

**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

(First set – Questions 1-50)

November 13, 2009

Section 401(d) of the Children's Health Insurance Program Reauthorization Act (CHIPRA) provides for the awarding, implementation, and evaluation of up 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 are 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 1 - Will the \$100 million in total funding be distributed equally among the quality demonstration grants awarded?

Answer - Grant funds will be awarded based on the relative scale, complexity, and intensity of the proposed demonstration projects.

Question 2 - CHIPRA section 401(d)(2)(B) indicates that CMS must award grants “evenly between States with large urban areas and States with large rural areas”. Which States fall into each category?

Answer - Because many States have both large urban areas and large rural areas, CMS has not classified States as one or the other. We will consider geographic diversity along with other considerations in making our award decisions.

Question 3 - In the case of a grant awarded in response to a multi-state application, would the lead state distribute the grant funding to the other States?

Answer - The lead and partner States are responsible for deciding how to allocate the grant funds proportionate to each State's costs and contribution to the overall project. The lead State would indicate prospectively how grant funds will be allocated among the participating States in the budget breakdown on the SF-424a Budget Information (application) form. Similarly, the lead

State should account for how the grant funds have been utilized retrospectively on the Federal grant process SF-269a Financial Status Report.

APPLICATION PROCESS

Question 4 - Can CMS advise a State in advance of the announcement of the awards whether a particular concept would be eligible for a CHIPRA Quality Demonstration Grant?

Answer - In the interest of fairness to all applicants and maintaining the integrity of the application review and grant award process, CMS cannot provide advice to prospective applicants regarding the advisability of developing a particular grant concept. We encourage you to review the solicitation available on our website at <http://www.cms.hhs.gov/CHIPRA> to help you determine whether your concept is consistent with the descriptions of, and CMS objectives for, the various grant categories for which awards will be made.

Question 5 - How many States submitted a Notice of Intent to Apply and is a listing of those States publicly available?

Answer - As of November 4, 2009, 21 State Medicaid or CHIP agencies had submitted Notices of Intent to Apply. Because these Notices are voluntary and non-binding, we cannot identify the individual States.

Question 6 - Who is eligible to apply for a CHIPRA quality demonstration grant?

Answer - Eligible applicants are limited to the State Medicaid Agency or the State CHIP Agency, or a multi-State collaborative of State Medicaid / CHIP agencies. The State Medicaid Agency or the State CHIP Agency may partner with State or national external associations or organizations and others such as other State agencies, child health providers, private foundations, and academic institutions.

Question 7 – Does award of a quality demonstration grant preclude a State from applying for other CHIPRA related grants?

Answer - No. Receiving or not receiving a quality demonstration grant award does not preclude a State from applying for other CHIPRA grant programs.

Question 8 - If a State was awarded a CHIPRA recruitment and enrollment grant, is it still eligible to apply for a CHIPRA quality grant?

Answer - Receiving or not receiving a CHIPRA recruitment and enrollment grant award does not preclude a State from applying for a quality demonstration grant.

Question 9 - Can a State participate in more than one quality demonstration, either as the lead State or as a partner in a multi-State demonstration?

Answer - Per section 401(d)(2)(A), a State can “conduct” only one grant award under this demonstration program. This means that a State’s Medicaid and/or CHIP program(s) can participate in only one demonstration, either as the lead State submitting the application or as a partner of another State submitting the application.

Question 10 - Are there any requirements regarding the number or geographic proximity of States collaborating in the submission of a multi-state application? Must all States be within the same CMS Region?

Answer - CMS has not established any such requirements.

Question 11 - Must each State intending to collaborate on a multi-State project submit a separate application? If not, which State is responsible?

Answer - Only the lead State should submit a multi-state application. The collaborating States are responsible for selecting a lead State to submit the application.

Question 12 - What level official is responsible for signing the grant application?

Answer - Each application must be signed by the Medicaid Agency or CHIP Director of the State submitting the application.

Question 13 - In the case of a multi-state application, must the State Medicaid Agency or CHIP Directors from States other than the lead State sign the application?

Answer - No, but the State Governor and Medicaid or CHIP Agency Director from each participating State must submit a letter of support.

Question 14 - Can a State application include two or more projects that comprise one state application, provided of course both project meet grant specifications (for example, a single state application which includes a medical home project as well as a plan to implement and evaluate a broad range of new and existing child health measures)?

