

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

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

Initial Announcement
Invitation to Apply for 2011:

**CHILDREN'S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT (CHIPRA)
OUTREACH AND ENROLLMENT GRANTS – CYCLE II**

CFDA 93.767

DATE: February 3, 2011

Applicable Dates:

Voluntary Notice of Intent to Apply:	March 25, 2011
Electronic Grant Application Due Date:	April 18, 2011
Issuance of Notice of Awards:	Prior to July 30, 2011
Grant Period of Performance/Budget Period:	July 30, 2011 – July 29, 2013
Applicant's Teleconferences:	

CMS will hold at least two applicant teleconferences to provide an opportunity to ask questions about this solicitation. The first teleconference will take place on February 15, 2011 from 2 – 4 pm eastern time. The dates, times, and call information for this and future teleconferences will be posted on the Insure Kids Now website at www.insurekidsnow.gov/professionals/outreach/grantees.

I. FUNDING OPPORTUNITY DESCRIPTION

1. Funding Description

On February 4, 2009, the President signed into law the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub.L. 111-3). CHIPRA reauthorizes and fully funds the Children's Health Insurance Program (CHIP) through Federal fiscal year (FFY) 2013. The Affordable Care Act further extended the CHIP program through 2019 and authorized funding through 2015. CHIPRA provided a total of \$100 million devoted to outreach and enrollment activities, with \$80 million to be provided in grant funds to States, local governments, community-based and nonprofit organizations, and others, and \$10 million in grant funds exclusively for Indian health providers, and Tribal entities. The remaining \$10 million is devoted to a national enrollment campaign. In September 2009, CMS awarded \$40 million in grant funds to 68 grantees across 42 States, and in April 2010, CMS awarded nearly \$10 million to 41 Tribal health provider grantees in 19 States. Cycle II will again offer \$40 million in grant funds to be made available for a two year period. Cycle II is designed to be more targeted than Cycle I, encouraging prospective grantees to design their proposals based on a "menu" of Focus Areas (see discussion in section V).

The Affordable Care Act, enacted on March 23, 2010, added an additional \$40 million in outreach and enrollment funding, which is available through FFY 2015. This funding will be announced in a future solicitation.

Background

States and community organizations have made significant progress toward finding and enrolling eligible children and ensuring that they stay enrolled for as long as they are eligible, however, as research shows, more needs to be done. A report by the Urban Institute released in September 2010 (available at <http://content.healthaffairs.org/content/29/10/1920.abstract>) noted that there are approximately 5 million children in the United States who are eligible for coverage through Medicaid or CHIP but are not enrolled. Nationally, the study found that there is an 82 percent participation rate among eligible children in Medicaid and CHIP, but the State-by-State participation rates vary significantly, ranging from a low of 55 to a high of 95 percent. Another study, released by the Kaiser Commission on the Uninsured and the Urban Institute in December 2009 (available at http://www.urban.org/uploadedpdf/411981_Progress_Enrolling_Children_11_10.pdf) also found that, in addition to geographic disparities, certain populations of children, such as adolescents and Latinos, are more likely to be uninsured. This may be due to a variety of barriers, including but not limited to language, literacy, and other cultural factors.

In February 2010, HHS Secretary Kathleen Sebelius announced the Connecting Kids to Coverage Challenge at which time she called upon federal agencies and State and local governments, community and faith-based organizations, health centers and school districts across the country to find and enroll the five million eligible but uninsured children. The Challenge has become a centerpiece of CMS's efforts to work with States and communities to promote children's coverage. Through our work on the Connecting Kids to Coverage Challenge, our

work with the first two groups of grantees, and the research, much has been learned about the opportunities as well as the challenges for closing the uninsurance gap among eligible children. We have designed this Cycle II solicitation to encourage proposals that are aimed particularly at these opportunities and challenges, such as capitalizing on technology, focusing on retention and creating targeted opportunities for eligible children to enroll in Medicaid and CHIP and renew their coverage.

Putting technology to work to enroll and retain eligible children is a particularly important strategy and a priority for this second round of CHIPRA outreach grants. Our ultimate goal is that the technology investments that are provided through these grants will support the modernization of eligibility systems and enrollment and renewal procedures to ensure they are efficient, data-driven, and deliver the best customer service possible. Such systems reduce reliance on paperwork and can lighten workloads and administrative burdens. Children and families, as well as State agencies, benefit from streamlined, consumer-friendly systems. Funding from Cycle II can complement other efforts States have underway and may also help modernize eligibility systems to effectively link these systems to local communities. For example, these Cycle II grants could be used to help expand the use of online applications and create electronic interfaces between health clinics and State eligibility systems to help low-income families navigate the enrollment and renewal process more easily and to help States more efficiently process applications. Additional details about the parameters for grant proposals are described below.

2. Priority for Award of Cycle II Grants

The Cycle II grant proposals will be awarded based on the following principles, in accordance with the statute and mindful of the evidence that has emerged about promising opportunities for improving enrollment as well as areas where disparities in coverage are found.

Grant funds may be used for a variety of activities aimed at increasing the number of eligible children enrolled in Medicaid and CHIP and improving retention of children already enrolled in these programs. CMS envisions that Cycle II grants will help support aggressive initiatives that reach a large number of eligible children in communities across a State or within a given community, and will be sustainable after the grant ends.

Funding may be used for projects that directly target families and communities with appropriate messaging and application assistance. However, such projects must do more than develop and initiate new ways of marketing Medicaid and CHIP to particular audiences. Applicants must describe how their efforts will link eligible children to enrollment and how children will be enrolled and/or retained in coverage.

