



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 15-04-ALL

DATE: October 24, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: National Background Check Program (NBCP) Grant Award Updates

Memorandum Summary

- **Grantee States may apply for a fifth year no-cost grant extension.** The grant period of 36 months may be extended, up to five years (60 months), as applicable.
- **Grantee States may apply for the full award amount allowed under section 6201 of the Affordable Care Act.** Grantee States that did not receive the full amount may apply for the remaining amount, up to \$3 million, as applicable.
- **Interested States may still apply for an award.** The Centers for Medicare & Medicaid Services (CMS) is accepting applications on a flow basis. Applications are acted upon every 30 days.

Requesting Additional Time

The CMS has begun a case-by-base review of requests for grant period extensions for States participating in the National Background Check Program. As applicable, the grant period for participating States may be extended by 12-month increments, from the initial 36 months up to 60 months (5 years). Grantee States are eligible to request a no-cost extension if additional time beyond the established expiration date (project end date) is necessary to fully complete the program plans and objectives proposed in the original application. A State may also request a no-cost extension in order to accomplish an orderly phase-out of the project. The fact that funds remain at the expiration of the grant is not, in itself, sufficient justification for a no-cost extension.

A written request for an extension must be submitted to the CMS no later than 60 days prior to the expiration date of the project period. A Grantee State should submit its requests to the designated Project Officer and to the CMS Office of Acquisition and Grants Management (OAGM) contact for the NBCP, Karen Johnson, at Karen.johnson1@cms.hhs.gov.

Requesting Additional Funds

Grantee States may apply for the full award amount allowed under section 6201 of the Affordable Care Act. The CMS will provide Federal grant funds to each Newly Participating State that enters into the NBCP at three times the amount that the State guarantees, up to \$3 million in Federal grant funds for the current solicitation. States that participated in the pilot program (from 2004-2007) are eligible for a maximum Federal match up to \$1.5 million.

Grantee States that did not receive the full amount may apply for the remaining amount at any time provided that (a) the State submits a proposed modification to its plan that details and justifies the increase, (b) the State provides the required matching funds from acceptable sources, (c) the CMS will evaluate submitted proposals and (d) the CMS reserves the right to fund less than requested.

Requests for additional funds may be made in conjunction with a request for an extension of the grant period. A Grantee State should submit its request to the designated Project Officer and to the CMS Office of Acquisition and Grants Management (OAGM) contact for the NBCP, Karen Johnson, at Karen.johnson1@cms.hhs.gov.

Applying for an Award

We encourage all States that have not applied to take this opportunity to participate. The CMS will provide Federal grant funds to each newly participating State that enters into this Agreement with CMS at a rate which will be three times the amount that the State guarantees, not to exceed \$3 million dollars in Federal funds from the beginning of the award period through a 36-month project/budget period. For States that previously participated in the Pilot Program (2004-2007), funding may not exceed \$1.5 million dollars. **States may use civil money penalty (CMP) funds to meet State match requirements.**

Applications for the ninth solicitation will be acted on every 30 days. The ninth solicitation will be particularly useful to those States that have been considering the potential for an effective background check program to ensure a quality long-term care workforce, but needed more time to work with all State level interested parties. For States that have identified issues that would impact their ability to implement the program, CMS will be available to work individually with those States that are interested in applying.

The Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers solicitation will be posted at: <http://www.grants.gov>.

Information about the National Background Check Program will be updated periodically. In the meantime, States may wish to review the solicitation, as well as the Questions and Answers document and Pilot Evaluation located on our CMS website at: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/BackgroundCheck.html>

If you have any questions about this opportunity, you may contact Background Check Program staff via the mailbox at background_checks@cms.hhs.gov. We hope you will consider becoming a part of this important new Federal and State partnership opportunity to enhance the safety and quality of care for our nation's long-term care population.

Effective Date: Immediately. A written request for an extension of a NBCP grant award must be submitted to the CMS no later than 60 days prior to the expiration date of the project period. This policy should be shared with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

Thomas E. Hamilton

Attachment (s)- No-Cost Extension Requests, No-Cost Extension Sample Budget Form

cc: Survey and Certification Regional Office Management

No-Cost (Time) Extension Requests

A no-cost extension may be requested if the grantee requires additional time beyond the established expiration date (project end date) to fully complete its program plans and objectives proposed in the original application, or accomplish orderly phase-out of the project. The fact that funds remain at the expiration of the grant is not, in itself, sufficient justification for a no cost extension. The grantee must submit a written request for an extension to the CMS awarding office no later than 60 days prior to the expiration date of the project period. The request must include the following:

