

**Innovation in Behavioral Health (IBH) Model  
Notice of Funding Opportunity (NOFO) Office Hours  
August 22, 2024**

**Isaac Devoid:** Alright. I think we can go ahead and get started. Just want to say first a huge thanks for everyone for joining today's session.

My name is Isaac Devoid. I'm a co-model lead for the IBH, or Innovation in Behavioral Health Model here at the Innovation Center. I'm joined today by our other model co-lead, Sarah Grantham, as well as several members of our team.

I'm also joined today by Gabriel Nah. Thanks for joining us, Gabe. Gabe is from our Office of Acquisition and Grants Management here at CMS.

So, before we dig into questions, we wanted to start with some housekeeping items.

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So first, the zoom is being recorded, and if you have any objections, please hang up now.

However, the recording the slides and a transcript from today's session will be made available on the IBH Model website after today's event.

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For today's session, we're only going to be answering questions that relate to the IBH Model Notice of Funding Opportunity, or NOFO application and application process.

We've received a really wide range of questions. Thanks, everyone for submitting questions. And our team has used those questions to identify some common topic areas for today's call.

The topics we plan to cover today are provider and practice involvement, infrastructure funding, model design considerations, and application submission. For each identified topic we're going to address a few pre-identified questions before opening the floor for live questions and answers.

So, for instance, we'll start by answering provider and practice involvement questions we've received, and then we'll open it up to receive live questions on that topic.

We will use that same process for each topic that we cover today.

And at the end of today's session, we'll also have some time set aside for any other questions related to the NOFO and the application process.

If you do have a question to ask during any of the live Q&A portion of today's session, we ask that you please type your question in the chat box or feel free to use the raise hand feature.

Also, please introduce yourself and where you are from before asking your question.

We sincerely appreciate your engagement and patience today, so we can better understand how to support your state and partners to participate in the IBH Model.

And if we run out of time, or we're unable to address your question today, we'll look forward to responding to any outstanding questions through our IBH Model mailbox, future office hours, and updated frequently asked questions.

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Alright and we're just going to provide a bit of brief guidance on navigating the NOFO itself.

So, if you've been in the NOFO on page 2, you can find the table of contents. It's a really helpful resource to navigate to key sections within the NOFO. We also recommend utilizing the control F feature on your keyboard to search for key terms within the NOFO document itself.

The slide here also provides information on where you can find some key topics within the document, and when it's applicable today, we will cite the relevant NOFO section, where you can find additional information on the topics that we're discussing.

Alright. Now, I'm going to pass it over to Sarah to answer some commonly received questions on provider and practice enrollment. Next slide, please, and over to you, Sarah.

**Sarah Grantham:** Thank you.

As Isaac mentioned, we'll kick off today's session with a few questions about provider and practice involvement. And let's start with this one.

If my state does not apply, how can I apply as an individual organization?

That's a great question. Unfortunately, individual providers and practices and care settings are not able to apply directly to the IBH Model. Only state Medicaid agencies from the U.S. states and territories and the District of Columbia are eligible to apply to receive a cooperative agreement through the IBH NOFO.

However, we do encourage individual providers, practices, and care settings that are interested in the model to reach out to their state and to note their interest and to inform their state's potential application.

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Relatedly, we understand that providers and practices are eager to participate and want to ensure that they aren't missing any deadlines. So, we wanted to answer this question about the September 9th NOFO application due date, and does it apply to providers and practices? And the answer is, no. This due date is

only applicable to state applicants. Those providers and practices are not eligible to apply directly under the NOFO, so that September 9 due date does not apply to them.

Again, I'd encourage providers and practices to reach out to their state to express their interest in the IBH Model.

Here's another question, please. Next slide, please.

When and how can specialty, behavioral health practices and providers get involved?

I'm so excited, we've heard a lot of interest, and are pleased that folks are interested in getting involved, and so we'll just kind of walk you through the next step. So, after CMS awards the cooperative agreements to states, those selected states will recruit specialty behavioral health providers and Practice Participants to participate in the model, and we refer to them as Practice Participants in the NOFO. States will recruit those Practice Participants on a continuous basis from Model Years 1 through Model Year 4. That's calendar year 2025 through 2028.