Cycle II proposals are also encouraged to take a systemic approach to outreach, enrollment and retention. A systemic approach aims to incorporate and integrate efforts into the regular activities of government agencies and community-based organizations and institutions. In this way, investments are sustainable beyond the life of the grant. For example, a systemic approach could entail adding a question about the student's health insurance coverage to a school district's

registration forms or emergency contact cards and then using that information to identify uninsured children and create procedures to ensure they are screened for Medicaid and CHIP eligibility and are subsequently enrolled. With a systemic approach, the procedures become an expected and routine activity that can continue beyond the timeframe of the grant.

Proposals should identify one of the following Areas of Focus for the grant project. The proposal may include activities that overlap with another focus area, but applicants must identify the major path upon which the project would proceed, if selected. Proposals should be designed around **one** of the following areas of focus (see section V for a full description of these Focus Areas):

- 1. Using Technology to Facilitate Enrollment and Renewal.**
- 2. Focusing on Retention: Keeping Eligible Children Covered for as Long as They Qualify.**
- 3. Engaging Schools in Outreach, Enrollment and Renewal Activities.**
- 4. Reaching Out to Groups of Children that are More Likely to Experience Gaps in Coverage.**
- 5. Ensuring Eligible Teens Are Enrolled and Stay Covered.**

II. AWARD INFORMATION

1. Total Funding:

A total of \$40 million in federal funding will be available for Cycle II, which spans a project period of twenty-four (24) months (August 1, 2011 – July 31, 2013). Awardees will implement a plan designed to increase coverage of eligible but unenrolled children in Medicaid and CHIP, and retain enrolled children who remain eligible for these programs. Applicants who do not meet the criteria established in this grant announcement may reapply for consideration in a subsequent cycle(s).

2. Awards:

Depending on the nature of the proposals submitted, grants will range in size from \$200,000 to \$1 million for Focus Areas 2, 3, 4 and 5, and from \$200,000 to \$2.5 million for Focus Area 1.

3. Anticipated Award Date:

We anticipate that awards for Cycle II will be announced prior to July 30, 2011.

4. Period of Performance:

The period of performance for Cycle II will be July 30, 2011 through July 29, 2013 (24 months).

5. Eligibility for Awards:

CMS will award Cycle II grants **only** for projects that fall under one of the Areas of Focus described beginning on page 9. Applicants that were awarded Cycle I or Tribal grants may apply for a Cycle II grant only if they are within the following parameters:

- Cycle I or Tribal grantees may submit a proposal for activities that are new and distinct from those previously funded under a Cycle I or Tribal grant, provided the work described in the new proposal falls under one of the five areas of focus. In addition, current grantees submitting new proposals under Cycle II must show that they are grantees in good standing and have met all reporting and other contractual obligations under their current grant.
- Cycle I or Tribal grantees that are currently engaged in projects that fall under one of the areas of focus required for Cycle II may apply for a Cycle II grant only if they meet the following conditions: (1) the grantee is in good standing and has met all reporting and other contractual requirements under the current grant, and (2) the grantee presents data demonstrating that the strategy it wishes to continue has proved successful in enrolling and/or retaining eligible children in Medicaid and CHIP and warrants further funding.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants:

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

Eligible entity means any of the following (including a coalition or collaborative) within or among the following:

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

Non-State Applicants:

These grant funds were intended to be widely distributed across a range of governmental and non-governmental organizations that have the ability to promote enrollment in children's health coverage. While not all State Medicaid and CHIP agencies will be interested in participating directly in this initiative due to State budget or other issues, State support helps ensure success and, at a minimum, is important with respect to the availability of data to demonstrate progress and areas for improvement. We request that non-State applicants demonstrate either that the State is supportive of their application or that the applicant has attempted to collaborate with the State without success. The proposal should describe how the applicant proposes to employ a strategy that will be effective in promoting enrollment among eligible children even in the absence of State collaboration.

It should be noted that successful non-State applicants will be required to enter into a Memorandum of Understanding with their respective State, or secure some other appropriate formal statement of commitment, in order to ensure that they will have the capability to meet the data and reporting requirements for this grant project, including quarterly enrollment and retention numbers as appropriate. CMS will work with grantees and States to help them understand the reporting requirements and provide guidance on producing the required data. For more information see sections IV and VI.

Multiple State Applicants:

In States where both the State agency and a non-State entity receive a grant through separate applications, (or where two non-State entities receive a grant) both grantees will be expected to work together to ensure that efforts are complementary and coordinated.

Coalitions or Collaboratives:

Proposals from coalitions or collaboratives are welcome and should identify all proposed members and the roles and responsibilities of each member group. A lead agency/organization must be designated. Such coalitions may represent broad-based community partnerships or more narrowly-based partnerships that can implement innovative strategies, utilizing the strengths of each group that is involved. Proposals from coalitions will be considered on their strengths and merits in the same manner as individual States or other entities. Written letters of commitment from coalition partners should confirm the coalition membership and, where applicable, should provide information about past joint endeavors.

2. Cost Sharing/Matching and Maintenance of Outreach Funding:

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

3. Non-Eligible Entities

Foreign and International Organizations are not eligible to apply.

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

4. Other

Single Application Requirement:

Only one application may be submitted by any given lead eligible entity for funding in Cycle II; however, an eligible entity may be a member of multiple applicant coalitions. Entities working together as a coalition shall submit one application. Only one CHIPRA Outreach and Enrollment Grant will be awarded to a single eligible entity or to the lead agency of a coalition. All awardees must attest that they will not finance the same scope of work under more than one CHIPRA Outreach Grant award or other Federal funding stream.

