

**Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid & State Operations**

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

Initial Announcement

Invitation to Apply for FY2010:

**CHILDREN'S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT (CHIPRA)
GRANTS FOR OUTREACH TO AND ENROLLMENT OF
CHILDREN WHO ARE INDIAN**

Agency Funding Opportunity Number

HHS-2010-CMS-CHIPRA-0004

CFDA 93.767

DATE: November 19, 2009

Applicable Dates:

Voluntary Notice of Intent to Apply:	December 11, 2009
Electronic Grant Application Due Date:	January 15, 2010
Issuance of Notice of Awards:	April 15, 2010
Grant Period of Performance/Budget Period:	April 16, 2010 – April 15, 2013 (36 months)

Applicant's Teleconferences:

Tuesday, December 1, 2009 from 2:00 – 4:00 pm (EST)
Phone Number 1-877-251-0301 Confirmation ID – 39113968

Tuesday, December 8, 2009 from 2:00 – 4:00 pm (EST)
Phone Number 1-877-251-0301 Confirmation ID – 39117744

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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) (Public Law 111-3). CHIPRA reauthorizes the Children's Health Insurance Program (CHIP) through Federal fiscal year (FFY) 2013, providing an additional \$44 billion in federal funds to enable States to maintain their current CHIP programs and increase enrollment in Medicaid and CHIP.

CHIPRA includes a number of provisions for increasing outreach funding and activities to enroll eligible, yet non-insured children, in coverage with a particular focus on those who are the most difficult to reach. The provisions for the Grants for Outreach to and Enrollment of Indian Children are the subject of this solicitation. The Department of Health and Human Services (HHS) will award a total of \$10 million to eligible Indian Health Service (IHS), Tribes and Tribal organizations operating health programs under the Indian Self-Determination and Education Assistance Act (ISDEAA) (P.L. 93-638, as amended), and Urban Indian organizations operating health programs under title V of the Indian Health Care Improvement Act (IHCIA) (Pub. L. 94-437, as amended) for outreach to, and enrollment of, Indian children.

2. Priority for Award of Grants

States have been successful in enrolling children in Medicaid and CHIP, but there are still several million children that are eligible for this public, comprehensive coverage that are not enrolled. The commitment to enroll and retain these children in Medicaid and CHIP has been reinforced by CHIPRA. CHIPRA provides \$10 million for fiscal years 2009-2013, expressly for the purpose of providing outreach grant money to find eligible, yet non-enrolled, Indian children; to ensure they are enrolled in Medicaid and CHIP programs; and to see they retain this coverage while they are eligible. The award of these grants is based on the following principles:

- Outreach will be results driven and connected to actual enrollment and retention of target-population Indian children in these programs.
- Grantees must be able to provide sound and viable data that demonstrates the connection between proposed outreach and resultant program enrollment and retention.
- Data and systems improvements will be considered for funding within a proposal, providing the applicant can demonstrate that these are appropriate within the context of the outreach strategies and will result in increased enrollment and retention.
- CMS intends to share best practices of, and lessons learned from, grantees. CMS is particularly interested in successful outreach efforts that can be replicated.

In accordance with law, priority for the award of grants will be given to eligible entities that:

- Propose to target geographic areas and specific communities with high incidence of:
 - i. Eligible yet non-enrolled Indian children, including children residing in rural areas.
- Submit substantial demonstrable evidence that the entity:
 - i. Has access to, and credibility with, Indian populations in communities in which funded activities are to be conducted;
 - ii. Has the ability to address barriers to enrollment, such as lack of awareness of eligibility, stigma concerns and punitive fears associated with receipt of benefits to

- the extent they exist, and other cultural barriers to applying for and receiving child health assistance or medical assistance;
- iii. Can, and will, provide specific quality and outcome performance measures to evaluate the effectiveness of funded activities; and
 - iv. Will:
 - Conduct an assessment of the effectiveness of such activities against the performance measures;
 - Cooperate with collecting and reporting enrollment data and other information in order for the Secretary of HHS to conduct such assessments.

The \$10 million will be awarded on April 15, 2010. Successful applicants will receive an award for a 36-month period.

