

Connecting Kids to Coverage Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable Act (HEALTHY KIDS Act) American Indian/Alaska Native 2023 Notice of Funding Opportunity (NOFO)

November 17, 2022

3:00pm-4:00pm ET

Webinar Recording:

https://cms.zoomgov.com/rec/share/ynEqeHwi5994nJ6rfK91_4WCOrlw2fMVXO1Nk6fNHZBs9HT6DnGzATFVvw7J-ld6.5ljsm6EO4UtEhAHZ

Passcode: .5=nC*wj

:09 Meg: Hello everyone and welcome. My name is Meg Barry and I am the Director of the Division of State Coverage Programs and the Children and Adults Health Programs Group and the Center for Medicaid and CHIP Services.

:22 Thank you for joining us for this information session, for the Connecting Kids to Coverage HEALTHY KIDS, American Indian and Alaskan Native 2023 Notice of Funding Opportunity.

:35 I am going to walk through today's agenda and then turn things over to our speakers. But before I do that, I have a few housekeeping items. The webinar today is being recorded and will be posted on the InsureKidsNow website.

:50 Also, while members of the press are welcome to attend the call, please note that all press and media questions should be all media questions should be submitted using our media inquiry form which can be found at [CMS.gov/newsroom/media-inquiry](https://www.cms.gov/newsroom/media-inquiry).

1:07 All participants will be muted throughout the call. Closed captioning is available via the link in the closed caption window on the bottom of the screen. We will have time to answer some questions during the second half of the call. Questions can be submitted using the Q&A function on Zoom.

1:25 If you have any questions we don't get to or that come up after the call, you can send them to healthykids@cms.hhs.gov and we'll get back to you. So right now, everyone should be able to

see today's agenda on their screen. We will start with an overview of the funding opportunity then we will share information on project activities and data recording requirements, application review information and the selection process.

1:55 The Office of Acquisition and Grants management will also share some information about the application process. These presentations will be followed by a question-and-answer session, where we'll address some of the questions submitted to the Q&A function.

2:09 So with that I will turn it over to Janice Adams who will provide an overview of the funding opportunity and what is new this year. Janice,

2:18 Janice: Great, Thanks Meg. I would like to provide a brief background and overview of the HEALTHY KIDS American Indian Alaskan Native cooperative agreement, new changes and key dates.

2:29 If you haven't already, I would encourage you to have the Notice of Funding Opportunity in front of you, as we will be referencing some pages throughout the presentation.

2:41 As background, the HEALTHY KIDS act provides \$120 million for activities aimed at reducing the number of children who are eligible for, but not enrolled in Medicaid and CHIP and improving retention of enrolled children.

2:56 Of the total \$120 million in funding, 10% is allocated for outreach to American Indian and Alaskan Native children. 10% is allocated for the national campaign, and the remainder is allocated for outreach and enrollment of uninsured children and their parents.

3:14 We have awarded \$103 million in HEALTHY KIDS act funding through three round of grants to eligible organizations, \$48 million in 2019, \$6 million in 2020 for outreach and enrollment grants targeting AI/AN children and their parents

3:32 and most recently \$49 million in July 2022 for outreach and enrollment grants targeting all uninsured children and their parents. Since 2009, enrollment grants, and or cooperative agreements have been awarded to over 330 community-based organizations, state and local governments, including over 65 tribal organizations.

3:57 Community-based organizations have included health programs operated by the Indian Health service, tribes, tribal organizations, tribal health care providers, urban Indian organizations, schools, safe space organizations and other types of nonprofits.

4:17 Community-based organizations typically have access to and credibility with low-income families in their communities, making them an indispensable partner for carrying out specialized strategies to target the hard to reach children who remain uninsured.

4:32 Eligibility for this NOFO is limited to applicants who are Indian health service providers, Indian tribes, tribal consortia or tribal organizations operating a health program and urban Indian organizations operating a health program as defined on pages six, 23 and 24.

4:54 This funding will support innovative outreach strategies aimed at increasing the enrollment and retention of eligible AI/AN children, parents and pregnant individuals in Medicaid and CHIP, emphasizing activities tailored to communities where AI/AN children and families reside.

5:14 And enlisting tribal and other community leaders and tribal health and social services programs that serve eligible AI/AN children and families. Engagement with the tribal community is important to AI/AN families, but they are sometimes reluctant to enroll in Medicaid and CHIP because they can receive health care directly from their local tribal hospitals and clinics.