CMS/Grantee Collaboration

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

- Timely submission of quarterly and annual required data elements utilizing the web based tool provided by CMS (see section VI for a description of the required data reporting process).
- Participating on conference calls, Web conferences, regional meetings and other forums as requested by CMS.
- Working with CMS to identify successful strategies and sharing information about grant activities.
- Sharing best practices and lessons learned with other grantees via peer-to-peer learning opportunities provided by CMS.
- Attending the HHS National Outreach and Enrollment Conference, part of the national Medicaid and CHIP outreach and enrollment campaign (project budgets should include funding for two staff to attend a conference in a major city in the continental United States during the first year of the grant.)
- Coordinating messages and strategies with the national Connecting Kids to Coverage enrollment campaign.
- Fully cooperating with the independent evaluation of the grant programs conducted by the CMS evaluator.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package:

This solicitation serves as the application package for this grant and contains all the instructions that a potential applicant requires to apply for grant funding. The application should be written primarily as a narrative with the addition of standard forms required by the Federal government for all grants. Applicants are to submit their applications in the form of a complete electronic application package, including all required forms, to <http://www.grants.gov>. Applicants must apply through <http://www.grants.gov>. The solicitation can also be viewed on the CMS website at www.insurekidsnow.gov/professionals/outreach/grantees.

Standard application forms and related instructions are also available from Mary E. Greene, Centers for Medicare & Medicaid Services, Office of Acquisitions and Grants Management, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850 or by e-mail at Mary.Greene@cms.hhs.gov.

2. Content and 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" pages (on one side only) with one-inch margins (top, bottom and sides). Paper sizes other than 8.5 x 11" will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5 x 11”.

Use a font not smaller than 12-point.

Double-space all narrative pages. The project abstract may be single-spaced.

There is a 20 page limit for the narrative portion, excluding project abstract, budgetary information, required appendices, letters of commitment, assurances and certifications. Please do not repeat information detailing existing State programs.

The application Project Narrative will not exceed 20 pages in length, and the Budget and Budget Narrative will not exceed 3 additional pages (Proposals will not exceed a total of 23 pages in length). The additional supporting documentation listed below is excluded from the page limitation.

The following documents are required for a complete application:

- A. Cover Sheet and Forms:
 - a. Application Check-off Cover Sheet: Complete the check-off cover sheet as indicated; refer to Attachment 5.
 - b. Forms: The following forms must be completed with an original signature and enclosed as part of the proposal:
 - i. SF 424: Official Application for Federal Assistance (see note below)
 - ii. SF 424A: Budget Information Non-Construction
 - iii. SF 424B: Assurances—Non-Construction Programs
 - iv. SF LLL: Disclosure of Lobbying Activities
 - v. Additional Assurance Certifications:
http://apply.grants.gov/forms/sample/SSA_AdditionalAssurances-V1.0.pdf
 - vi. Project narrative (as detailed in Section V)
 - vii. Budget narrative (as detailed in Section V)
 - viii. List of Key Contacts including the Project Officer and Financial Officer who is responsible for completing the Financial Status Report (SF-269a) and the Federal Cash Transactions Report (PSC 272)

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

- Item 15 “Descriptive Title of Applicant’s Project.” Please indicate in this section the name of this grant: Children’s Health Insurance Program Outreach and Enrollment Grant.
- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these grants.
- Assure that the total Federal grant funding requested is for the period of the grant.

B. Letters of Commitment and Memorandum of Agreement, as required.

C. Project Abstract:

A one-page abstract should serve as a succinct description of the proposed project and should include the goals of the project, the total budget, a description of how the grant will be used to develop or improve outreach and enrollment of children.

D. Applicant’s Cover Letter:

A letter from the applicant must identify the:

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

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

E. Project Narrative

The applicant is required to provide a detailed plan describing the strategies and work they are proposing during the grant period. The elements of the narrative are described in the Application Review Criteria section.

F. Proposed Budget:

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

- Estimated Budget Total.
- Current State funding for Medicaid and CHIP outreach and enrollment efforts - State applicants need to submit the amount of money that was spent in the preceding fiscal year on outreach, for the Maintenance of Outreach Funding requirement. This information is required for State applicants. It should be provided by non-State applicants, if available.
- Total estimated budget broken down by quarter.
- Funding from other sources, including in-kind support.
- State share of funding to support the increased enrollment in Medicaid and CHIP.

- Total estimated funding requirements for each of the following line items, and a break down for each line item by grant year:
 - Personnel
 - Fringe benefits
 - Contractual costs, including subcontract contracts
 - Equipment
 - Supplies
 - Travel, including travel for HHS National Outreach and Enrollment Conference
 - Indirect charges, in compliance with the appropriate OMB Circulars. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.
 - Other costs
 - Completion of the Budget Form 424A remains a requirement for consideration of your application. This Estimated Budget Presentation is an important part of your proposal and will be reviewed carefully by CMS staff. Remember all quarters of the budget must be included on this form.
 - Provide budget notes for major expenditures and notes on personnel costs and major contractual costs.

G. Appendices

- Required Attachments as indicated (do not include a copy of your Letter of Intent to Apply)
- Resumes/Job Descriptions for Project Director and Assistant Director and the percentage of time that each person will be working on this project and the percentage of time that is spent on duties outside of the grant activities.