II. AWARD INFORMATION

1. Total Funding:

This solicitation discusses the available funding from the Centers for Medicare & Medicaid Services (CMS) for CHIPRA Outreach and Enrollment Grants for fiscal years (FYs) 2010-2013. The total amount of funding available for a project period of thirty-six (36) months (April 16, 2010 – April 15, 2013), is \$10 million. Awardees will implement an outreach and enrollment plan designed to expand the enrollment of eligible yet non-enrolled Indian children in Medicaid and CHIP, and retain enrollment of Indian children who remain eligible for Medicaid or CHIP.

2. Awards:

CMS anticipates the grant award average will be approximately \$130,000. Individual awards will range from a minimum of \$50,000 to a maximum of \$300,000. The anticipated number of grantees is 75 – 100. Applicants are cautioned to use a reasonableness test when determining cost per new enrollee as well as the percentage of funds attributable to administrative costs.

3. Anticipated Award Date:

Awards will be announced on April 14, 2010 and awarded on April 15, 2010.

4. The Period of Performance:

The period of performance will be April 16, 2010 through April 15, 2013 (36 months).

III. ELIGIBILITY INFORMATION

1. Eligible Applicants:

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

- Indian Health Service
- Tribes and Tribal organizations operating a health program under the ISDEAA (P.L. 93-638, as amended)

- Urban Indian organizations operating a health program under the IHCIA (P.L. 94-437, as amended)

Coalitions:

Proposals from coalitions must identify the members and the role and responsibilities of each member group and designate a lead entity. All members of a coalition must be eligible entities. Coalitions should represent partnerships that can implement breakthrough strategies, utilizing the strengths of each group that it represents. Written letters of agreement from partner organizations will confirm the coalition membership and, where applicable, should provide information about past joint endeavors.

2. Cost Sharing/Matching:

Awardees are not required to provide matching contributions. However, any funding contributed by other entities should be mentioned in the Project Narrative of the grant application.

3. Other:

A. CHIPRA Outreach and Enrollment Grants:

Tribes, Tribal organizations, and urban Indian organizations must attest that they will not accept funds under this solicitation of targeted grants to finance outreach and enrollment activities of Indian children that have been funded by other CHIPRA grants awarded from CMS and vice versa. Identical or an extremely comparable scope of work (related to outreach and enrollment efforts to increase participation of children who are Indian into Medicaid and CHIP) cannot be funded by both grant programs.

B. Benchmark/Peer Learning:

The applicant must include its intent to commit to participate in key program components, including:

- Sharing best practices and lessons learned with other grantees via peer-to-peer learning. Examples of methods that may be chosen for sharing information could include: conference calls, Web conferences, regional meetings and other forums;
- Collecting and sharing the required data that monitors progress and identifies effective strategies for outreach, enrollment, and retention;

4. One Application Requirement:

Only one application may be submitted by a single eligible entity and only one CHIPRA Outreach and Enrollment Grant will be awarded to a single eligible entity or to the lead entity of a coalition. Entities working together as a coalition shall submit one application. All coalition participants who will take part in the development and implementation of the CHIPRA Outreach and Enrollment Grant must sign letters of agreement to collaborate on the project. Indian health programs operated by tribes, tribal organizations, and Indian Health Service serving the same

geographic area that have an interest in submitting a proposal are strongly encouraged to submit one proposal as a coalition to avoid duplicating efforts.

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 electronically. A complete electronic application package, including all required forms, for this solicitation is available at <http://www.grants.gov>.

Standard application forms and related instructions are available online at <http://www.cms.hhs.gov/GrantOpportunities>.

Standard application forms and related instructions are also available by e-mail at the CHIPRA grants mailbox AIANCHIPRAOUTREACHGRANTS@cms.hhs.gov.

2. Content and Form of Application Submission: (this section identifies the required content of the application and the forms that must be used for submission of a complete application package)

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.

The documents may be single-spaced.

Page limits for the application package are:

Project Narrative	8-page limit
Evaluation Plan	2-page limit
Work Plan and Timeline	2-page limit
Budget Narrative	2-page limit

These page limits exclude: the SF 424A - Budget Information Non-Construction; additional supporting documentation listed below; required appendices; letters of agreement; and certifications. In the Project Narrative, please do not repeat information detailing existing State programs.