5:38 However, when AI/AN families enroll in Medicaid and CHIP, the entire tribal community benefits from increased access to care.

5:51 When AI/AN children and families sign up for Medicaid and CHIP, the Indian health hospitals and clinics can build these programs for services provided, this brings money into the health care facility which has been used to hire more staff, pay for new equipment and renovate buildings.

6:09 When AI/AN children and families enroll in Medicaid and CHIP, they are not only helping themselves, but they are supporting their Indian health hospitals and clinics. As previously stated, this specific NOFO CMS is committing \$6 million in HEALTHY KIDS Act funding

6:27 To target outreach and enrollment to American Indian and Alaskan Native children, parents and pregnant individuals. Please refer to the executive summary on pages five and six, pages 24

through 24 and section C1 eligible applicants of this NOFO for details. New changes, so this year there are several new things we are incorporating for the upcoming round of grants.

6:56 We have increased the award from \$750,000 dollars to \$1 million for a three-year period of performance. This is an increase of \$250,000 dollars in the last round. Currently grantees target uninsured children with the option to target parents.

7:14 This NOFO we added pregnant individuals as an optional target population. Expanding to include this population will directly lead to increasing the enrollment of American Indian and Alaskan Native eligible children on Medicaid and CHIP because generally the infants born to individuals who are enrolled in these programs

7:37 at the time of birth are automatically deemed eligible for Medicaid and CHIP for one year without an application or further determination. In addition, increasing enrollment of eligible pregnant individuals in Medicaid and CHIP promotes improved maternal and infant health outcomes.

7:55 Next, we want grantees to include social media and virtual outreach and enrollment assistance to families into their program activities.

8:04 The Public Health Emergency has taught us that we need to continue to provide enrollment assistance while being safe and educate families on the importance of health care coverage. Many of our grantees have used social media such as Facebook, Twitter, WeChat and Instagram to reach eligible families. While grantees generally report that face-to-face assistance

8:29 is the best strategy to facilitate enrollment in Medicaid and CHIP, virtual appointments allow grantees to provide enrollment assistance to families who have challenges leaving home, especially when transportation is an issue. Therefore, grantees will need to offer virtual appointments to families. This will be helpful, especially given that people of color have less access to safe and affordable transportation. This is also an important enrollment strategy for addressing inequities.

9:00 Next, we will allow up to \$5,000 dollars of the annual grant award per budget period for promotional items and incentives subject to prior approval by CMS. Based on feedback from our

current American Indian and Alaskan Native grantees, we understand this is important in getting families to apply for coverage.

9:23 This information is reflected in the NOFO on pages 32 under the Budget Narrative and on page 34 under item D6 Cost Restriction. In terms of monthly reporting which my colleague Dietrich Graham will discuss, in addition to tracking the number of applications, new enrollments and renewals, we are asking for grantees to track the number of denials.

9:51 And finally, regarding new changes in the last round of grants we implemented and will continue the 90-day planning period for all awardees. We are continuing this practice because we understand organizations may need time

10:06 to get staff hired and trained. All awardees will be given a 90-day planning period to ensure that needed project leadership is engaged and the identified employees are fully trained and available to work on a cooperative agreement. CMS will allow awardees to use grant funds to employ individuals and begin operations during this time.

10:28 CMS may waive or reduce the 90-day planning period if the awardee's outreach and enrollment efforts as specified in this funding opportunity, and as detailed in the awardees approved application are well established with all the project leadership, staffing and support already in place. In terms of staffing, the project director will need to devote a minimum of 50% of their time to grant activities.

10:54 As a new requirement, we also want awardees to have at least 50% of their staff hired and trained before the end of the planning period. This information is outlined on page 43 of the NOFO.

11:08 We are asking that if you have a project director already in place, to please submit their resume, please see item F, Key Personnel, Resumes and CVs on page 32. Lastly, I would like to remind everyone of the word amounts and key dates. The funding available is \$6 million dollars.

11:30 Applicants may request up to a maximum of \$1 million dollars. The estimated number of awards is seven. A letter of intent is not required. A cover letter is also not required. Applications

are due by 3:00 p.m. Eastern time on Tuesday, December 20. Applications received after this time will be considered late so we strongly encourage you to submit your application early.