Answer - Each application may have multiple components, related to either one or multiple categories cited in the grant solicitation. Scoring is weighted to encourage multiple categories. The application must, however, explain how those components will be integrated to form a single project with coherent goals and objectives.

Question 15 - Can a multi-state application have the same topic and purpose, but test different models and/or measures in different States?

Answer - An application may describe a multi-State project that compares different approaches to implementing the same topic. However, in the case of Category A, different States in a multi-State project would not be able to collect different measures as all States awarded grants under Category A will be required to collect all measures in the initial core set.

Question 16 - What process should a State follow to submit its application for a demonstration grant?

Answer - Grant applications must be submitted through the grants.gov website. States interested in applying should make sure they are properly registered on this website, apply early, and confirm that the application was accepted by the website.

Question 17 - Would you caution against applying under "too many" of the grant categories? We have had various organizations approach us for partnerships, and while we are inclined to be as inclusive as possible, want to make sure that we do not weaken our application by spreading our proposal out over too many categories. Our original ideas had us applying under three of the grant categories, but we are now looking at adding a fourth.

Answer - CMS cannot advise a State regarding the content of its demonstration application. As indicated in the solicitation, an application may receive an additional 50 points for each additional grant category selected, if more than one grant category is selected. In the review process, we will assess how well each application met the requirements for each category under which the State applied. We will also determine how well the proposed activities under each category are integrated toward achieving a common set of objectives.

APPLICATION REVIEW AND SCORING

Question 18 - On what basis will the applications be scored?

Answer - The review panel will score the applications based on the criteria prescribed in the solicitation (see pages 48-58 for the specific criteria).

Question 19 - What is the maximum number of points that CMS has allotted to each section of the application?

Answer - The application consists of four sections:

- 1 - Quality Readiness Assessment;
- 2 - Grant Categories, Objectives, and National Evaluation Questions;
- 3 - Draft Operational Plan and Process for Development of Final Operational Plan;
- 4 - Budget Narrative and a Budget Presentation

The maximum score for each of the first 3 sections is 100 points. The maximum amount of points available for Section 4 is 50 points.

Question 20 - Under what circumstances can an application receive more than the maximum number of points available for each application section?

Answer - An application may receive an additional 50 points for each additional grant category selected, if more than one grant category is selected. A multi-state application will receive a 50-point bonus.

Question 21 - What process will CMS follow in scoring the applications?

Answer - Each application will be individually reviewed and scored by a panel of individuals (both Federal and non-Federal) with expertise in the five grant categories A –E outlined in the solicitation. The review panel will score the applications based on the criteria prescribed in the solicitation (see pages 48-58 for the specific criteria). After the review panelists have reviewed and scored each individual application they will meet and discuss the applications. These discussions will be facilitated by staff in the Center for **Medicaid** State Operations.

APPLICATION SECTION CONTENT

Question 22 - What information should be submitted in Section 1 (Quality Readiness Assessment) of the application?

Answer - This section is intended to capture information on political and state agency leadership, stakeholder support, and the status of the Medicaid/CHIP health delivery system in the State. The solicitation contains additional detail regarding CMS expectations for this section of the application.

Question 23 - What information should be submitted in Section 2 (Grant Categories, Objectives, and National Evaluation Questions) of the application?

Answer - The purpose of this application section is to describe the strategies that will be used to achieve the grant category objectives and answer national evaluation questions about the grant category. The solicitation contains additional detail regarding CMS expectations for this section of the application.

Question 24 - What information should be submitted in Section 3 (Draft Operational Plan and Process for Development of Final Operational Plan)

Answer - This section is intended to capture information on the development of an implementation plan, a management and monitoring plan, a data collection strategy, and an independent evaluation plan. The solicitation contains additional detail regarding CMS expectations for this section of the application.

Question 25 - What information should be submitted in Section 4 (Budget Narrative and a Budget Presentation)?

Answer - This section is intended to capture preliminary budget information. This section will include a Budget Narrative and a Budget Presentation for the five-year grant period (FY 2010 through FY 2015). The 424 form only needs to be filled out for Year 1 of the grant program. The

solicitation contains additional detail regarding CMS expectations for this section of the application.