Additional documentation should not be appended because appendices that are not required by this solicitation will not be reviewed for purposes of the ratings process.

The following documents are required for a complete application:

A. Cover Sheet and Forms:

- 1) Application Check-off Cover Sheet: Complete the check-off cover sheet as indicated; refer to Attachment 2.
- 2) Forms: The following forms must be completed with an original signature and enclosed as part of the proposal:
 - SF 424: Official Application for Federal Assistance (see note below)
 - SF 424A: Budget Information Non-Construction
 - SF 424B: Assurances—Non-Construction Programs
 - SF LLL: Disclosure of Lobbying Activities
 - Additional Assurance Certifications
 - Project Abstract
 - Project Cover Letter
 - Project Narrative (as detailed in Section V)
 - Budget Narrative (as detailed in Section V)
 - List of Key Contacts including the Principal Investigator/Project Director and Financial Officer/Fiscal Contact who is responsible for completing the Financial Status Report (SF-269a) and the Federal Cash Transactions Report (PSC 272)

B. Required Letters of Agreement, if Applicable:

For coalition submissions, all entities taking part in the development and implementation of the CHIPRA Outreach and Enrollment Grant must sign and submit letters of agreement to collaborate on the project.

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, a description of the geographic area and community targeted, the total budget for the 36 month grant period, a description of how the grant will be used to develop or improve outreach and enrollment to children. If the project involves a coalition, the abstract should include the list of coalition members and explanation of how each entity meets the definition of an eligible entity.

D. 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 entity);
- 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 entity or lead entity (if submitted as a coalition) has clear authority to oversee and coordinate the proposed activities, and is

capable of convening a suitable working group of all relevant partners or coalition members to carry out proposed activities.

E. Budget Narrative:

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

- Estimated Budget Total for the 36-month grant period.
- Total estimated budget broken down by year.
- Funding from other sources, including in-kind support.
- 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
 - Indirect charges, in compliance with OMB Circular A-87 or A-122. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.
 - Other costs
 - Provide budget notes for major expenditures and notes on personnel costs and major contractual costs. This grant will not pay for major expenditures such as purchasing vehicles or construction projects.

F. Appendices

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

3. Submission Dates and Times:

All grant applications must be submitted electronically and are due on January 15, 2010. Applications received through <http://www.grants.gov> until 11:59 p.m. Eastern Standard time on January 15, 2010 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. Note that grants.gov may take up to 2 days to validate your application.

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

4. Funding Restrictions:

A. Indirect Costs

Applicable cost principles are **OMB Circular A-87**, Cost Principles for State, Local and Indian Tribal Governments, and **OMB Circular A-122**, Cost Principles for Non-Profit Organizations, which establish the cost principles for allowing costs incurred by State, local, Federally-recognized Indian tribal governments, and non-profit organizations under Federally-sponsored agreements.

Please submit a copy of the approved Indirect Cost Rate Agreement used in calculating the budget, if applicable. If you do not have an established Indirect Cost Rate Agreement, you are allowed 10% for indirect costs.

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

No grant funds awarded under this solicitation may be used for any item listed in the Prohibited Uses of Grant Funds as detailed in Attachment 3. The same scope of work may not be paid for by more than one CHIPRA Outreach Grant award or other Federal funding stream.

5. Other Submission Requirements:

A. Requirements of Electronic Applications:

The deadline for all applications to be submitted through <http://www.grants.gov> is January 15, 2010. For information on how to register with <http://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 www.grants.gov at least 30 days prior to filing an application so as 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.

B. 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: <http://www.dunandbradstreet.com> or call 1-866-705-5711.

C. Notice of Intent to Apply

Applicants are 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 December 11, 2009, and should be faxed to (410) 786-5882 or (410) 786-8534.

6. 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 electronically. 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 to four weeks to be completed. Therefore, registration should be completed in sufficient time to ensure it does not impair your ability to meet required submission deadlines.

