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Continuation Grant Awards 2009

Medicaid Infrastructure Grants

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General Information

Document Type:	Grants Continuation Notice
Funding Opportunity Number:	HHS-2009-CMS-CONT-MIG
Original Due Date for Applications:	August 25, 2008
Current Due Date for Applications:	August 25, 2008
Archive Date:	
Funding Instrument Type:	Grant
Category of Funding Activity:	Health
Expected Number of Awards:	12
Estimated Total Program Funding:	$25 Million
Award Ceiling:	Formula Based: Up to 10% of a State's buy-in costs
Award Floor:	$500,000
CFDA Number:	93.768
Cost Sharing or Matching Requirement:	None

Funding Opportunity Description:

The Centers for Medicare & Medicaid Services (CMS) is notifying States currently receiving Medicaid Infrastructure Grants, as authorized by the Ticket to Work and Work Incentives Improvement Act (P.L. 106-170), that they may submit an application for continued funding for 2009. All current grantees that have not exhausted their project period should consider submitting continuation applications. The conditions for award of a continuation grant follow the stipulations of the solicitations under which the grant was initially approved.

Section 203 of the Ticket to Work and Work Incentives Improvement Act of 1999 directs the Secretary of the Department of Health and Human Services (DHHS) to establish the Medicaid Infrastructure Grant program. Funding for this program is intended to facilitate enhancements to state Medicaid programs and services, to promote linkages between Medicaid and other employment-related service agencies, and to develop a comprehensive system of employment supports for people with disabilities. CMS is the designated DHHS agency with administrative responsibility for this grant program.

The Act provides States the option to offer Medicaid buy-ins to employed people with disabilities through two optional eligibility groups. The first optional group is for individuals from age 16 through 64 who would meet the eligibility requirements for the Supplemental

Security Income program but for higher earnings or resources. The second optional group, referred to as the Medical Improvement Group, is for people who, at one time, were eligible under the first optional group but who are determined to have medically improved at a regularly scheduled continuing disability review (CDR).

The Medicaid Infrastructure Grant program was created to provide financial assistance to States to facilitate the competitive employment of people with disabilities through (a) Medicaid buy-in opportunities under the Medicaid State plan, (b) significant improvements to Medicaid services that support people with disabilities in their competitive employment efforts, and (c) providing comprehensive coordinated approaches across programs to removing barriers to employment for individuals with a disability.

Eligibility Information

For NON-COMPETITIVE opportunity. Application for Restricted Applicants ONLY as defined by the terms of the grant.

IMPORTANT NOTE: This application is ONLY to be used for the purposes of submitting an application to CMS where the eligibility is restricted to States that meet the Medicaid Infrastructure Grant criteria specified in section 203 of The Ticket to Work and Work Incentives Improvement Act (P.L. 106-170).

Organizations not designated as such for this opportunity and not receiving an individual notification from CMS are NOT eligible and should not submit an application.

Eligibility Categories

Applicants may submit a continuation application based on one of two eligibility categories under which they received their initial grant award which are discussed below.

1. Basic Medicaid Infrastructure Development

States may propose to use funding to build basic Medicaid employment supports for people with disabilities. This use of funding allows States to implement and develop Medicaid buy-in programs, increase the availability of personal assistance services through the Medicaid state plan or waiver programs, and assure access to other health care supports that may support the employment objectives of people with disabilities.

2. Comprehensive Employment Systems

States that have developed effective Medicaid services with the goal of assisting employment may use Medicaid Infrastructure Grant funding to build comprehensive approaches to removing employment barriers by forming linkages between Medicaid services and other non-Medicaid programs. Such infrastructure development should continue to support the goal of removing barriers to employment and create lasting improvements by expanding the capacity of the State to support individuals with disabilities who wish to work.