12:00 The grant period of performance will be for a total of three years with an anticipated start date of April 1, 2023 and continue through March 31st of 2026. We anticipate issuing notice of awards by April 1, 2023.

12:19 This information is also highlighted on pages six, the Executive Summary and page 21 under Federal Award Information. And finally, we strongly encourage you to read the NOFO in its entirety as some of the most commonly asked questions are detailed in the announcement.

12:38 Now I'd like to turn it over to my colleague Dietrich Graham for an overview of project activities, data and reporting requirements and review criteria. Dietrich,

12:49 Dietrich: Thank you Janice. Good afternoon all. I will now go over the program requirements along with the data and reporting requirements and review criteria. Beginning with project activities.

13:03 I will be referencing pages 12 through 20 of the NOFO. Grants awarded under the cooperative agreement will fund activities and strategies aimed at educating families about the availability of free and low health coverage under Medicaid and CHIP, identifying AI/AN children likely to be eligible for these programs and assisting families including parents and

13:34 pregnant individuals to apply for coverage. Funds will also support efforts to assist families with the annual renewal process. Applicants are encouraged to consider any of the following outreach strategies. Please see appendix seven for more information. These strategies consist of partnering with tribal programs that work with children and families,

14:04 engaging schools and other programs serving young people in outreach, enrollment, and retention activities, establishing and developing application assistance resources to provide high-quality reliable Medicaid and CHIP enrollment and renewal services to local and tribal communities.

14:32 Using social media virtual outreach and enrollment assistance and using parent mentors to assist families with enrolling in Medicaid and CHIP, retaining coverage and finding resources for addressing social determinants of health. Grantees will be required to participate in the

national campaign activities and adopt strategies promoted by the national campaign. In particular, grantees will be required to work with the national campaign on two special initiatives each year,

15:05 Back-to-School and Year-Round Enrollment initiatives. Also, any new initiatives focused on retaining eligible individuals in Medicaid and CHIP as states resume conducting renewals at the end of the PHE. These initiatives are designed to capitalize on key opportunities for outreach that are expected to be particularly productive.

15:31 All applicants should take these additional factors into consideration when designing proposals. Having the most effective outreach efforts that link families directly one-on-one enrollment and renewal support, providing assistance with online applications and providing renewal support in person or virtually to make enrollment and retention more efficient, effective and consumer friendly,

16:02 the use of social media to conduct outreach to enroll eligible children and families in Medicaid and CHIP. While the emphasis of HEALTHY KIDS 2023 American Indian and Alaskan Natives Outreach and Enrollment Cooperative Agreement remains focused on enrolling eligible AI/AN children in Medicaid and CHIP, we have found when eligible parents get enrolled in health insurance, their children are more likely to get enrolled and receive necessary preventive care.

16:41 Appropriate messaging and strategies that help enroll eligible parents can also facilitate the enrollment of eligible children. In past cycles, a number of CKC recipients have also been navigators or coordinated closely with navigators to ensure that a holistic approach is taken to provide coverage to all eligible family members.

17:09 We continue to welcome applicants that are navigators or coordinate closely with navigators. Families often seek health insurance for their children at times when they are most attuned to needing health services for them. Such as when they are sick or injured, need physical exams to enroll in school and summer programs or need preventive care including

17:34 immunizations, dental, vision, hearing tests, asthma and allergy screenings or are in search of essential mental and behavioral health services. Organizations and institutions that provide

such services such as hospitals, health clinics, the department of health, and schools are in the good position to conduct outreach and help families get their eligible children enrolled.

18:05 They may also be more likely to have the infrastructure to sustain and track progress of outreach and enrollment efforts. Local tribal government agencies also play key roles in helping to identify and enroll children. They can partner with other local and state health and human service programs and agencies

18:29 such as SNAP, childcare agencies, Headstart and WIC to identify uninsured children and enroll them in coverage because of their relationship with local communities that can be leveraged to support outreach and enrollment efforts. Parents who have at least one Medicaid or CHIP enrolled child can serve as mentors to parents of uninsured children during the application and renewal process.

19:00 Parent mentors educate families with uninsured children about health insurance coverage and assist with completing applications for health insurance coverage. For more information about parent mentors, you can refer to Appendix eight. Now we will go over data and reporting requirements. This is on pages 18 through 20 of the NOFO.