V. APPLICATION REVIEW INFORMATION

1. Criteria Weighting:

Project Narrative	(Weight: 50 points)
• Outreach and Enrollment Plan	(30 points)
• Data Collection and Reporting	(20 points)
Evaluation plan	(Weight: 20 points)
Work Plan and Timeline	(Weight: 20 points)
Budget Narrative	(Weight: 10 points)

A. Project Narrative: (maximum 8 single-spaced pages)

Required elements of the Project Narrative are:

1) Outreach and Enrollment Plan

The successful applicant will submit an outreach and enrollment plan to target communities with eligible, but unenrolled, Indian children. Applicants are also encouraged to build innovative and systemic approaches to sustain the ongoing enrollment and renewal of eligible Indian children such as use of Express Lane, on-line application systems, or renewal management processes.

All proposals shall include:

- A description of the target population and an estimate of the numbers of uninsured Indian children expected to be enrolled through the grant activities;
- A detailed plan of the proposed outreach and enrollment activities that describes each activity, responsible entity or person, and timeline for completion ;
- An explanation of the methods to be used to track and measure the effectiveness of each strategy in enrolling and retaining targeted Medicaid and CHIP eligible Indian children;
- A description of how the applicant will adjust outreach and enrollment strategies in real time based on the ongoing assessment of the effectiveness of those strategies;
- A description of past experiences in identifying barriers to enrollment, such as lack of awareness of eligibility, stigma concerns and punitive fears associated with receipt of benefits to the extent they exist, and other cultural and language barriers to application and enrollment in public programs;
- A plan to address barriers such as, but not limited to, geographic, cultural, linguistic, transportation that impact enrolling and retaining eligible Indian children; and
- A realistic plan to sustain these outreach, enrollment, and retention efforts beyond the grant period. Details of duration, the amount and source of funding or in-kind support, if available, should be provided in the Project Narrative of the grant application.

2) Data Collection

All applications must include:

- A description of the plan for defining, collecting, analyzing, and reporting on the necessary data to assess the effectiveness of the grant activities. Data must include, but is not limited to, demographic information and number of children enrolled.
- A description of the applicant's capacity to track data and provide specific enrollment and retention information on the targeted population. This must be reported on a regular schedule in order to evaluate the effectiveness of the strategies implemented. The applicant must recognize and modify these strategies when the data demonstrates that they are not effective in achieving the goals of the grant.

- A description of the applicant's capacity to collect required data and share this data with partner agencies and the Secretary of the U.S. Department of Health and Human Services (HHS).

B. Evaluation Plan: (maximum 2 single-spaced pages)

Proposals must include a detailed plan to assess the program's strategy, processes and outcomes.

Overall quality and outcome performance measures are:

- Of those Indian children who are potentially eligible for Medicaid or CHIP within a grantee's geographic area, the number of children who are enrolled in the program through the grantee's outreach and enrollment efforts.
- Of those children who remain programmatically eligible at the annual redetermination for Medicaid or CHIP within a grantee's geographic area, the number of children who retain eligibility in Medicaid or CHIP.

Specific measurable quality and outcome performance measures will include (if applicable to the proposal):

- The number of applications referred through the grantee's efforts and the number of those found eligible as reported to the grantee by the State or verified through the use of the Provider Verification System or other specified process;
- The number of those referred, through the grantee's efforts and found eligible who retain eligibility at the annual redetermination, if they are still programmatically eligible as reported to the grantee by the State or verified through the use of the Provider Verification System or other specified process;
- The number of those referred, through the grantee's efforts who are denied and the reasons for the denials;
- An assessment of the specific strategies or events which are more successful than others at generating successful program enrollments;
- An assessment of the ability to replicate the strategies and the potential for using them as a model; and
- An assessment of barriers encountered by the grantee in facilitating Medicaid and CHIP enrollment and retention of children who are Indian.

Applicants may add more quality and outcome performance measures depending on the nature of the proposal. Applicants must report quality and outcome performance measures related to the nature of the specific proposal.

C. Work Plan and Timeline: (maximum 2 single-spaced pages)

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

D. Budget Narrative: (maximum 2 single-spaced pages)

The Budget Narrative identifies the funding needed to accomplish the grant's goals. For the budget recorded on form SF 424 A, the budget must provide a breakdown of the aggregate numbers detailing their allocation to each major set of activities. The budget narrative must separately report on technical assistance 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.