And then, after states select their Practice Participants, those providers will receive infrastructure funding and they'll use it to build capacity to implement the IBH Model's care delivery framework. For example, they could spend those funds on building information technology capacity, such as adopting and upgrading electronic health records, registries and interoperability solutions. The funds could be used for telehealth tools, to support the delivery of integrated care, and Practice Participants could also use those funds on population management tools to provide data-driven proactive care that supports population needs and addresses disparities. And those dollars could also be used for practice transformation activities to develop new information technology and staffing workflows and conduct systemic quality improvements. And those types of infrastructure improvements would occur from Model Years 2 through 5. That's 2026 through 2029.

During the Implementation Period from Model Years 4 through 8, Practice Participants will actually provide IBH Model services to beneficiaries. That is from 2028 through 2032.

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We now would like to open it up for live questions related to provider and practice involvement. And we're happy to answer questions that aren't related to those topics later in the presentation. So please hold those until we get to your topic that is related to your question. So, please put your questions in chat, or use the raised hand feature, and we'll ask you to unmute yourself when you ask a question. And then, either way, please be sure to introduce yourself, and where you're from.

Thank you in advance for your patience as we are looking for raised hands, and we are reading questions.

We got one question. Yeah, we haven't gotten questions about this topic yet. We got one question from New York about the reference endnotes, and whether they're part of the page limit for 60 pages. And the answer is, no, the reference endnotes do not do that.

Isaac, have you found other questions?

**Isaac Devoid:** Nope. No other questions I'm seeing at this point.

**Sarah Grantham:** Okay, I think that's great news. Let's move on to the next section then.

**Isaac Devoid:** Sweet. That sounds good So, [going to] dive back into some more on infrastructure funding. We've definitely got a decent amount of questions on infrastructure funding. And I know Sarah mentioned this earlier, but we just wanted to provide a little bit more information about infrastructure funding, how it works, and what its intent is.

So, infrastructure funding is funding that's provided directly to Practice Participants to enable the delivery of integrated care for activities including, but not limited to, health IT upgrades, population health management tools, and practice transformation activities. So, with that grounding, let's touch on this question.

How much infrastructure funding will be provided to Practice Participants that only participate in the Medicaid portion of the model versus those who participate in both the Medicaid and Medicare portions of the model?

Definitely a good question. So, Practice Participants that only participate in the Medicaid Payment Approach will receive all of their infrastructure funding directly from the state. Those are the specialty behavioral health practices who serve only attributed Medicaid beneficiaries.

Practice Participants that participate in both the Medicare Payment Approach and the Medicaid Payment Approach will receive all of their infrastructure funding directly from CMS. Those are the specialty behavioral health practices who serve attributed Medicaid beneficiaries, Medicare beneficiaries, and people who are in Medicaid and Medicare, also known as dually eligible individuals.

For the Practice Participants who serve only attributed Medicaid beneficiaries, state recipients will implement a standardized practice needs assessment process to determine the amount of infrastructure funding provided to each Medicaid-only practice, since those Practice Participants will receive infrastructure funding from state recipients. This amount will vary between practices based on the results of this needs assessment. But for budgeting purposes, state recipients should set aside approximately \$100,000 per Medicaid-only practice participant. You can refer to Section A4.5 of the NOFO for additional details on infrastructure funding for Medicaid-only Practice Participants.

Practice Participants that participate in the Medicaid Payment Approach also have the option to apply to participate in the Medicare Payment Approach, and as I just noted those Practice Participants that participate in the Medicare Payment Approach will receive infrastructure funding directly from CMS. So, these Practice Participants are eligible to receive up to \$200,000 in infrastructure funding, and the amount of infrastructure funding provided to these Practice Participants will also be determined through a standardized practice needs assessment process. You can refer to Appendix XI of the NOFO for additional

details on infrastructure funding for those Practice Participants involved in the Medicare Payment Approach.

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Alright. So now that we've provided a bit more detail about infrastructure funding and what it looks like under the model, let's discuss a specific example of who is eligible to receive infrastructure funding with this next question.

So, the question is, if a Practice Participant is participating in both the Medicaid and Medicare Payment Approaches and serves a Medicare-only beneficiary, are they eligible (1) for Medicare Integration Support Payments for this beneficiary and (2) to receive infrastructure funding directly from CMS?

So, for the first part of this question, the answer is yes. The Practice Participant could receive the Integration Support Payment, as long as the IBH Model services are determined to be medically necessary and appropriate. The Integration Support Payment will be paid to Medicare Practice Participants via a prospective per-beneficiary-per-month payment beginning in Model Year 4.