A comprehensive approach to services and supports is needed because while SSDI, SSI, Medicare and Medicaid all contain valuable work incentive provisions that can extend cash benefits and medical coverage; such incentives are under-utilized and, very often, poorly understood by both beneficiaries and professionals alike. Further, most programs work independently from one another. Removing a percentage of an individual's benefits as a result of work results in a negative net income. For example, reductions to the SSDI benefit do not consider that the person may also be losing a housing benefit under Section 8 or Food Stamp benefits. The supports lost can exceed the amount earned; therefore, work may not pay.

Significant actions were taken through the Ticket to Work and the Work Incentives Improvement Act of 1999 to lessen these barriers. However, the current system remains highly fragmented and difficult to implement in a coordinated way.

The major objectives of this competition are to develop a comprehensive employment system that:

- ✓ Maximizes employment for people with disabilities; and,
- ✓ Protects and enhances workers healthcare, other benefits, and needed employment supports.

In order to achieve these objectives, States will need to involve a significant number of programs, services, and agencies working in partnership with the common goal of a comprehensive approach that supports the individual with a disability who wants to work.

Application Submission Information

Please submit your application electronically through Grants.gov. To submit your application electronically, please use the http://www.grants.gov/Apply site. You must search for the downloadable application package by the Opportunity Funding Number (HHS-2009-CMS CONT-MIG). **Do not enter the CFDA number or a competition ID.**

Address to Request Application
A complete electronic application package is available at **www.grants.gov**/apply.

Standard application and forms and related instructions are also available via email from Nicole Nicholson, Centers for Medicare & Medicaid Services, Office of Acquisition and Grants Management, Acquisition and Grants Groups, MS C2-21-15, 7500 Security Blvd, Baltimore, MD 21244-1850, at **Nicole.Nicholson@cms.hhs.gov**.

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 x11" 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; and.
- Narrative sections sequentially numbered.

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.

Required Contents of the Application

1. Narrative Description of the Program
*A. Instructions for **conditional and basic** grants*:
The narrative should be limited to 15 pages or less plus a logic model and include the following:
- A description of what was accomplished during the 2009 grant period as compared to the proposed project outcomes. Please include quantifiable outcomes and accomplishments. This description should correspond to the two quarterly reports submitted electronically.
- A description of the proposed quantifiable outcomes to be accomplished during the 2009 grant period along with a timeline. These outcomes and planned completion dates will be entered into the first quarter 2009 progress report.
- Working from the proposed individual-level outcomes that show a meaningful change for individuals with disabilities, provide a narrative logic model that ties each outcome with any system-level outcomes, outputs, activities and inputs. In addition to a plain English narrative, States should provide a logic chart to accompany the narrative.
- If you are requesting an amount above $500,000 please describe how the additional funds will be used to provide substantial value in expanding supports and services for health care coverage and employment for people with disabilities. Include the specific outcomes to which these funds are targeted.
- For each outcome above, an estimated budget should also be included.   These amounts should be inserted into the first 2009 quarterly progress report.

B. Instructions for *comprehensive* grants:
The work-plans for comprehensive grant awards should be based on the mandatory strategic planning process from the first year.   Submit a work plan and budget that ties activities back to the strategic goals in your approved strategic plan. Include in that work-plan:
- A description of what was accomplished during the 2008 grant period as compared to the proposed project outcomes. Please include quantifiable outcomes and accomplishments. This description should correspond to the two quarterly reports submitted electronically.
- A description of the proposed quantifiable outcomes to be accomplished during the 2009 grant period along with a timeline. These outcomes and planned completion dates will be entered into the first quarter 2009 progress report.
- A description of sustainable improvements in the ability of the system to provide adequate health coverage for people with disabilities, who are competitively employed, provide needed personal assistance and other supports, and/or remove other significant employment barriers.

