing applications, CMS will consider as a special circumstance whether the grant funding is necessary to further the implementation of a pending or approved State plan amendment for section 1916A(e) of the Act for hospitals to impose cost sharing for non-emergency services provided in a hospital emergency department.

The Alternate Non-Emergency Services Provider must be operational within 18 months of the start date of the grant funded project.

2. Cost Sharing or Matching

No cost sharing or matching applies to for Grant Funds for Establishment of Alternate Non-Emergency Service Providers.

Grant awards are not to be used for any State share or supplemental disproportionate share hospital payments.

IV. Application and Submission Information

1. Address to Request Application

A complete electronic application package, including all required forms, for Grant Funds for Establishment of Alternate Non-Emergency Service Providers is available at www.grants.gov.

Standard application forms and related instructions are also available from Ms. Joi Grymes, Centers for Medicare & Medicaid Services, Office of Acquisition and Grants Management, Mail Stop C2-21-15, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Ms. Grymes can be contacted by e-mail at Joi.Grymes@cms.hhs.gov.

2. Content and Form of Application Submission

a. Form of Application Submissions – Only in the event that the electronic submission of the application has failed through www.grants.gov should the applicant submit an original and two copies of the application, which must be in the following format:

- 8.5” x 11” letter-sized white paper with 1” margins (top, bottom, and sides)
- No binding, staples, or tabs
- Written in English with black ink
- Single-sided, single-spaced, using no smaller than 12 point font

- Pages numbered
- Abstract: Singled spaced
- Narrative: Double spaced
- Budget: Single spaced

If the electronic submission of the application has failed through www.grants.gov , the applicant should include a copy of the failed submission notice from www.grants.gov with the paper application submission.

b. Application Contents

Standard Forms (SF) - Standard forms must be completed using the instructions provided at: http://www.grants.gov/agencies/forms_repository_information.jsp . The following standard forms must be completed with an original signature and enclosed as part of the application.

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

In the event that the electronic submission of the application has failed through www.grants.gov, the following Web site should be accessed for the standard forms: www.cms.hhs.gov/GrantOpportunities/.

State may submit for consideration more than one program proposal in a single application.

3. Submission Dates and Times:

a. Grant Applications

All applications must be received no later than September 21, 2007, in order to be considered on time. Applications submitted through www.grants.gov until 11:59 p.m. Eastern Time on September 21, 2007, will be considered “on time.” All applications will receive an automatic time stamp upon submission and applicants will receive an automatic e-mail reply confirming receipt of the application.

Please note when submitting your application electronically, you are also required to mail a signed SF 424 to Ms. Joi Grymes, Centers for Medicare & Medicaid Services, Office of Acquisition and Grants Management, Mail Stop C2-21-15, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. The **mailed** SF 424 form may be received at the Centers for Medicare & Medicaid Services within two (2) business days of the application closing date.

Any paper applications mailed through the U.S. Postal Service or a commercial delivery service will be considered “on time” if received by the close of business on the closing date or postmarked (first class mail) by the date specified. If express, certified, or registered mail is used, the applicant should obtain a legible, dated mailing receipt from the U.S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailings.

Applications by facsimile (fax) transmission will not be accepted.

4. Intergovernmental Review

Applications for these grants are not subject to review by States under Executive Order 12372 “Intergovernmental Review by Federal Agencies” (45 CFR Part 100).

5. Funding Restrictions

a. Indirect Cost

We recommend applicants review the Office of Management and Budget circulars in preparing budget information. This information is available at the following link:

<http://www.whitehouse.gov/omb/circulars> .

V. Application Content and Review Information

1. Narrative Program Description Criteria: The review team will use the following criteria in reviewing the applications:

Application Content: 160 total point score for each program proposal—15 page limit.

Application Format: Each application may contain one or more proposals; each proposal can be up to 15 pages in length and must include:

- Applicant preference (not included in page limit)
- Abstract (not included in page limit)
- Project narrative
- Budget
- 8.5” x 11” letter-sized white paper with 1” margins (top, bottom, and sides)
- Single sided
- Written in English with black ink
- No smaller than 12 point font
- Abstract: Singled spaced
- Narrative: Double spaced
- Budget: Single Spaced

Cover sheet: The cover sheet should include the following (not included in the page limit):

- State, Name of Project, Name of the Medicaid agency
- Contact Person Name and Title
- Contact Person Telephone and Fax number
- Contact Person E-mail Address
- Acknowledgment of support for the project from the State Medicaid Director

Applicant Preference: Preference in the award of grants under this solicitation will be based upon the applicant’s ability to meet the following preference criteria: (a) serve rural or underserved areas where Medicaid beneficiaries may not have regular access to providers of

primary care services, or (b) providers who are in partnership with local community hospitals. CMS will consider as a special circumstance whether the grant funding is necessary to further the implementation of a pending or approved State plan amendment for section 1916A(e) of the Act for hospitals to impose cost sharing for non-emergency services provided in a hospital emergency department. For applicants that do not request or meet the preference requirements, your application will be reviewed and receive full consideration for available funding. **For States that want to be considered for preference, the following information is required in your application** (not included in the page limit):

- A statement from the applicant requesting consideration for preference and the basis for the request.
- If the applicant is requesting preference based upon serving rural or underserved areas where Medicaid beneficiaries may not have regular access to providers of primary care services the following must be provided: (1) the Health and Resource Services Administration, Medically Underserved Areas/Medically Underserved Populations location, score and designation status (no older than January 1, 2000); (2) Health Professional Shortage Areas for Primary Care location and score provided at <http://datawarehouse.hrsa.gov/>; or (3) provide Governor's certified shortage area for Rural Health Clinic purposes.
- If the applicant is requesting preference based upon providers who are in partnership with local community hospitals, the State must provide a clear description of the partnership arrangement that includes, at a minimum: a description of the delivery system, length of operation, and impact to the current emergency services delivery system.
- If the applicant is requesting special consideration based on the submission of the section 1916A(e) of the Act State plan amendment (SPA) for hospitals to impose cost sharing for non-emergency services provided in a hospital emergency, submit a copy of the SPA that your State has already submitted to CMS with this application.