19:32 Recipients will be required to collect and report to CMS data related to their goals and accomplishments for this funding opportunity. Applicants may identify additional metrics that could be used to evaluate the effort of the recipient's work. But the required data that all recipients must report on a monthly basis includes the following.

20:01 Number of AI/AN children for whom an application for health coverage has been submitted, number of AI/AN children verified to be newly enrolled in Medicaid or CHIP, number of AI/AN children denied new enrollment in Medicaid or CHIP, number of AI/AN children for whom the recipient submitted a renewal form for Medicaid or CHIP coverage,

20:33 number of AI/AN children verified to be renewed in Medicaid or CHIP, number of children denied renewal coverage in Medicaid or CHIP, and the outreach and enrollment activities completed during the month. The following data must be reported on a monthly basis only if the applicant proposes to target

20:59 parents and/or pregnant individuals with Connecting Kids to Coverage funds. Number of parents and/or pregnant individuals for whom an application for health coverage has been submitted, number of parents and/or pregnant individuals verified to be newly enrolled in Medicaid, number of parents and/or pregnant individuals denied new enrollment in Medicaid,

21:29 number of parents and/or pregnant individuals for whom the recipient submitted a renewal form for Medicaid coverage, number of parents and/or pregnant individuals verified to be renewed in Medicaid and number of parents and/or pregnant individuals denied renewal coverage in Medicaid. Now for review criteria.

21:57 Applications will be reviewed for completeness and compliance requirements as listed in section D2, Application Content and Format of the NOFO. A helpful application check off list located in Appendix six on pages 96 and 97 is a great tool to ensure your application is complete.

22:25 This document provides you with a list of all required forms that will need to be submitted along with the contents for the application and the page limit for each section of the application. Applications at risk of not being reviewed and ultimately not considered for an award are those received later than the deadline of December 20, 2022 at 3:00 p.m. Eastern Standard Time.

22:55 Along with applications that do not address all the required topics outlined in section D2 or do not contain the required documents. Applications will be reviewed based on criteria outlined in section E1 on pages 36 through 44 in the NOFO. Applicants may score as high as 150 total points for their overall application and points will be awarded based on the quality of the applicant's responses.

23:33 There are six sections of review criteria outlined in the NOFO. The first section is the Project Narrative which the applicant may score up to 75 points. The Project Narrative is further divided into four sections. The first section, Description of Need. Applicants may receive potential of 10 points for this content.

24:01 This section provides an overview of the need for the grant. Information reviewers will be evaluating for this section include: a description of the target population, data on this number and/or rate of uninsured children and enrollment and retention barriers for the

target population. Statement of Project Goals is the next section under Project Narrative and for this, applicants may score up to 10 points.

24:34 Statement of Project Goals consists of specifying the measurable goals for your proposed funding in the tables provided on pages 38 and 39 of the NOFO and describing the specific factors you considered to create these goals. The next Project Narrative section is Capacity to Implement the Project, which applicants may receive up to 20 points.

25:00 Reviewers will be looking for information regarding the applicant's level of knowledge about Medicaid and CHIP eligibility and enrollment procedures, past experience conducting health coverage outreach and enrollment activities, and capacity to engage target populations in your community. Outreach and Enrollment Plan is the final section of the Project Narrative and in this section, applicants may achieve up

25:30 to 35 points. Reviewers will be looking for description of the outreach and enrollment strategies applicants propose using, messaging that will be used to promote, enroll and retain eligible children in Medicaid and CHIP, a description of the specific effort projects will undertake during important periods in the project, such as back-to-school time, year-round enrollment and retaining eligible individuals in Medicaid and CHIP.

26:03 The next criteria section reviewers will be evaluating is the Data Collection and Reporting Plan. Applicants may receive up to 20 points for this plan. In this plan, applicants will need to clearly describe how the required data will be collected and how they will verify the number of new Medicaid and CHIP enrollments, renewals and denials resulting from your CKC funding.

26:34 The next section of the application is the Work Plan and Timeline and the applicant may receive up to 15 points for this section. The Work Plan and Timeline section of the application should document activities, reasonable and achievable milestones and time frames that are likely to lead to achievement of the stated project goals and identify the parties responsible for performing the activity.

27:04 The Budget and Budget Narrative is the next section and the applicant may receive up to 15 points for this information. Applicants must provide detailed budget with appropriate line items and the narrative that describes the funding needed to accomplish the goal of the grant. The next application section is the Evaluation Plan. The Evaluation Plan is worth up to five points.