Submission Dates and Times:

All grant applications must be submitted electronically and are due on April 18, 2011. Applications received through <http://www.grants.gov> until 11:59 p.m. Eastern Standard time on April 18, 2011 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.

Due to the expected high volume of electronic applications being submitted through Grants.gov, the applicant must submit the application electronically through grants.gov.

Customer Service for Grants.gov is as follows:

Grants.gov Contact Center: 1-800-518-4726 or support@grants.gov. Hours of Operation: 24 hours a day, 7 days a week. Closed on federal holidays.

iPortal: Top 10 requested help topics (FAQs), Searchable knowledge base, self service ticketing and ticket status, and live web chat (available 7:00 A.M. - 9:00 P.M. ET).

Applications that do not meet the above criteria will be considered late. **Late applications will not be reviewed.**

Intergovernmental Review:

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

Funding Restrictions:

A. Indirect Costs

Applicable cost principles are as follows:

- **OMB Circular A-87**, Cost Principles for State, Local and Indian Tribal Governments, which establishes the cost principles for permissibility of costs incurred by State, local and Federally-recognized Indian tribal governments under Federally-sponsored agreements.
- **OMB Circular-122**, which establishes cost principals for permissibility of cost incurred by nonprofit organizations under Federally-sponsored agreements
- **45 CFR Part 74, Appendix E** establishes the cost principles for permissibility of costs incurred by hospitals under Federally-sponsored agreements

Please submit a copy of the approved Indirect Cost Rate Agreement used in calculating the budget, if applicable.

B. Direct Services

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

C. Reimbursement of Pre-Award Costs

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

D. Prohibited Uses of Grant Funds

Children’s Health Insurance Program Reauthorization Act Outreach and Enrollment Grants for FY 2011-2013 funds may not be used for any of the following:

1. To cover the costs to provide direct services to individuals.
2. To match any other Federal funds.
3. 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.

4. To provide infrastructure for which Federal Medicaid or CHIP matching funds are claimed.
5. To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
6. To be used for data processing software or hardware in excess of the software and personal computers required for staff devoted to the grant.

The same scope of work may not be paid for by more than one CHIPRA Outreach Grant award or other Federal funding stream.

6. Other Submission Requirements:

A. Requirements of Electronic Applications:

The deadline for all applications to be submitted through www.grants.gov is April 18, 2011. For information on how to register with www.grants.gov, please visit http://www.grants.gov/applicants/get_registered.jsp. We strongly recommend that applicants do not wait until the application deadline date to begin the application process through www.grants.gov. We recommend applicants visit the site as soon as possible to fully understand the process and requirements. We encourage applicants to submit well before the closing date and time so that if difficulties are encountered, an applicant will have time to solicit help.

1. Dun and Bradstreet Number

Beginning October 1, 2003, applicants are required to have a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the following Website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF-424, Application for Federal Assistance). The name and address in the application should be exactly as given for the DUNS number.

2. Central Contractor Registration (CCR)

The applicant must also register in the Central Contractor Registration (CCR) database in order to be able to submit the application. Information about CCR is available at <http://www.ccr.gov>. The central contractor registration process 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.

B. Notice of Intent to Apply

Applicants are strongly encouraged to submit a non-binding Notice of Intent to Apply (See Attachment 1). However, Notices of Intent to Apply are not required and submission or failure to submit a notice has no bearing on the scoring of proposals received. The receipt of notices enables CMS to better plan for the application review process. Notices of Intent to Apply are due, and should be faxed to CMS at 410-786-8534 by March 25, 2011.

V. APPLICATION REVIEW INFORMATION

Project Narrative

(Weight: 45 points)

- Statement of Project Goal (5 points)
 - Specify the goals for your proposed project, including the number of children that will be enrolled and/or retained.
- Description of Need (5 points)
 - Describe the target population and provide demographic data on the number and/or rate of uninsured, as well as estimates of the number and/or percent of eligible individuals who are not enrolled in Medicaid and CHIP. If such data do not exist, provide other demographic data that can support the target population's need for health coverage. Supportive data may include poverty data, school lunch participation data, and other data as appropriate.
 - Identify barriers to enrollment and retention of target population or geographic area
- Outreach and Enrollment Plan (30 points)
 - Provide a statement of the chosen Focus Area (described below)
 - Describe the strategies that will be used to enroll and retain eligible children in Medicaid and CHIP. The strategies should be tied to the Area of Focus selected (see next page.) The plan also should discuss methods that will be used to track and measure progress.
- Vision for 2014 (5 points)
 - Provide a statement explaining how the proposed plan will position the applicant or the State more generally to address outreach and enrollment opportunities created as a result of the passage of the Affordable Care Act. Lessons learned from CHIPRA outreach efforts should help inform efforts to enroll newly eligible populations. When fully implemented, the Affordable Care Act is expected to result in 32 million more individuals becoming enrolled in Medicaid, CHIP, and subsidized health coverage through health insurance Exchanges. While the CHIPRA outreach grants must be dedicated to enrolling and retaining children, it will be helpful for applicants to describe how they envision adapting or applying their proposed strategies to newly eligible parents, adults not raising children, or other groups and/or how they will share lessons learned with relevant

State partners so they can be applied to future enrollment and retention efforts.

All proposals should:

- Demonstrate the applicant's depth of knowledge of Medicaid and CHIP eligibility criteria and the ability to assist individuals or to more broadly improve the initial application process and the renewal process;
- Demonstrate the ability to refine outreach, enrollment, and renewal strategies in real time based on the ongoing assessment of the effectiveness of those strategies; and
- Discuss how the applicant will sustain the proposed efforts beyond the grant period through additional funding or in-kind support from sources other than the Federal government, or through the adoption of ongoing systemic changes in the process or system for applying for or renewing coverage.