AWARD PROCESS

Question 26 - How will CMS make final selections of those States to be awarded quality demonstration grants?

Answer - Once all the final scores for the applications have been submitted, CMS staff and management will discuss the findings from the review process and consider other factors. These factors include (1) available funding, (2) geographic diversity and/or achieving a balance between States with large urban areas and States with large rural areas, and (3) the distribution of grants among the grant categories.

CATEGORY A (Initial Core Measure Set)

Question 27 - How many of the measures in the initial core measure set will States awarded grants under this category be required to report?

Answer - Each State receiving a grant under this category will be required to report all measures in the initial core set.

Question 28 - Will States awarded grants under this category be required to report for both fee-for-service and managed care delivery systems?

Answer - Each State receiving a grant under this category will be required to report initial core set measures for all participating providers that serve children in the Medicaid/CHIP programs. CMS will work with measure developers, where applicable, to provide measure specifications across delivery systems.

CATEGORY A –

Question 29 - Will States receiving grants under this category be required to collect initial core set measures from the managed care organizations in which children are enrolled only or from individual providers as well?

Answer - The measures in the initial core set are primarily plan level measures. However, specifications will be available, where applicable, for data collection for other delivery systems. Each State receiving a grant under this category will be expected to collect initial core set measures from MCOs to the extent the State uses a managed care delivery model and to collect these measures from individual providers to the extent that the State uses a fee-for-service delivery model.

Question 30 - How will the measures used to define meaningful use of electronic health records for purposes of implementing the HITECH provisions of the American Recovery and Reinvestment Act align with the initial core set measures?

Answer - The CMS expects to publish a Notice of Proposed Rule-making by the end of 2009 that defines meaningful use of certified electronic health records, under the HITECH legislation. Under a separate Federal Register notice, CMS will publish the measures that comprise the CHIPRA initial core set. While efforts are being made to coordinate these two efforts, they may not align perfectly in the short-term as pediatric measures are still being developed and/or retooled for EHR reporting.

Question 31 - Will States that apply under Category A be expected to implement the entire initial core set or may the State implement only a subset of those measures?

Answer - States awarded grants under Category A (or multiple categories that include Category A) must implement the entire initial core set. This will ensure that CMS obtains feedback on State experiences in implementing all of the measures that comprise the initial core set and will enable CMS to compare State experiences across demonstrations implemented under Category A.

Question 32 - Will States that apply under Category A be expected to implement the initial core set measures in both managed care and fee-for-service delivery systems?

Answer - In the discussion of Category A – General Explanation, the solicitation indicates that “this category will address performance measurement across Medicaid/CHIP fee-for-service and managed care delivery systems.” The CMS will be working with the measure developers to make measures applicable to other systems where appropriate.

CATEGORY C (Provider-Based Models)

Question 33 - Can grants awarded under this Category be used to expand existing provider based models?

Answer - Yes. In such a situation, the State should describe its previous experience in implementing the model, including barriers, successes, and lessons learned. The application should explain how the grant would enable the State to expand and refine the model.

CATEGORY D (Pediatric Model EHR)

Question 34 - How can a State obtain the Pediatric Model EHR for reference in developing its grant application?

Answer - The CMS anticipates that the Pediatric Model EHR format being developed under section 401(f) will be available in early 2012. States awarded grants under Category D will have the first 24 months to plan implementation of the evaluation, site selection, and provider recruitment. See discussion of Category D in solicitation.

Question 35 - Will the Pediatric Model EHR utilize open source software?

Answer - This has not yet been decided.

Question 36 - How will CMS ensure compatibility between the pediatric EHR format and EHR standards being developed through the ARRA?

Answer - The CMS will require that the model pediatric EHR format conform with Federal EHR standards.

Question 37 - To what extent will the performance measures that must be collected to demonstrate meaningful use under ARRA be consistent with the initial core set measures?

Answer - As measures are developed under CHIPRA and endorsed by the Secretary, CMS expects there will be further alignment with meaningful use clinical quality measures for pediatric providers in future years.

CATEGORY E

Question 38 - What types of projects might address the Category E focus area entitled, National Medicaid and CHIP Quality Framework?