Abstract: 10 points - single spaced, one page, not included in the page limit.

Provide a clear, concise description of the proposed project that should include the goals of the project, the total projected budget, a description of how the grant will be used to establish alternate non-emergency services providers to provide services for Medicaid recipients, and the expected outcome of the project.

Project Narrative: 120 total points - The project narrative (double spaced) should provide a clear description of each of the following:

- ***Statement of Project/Need*** (15 points) - Describe the current status of emergency room usage for non-emergency care by Medicaid beneficiaries in your State; provide the average Medicaid ER visits per hundred against the national average of ER visits per hundred¹ for your State, describe the project and discuss why this project is needed.
- ***Project Justification*** (15 points) - Describe how this program/project will facilitate appropriate access to primary care for Medicaid recipients by offering alternative non-emergency providers in lieu of emergency room services for delivery of non-emergency care.
- ***Project Goals and Outcomes*** (15 points) - Describe the goals and anticipated outcomes/impact of the project.
- ***Estimate of Impact to Beneficiaries*** (15 points) - Describe the projected number of individuals who will be directly affected by the project, and clearly define the project target area (i.e., county, region-wide, statewide).
- ***Description of Magnitude of the Impact to Medicaid*** (15 points) – Describe the size and scope of the project in terms of impacting the current Emergency room use of Medicaid recipients.
- ***Description of Sustainability of the Project*** (15 points) - Describe the State’s plan to sustain the project after the grant funding is exhausted.
- ***Evaluation Plan*** (15 points) - Describe the evaluation plan of the project.
- ***Description of Project Implementation Readiness*** (15 points) - Describe the State’s ability and plan for implementation of the project. The description should include implementation tasks/timeline with milestones and status.

Budget: 30 points - The budget section must include the following (single spaced):

- ***Estimated budget total*** - Provide the budget breakdown by the requested Federal grant amount and identify each grant year (i.e., Federal fiscal year 2007).
- ***Total estimated funding requirements for each year*** - Provide estimated funding requirements and description for each year for each of the following line items:
 - Personnel/Fringe benefits,
 - Contractual cost (including consultant contracts),
 - Supplies,
 - Equipment, and
 - Other costs (provide clear description and justification).

2. Review and Selection Process

¹ National Utilization of Emergency Department Visits Per 100 Person: 39.9 Source: National Hospital Ambulatory Medical Care Survey 2003, Emergency Department Summary Tables 1,5,10,12,22 CDC <http://www.cdc.gov/nchs/fastats/ervisits.htm>. National Utilization of Emergency Department Visits Per 100 Medicaid Enrollee 81.0 Source: McCraig et. al., National Hospital Ambulatory Medical Care Survey 2003, Emergency Department Summary Advanced Data, Number 358, May 25, 2005, <http://www.cdc.gov/nchs/data/ad/ad358.pdf>.

A team consisting of staff from CMS will review all applications. The team will meet as necessary on an ongoing basis as applications are received.

3. Anticipated Announcement and Award Dates

The anticipated award date is October 31, 2007.

VI. Award Administration Information

1. Award Notices

a. Grant Awards - Notification and Award Letter

Successful applicants will receive a Notice of Assistance Award (NOA) signed and dated by the CMS Grants Management Officer. The NOA is the document authorizing the grant award and will be sent through the U.S. Postal Service to the applicant organization as listed on its SF 424. Any communication between CMS and the applicants prior to issuance of the NOA does not constitute authorization to begin performance of the project.

b. Grant Administration

Each State that submits an application that is approved by CMS is eligible for a grant of up to the amount of NOA for its costs associated with the Establishment of Alternate Non-Emergency Service Providers based on the approved program description and budget. The grants to each State will be distributed in phases, with the total amount of funding not to exceed the amount in the NOA.

c. Grant Acceptance

Awardees must submit a letter of acceptance to CMS, within 30 days of the date of the award, agreeing to the terms and conditions of the award letter. The letter should be mailed to: Ms. Joi Grymes, Centers for Medicare & Medicaid Services, Office of Acquisition and Grants Management, Mail Stop C2-21-15, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

2. Administrative and National Policy Requirements

- a. Specific administrative and policy requirements of awardees as outlined in 45 CFR Part 92 apply to this grant opportunity.
- b. Terms and Conditions – The awardees will be required to comply with the special terms and conditions associated with this grant award.

3. Reporting

- a. The awardees must submit a quarterly report to CMS documenting the expenditure of the grant funds (SF-269a) and the progress of the establishment of alternative non-emergency services providers initiative. These reports will continue to be submitted until all grant funds have been spent. See 45 CFR Part 92.

- b. The awardees must keep sufficient records of the grant expenditures since the awardees may be subject to an audit. See 45 CFR Part 92.

VII. Agency Contacts

CMS Contact Information

Administrative Matters

Ms. Joi Grymes
Grants Management Specialist
Centers for Medicare & Medicaid Services
Office of Acquisitions and Grants Management
Mail Stop C2-21-15
7500 Security Boulevard
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Technical Matters

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