E. Required Supporting Documentation:

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

An organizational chart and job descriptions of staff who will be dedicated to the project.

The following documentation will be required as appropriate for coalitions:

All coalition participants who will take part in the development and implementation of the CHIPRA Outreach and Enrollment Grant must sign letters of agreement to collaborate on the project. The letters of agreements 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 task. The Lead Entity will submit one Budget Narrative for all coalition members.

All non-urban Indian applicants are strongly encouraged to include a current, signed and dated Tribal resolution or Tribal letter of support from all Indian Tribe(s) served by the project.

2. Review and Selection Process:

CMS will employ a multi-phased review process to determine applications that will be reviewed, and the merit of the applications that are reviewed. The review process will include:

- 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 reviewed by a panel of experts, the number and composition to be determined by CMS at its discretion, and may include private sector subject matter experts, beneficiaries of Medicaid or CHIP services, and Federal policy staff. To the extent possible, the panel of experts should have an understanding of the Indian health care delivery system. The review panels will utilize the objective criteria described in Section V *Application Review Criteria Information* of 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 target group 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.

3. Anticipated Announcement and Award Dates:

All grant award announcements will be made on April 14, 2010. Grants will be awarded on April 15, 2010 and will have a start date of April 16, 2010.

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 April 15, 2010.

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 92, apply to this grant opportunity.

- All awardees receiving awards under these grant programs must meet requirements, to the extent they apply to the eligible entities, 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.

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:

Awardees are expected to complete progress reports that include the quality and performance measures and to complete a final report for CMS. Progress reports, as applicable, will be due 30 days after the end of each quarter and annum. The Final Report will be due 90 days following the conclusion of the project period.

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-269a "Financial Status Report" FSR 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 CHIPRA Outreach and Enrollment Grants and provide data on key elements of their own grant activities. A signed original and two copies of the interim SF-269a must be mailed to the CMS Grants Management Specialist as identified in the terms and conditions. The frequency of the SF-269a report will be identified in the terms and conditions of the grant award. The final SF-269a submitted to this office must agree with the final expenditures reported on the PSC-272 to the Payment Management System. Before final FSR submission all obligations must be liquidated. An original and two copies are due no later than 90 days after the project period end date. Use Standard Form 269a, which is available online at: <http://www.whitehouse.gov/omb/grants/sf269a.pdf>. Please note that interim SF-269a 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 Financial Status Reports.

VII. AGENCY CONTACTS

1. Programmatic Content

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

2. Administrative Questions

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

There will be two applicants' teleconferences scheduled for Tuesday, December 1, 2009 from 2:00 – 4:00 pm (EST) (Phone number 1-877-251-0301 Confirmation ID 39113968) and Tuesday, December 8, 2009 from 2:00 – 4:00 pm (EST) (Phone number 1-877-251-0301 Confirmation ID 39117744). At that time CMS will provide an overview of the solicitation and answer questions that have been submitted to the mailbox.

ATTACHMENT 1

Notice of Intent to Apply

**CHILDREN'S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT (CHIPRA)
GRANTS FOR OUTREACH TO AND ENROLLMENT OF
INDIAN CHILDREN**

Submission by Facsimile required.

Please complete and return by to December 11, 2010:

Fax: (410) 786-5882 or (410) 786-8534

1. Applicant Entity/Organization: _____

2. Contact Name and Title: _____

3. Address: _____

4. City/State: _____

5. Phone _____

6. Fax: _____

7. E-mail address: _____

ATTACHMENT 2: APPLICATION COVER SHEET AND CHECK-OFF LIST

Grant Opportunity:

**CHILDREN’S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT (CHIPRA)**

GRANTS FOR OUTREACH TO AND ENROLLMENT OF INDIAN CHILDREN

DUNS #: _____ Requested Grant Award: \$ _____

Applicant: _____

Primary Contact Person, Name: _____

Telephone number: _____ FAX number: _____

Email address: _____

Type of Entity: _____

In accord with the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub.L. 111-3), section 201(b) **eligible entities that may apply for this grant are limited to:**