27:35 This information will discuss how the project will be monitored during the entire period of performance to ensure that the most effective strategies will be utilized and how any obstacles that impact full obtainment of stated goals will be resolved. The Staffing Plan is the final section of the application and this section is worth up to 20 points.

28:01 Reviewers will be evaluating this section by looking at how the applicant describes how the project will be staffed, brief job descriptions and related work experience for the project director and other positions paid under the cooperative agreement. I'd now like to turn it over to Janice Adams for more information on review and the selection process. Janice,

28:30 Janice: Thanks, Dietrich. I will now discuss our selection process. Please refer to section E2, Review and Selection Process on page 44. In addition to the application criteria Dietrich mentioned, we encourage all applicants to consider the following when developing and reviewing their application. That project goals are clearly stated and appear achievable,

28:55 the description of need is compelling and is based on clearly cited data, proposed metrics will adequately allow for project monitoring and measuring project success, the organization has sufficient capacity to accomplish the grant goals. There is a clear plan for verifying new enrollment and renewals and the prospects for sustaining the project are clearly stated.

29:22 For the final selection of applications, factors other than merit that may be considered for award include: CMS may ensure that awardees represent diversity and project approaches based on key factors such as use of strategies most likely to achieve success and level of need in the project location area. CMS will also consider geographic diversity and scale of application when making final award determination.

29:53 As outlined in appendix five, Merit Review and Selection Process on page 94, all applications will be reviewed by a merit review committee that may include federal and/or nonfederal reviewers. The reviewers will ensure that each application addresses the required criteria as the basis of their application evaluation. The result of the merit review committee will provide recommendations to the CMS approving official based on their merit review and overall application scoring.

30:29 Also in appendix five on pages 94 and 95, provides information on how applications will be screened and the review and selection process. Please keep in mind CMS will do a risk review on all applications prior to awards being made. In the selection process, CMS will take into consideration the following factors. The financial stability of the applicant, the quality of the management systems proposed in the application and the applicant's ability to meet the prescribed management standard.

31:03 In addition, please keep in mind that CMS does reserve the right to conduct pre-award negotiations with potential awardees. This is the general overview of the merit and review selection process. I strongly encourage each applicant to carefully review section E, Application Review Information, specifically focusing on E1 for the Application

31:27 Criteria starting on page 36 of the NOFO along with reviewing appendix five, Review and Selection process starting on page 94 of the NOFO. I would now like to turn it over to my colleague, Sharron Jernigan from the Office of Acquisitions and Grants Management to discuss the application process. Sharron,

31:50 Sharron: Thank you Janice. I will give a brief overview of the application process. All application materials are available on Grants.gov and applications must be submitted electronically through the website. Application submission information can be found in section B and appendix two of the NOFO. There's a checklist on page 96 as well. Applications must be submitted electronically through Grants.gov by 3:00 p.m. Eastern Standard Time December 20, 2022.

32:25 Applicants will be able to download a copy of the application packet complete it off-line and then upload and submit the application via Grants.gov. Please do not submit application materials to the program email. It will not be accepted. Upload early. It is very common for it to take long to upload your application the later you wait, because there are more individuals viewing and more applicants attempting to upload

32:57 their application at the same time. So even if you start at 12 noon, your application could take up to 3 o'clock to upload. If you are able to upload early, revisit your application to make sure all required documents are accounted for. Before your organization can apply for a federal

grant there are several steps an organization must complete outside of Grants.gov prior to applying.

33:27 An organization is an entity that submits grant applications on behalf of the group, such as state government, nonprofit organizations or a private business. The entity must have an employer identification number or EIN, a valid unique entity identifier, or UEI. The UEI replaces the DUNS number sometime earlier this year and the entity must be registered and maintain this

33:59 database, the systems for award management. Additional information can be found on page 26 of the NOFO. So then you can register for Grants.gov. All applications are submitted through Grants.gov. Please familiarize yourself with this website. The homepage has links to videos that will assist you if you are not currently familiar with the system.

34:27 I also encourage you to watch the videos if you have not been on Grants.gov for some time. The Authorized Organizational Representative, the AOR must submit the application to Grants.gov. The AOR will officially apply on behalf of the organization, so the AOR must register with Grants.gov for a username and password.