- Strong programmatic justification explaining why it is crucial for the project to be granted a time extension;
- Length of time extension is requested (not to exceed 12 months);
- Project plans and objectives proposed for the time extension;
- The amount of unexpended funds that will be available for use during the extension period;
- A detailed line-item budget (SF-424a) along with a budget narrative for the unobligated funds. *

Please note that no cost extensions will only be considered at the end of the grant. Approved requests will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer (GMO). Only an approved NoA signed by the GMO is to be considered valid and official. Grantees who take action on the basis of letters or emails by unauthorized officials, including but not limited to, the CMS Project Officer/Program Offices, do so at their own risk. Such responses will not be considered binding by or upon CMS and HHS.

*see sample budget template

Sample Budget and Justification

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF 424A: SECTION B FOR THE BUDGET PERIOD

A. Personnel: an employee of the applying agency whose work is tied to the application

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	John Doe	\$64,890	10%	\$ 6,489
Coordinator	To be selected	\$46,276	100%	\$46,276
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

The Project Director will provide daily oversight of the grant and will be considered a key staff. The coordinator will coordinate project services and project activities, including training, communication and information dissemination. Key staff positions require prior approval of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **\$52,765**

B. Fringe Benefits: List all components of fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		TOTAL	\$10,896

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **\$10,896**

C.Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184
Local travel		Mileage	3,000 miles@.38/mile	\$1,140
		TOTAL		\$2,444

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

Cost for two staff to attend a grantee meeting in Washington, DC. Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on agency's policies and procedures privately owned vehicle (POV) reimbursement rate.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A) **\$2,444**

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit – federal definition.

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A) **\$ 0**

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer*	\$900	\$900
Printer*	\$300	\$300
Projector*	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	TOTAL	\$3,796

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

Office supplies, copies and postage are needed for general operation of the project. The laptop computer and printer are needed for both project work and presentations by the Coordinator. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

*Provide adequate justification for purchases.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) **\$ 3,796**

F. Contract: A consultant is an individual retained to provide professional advice or services for a fee but usually not as an employee of the organization. The grantee must have policies and procedures governing their use of consultants that are consistently applied among all organization’s agreements.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
Joan Doe	Training staff	\$150/day	15 days	\$2,250
	Travel	.38/mile	360 miles	\$137
			TOTAL	\$2,387

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

This person will advise staff on ways to increase the number clients and client services. Consultant is expected to make up to 6 trips (each trip a total of 60 miles) to meet with staff and other local and government experts. Mileage rate is based on grantee’s POV reimbursement rate.

FEDERAL REQUEST

Entity	Product/Service	Cost
To Be Announced	Marketing Coordinator \$25/hour x 115 hours	\$2,300
ABC, Inc.	Evaluation \$65/hr x 70 days	\$4,500
	TOTAL	\$6,800

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

The Marketing Coordinator will develop a marketing plan to include public education and outreach efforts to engage clients of the community about grantee activities, provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools. Information disseminated by written or oral communication, electronic resources, etc. A local evaluator will be contracted to produce the outcomes and report input of GPRA data.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **\$ 9,187**
(Combine the total of consultant and contact)

G. Construction: NOT ALLOWED – Leave Section B columns 1&2 line 6g on SF424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
Rent	\$15/sq.ft x 700 sq. feet	\$10,500
Telephone	\$100/mo. x 12 mo.	\$1,200
Client Incentives	\$10/client follow up x 278 clients	\$2,784
Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,819

JUSTIFICATION: Break down costs into cost/unit, i.e. cost/square foot. Explain the use of each item requested.

Office space is included in the indirect cost rate agreement; however other rental costs are necessary for the project as well as telephone service to operate the project. The rent is calculated by square footage and reflects SAMHSA's share of the space. The monthly telephone costs reflect the % of effort for the personnel listed in this application for project only. Brochures will be used at various community functions (health fairs and exhibits).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **\$ 15,819**

Indirect cost rate: Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)
8% of personnel and fringe (.08 x \$63,661) **\$5,093**

BUDGET SUMMARY: (identical to SF-424A)

Category	Federal Request
Personnel	\$52,765
Fringe	\$10,896
Travel	\$2,444
Equipment	0
Supplies	\$3,796
Contractual	\$9,187
Other	\$15,819
Total Direct Costs*	\$94,907
Indirect Costs	\$5,093
Total Project Costs	\$100,000

*** TOTAL DIRECT COSTS:**

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **\$94,907**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$100,000**