- Indian Health Service
- Tribes and Tribal organizations operating a health program under the ISDEAA (P.L. 93-638, as amended)
- Urban Indian organizations operating a health program under the IHCIA (P.L. 94-437, as amended)

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 Activities
 - Additional Assurance Certifications
 - 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 letters of agreement
- Fourth: Project Abstract
- Fifth: Applicant’s Application Cover Letter
- Sixth: Project Narrative
- Seventh: Budget Narrative
- Eighth: Required Appendices
 - Resume/Job Description for Project Director and Assistant Director

For CMS Administrative Purposes Only: Completeness Check: _____ Panel Assignment: _____

ATTACHMENT 3: PROHIBITED USES OF GRANT FUNDS

Children's Health Insurance Program Reauthorization Act Outreach and Enrollment Grants for FY 2009-2013 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 available such as for certain information systems projects.
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.

ATTACHMENT 4: DEFINITIONS

Applicant means a child who has filed an application (or who has an application filed on their behalf) for health benefits coverage through the Children's Health Insurance Program or Medicaid. A child is an applicant until the State agency has made a final determination on the application.

Child means an individual less than 19 years of age in CHIP. Medicaid provides the option to cover up to age 21.

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.

Combination program means a program under which a State implements both a Medicaid expansion program and a separate child health program.

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 followup services.

Creditable health coverage has the meaning given the term "creditable coverage" under section 2701(c) of the Public Health Service Act (42 U.S.C. 300gg(c)) and includes coverage which meets the requirements of section 42 U.S.C. §1397cc, provided to a targeted low-income child pursuant to 42 U.S.C. §1397aa et seq., or under a waiver approved pursuant to 42 U.S.C. §1396d(c)(2)(B) (relating to a direct service waiver).

Cross-border populations (in accord with the meaning given the term under CHIPRA section 213) is a population who, because of migration of families, emergency evacuations, natural or other disasters, public health emergencies, educational needs, or otherwise, frequently change their State of residency or otherwise are temporarily located outside of the State of their residency. For purposes of this solicitation, cross-border populations also include Native Americans who are trans-nationals with American citizenship, or are members of those tribes whose reservations lie within the borders of more than one state.

Eligible entity means any of the following or a coalition or collaboration within or among the following:

- Federally-recognized Tribes operating an Indian health program operated pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act, PL 93-638.

- Tribal organizations operating an Indian health program operated pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act, PL 93-638
- Urban Indian Health Programs that operate a Title V Urban Indian Health Program: this includes programs currently under a grant or contract with the IHS under Title V of the Indian Health Care Improvement Act.
- Indian Health Service.

Enrollee means a child who receives health benefits coverage through Medicaid or CHIP.

Family income means income as determined by the State for a family as defined by the State.

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

Health benefits coverage means an arrangement under which enrolled individuals are protected from some or all liability for the cost of specified health care services.

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.

Health services initiatives means activities that protect the public health, protect the health of individuals, improve or promote a State's capacity to deliver public health services, or strengthen the human and material resources necessary to accomplish public health goals relating to improving the health of children (including targeted low-income children and other low-income children).

Indian or Indians, unless otherwise designated, means any person who is a member of an Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for special programs and services provided by the United States to Indians because of their status as Indians. (25 U.S.C. 1603).

Indian tribe means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43U.S.C 1602 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Joint application means a form that can be used to apply for both the CHIP and Medicaid programs.

Letters of Agreement 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.

Low-income child means a child whose family income is at or below 200 percent of the poverty line for a family of the size involved. Efforts that will have broader impact will be considered as long as the target population is low-income children.

Medicaid expansion program means a program under which a State receives Federal funding to expand Medicaid eligibility to optional targeted low-income children.

Optional targeted low-income child means a child under age 19 who meets the financial and categorical standards set out in 42 C.F.R. §435.4 for States and 42 C.F.R. §436.3 for Territories.

Poverty line/Federal poverty level means the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services under authority of 42 U.S.C. 9902(2).

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.

“Rural” designation, as classified by the U.S. Census Bureau, means a territory, population or housing units located outside of urbanized areas and urban clusters. Urbanized areas and urban clusters are densely settled territory which generally consist of a cluster of one or more block groups or census blocks which have a population density of at least 1,000 per square mile and surrounding block groups and census blocks each of which has a population density of at least 500 people per square mile at the time and less densely settled blocks which form enclaves or indentations or are used to connect discontinuous areas with qualifying densities.

