

-CHILDREN'S HEALTH INSURANCE PROGRAM

REAUTHORIZATION ACT (CHIPRA)

QUALITY DEMONSTRATION GRANTS

HHS-2010-CMS-CHIPRA-0002

Electronic Application due: 1/8/2010

QUESTIONS AND ANSWERS

(Second Set – Questions 83- 105)

December 22, 2009

Section 401(d) of the Children's Health Insurance Program Reauthorization Act (CHIPRA) directs the Secretary of the Department of Health and Human Services to award and evaluate to 10 demonstration grants to States to test promising ideas for improving the of children's health care provided under the Medicaid and CHIP programs.

Below is a series of questions about this grant program and CMS responses. If you have a question that does not appear on this listing, please submit it via e-mail to CMS via our dedicated resource box, CHIPRAQualityGrants@cms.hhs.gov. Rather than respond to each e-mail directly, we will use this website to periodically post answers to new questions.

ALLOCATION OF GRANT FUNDS:

Question 83 - If the lead State in a multi-State application encounters obstacles in issuing grants or contracts to distribute grant funds to other participating States, could an external non-profit organization serve as the fiscal intermediary to perform this function?

Answer – No. The CMS expects the lead State agency to function as the fiscal intermediary for the grant and not transfer this function to an external non-profit organization.

Question 84 - Will there be an opportunity to apply for a grant in the second year of funding? I understand there is \$20 million in the first year, but is it CMS' intention to fund all grants awarded for the full 5 years?

Answer – No. There will not be an opportunity to apply for a grant in the second year of funding. It is CMS' intention to award all grants in FY 2010.

APPLICATION SECTION CONTENT

GENERAL

Question 85 - On page 11 of the solicitation, it states “Applicants must address the grant categories that are part of their application in narrative format using the same headings and numerical sequence as laid out in this section.” However, it is not clear what numerical sequence is referenced. Can you clarify the intent of the quoted sentence above?

Answer – The intent of the sentence is to ask that you follow the same structural logic as presented in the solicitation so that a reader could put the two documents side by side and see what is being addressed without having to search the submission from top to bottom for the answer. Whether the sequence is numbered, lettered or defined by a heading, please keep your responses in the same order that the question or concept was presented.

BUDGET

Question 86 - On page 56, the solicitation indicates that: "If requesting indirect costs, an Indirect Cost Rate Agreement will be required. Applicants are required to use the rate agreed upon in the state's Indirect Cost Rate Agreement. However, if there is not an agreed upon rate, the applicant is allowed indirect costs of 10 percent." Are there any circumstances under which CMS will allow a rate for indirect costs that exceeds 10 percent?

Answer – No. Without an agreed upon Indirect Cost Rate Agreement, CMS will not allow for an indirect cost rate to exceed 10 percent.

Question 87 - On page 54 of the budget guidance, the solicitation indicates that the applicant is to provide a 5-year budget, however FY2010-FY2015 is a six-year period. How should the states proceed in presenting their budgets?

Answer – In developing the budget, the period from the time of award in 2010 until same time in 2011 will be considered the first year, 2011 to 2012 will be considered the second year, 2012 to 2013 will be considered the third year, 2013 to 2014 will be considered the fourth year, and 2014 to 2015 will be considered the fifth year.

Question 88 - On page 2, the solicitation indicates that “there is no required State match and any unused funds may roll over for use in the next FY”. It also indicates that \$20M of the \$100M total appropriated for this grant program will be awarded each year of the five-year period of performance. Does this mean that an applicant should limit its budget for each year to approximately one-fifth of the total requested amount, or should the applicant budget for what it anticipates spending each year?

Answer –The applicant should make a realistic assessment of its grant activities and budget for each year accordingly.

Question 89 – Seeking clarification on submitting Section 4: Preliminary Budget for the CHIPRA Quality Demonstration Grant. On page 52 of the funding announcement, it reads that the preliminary budget must directly follow the rest of the project narrative. However, the grant application submission package indicates that the preliminary budget should be submitted separately. Please advise as to whether the budget should be placed in a separate document for submission.

Answer – The budget should be submitted with the application package and follow the project narrative. All documentation should be submitted through the grants.gov website. Items sent separately will not be processed.

Question 90 – Please clarify the difference between the annual amounts and 5-year total amounts that CMS is proposing to award. It is our understanding that CMS will not award more than \$5 million per grant category over the 5 year grant period. Does this mean that we cannot be awarded more than \$1 million per year per grant category? Or does the total of all 5 years simply need to amount to \$5 million or less? For example, could we request \$2 million in funding for one category in year 1, and \$750,000 per year for that category for years 2 – 5? (i.e. for a total of \$5 million over 5 years)?

Answer – Applications should be developed with regard to annual grant activities and budgeted accordingly. It is expected that annual funding will average in the range of \$1 million to \$3 million. The total category award over the 5 year period must not exceed \$5 million. The applicant may request varied amounts in each year as per the example, \$2 million for one category in year 1 and \$750,000 for years 2 -5.

Question 91 – Given that we will be applying under 3 categories, our understanding is that the total, 5-year budget for the grant cannot exceed \$15 million. Is there any flexibility between categories under that maximum? For example, could we request \$6 million per category for two categories and \$3 million for the third (total of \$15 million over 5 years)?