Answer - The CMS Medicaid Quality Framework will establish a comprehensive set of consensus goals across the health care continuum, performance measures that assess progress toward those goals, and interventions that help achieve those goals. Applications addressing this focus area are expected to describe how the State(s) would use one or more of the quality improvement approaches in Categories A-D to achieve a consensus pediatric health care goal.

CATEGORIES - MULTIPLE

Question 39 - What is the difference between Category B and Category D?

Answer - For Category B, CMS hopes to learn how the use of various HIT tools such as health information exchange, electronic health records, clinical decision support, and e-prescribing can lower the costs of care and improve health care quality, access, transparency, provider choice, and outcomes. Category D is focused more narrowly on how States address issues of usability, functionality, and interoperability in implementing the Pediatric Model EHR format.

Question 40 - If a lead State submits a multi-State application that addresses multiple grant categories, must each partner State participate in all aspects of the demonstration addressed under the various categories?

Answer - The lead and partner States in a multi-State grant application are responsible for determining how and to what extent each State will participate in the proposed demonstration and for explaining the arrangement in the application narrative and budget plans.

COMMUNICATION PROTOCOLS

Question 41 - How should questions about the grant program be submitted to CMS?

Answer - CMS has established a resource box (CHIPRAQualityGrants@cms.hhs.gov) for e-mail submission of questions on the quality demonstration grants

Question 42 – How will CMS respond to questions about the quality demonstration grant program?

Answer - In lieu of direct replies, CMS will post answers to questions about the grant program to the CMS website at <http://www.cms.hhs.gov/CHIPRA>.

EVALUATION

Question 43 - How will the demonstrations be evaluated?

Answer – The Agency for Healthcare Research and Quality, in partnership with CMS, will conduct a national evaluation to assess the effectiveness and impact of the demonstration projects. States may use grant funds to conduct their own evaluation activities as well, so long as they do not duplicate the efforts of the national evaluation contractor. (See evaluation questions in solicitation.)

Question 44 - What roles will grantees have in facilitating the national evaluation?

Answer - Grantee States are expected to cooperate with the national evaluation contractor in areas such as, data collection, identification of best practices, and selection of comparison groups (where applicable). During the planning phase of the grant program states will have an opportunity to provide input into the national evaluation strategy as well as what state specific analysis would be helpful to states.

OTHER

Question 45 - Must demonstrations be implemented statewide or can they be limited to a substate area(s)?

Answer - To provide States flexibility in designing their projects and in targeting those geographic areas and populations that could most benefit from planned interventions, CMS is not requiring demonstrations to be implemented statewide. However, any State proposing a less than statewide project should describe in its application how the demonstration will pilot approaches and/or build infrastructure that could ultimately be extended to other areas of the State.

Question 46 - Is a recording of the October 15, 2009 information teleconference available?

Answer – Yes. You can listen to a recording of the informational teleconference by dialing 1-800-642-1687 and entering the conference id number of 34800493.

Question 47 - Is a State match required for the CHIPRA Quality Demonstration grants?

Answer – No State match is required for infrastructure development and other activities that fall within the CMS-approved terms and conditions for each demonstration. State expenditures for direct payments to providers would be matched at the standard Federal Medical Assistance Percentage (FMAP) rates for medical assistance.

TECHNICAL ASSISTANCE

Question 48 - What kinds of help in demonstration planning and implementation can grantees expect under the national technical assistance (TA) contract?

Answer - The national TA contractor will assist the states with the following (not all inclusive): review of states' draft operational plan to identify gaps and/or necessary clarifications prior to final submission to CMS; grant program reporting requirements; peer-to-peer learning opportunities on best practices, and identification of grant program implementation challenges and solutions; grantees group informational learning and sharing via webinars, teleconferences and other venues on grant specific topics; and group conferences (content and timing to be determined by CMS).

Question 49 - How and when does CMS expect to select a National Technical Assistance contractor?

Answer - CMS expects to select a National Technical Assistance contractor soon after the CHIPRA quality demonstration grants are awarded. CMS has not yet made final decisions regarding how the NTA contractor will be selected. States can also use grant funds to purchase technical assistance that is outside the scope of the services to be provided by the NTA contractor.

USE OF GRANT FUNDS

Question 50 - Can a State use demonstration grant funds to make direct payments to providers?

Answer - No. Per the solicitation, "the grants are designed as infrastructure grants and not for the provision of direct services."