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. The Territories are excluded from this definition for purposes of providing quarterly reports pursuant to 42 C.F.R. §457.740.

State child health plan; Unless the context otherwise requires, the terms "State child health plan" and "plan" mean a State child health plan approved under section 2106, 42 U.S.C. §1397ff.

State health benefits plan means a health insurance coverage plan that is offered or organized by the State government on behalf of State employees or other public agency employees within the State. The term does not include a plan in which the State provides no contribution toward the cost of coverage and in which no State employees participate, or a plan that provides coverage only for a specific type of care, such as dental or vision care.

State plan means the title XXI State child health plan.

Targeted low-income child means a child--

- (1) (A) who has been determined eligible by the State for child health assistance under the State plan;

- (B) (i) who is a low-income child, or
 - (ii) is a child--
 1. whose family income (as determined under the State child health plan) exceeds the Medicaid applicable income level (as defined in Section 2110(b)(4) of the Social Security Act), but does not exceed 50 percentage points above the Medicaid applicable income level;
 2. whose family income (as so determined) does not exceed the Medicaid applicable income level (as defined in Section 2110(b)(4) of the Social Security Act but determined as if "June 1, 1997" were substituted for "March 31, 1997"); or
 3. who resides in a State that does not have a Medicaid applicable income level (as defined in Section 2110(b)(4) of the Social Security Act); and
 - (C) who is not found to be eligible for medical assistance under title XIX, 42 U.S.C. §1396 et seq. or covered under a group health plan or under health insurance coverage (as such terms are defined in section 2791 of the Public Health Service Act, 42 U.S.C. §300gg-91).
- (2) Children excluded. Such term does not include--
 - (A) a child who is an inmate of a public institution or a patient in an institution for mental diseases; or
 - (B) a child who is a member of a family that is eligible for health benefits coverage under a State health benefits plan on the basis of a family member's employment with a public agency in the State.
- (3) Special rule. A child shall not be considered to be described in paragraph (1)(C) notwithstanding that the child is covered under a health insurance coverage program that has been in operation since before July 1, 1997, and that is offered by a State which receives no Federal funds for the program's operation.

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

Tribal organization means the elected governing body of any Indian tribe or any legally established organization of Indians which is controlled by one or more such bodies or by a board of directors elected or selected by one or more such bodies (or elected by the Indian population to be served by such organization) and which includes the maximum participation of Indians in all phases of its activities.

Uncovered child means a child who does not have creditable group health coverage.

Urban center means any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under the Indian Healthcare Improvement Act, as determined by the Secretary.

Urban Indian means any individual who resides in an urban center, as defined below, and who meets one or more of the four criteria in the definition of Indian above.

Urban Indian organization means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 1653(a) of the Indian Healthcare Improvement Act (25 U.S.C. 1603).

Well-baby and well-child care services means regular or preventive diagnostic and treatment services necessary to ensure the health of babies, children and adolescents as defined by the State. For purposes of cost sharing, the term has the meaning assigned at 42 C.F.R. §457.520.

ATTACHMENT 5: SOURCES OF ADDITIONAL INFORMATION

For more information on the Centers for Medicare & Medicaid Services (CMS) activities related to CHIPRA, visit <http://www.cms.hhs.gov/chipra>.

THE KAISER COMMISSION: Outreach Strategies for Medicaid and SCHIP: An Overview of Effective Strategies and Activities

<http://www.kff.org/medicaid/upload/7495.pdf>

THE KAISER COMMISSION: This study, sponsored by The Kaiser Commission on Medicaid and the Uninsured, is the first nationwide analysis of states' advertising campaigns for children's health coverage programs. To conduct this study, officials from 48 states (including Washington, DC), who are responsible for CHIP and Medicaid outreach, were interviewed in June and July 2000.