34:54 The AOR is an individual named by the applicant organization who is authorized to act for the applicant and to assume the obligations imposed by the federal laws, regulations, requirements and conditions that apply to grant applications and/or awards. The electronic signature of the individual who logged in and submitted the application to Grants.gov will automatically populate throughout the application. The electronic signature must match the AOR named on the SF 425 of the application.

35:32 Cooperative agreements will be awarded with consideration to overall cost-effectiveness of the applicant's proposal, overall quality of the proposal and the ability to meet project goals and the ability to demonstrate a sustainability plan. The amount of funding for each cooperative agreement award will depend on the individual recipient need as demonstrated in its applications submitted in response to this NOFO.

36:02 I'd now like to turn it over to Hailey Gutzmer from the Partner Relations Group in the Office of Communication to help moderate the Q&A session. Hailey,

36:13 Hailey: Thank you Sharron, and just a reminder you all can still submit questions you may have using the Q&A function at the bottom menu of the Zoom. Please make sure to get any questions in if you have not done so already, and before we get to some questions I will turn it back to Janice for some quick announcements.

36:35 Janice: Thanks Hailey. One thing I wanted to mention was we often receive a number of questions related to eligibility and I just want to remind everybody that eligible entities are outlined on pages 22 and 23 of the NOFO. You may also check your eligibility on the Grants.gov website so we will make sure to post a link of that in the chat. I also want to let people know that we will be posting in the next couple of days on the

37:05 InsureKidsNow.gov website any frequently asked questions. I would encourage you all to review them as you may find some answers to your questions. We will post the FAQs under Campaign Information, Outreach and Enrollment Grants and we will continue to post any FAQs we receive in this section as they come in. We will provide both links to everyone in the chat. With that Hailey I will turn it back over to you in case we've got any questions I can address or the team may address.

37:37 Hailey: All right so right now we just have one question and that is, as a tribe with no experience in benefits coordination, will the new staff be provided with any direct technical assistance in regards to onboarding or training?

37:57 Janice: So it is actually the responsibility of the entity who is applying to train the staff. We do provide some technical assistance webinars to all of our awarded grantees. In the past we have had a webinar welcoming our new grantees and walking them through the special terms and conditions and highlighting some key things in the NOFO like we did

38:31 here, but just a little bit more detail, things awardees need to pay close attention to. Ultimately the responsibility on training the staff who are working under the grant is the responsibility of the entity.

38:47 Hailey: Great, thank you, Janice and I don't see any other questions in the Q&A

function. I will give it just another minute to see if anyone has any questions they want to drop in, now is your time.

39:03 Janice: And while we are waiting Hailey, I just shared the link, the Grants.gov link that I mentioned where entities can check eligibility and then I'm getting ready to also add where we are going to post the FAQ. That is going to come out shortly.

39:22 Hailey: Great.

39:27 Janice: Everyone should be able to see that in the chat.

39:31 Hailey: All right, we did get another question in. The next question, could the funding be used to supplement our existing patient benefit advocate's salary? We are already providing these services to our tribal members.

39:51 Janice: Sharron, do you want to take that question?

39:58 Sharron: It is yes and no. So, it pretty much depends on what is being presenting in terms of the budget at the time of for the budget period if you were to get a grant. So I would say this is something that would have to be tabled until the possibility that there is funding of the grant to the individual.

40:27 That is all I can say in reference to that. If it is working with another grant and then you want money from another grant to help the fund, that probably is no. But we would have to definitely look at things closer. I hope that helps.

40:50 Hailey: Thank you, Sharron. I don't see any other questions that have come in, oh, one just popped up. Can some of the funding be used for potential external consultation or training costs?

41:08 Sharron: Yes. All of that would be reviewed at the time of negotiation of the budget and finding out specifically what you are talking about but yes, for the most part yes it can.

41:25 Hailey: All right, great. I will give it just another minute in case any other questions pop in.

41:43 Alright I don't see any other questions coming in. I will go ahead and turn it back to Meg Barry to close us out.

41:56 Meg: Thanks Hailey. I want to thank you all again for attending today's call. We really appreciate your interest in this funding opportunity and we look forward to a robust applicant pool this year. As was mentioned at the beginning of the call, any questions following today's session can be sent to healthykids@cms.hhs.gov. Thank you and that concludes our call.