If you are applying for the second year of a comprehensive grant, you do not have an approved strategic plan yet. As such, the narrative portion of this application is limited and the strategic planning report substitutes for the narrative work-plan. Second year comprehensive grantees should answer the questions listed below, submit budget documents that reflect the same level of funding as was received in 2008, and submit their strategic plans to their project officers for approval in draft by November 30 and in final by December 31. These strategic plans must contain a section that defines the specific individual-level outcomes along with a logic model that delineates the system level outcomes, outputs, activities, and inputs projected to meet the individual level outcomes. These logic models should be broken down into annual time frames. The strategic plan must also contain a description of the means that will be used for measuring the individual and system-level outcomes. If the State is eligible for additional funding based on expenditure levels in its Medicaid buy-in program and the additional funding need is reflected by the activity level reported in the strategic plan, the State may negotiate increased funding needs with its project officer. States will receive terms and conditions with this grant award that reflect the commitments outlined above.

Questions to be addressed in lieu of a narrative for second year comprehensive grants:

1. Delineate the organizations that are involved in your State's strategic planning process and describe the nature and extent of their involvement.
2. As the strategic planning process has come together, describe the leadership structure that has emerged. Please be specific. Comment on the adequacy of this leadership to develop and carry-out a comprehensive employment project that bridges various employment programs and agencies. If you perceive that the leadership is inadequate, describe plans to address this inadequacy.
3. Please describe the technical assistance needs that you expect to be necessary in 2009 as your State transitions from a planning mode to an implementation mode.

2. Standard Forms (SF)
   The following Standard forms must be completed using the instructions provided at **www.grants.gov**.

   SF 424: Application for Federal Assistance
   SF 424 A: Budget Information
   SF 424 B: Assurances
   Key Contacts
   SSA Additional Assurances Certifications
   Project Narrative Attachment Form
   Budget Narrative Attachment Form
   SF-LLL Disclosure of Lobbying Activities

In the event that the electronic submission of the application has failed through

www.grants.gov, the following website should be accessed for the standard forms
www.cms.hhs.gov/GrantOpportunities/

3. Budget
Complete the project budget for 2009 continuation funding using SF-424a, Section B only.
States requesting funds above the minimum amount are required to submit a detailed
implementation plan and financial breakout by line item describing the proposed use.

4. Carryover Funds

States may submit a request to carryover funding, no greater than $250,000, from 2008 to 2009
for unused grant monies as follows:

- The carryover funding should be reflected in the allocation of budgeted funds for
  calendar year 2009 on the federal budget form SF 424A, Section A. The SF-269a,
  Financial Status Report, must be included in the application package showing the
  amount of estimated carryover. The SF-269a , may be accessed at
  http://www.whitehouse.gov/omb/grants/sf269a.pdf.

- List the unobligated amounts (carryover) on the SF-424A under Section A- Budget
  Summary -Estimated Unobligated Funds Category. Include a narrative description of
  each obligation including the organization or individual to whom funding is obligated.
  In addition, include in the narrative contractual and overhead obligations through the
  end of the grant year that will be expensed.

- Include a statement at the bottom of SF 424A as to the reason(s) that funds
  were not spent and an estimated date as to when 2008money will be spent based
  on the activities outlined in the continuing application.

5. Funding above the $500,000 Minimum
To receive additional funding, States are required to document expenditures from their Medicaid
buy-in program either in the form of expenditure reports for the previous grant year or actual
budgeted expenditure levels approved by the legislature and Governor for the previous year, the
current year, or the grant year.

For 2009 we will not approve requests from States that exceed $500,000, unless the proposal
indicates that the funds are vital and the States requesting additional funding demonstrate that
they do not have excess carryover funds that can be used to undertake or complete these
activities. Additionally, award amounts above the $500,000 minimum will be based on the value
and merit of the activities that are proposed in expanding supports and services to workers with
disabilities.

Submission Dates and Times

Grant Applications
Applications submitted through **www.grants.gov** until 11:59
P.M. Eastern Time on August 25, 2008 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 applicant's receipt.

Please note when submitting your application electronically, you are also required to mail a signed SF 424 to Nicole Nicholson, Centers for Medicare & Medicaid Services, Office of Acquisition and Grants Management, Acquisition and Grants Group, MS C2-21-15, 7500 Security Blvd, Baltimore, MD 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.