Areas of Focus

Proposals for Cycle II grant funds should identify one of the following as the main strategy on which the applicant will focus, if a grant is awarded. The proposal may include activities that overlap with another strategy, but one Focus Area must be identified as the major path upon which the work will proceed. For example, an applicant seeking to engage high school sports coaches, driver education programs and school-based health clinics might choose Focus Area #3 (Engaging Schools in Outreach, Enrollment and Renewal Activities) as the major strategy.

CMS envisions that Cycle II grants will reach a large number of eligible children in communities across a State or within a given community and will be sustainable, or lead to sustainable improvements, after the grant period ends.

- 1. Using Technology to Facilitate Enrollment and Renewal.** Modernizing eligibility systems and ensuring that enrollment and renewal procedures are efficient and consumer-friendly is a top priority given evidence that such systems are critical to strong participation rates among eligible children. Technology can provide the tools to accomplish this goal by simplifying and streamlining the enrollment and renewal process and making it possible to communicate effectively with families with eligible children. Proposals may include efforts such as:
 - Creating on-line applications, augmenting existing applications (for example, adding electronic signature capability, a renewal module, and/or personal account management functions), or extending the reach of on-line applications through community-based organizations. Grant funds used to create or develop new on-line enrollment and renewal tools, or enhance existing tools,

must be able to demonstrate that the enrollment or renewal processes have been simplified and streamlined as a result;

- Simplifying the renewal process by implementing administrative renewal, including implementing the use of pre-populated renewal forms;
- Creating or enhancing systems for verification of data provided by families (with the goal of minimizing the amount of documentation a family must submit at application and at renewal), including the ability to scan documents and conduct data matching with other program databases.

We expect technology proposals to have a broad reach, either throughout a State or across a given community. How a given applicant describes the breadth of the project being proposed will depend on how technological tools are currently being used by the State and within local communities. For example, an applicant (most likely a State) that seeks to establish a new on-line application, or implement new consumer-friendly features for an existing on-line application, will potentially be able to increase the capacity of the entire State with respect to enrolling and renewing eligible children more efficiently. On the other hand, applicants proposing to expand the use of an existing on-line application or demonstrate the effectiveness of a new technology may describe, for example, how it will use grant funds to make the on-line application available in community health centers throughout the State or to share data between schools throughout the State or region and the State Medicaid and CHIP agency. Such applicants will potentially be able to increase their capacity to enroll and renew eligible children in Medicaid and CHIP.

Proposals to develop and support community-based locations where families can get access to the on-line application may include funding for infrastructure needs such as computers, scanners, kiosks, installing and upgrading internet connections; for training staff on the use of the on-line application and providing customer service and troubleshooting. Proposals that would expend substantial funds on equipment, wiring and similar items must explain how such expenditures will help initiate or improve, with respect to speed, accuracy or other measures, activities to provide enrollment assistance and customer service. Proposals also may include the innovative use of technology – such as email and text-messaging -- to identify families with eligible children and direct them to application and renewal assistance.

Proposals must describe the applicant's expectations for the longevity of the technological changes contemplated and discuss how the changes might enhance what is currently in place and expand the capacity for the system to be transitioned to support enrollment and renewal in 2014 and beyond.

Note: In November 2010, CMS published a Notice of Proposed Rulemaking (NPRM) that would provide States the opportunity to receive an increased federal Medicaid matching rate of 90% for activities related to upgrading, improving, or building new eligibility systems, subject to certain performance standards and conditions. CMS anticipates that many States will be undertaking significant systems upgrades as a result of this regulatory change, subject to the provisions of the final regulation. For

more information about the proposed rule, see <http://www.gpo.gov/fdsys/pkg/FR-2010-11-08/pdf/2010-27971.pdf>.

In September 2010, the Office of Consumer Information and Insurance Oversight (OCIIO)(now part of CMS) issued initial grants to States to support the planning process for State Health Insurance Exchanges, and in October 2010 OCIIO released a solicitation to support “Early Innovators” to develop models for innovative Exchange information technology systems. A Funding Opportunity Announcement for Exchange establishment grants was issued on January 20, 2011. For more information about these OCIIO funding opportunities, see <http://www.hhs.gov/ociio/initiative/index.html>.

These funding opportunities are collectively intended to help States establish data-driven, consumer friendly enrollment systems and thus, proposals under this Focus Area could be designed to complement such efforts. However, grant proposals under this Focus Area should not supplant activities that can be pursued in the context of the enhanced systems matching funds and Exchange Planning Grants in accordance with cost allocation principles, such as OMB Circular A-87 “Cost Principles for State, Local, and Indian Tribal Governments.” Specifically, Federal funding under these grants (or any other federal funding unless specifically authorized by law) cannot be used as the nonfederal share of Medicaid or CHIP expenditures.

Some potential grantees, such as Federally Qualified Health Centers, also may have access to other funding through the Health Resources and Services Administration (HRSA) that can be used to build the infrastructure necessary to support and sustain technological tools that can advance enrollment and renewal efforts. Cycle II CHIPRA funds may be used to augment and enhance, but not supplant, efforts financed with HRSA funding.