<http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=13483>

ROBERT WOOD JOHNSON FOUNDATION: From 1997 to 2000, the [Colorado Department of Health Care Policy and Financing](#) conducted planning activities for its State Children's Health Insurance Program (SCHIP), called Child Health Plan Plus (CHP+), focusing chiefly on: Better understanding the needs and attitudes of its target audience. Developing a model for using standard messages to communicate about CHP+. Simplifying enrollment processes. Providing partners with online access to the eligibility database and processes. The project was part of the Robert Wood Johnson Foundation (RWJF) [Healthy Kids Replication Program](#) national program.

<http://www.rwjf.org/reports/grr/033208.htm>

THE KAISER COMMISSION: LESSONS FROM THE FIELD: INCREASING ENROLLMENT IN CHILDREN'S HEALTH INSURANCE IN LOS ANGELES COUNTY

<http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=13884>

FAMILIES USA – THE VOICE FOR HEALTH CARE CONSUMERS: What Can Consumer Health Assistance Programs and States DO To Improve Medicaid and SCHIP Enrollment and Retention

Notes from Health Assistance Partnership call, October 28, 2004

<http://www.familiesusa.org/issues/medicaid/making-it-work-for-consumers/improving-medicaid-and-schip.html>

CENTER ON BUDGET AND POLICY PRIORITIES: Children's Health Coverage Outreach:

A Special Role for School Nurses. As trusted community institutions, schools have become a focal point for children's health insurance outreach and enrollment activities throughout the country. Dedicated school staff, working in partnership with community-based organizations and state and local children's health insurance agencies, are helping children get enrolled.

<http://www.coveringkidsandfamilies.org/resources/docs/InfoCenterID74/DCR-SchoolNurseBrief.pdf>

COVERING KIDS & FAMILIES: Promising practices from the nation's single largest effort to insure eligible children and adults through public health coverage

<http://www.coveringkidsandfamilies.org/resources/docs/CKFPromisingPractices.pdf>

COVERING KIDS & FAMILIES: It is critical that you evaluate your efforts to determine whether your outreach strategies and messages were effective in reaching American Indian and Alaska Native families.

http://www.coveringkidsandfamilies.org/actioncenter/module_ModuleID=36.php

COVERING KIDS & FAMILIES: Retaining Eligible Children and Families in Medicaid and SCHIP: What We Know So Far. A Review of Research
Prepared for: Covering Kids and Families
June 13, 2003

<http://www.coveringkidsandfamilies.org/actioncenter/files/RetentionComplete.pdf>

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION, HHS.GOV: This section presents strategies that are currently being used by the nine study states to enroll eligible, uninsured children: successful strategies; outreach and marketing methods; preparation of marketing materials; coordination with other programs; and budgets. Samples of marketing/promotional materials are presented in Appendix C.

http://aspe.hhs.gov/health/reports/resource/outreach_and_marketing.htm

AGENCY FOR HEALTHCARE RESEARCH & QUALITY: Social marketing is one method through which States can increase awareness of SCHIP and encourage the target population to enroll in the program. Below, basic elements of social marketing and ways in which they may be useful in SCHIP marketing and outreach efforts are summarized, based on the June/September SCHIP Workshop presentations of [Dr. William Smith](#), Vice-President of the Academy for Educational Development.

http://www.ahrq.gov/chip/content/outreach_enrollment/outreach5.htm

FEDERALISM RESEARCH GROUP: Managing Medicaid Take-Up
CHIP and Medicaid Outreach: Strategies, Efforts, and Evaluation
*Debra J. Ringold, Tricia M. Palmer Olson, and Laura Leete, Willamette University
Federalism Research Group July 2003*

This research was supported by the Robert Wood Johnson Foundation

http://www.rockinst.org/pdf/health_care/2003-07-chip_and_medicaid_outreach_strategies_efforts_and_evaluation.pdf

FAMILIES USA – THE VOICE FOR HEALTH CARE CONSUMERS: Outreach Strategies in the State Children's Health Insurance Program
What is outreach, and why is it important? Participation rates in expanded Medicaid programs and state-funded programs for children suggest that states need to do a better job getting the word out to working families that a public health insurance program exists for their children. Expanding eligibility is not enough to ensure coverage. Aggressive outreach efforts are needed as well.

<http://www.familiesusa.org/resources/publications/reports/schip-outreach-strategies.html>