Application Review Information

Criteria
 The review team will use the following criteria in reviewing the applications:
A. *Compliance with special terms and conditions*: The State will be evaluated related to the compliance of submitting the required program(operations) and financial reporting requirements as outlined in 45 CFR Part 92.

B. Documentation of expenses incurred during the operations of the previous grant year.

C. Progress achieved during the previous grant year as well as plans for the upcoming grant period year.

Review and Selection Process
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.

 Anticipated Announcement and Award Dates
  The anticipated award date is November 28, 2008

Award Administration Information

1. Grant Awards - Notification and Award Letter
Successful applicants will receive a Notice of Award (NOA) signed and dated by the CMS Grant 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 is not authorization to begin performance of the project. If the applicant is awarded a grant, the award letter will contain special terms and conditions required for this grant.

2. Grant Administration
Each state that submits an application that is approved by CMS is eligible to receive grant funds as follows:

- The minimum grant award for calendar year 2009 is $500,000 unless a state requests a lesser amount. Basic and Comprehensive MIGs may apply for $500,000 to $750,000. States are encouraged to apply for the amount they realistically expect to spend.
- States with Medicaid buy-in programs may request an amount greater than $500,000 to $750,000 if the request does not exceed an amount greater than 10 percent of the expenditure level of the State's Medicaid buy-in program.
- The continuation application must include both the amount of funding that you are requesting for 2009 and the total amount of unexpended carryover funding from 2008 with the SF-269a. Your carryover expenses should include both actual expenses reported to the system and projected expenses for the balance of the calendar year. Your project officer will be in contact with you if your reported carryover does not match our Payment Management System reports.
- No-cost extensions will be granted for up to 12 months for extraordinary circumstances *at the end of the grant period only*. No cost extensions may not be used to preserve carryover funding in excess of established limits, they may only be used to allow the State time to complete project tasks that were delayed. If a State has already received one 12 month no-cost extension, a second no-cost extension is not permitted.
- Carryover Funding: Carryover funds from 2008 in excess of $250,000 will be used to offset the State's next grant award. The amount of carryover funds is determined by the amount of funds that have been reported by states via the SF-272 through the HHS Payment Management System. Consideration may be made for State-reported outstanding commitments until 90 days after the grant period at which time the Payment Management System should be up to date.
  o For example, if a State is eligible to receive a $650,000 grant award and has $350,000 in carryover funds from a previous year, that State will receive a total of $550,000 in **new** grant funds; $100,000 of the new award has been offset by excess carryover.
  o As a second example, if a State applies to receive a $500,000 grant award and has $750,000 in carryover funds, that State will not receive additional funding, and the applicant should expend the carryover balance in the subsequent grant year.
In addition to impacting new grant awards, States should be aware of carryover funding as they approach the end of their first four-year grant. Per CMS grants policy, States will have 90 days following the end of the grant to pay all outstanding expenses against the grant and file all reports.

Administrative and National Policy Requirements
1. Specific administrative and policy requirements of grantees as outlined in 45 CFR

Part 92 applies to this grant opportunity.

2. Terms and Conditions – The grantees will be required to comply with the special terms and conditions associated with this grant award.

Reporting

States are required to submit electronic quarterly progress reports, an annual report (fourth quarter report) of accomplishments and for states with a Medicaid buy-in an annual data report in accordance with the terms and conditions incorporated as part of the grant award. Continued grant funding is contingent upon meeting the agreed to terms and conditions. Grantees are required to comply with the provision outlined in 45 CFR Part 92.

Grantees must keep sufficient records of the grant expenditures since grantees may be subject to an audit. Grantees are required to comply with the provision outlined in 45 CFR Part 92.

Agency Contacts

<u>**CMS Contact Information**</u>

Administrative Matters

Nicole Nicholson
Grants Management Specialist
Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management, Acquisitions and Grants Group
MS C2-21-15
7500 Security Blvd.
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E-mail: nicole.nicholson@cms.hhs.gov

Administrative questions should be directed to Nicole Nicholson via email only at Nicole.Nicholson@cms.hhs.gov. Questions submitted telephonically will not be honored.

Technical Matters

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