- 2. Focusing on Retention: Keeping Eligible Children Covered for as Long as They Qualify.** Reducing the number of uninsured children depends as much upon ensuring that eligible children stay enrolled in Medicaid and CHIP as it does on helping them enroll for the first time. Proposals may include efforts to implement simplified renewal processes such as administrative renewal systems; use of pre-populated renewal forms; development and support of “rolling renewal” procedures, under which families can renew a child’s coverage when they visit a health care provider, WIC clinic, or other community site at any point during the enrollment period; and implementation of alternative premium payment policies (internet, payroll deduction, etc) so that children are less likely to lose coverage because their family’s premium is not received; and other activities that highlight the need to renew coverage, simplify renewal and/or provide renewal assistance. Proposals may also include efforts to engage community-based partners, including providers, in identifying children up for renewal and assisting their families with the renewal procedures. Such proposals should describe specifically how children whose coverage is up for renewal will be identified and the specific activities the grantee will undertake to assist the family in completing the renewal process and how retention will be measured.

- 3. Engaging Schools in Outreach, Enrollment and Renewal Activities.** Schools are widely accepted as an important setting for conducting children’s health coverage outreach and enrollment activities. Proposals may describe systemic efforts to develop and enhance methods to facilitate identification of potentially eligible children (through free and reduced-price school lunch programs or data on emergency contact cards or registration forms) and take affirmative steps to enroll eligible children in Medicaid and CHIP. Such proposals should describe how the efforts will be sustained, for example by incorporating new outreach and enrollment systems into the routine practices of schools within a district, set of districts or Statewide. Proposals also may include efforts to engage principals, school athletic directors and coaches, school nurses, school-based health clinics; school social workers and counselors in outreach and enrollment activities. Such proposals should describe how grant-funded efforts will reach beyond a given school or individual school district (for example, by engaging a statewide association of school nurses or school athletic directors) and how engagement of such school personnel will become an accepted and regular part of the school routine.
- 4. Reaching out to groups of children where significant gaps in coverage exist.** Studies have identified gaps in Medicaid and CHIP coverage among certain racial/ethnic/ linguistic and cultural minority groups. Such disparities exist, for example, in Latino communities, as well as among Native Americans and other populations. Factors such as language, literacy and cultural barriers may account for gaps in health coverage enrollment. Applicants should select one population on which to focus activity and describe the data that exists to back up selection of the population for specific outreach and enrollment efforts. Proposals should explain the significant, unique obstacles children who are members of the population face and how the grant activities will address these obstacles. Proposals may include plans for developing materials that are culturally competent and help alleviate these concerns. They may describe how they will implement specific strategies designed to reach the identified children and their families through trusted sources in the community and help them enroll and renew coverage for their children. Applicants should also explain why the outreach strategies described in the proposal are expected to help close the documented gap in coverage and how the efforts will lead to sustainable gains for the target population.
- 5. Ensuring Eligible Teens Are Enrolled and Stay Covered.** Eligible children, ages 13 and older, are less likely to be enrolled in Medicaid and CHIP than eligible children who are younger. Proposals may include activities that reach out to adolescents, as well as their parents, and engage them through activities that reflect the interests and needs of teenagers in settings targeted to teenagers, such as school-based health clinics, after-school initiatives, and adolescent health services or youth employment programs. Proposals may focus on revising or creating marketing campaigns tailored to adolescents or families with adolescents. Such campaigns must link adolescents and their families with enrollment and renewal assistance and describe how the strategies will boost their enrollment.

Evaluation Plan

(25 points)

Proposals must include a detailed plan to evaluate the effectiveness of the grant project that demonstrates a capacity for and commitment to data collection and reporting, and the objective assessment of project activities. In addition to the required data reporting explained in section VI the evaluation plan should provide for ongoing assessment of meaningful performance and outcome measures that will facilitate continuous improvement in project activities to achieve the stated goal. The Evaluation Plan should also include an end-of-project evaluation report assessing overall project effectiveness that will be shared with CMS.

All Applicants

The Evaluation Plan should include a proposed set of performance and outcome measures related to the specific proposal and information on how the measures will be collected and analyzed.

For example, the Evaluation Plan may include such measures as:

- Number of applications or renewal applications successfully completed
- Number of individuals trained in assisting families
- Decrease in length of time to complete or process an application or renewal
- Reduction in incomplete applications or denials of eligibility for procedural reasons
- Increase in the number of locations in a State where eligible children can apply for CHIP or Medicaid.
- Customer satisfaction results
- Material created or translated for target population
- Number of applications resulting in new or ongoing coverage
- The overall impact on decreasing the number of low-income uninsured children in the State or target populations.
- An assessment of the ability to replicate the strategies and the potential for using them as a model.
- Other measures specific to the proposed project.

State Medicaid/CHIP Agencies

In addition to what is described above, performance and outcome measures applicable to projects administered by State Medicaid and CHIP Agencies could also include such measures as:

- An increase in the number of outstationed eligibility workers or enrollment locations in the State
- The number of uninsured children in a State who have applied for Medicaid/CHIP during the year and percentage that were found eligible
- Specific simplification policies and procedures implemented
- The number and percent of eligible uninsured children in a State who have been newly enrolled in CHIP or Medicaid as a result of this project

- The number and percent of enrollees who were still eligible at the end of their last enrollment period, and were recertified to retain coverage for at least an additional six months
- The number of physical locations an individual can apply in the State or geographic area (e.g., health center, community center, school, shopping center, Motor Vehicle Administration, unemployment office)

Technology Focused Proposals

Proposals that focus primarily on IT enhancements should provide evaluation plans that include performance and outcome measures such as: *(Note: Technology proposals may have different data reporting and outcomes measurements than community-based enrollment proposals due to the anticipated need for ramp-up time to get the project developed and implemented. Evaluation criteria should take into account the potential need to ramp-up.)*

- Achievement of identified milestones in the development of the technology in specified timeframes.
- Soliciting input from professionals and consumers in the development of the project.
- Testing of IT components.
- Number of electronic applications filed.
- Timeliness of application processing.
- Number and type of community organizations able to electronically submit applications and/or check status.
- Number of children enrolled through data matching strategies such as Express Lane Eligibility or other data matching approaches.
- Number of website hits.
- Other measures specific to the proposed IT project.