Answer – No. Applicants should develop a realistic budget for meeting the grant activities under each category recognizing the category limitations.

Question 92 – Are coordination costs for multi-state collaboratives included within or on top of the per-category limit?

Answer – Coordination costs are included within per-category limits.

CATEGORY A (Initial Core Measure Set)

Question 93 - On p.66, the solicitation indicates, with regard to Category A, that "the annual reporting of the new measures will not be required until January 2011." However this is only several months after the planning process is complete and out of synch with

HEDIS reporting. Is this a firm deadline or could baseline data for the new measures be collected and reported during the calendar year (2011)?

Answer - CMS will work with States during the operational planning phase to determine appropriate timelines under this grant opportunity for data collection and reporting of the core set of measures.

Question 94 - A response in the first Q & A set noted that two states could not, for example, split the measures collected under Category A. However, it is not clear whether, if one state proposes to collect all the initial core indicators, all the states in that multi-state application ALSO need to participate in Category A, or if they can restrict themselves to other grant categories.

Answer – No. All states in a multi-state collaborative would not need to collect the measures under category A. However, applications should demonstrate integration among categories and collaborative participants. See question 58.

CATEGORY D (Pediatric Model EHR)

Question 95 - In regards to the grant application for Category D, is the end result a software product independent of the HIE and physicians EMR? Or is the end result a common messaging format of information specific to children that will be integrated with our HIE portals and the provider EMRs?

Answer – The result of Grant Category D is the evaluation and testing of a pediatric EHR that conforms to the model format developed by the AHRQ Contractor. Information about the EHR format will be made available to the grantees in their first year of grant implementation, as the concurrent contractual project to develop the model pediatric EHR format proceeds. The final product of that project, a model EHR format, will be something that can be integrated into EHRs.

Question 96 - Our partner organization uses a particular system as their EMR and is concerned that they would need to use an EHR separate from their existing system and the impact on their business processes.

Answer – Whichever entity the state is partnering with to implement the grant would need to specifically test the efficacy/utilization of the EHR(s) that conform to the model pediatric EHR format developed under the AHRQ contract, as specified by CMS. The model pediatric EHR format developed under CHIPRA section 401(f) is ultimately intended for EHR vendors and developers to incorporate into existing and new EHR products.

CATEGORY E

Question 97 - In the case of a Category E grant application focused on School Based Health Centers (SBHCs), would it be permissible to include all children who receive health care through SBHCs in the grant and not just Medicaid and CHIP enrolled children?

Answer - To maintain the integrity of the grant process, CMS cannot advise a prospective applicant on how we would react to a particular concept. A State contemplating such a concept may wish to review the solicitation in general and the evaluation questions associated with Category E in particular to determine what populations CMS expects applications to focus on and the extent to which other populations can be incorporated into proposed demonstration models.

DRAFT OPERATIONAL PLAN

Question 98 - With regard to the “Required Attachments” (page 55 of the solicitation), are there any format requirements for the resumes of key project staff?

Answer - No. Per the solicitation, the resume for each person cannot exceed four pages using the type style and size requested by the solicitation. However, CMS has not specified a standard resume format.

AWARD PROCESS

Question 99 - In the case of a grant awarded in response to a multi-state application, may a State other than the lead State draw down grant funds directly?

Answer - No. In the case of a grant awarded in response to a multi-state application, only grantee (i.e., the lead State) may draw down grant funds.

OTHER

Question 100 - Who should the letters of support for the CHIPRA Quality Demonstration Grants be directed to?

Answer – Letters of support should be submitted to the applying State Medicaid Director. The letters of support must be attached to the application and submitted as part of the official grant application process.

Question 101 - Is each grantee required to submit a final report at the end of the five years and, if so, when it would be due.

Answer – A final report requirement is not specified in the solicitation. This will be addressed in the terms and conditions that accompany the award. The solicitation indicates that Awardees are required to report and provide information as decided upon by CMS and the evaluator. The exact requirements will be negotiated during the planning phase.

Question 102 – Regarding Section 2—if applying for 3 categories, can the state use 13 pages to discuss one of the categories and 8 pages for each of the others, staying within the 31 page limit?

Answer – Yes. It's the within the applicant's discretion to allocate descriptions of its proposed grant activities within the overall page limitations.

TECHNICAL ASSISTANCE

Question 103 - We have been asked to be in a consultant pool for two separate pending CHIPRA demonstration grants. Would that be problematic?

Answer – No. Nothing in the solicitation precludes an organization from providing technical assistance to more than one grantee.

Question 104 – What kinds of national technical support are anticipated to be provided by the national Technical Assistance (TA) contractor to help us determine what TA we need to seek from other entities?

Answer – For Categories B and D, grantees will be able to access TA support from CMS, other EHR/HIT resources within HHS and the AHRQ contractor tasked with development of the model pediatric EHR format. For Category A, States will be provided with technical assistance with regard to standardized specifications, identification of data sources and interpretation of data. Additional needs will be identified during the planning phase.

USE OF GRANT FUNDS

Question 105 - Under Category A, there will be costs to managed care plans to report the core measures required under this grant category. Can grant funds be used for financial incentives provided to help plans report measures they currently are not collecting or which will require increased costs to collect?

Answer - Yes. Grant funds could be used to enable plans to report the core measures required under Category A. Administrative activities, such as reporting performance measures, do not constitute the provision of direct services.