

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid, CHIP and Survey & Certification

MEDICAID PROGRAM AND CHILDREN'S HEALTH INSURANCE PROGRAM GRANTS

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)

**OUTREACH AND ENROLLMENT GRANTS – CYCLE II
HHS-2011-CMS-CHIPRA-0008 UPDATE**

Project Number 2082 (For CMS Purposes only)

Electronic Grant Application Due: April 18, 2011

CFDA 93.767

QUESTIONS AND ANSWERS

Below is a continuation of the answers that respond to questions submitted to CMS that have been raised about the solicitation for the CHIPRA Outreach Grants – Cycle II.

Questions and Answers (Second set – Questions 20-45)

Question 20: Will proposals be accepted focusing on groups with identified gaps in Medicaid or will proposals be limited to “racial/ethnic/linguistic and cultural minority group?”

Answer: Proposals will be accepted for **one** of the five focus areas described in the Grant Solicitation, beginning on page 15. You need to identify the group(s) you intend to target and then select “Reaching Out to Groups of Children that are More Likely to Experience Gaps in Coverage.” (Please refer to Focus Number 4). The applicant’s proposal must be for Medicaid and or CHIP children, however, this focus area is not limited to racial or ethnic minority groups. The applicant is encouraged to identify any group of children with known gaps in coverage, then to design a proposal to close that gap.

Question 21: I have a DUNS number and am trying to register for a CCR number. The system says we have a CCR number and will not let us apply for a new number. We do not know who in our Division has access to the CCR. What should we do?

Answer: If you have questions with the Central Contractor Registration (CCR), please contact them at <http://www.ccr.gov>. Additional information, on the requirements for the electronic applications, can be found beginning on page 13 of the Solicitation.

Please note that CCR database implemented a hardware and software upgrade on February 19, 2011. Since then, CCR has experienced severe slowness and performance issues. All development and testing resources are focused on diagnosing and correcting the problem. At this point in time, there could be up to a several week delay compared to normal processing times. Employees at CCR are working to reduce the backlog and prevent future occurrences of this using a combination of automation and personnel resources. If you do not have a known or accurate CCR number, please contact CCR as soon as possible so that your issue can be resolved given the current issues with CCR.

Question 22: I represent a potential 3-county initiative. We are interested in pursuing this funding for a web-based portal from a vendor that we have already identified. The portal is designed to check eligibility for CHIP and Medicaid, but also has the capability of checking eligibility for other federal aid programs such as Earned Income Tax Credit, TANF, etc. Would this be a suitable project – or are we limited to designing an eligibility system that is ONLY for CHIP and Medicaid?

Answer: The system could be for all programs – but the CHIPRA GRANT funding can only be used to develop the Medicaid and CHIP part of the system.

Question 23: On pg. 18, for focus area #4, the RFP instructs to “select one population on which to focus activity....” Would “population” be defined as one ethnic race, as is given in the example? Would it be appropriate then, to define our population as “Latino children and teens in medically underserved regions of my County?”

Answer: You may define your population any way that is appropriate – but please be sure to designate one focus area as the primary focus area – either the Underserved populations or Adolescents. **See more information in the answer to question 20.**

Question 24: Would CMS entertain a proposal under the CHIPRA Cycle II grant opportunity to work with a group of states to develop eligibility outcome

data and eligibility determination operational data to use to reduce procedural denials and closures and to reduce processing time? This work would produce a framework for states nationwide to utilize to make improvements in their enrollment and renewal processes by reducing enrollment barriers and increasing retention rates.

Answer: While the large-scale focus of such a proposal would be interesting, it would have to result in an increase in reportable enrollments or retention of children in Medicaid or CHIP during the grant cycle.

Question 25: When will the questions and answers be posted on the Web Site www.insurekidsnow.gov?

Answer: We had a difficult time getting our first set of questions posted. We apologize for the delay. The first set is now temporarily posted on www.cms.hhs.gov under the Highlights section on the home page. We anticipate that a link will come from the Insure Kids Now website. We do anticipate posting questions and answers on a routine basis but we do not have an exact schedule for each release. Please check www.insurekidsnow.gov regularly. Please note, some questions require more research, therefore, these answers may require more time before release and posting on the website.

Question 26: Has there been a consensus as to the maximum number of applications that will be awarded per State?

Answer: No. We do not know how many grants we will award because we do not know how many applicants will be applying for this grant opportunity. Once all eligible grant applications have been reviewed and rated by a panel of experts, CMS will look at all potential awardees. CMS reserves the right to consider such factors as geographic distribution for the final selection. Please note, there is no *maximum* number of applications that can be submitted by a state.

Question 27: Is a public, not-for-profit hospital eligible to apply for this grant?

Answer: Yes, as long as it meets the definition for eligibility as described in the solicitation. If you are interested in applying for grant funding, please see page 6 of the Solicitation which provides a definition of “eligible entities.” Included in that definition are National, State, Local or Community-based Public or Non-profit Private Organizations, including organizations that use community health workers or community-based doula programs.

Question 28: Will there be a transcript or information from the teleconference posted on-line?

Answer: Yes. The transcript is still being processed however please continue to check www.insurekidsnow.gov for the audio tape of the first teleconference.

Question 29: **The Solicitation says that “grant funds are not to be used to pay for direct services (e.g. medical and other services covered by Medicaid or CHIP).” Would application assistance to a family be an allowed cost?**

Answer: Yes. The “direct services” that are referenced in the solicitation are those services that require the use of licensed practitioners such as nurses, pharmacists or physicians who provide services directly to individual beneficiaries in order to improve or maintain their health.