Required Data Collection and Reporting

All awardees, unless otherwise noted, will be required to report the following data and any other information deemed necessary by CMS on a quarterly and annual basis utilizing the web-based reporting tool provided by CMS (See section VI for further discussion of the reporting process). Proposals should address how this data is to be collected.

- The number of children contacted and/or assisted by the project in applying for Medicaid or CHIP.
- The number of children contacted and/or assisted by the project in retaining their coverage in Medicaid or CHIP (if applicable).
- The number of children successfully enrolled in Medicaid or CHIP as a direct result of project activities. (Non-State grantees will need to work with their State Medicaid and CHIP agencies to collect this data.)
- The number of children successfully retained in Medicaid or CHIP as a direct result of project activities. (Non-State grantees will need to work with their State Medicaid and CHIP agencies to collect this data.)

State Medicaid/CHIP Agencies

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

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

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

Non-State Agencies

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

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

Work Plan and Timeline

(20 points)

A timeline is required with the project goals and objectives consistent with those outlined in the narrative. The work plan submitted with the application should document reasonable benchmarks, milestones, timeframes, and identify the responsible parties to accomplish the goals of the project.

Budget and Budget Narrative

(10 points)

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

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

Required Supporting Documentation

The following supporting documentation should accompany the application. (This information is excluded from the page limit for applications).

Letter of Commitment from Applicable State(s) (if available). This letter would include:

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

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

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

A Memorandum of Agreement (MOA) Signed by All Coalition Member will be required of all participating entities in a coalition or collaborative who will take part in the development and implementation of the CHIP Outreach and Enrollment Grant. The MOA must state the goals and objectives of the CHIPRA Outreach Grant and a timeline which identifies the responsible entity for each task as well as the staffing that will be provided by each entity for assigned tasks.

Review and Selection Process:

CMS will be employing a multiphased review process to determine the applications that will be reviewed, and the merit of the applications that are reviewed. The multiphased review process includes the following:

- Applications will be screened to determine eligibility for further review using the criteria detailed in the Section III. *Eligibility Information* of this solicitation. Applications that are received late or fail to meet the eligibility requirements as detailed in this solicitation or do not submit the required forms will not be reviewed.
- Applications will be objectively reviewed by a panel of experts, the exact number and composition of which will be determined by CMS at its discretion, but may include private sector subject matter experts, researchers, and Federal policy staff. The review panels will utilize the objective criteria described in this solicitation to establish an overall numeric score for each application.
- The results of the objective review of applications will be used to advise the approving CMS official. Additionally, CMS staff will make final recommendations to the approving official after ranking applications using the scores and comments from the review panel and weighing other factors as described in the “Factors Other than Merit that May be Used in Selecting Applications for Award” indicated below.
- Factors Other than Merit that May be Used in Selecting Applications for Award. CMS may assure reasonable balance among the grants to be awarded in terms of key factors such as geographic distribution and Focus Area representation. CMS may redistribute grant funds (as detailed in the “Award Information” section of this solicitation) based upon the number and quality of applications received. CMS will not fund activities that are duplicative of efforts funded through its grant programs or other Federal resources.

After the applications are scored and ranked based upon the merits of how each application addresses the CHIPRA goals outlined in this solicitation, CMS will determine who will

receive grant awards and the dollar amount of each award. Successful applicants will receive one grant award based on this solicitation.

Anticipated Announcement and Award Dates:

All grant awards will be made prior to July 30, 2011, and will have a start date on or before July 30, 2011.

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. 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 applicants prior to issuance of the NOA is not an authorization to begin performance of a project. Unsuccessful applicants will be notified by letter, sent through the U.S. Postal Service to the applicant organization as listed on its SF 424, after July 31, 2011.

2. Administrative and National Policy Requirements:

The following standard requirements apply to applications under this solicitation:

- Specific administrative and policy requirements of applicants as outlined in 45 CFR 74 and 45 CFR 92 apply to this grant opportunity.
- All awardees receiving awards under these grant programs must meet the requirements of:
 - a. Title VI of the Civil Rights Act of 1964,
 - b. Section 504 of the Rehabilitation Act of 1973,
 - c. The Age Discrimination Act of 1975,
 - d. Hill-Burton Community Service nondiscrimination provisions, and
 - e. Title II Subtitle A of the Americans with Disabilities Act of 1990.
- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original grant application or agreed upon subsequently with CMS, and may not be used for any prohibited uses.
- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project. CMS expects all grant budgets to include some funding to facilitate participation on the part of individuals who have a disability or long-term illness and their families.

3. Terms and Conditions

A funding opportunity award with CMS will include the *Health and Human Services (HHS) Grants Policy Statement* at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>

and may also include additional specific grant “special” 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 or CMS.

4. Reporting

For each cycle, the awardee is expected to complete quarterly and annual progress reports that include the quality and performance measures and to complete a final report for CMS. Due dates for these reports will be detailed in the award terms and conditions.

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

VII. AGENCY CONTACTS

Programmatic Content

Programmatic questions about the CHIP Outreach and Enrollment grants may be directed to CHIPRA grants mailbox CHIPRAOutreachGrants@cms.hhs.gov

Administrative Questions

Administrative questions about the CHIP Outreach and Enrollment grants may be directed to the Mary E. Greene, Centers for Medicare & Medicaid Services, Office of Acquisition and Grants Management, Acquisition and Grants Group, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850 or by e-mail Mary.Greene@cms.hhs.gov. CMS will hold at least two applicant teleconferences to provide an opportunity to ask questions about this solicitation. The first teleconference will take place on February 15, 2011 from 2 – 4

pm eastern time. The dates, times, and call information for these teleconferences will be posted on the Insure Kids Now website at www.insurekidsnow.gov/professionals/outreach/grantees.

ATTACHMENT 1

Notice of Intent to Apply

**CHILDREN’S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT (CHIPRA)
OUTREACH AND ENROLLMENT GRANTS – CYCLE II**

Submission by Facsimile required.

Please complete by March 25, 2011 and fax to 410-786-8534

1. Name of State: _____

2. Applicant Agency/Organization: _____

3. Contact Name and Title: _____

4. Address: _____

5. Phone: _____ Fax: _____

6. E-mail address: _____

7. Anticipated Focus Area (select one of the following):

- 1. Using Technology to Facilitate Enrollment and Renewal.
- 2. Focusing on Retention: Keeping Eligible Children Covered for as Long as They Qualify.
- 3. Engaging Schools in Outreach, Enrollment and Renewal Activities.
- 4. Reaching Out to Particular Groups of Children that are More Likely to Experience Gaps in Coverage.
- 5. Ensuring Eligible Teens Are Enrolled and Stay Covered.

ATTACHMENT 2

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 1 of 2

Identifying Information:

Grant Opportunity: **CHILDREN’S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT (CHIPRA)
OUTREACH GRANTS – CYCLE II**

DUNS #: _____ Requested Grant Award: \$ _____

Applicant: _____

Primary Contact Person, Name: _____

Telephone number: _____ FAX number: _____

Email address: _____

Type of Entity: _____ Project Focus Area (Number): _____

Eligible entities participating in this application include:

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

For CMS Administrative Purposes Only:

Completeness Check: _____

Panel Assignment: _____

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 2 of 2

Identifying Information:

Grant Opportunity: **CHILDREN'S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT (CHIPRA)
OUTREACH GRANTS – CYCLE II**

DUNS #: _____ Requested Grant Award: \$ _____

Applicant: _____

REQUIRED CONTENTS

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

- First: Cover Sheet
- Second: Forms / Mandatory Documents (Grants.gov) The following forms must be completed with an original signature and enclosed as part of the proposal:
 - SF-424: Application for Federal Assistance
 - SF-424A: Budget Information
 - SF-424B: Assurances-Non-Construction Programs
 - SF-LLL: Disclosure of Lobbying ActivitiesAdditional Assurance Certifications
http://apply.grants.gov/forms/sample/SSA_AdditionalAssurances-V1.0.pdf
Key Contacts (please identify the Principal Investigator and fiscal person who is responsible for completing financial reports i.e. SF-269a and PSC 272).
- Third: Required Letter of Support and Memorandum of Agreement
- Fourth: Project Abstract
- Fifth: Applicant's Application Cover Letter
- Sixth: Project Narrative
- Seventh: Proposed Budget (Narrative/Justification)
- Eighth: Required Appendices
 - Resume/Job Description for Project Director and Assistant Director

ATTACHMENT 3

Definitions

American Indian/Alaska Native (AI/AN) means --

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

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

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

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

Community-based doula means an individual who has specialized knowledge and experience in perinatal care and support and whose services are used by pregnant and postpartum women in the community. A doula provides continuous physical, emotional and informational support during the prenatal, childbirth or postpartum periods as well as pregnancy and childbirth education, early linkages to appropriate healthcare and other services, encouraging parental attachment, breastfeeding promotion counseling and parenting education.

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

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

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

Federal health safety net organization means--

- (A) a Federally-qualified health center (as defined in section 1905(l)(2)(B) [[42 U.S.C. §1396d\(l\)\(2\)\(B\)](#)]);
- (B) a hospital defined as a disproportionate share hospital for purposes of section 1923 [[42 U.S.C. §1396r-4](#)];
- (C) a covered entity described in section 340B(a)(4) of the Public Health Service Act (

[U.S.C. 256b\(a\)\(4\)](#)); and

- (D) any other entity or consortium that serves children under a federally funded program, including the special supplemental nutrition program for women, infants, and children (WIC) established under section 17 of the Child Nutrition Act of 1966 ([42 U.S.C. 1786](#)), the Head Start and Early Head Start programs under the Head Start Act ([42 U.S.C. 9801 et seq.](#)), the school lunch program established under the Richard B. Russell National School Lunch Act [[42 U.S.C. §1751 et seq.](#)], and an elementary or secondary school.

Health disparity population means a population which has a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates as compared to the health status of the general population.

Indian, Indian tribe, tribal organization, and urban Indian organization have the meanings given such terms in section 4 of the Indian Health Care Improvement Act ([25 U.S.C. 1603](#)).

Medicaid program means the program established under title XIX of the Social Security Act ([42 U.S.C. 139aa et seq.](#))

Memorandum of Agreement (MOA) means a written agreement establishing an objective whereby the parties agree to work together on a project with the rights and responsibilities of each party clearly articulated.

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

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

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

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

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

School-based health center

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

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

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

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