Question 30: **Do we need to include any sort of Memorandum of Agreement (MOA) if we are applying just as a single agency without subcontractors?**

Answer: No, but please remember that a MOA is designed to protect you from future conflicts and obstacles when dealing with outside entities or stakeholders. Even if it is not necessary to submit a MOA with your initial application, you may want one later should your grant’s needs change. The memorandum of agreement is 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. More information on this is found on page 22 of the Solicitation.

Question 31: **Could you confirm the start and end dates of the performance and budget period?**

Answer: July 30, 2011 to July 29, 2013.

Question 32: **If we are a Cycle I grantee and want to file an application modifying our Cycle I strategies should we be considered a “new” grantee or one that is continuing?**

Answer: If you are currently a Cycle I grantee and wish to file an application for a Cycle II grant, you are still considered a “new” grantee (for purposes of the application). All Cycle II awardees will be considered new grantees, even if they still have a Cycle I grant with CMS.

Question 33: **If we are a non-State Agency operating under an MOU with the State under Cycle I can we continue operating under our current MOU?**

Answer: We prefer a new MOU, however, in rare cases, if the current MOU provides the needed data exactly as it is requested, it can be extended to cover the new time frames.

Question 34: **If we are not engaged in Lobbying, can we leave the disclosure of Lobbying Activities Form blank?**

Answer: No. Please fill it in with “Not Applicable.”

Question 35: **Are we to describe the quarterly forecasted cash needs for project year 2 in the budget narrative?**

Answer: Yes

Question 36: **Are we to include the quarterly forecasted cash needs in the budget narrative?**

Answer: Yes.

Question 37: **Please clarify where in grants.gov should the various documents be attached?**

Answer: Attach them at the point at which the solicitation requests them. For example, the cover sheet should be first. The applicant’s cover letter should be second. Required supporting documentation includes required appendices and resumes/job description section as well as the project abstract and any other supporting documentation including any list of key contacts.

Additional guidance on the applications submission can be found in the Solicitation beginning on page 8.

Question 38: **Could you please clarify for us if “groups of children that are more likely to experience gaps in coverage” (focus area 4) means children who are likely to have insurance but not re-enroll AND children who are likely to not have insurance?**

Answer: Groups of children that are more likely to experience gaps in coverage does mean both children who are likely to have Medicaid or CHIP but not re-enroll and children who are likely to not have health care coverage. This could include children of seasonal workers; children of workers in highly mobile industries; children of workers in areas with a lot of volatility in the job market; children of people in demographic groups who are likely to be uninsured; homeless children; teenage headed families, etc. It can also include any group that fails to re-enroll at higher levels than other populations. You will need to provide data to support your proposal.

Question 39: Are school districts eligible to apply for a grant?

Answer: Yes, public school districts are eligible to submit an application. To provide further specificity, a public school, school district, or local education agency may submit an application as part of a coalition or as a single entity.

Question 40: Where can I get additional information on the Cycle II CHIPRA grants?

Answer: View the full solicitation at:

http://www.insurekidsnow.gov/professionals/reports/chipra/2010_grant_solicitation.pdf

Questions about the grants may be directed to:

CHIPRAOutreachGrants@cms.hhs.gov.

Question 41: Is an original signature required in addition to the forms within Grants.gov that states signature and date "Completed on submission to Grants.gov."

Answer: No. The submission of the form satisfies the requirement for the signature.

Question 42: For IT projects, is it acceptable to emphasize other IT performance measures such as identification of milestones, testing of IT components, and other measures specific to IT projects?

Answer: Yes. Proposals that focus primarily on IT enhancements should provide evaluation plans that include technology-related performance and outcome measures. However, all awardees will be required to report on a core set of performance measures, such as the number of children contacted and/or assisted by the project in applying for Medicaid or CHIP and the number of children successfully enrolled in Medicaid or CHIP as a direct result of project activities (see page 20 of the solicitation for more details).

Question 43: In the proposed budget, how should applicants report the "State share of funding to support the increased enrollment in Medicaid and CHIP?" Do you need a dollar figure or do you just need a statement that the Medicaid and CHIP agencies will be able to monetarily support the increased enrollment?

Answer: State applicants should report an estimated dollar figure for the increase in the State share of costs for increased enrollment in Medicaid and CHIP. Non-State applicants that do not have access to the relevant data to make these projections do not need to include this information.

Question 44: Page 13, #6 under prohibited use of funds, states that money may not be used "for data processing software or hardware in excess of the software and personal computers required for staff devoted to the grant." Two major parts of our project would be to (1) purchase scanners to support the establishment of CHIP electronic case records, and (2) purchase a web-based Audio Visual Application Assistor (AVAA) (in English and Spanish) for low literacy applicants which would provide audible guidance (in addition to the visual application form) to complete the CHIP/Medicaid application correctly. Would these two purchases be prohibited?

Answer: No, they would not be prohibited. Software and hardware purchases that support the grant project activities are permitted. However, applicants must demonstrate in their proposals how the purchase of this hardware or software will result in increased enrollment and retention gains for children eligible for Medicaid or CHIP.

Question 45: Can you please tell me how many applications your office received in the last round of funding, and of those, how many were awarded?

Answer: CMS received 409 applications for the Cycle I grant opportunity; 68 grants have been funded.

All questions and answers about this grant opportunity will be posted.