And for the second part of this question the answer is also yes. If a practice participates in the Medicare Payment Approach, they are eligible to receive infrastructure funding and Integration Support Payments directly from CMS.

However, it's important to clarify here that infrastructure funding is not provided on a per beneficiary basis. It is provided to each Practice Participant, and, as discussed above, the amount of infrastructure funding to be provided is based on the results of a standardized needs assessment.

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Alright. So, going a little bit further into the application of infrastructure funding.

Another question that we received on this topic is, what is the mechanism for Medicare infrastructure payments to Practice Participants?

So, this is a really good question. And for this, CMS will utilize our implementation payment contractor. We call that the IPC for short. And to make infrastructure payments to Practice Participants, although frequency has not yet been finalized, we do anticipate making annual payments. And the funding will flow from CMS directly to the bank accounts of the selected participants, not through fee-for-service claims.

CMS is going to work with each practice to complete the necessary banking paperwork ahead of the payments starting.

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And now we really just want to clarify that beyond just providing infrastructure funding, we also intend to provide much needed technical support for infrastructure improvement. So, this next question is related to the type of support that CMS is going to provide, and that is, can you be more specific on how CMS will provide technical assistance for a more developed and enhanced infrastructure?

So, the IBH Model will provide robust technical assistance to both state Medicaid agencies and Practice Participants. We really designed this model intentionally with a three-year Pre-Implementation Period to ensure adequate time to provide that technical assistance.

And in that time period, we're really going to focus on crucial areas like billing for services, payment, practice transformation, care delivery, data, and quality.

And the model's technical assistance will come from a variety of partners, including from CMS, from the Center for Medicaid and CHIP Services, and then also from our learning and implementation contractors.

We're also really excited about peer-to-peer learning which can happen as part of the model. And that's where states and Practice Participants can really learn from each other to make course corrections and to make model improvements throughout.

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Alright. So, thanks for waiting through that. Now we're going to open it up again for live questions related to infrastructure funding. Please put any questions that you have in the chat, or feel free to use the raise hand feature. And when you come off mute, be sure to introduce yourself, and where you're from.

I see, Yvonne, you have your hand raised, feel free to jump in with a question.

**Yvonne Mason:** Okay. My name is Yvonne, and I am from Northern California. We're in the Nevada County area. And how do we know if our state is participating in this CMS project because, according to the original grant, it was, when we checked eligibility, we were eligible. But how do we know for sure?

**Isaac Devoid:** Yeah, I can start out. And then, Sarah, do you maybe want to provide a bit more info about the eligibility criteria as part of the model?

So, I think the best way to know if a state is going to apply, or if they apply in the future, is just to get into contact with your state. If you're interested in participating whether you're a practice participant or you know, want to participate in some other way, [we] definitely encourage you to reach out to your state Medicaid agency.

And then, Sarah, do you want to go over the eligibility criteria a little bit as well?

**Sarah Grantham:** Thanks, Isaac. Yes, sorry. Eligibility criteria is referred to in the NOFO Section A4.1.1 under model. Yeah. So, we, and also Isaac, we're going to kind of get into that in a little bit more detail in just a few minutes after this live section is over. So, I'm actually going to hold tight on providing much

more detail here. And then, if folks have more questions after I'm done, we can go ahead and address them.

I did see that, I think there are some other questions I saw, I think, a person named Linda. And then, Robert. If I have that right, please just unmute yourself.

Oh, Lindsey, I'm sorry, it's Lindsey. It's not Linda. Sorry, Lindsey.

**Lindsey Naeyaert:** Hey, can you all hear me?

**Sarah Grantham:** Yep. Just fine.

**Lindsey Naeyaert:** Alright wonderful. My name is Lindsay, and I'm from Michigan. I'm curious about, if we already have a robust like, Medicaid Payment Approach through CCBHC and Health Home, do we have to build another payment approach to participate in the Medicare payment piece? Yeah, I guess that's my question.

**Sarah Grantham:** Isaac, do you want to jump in on that one to start?

**Isaac Devoid:** Yeah, absolutely. And that's a great question. You know, one thing that we've tried to highlight is those existing authorities that recipients can really leverage to not have to totally rebuild the wheel, to participate in the model. For the Medicare participation component, we will, CMS will administer the Medicare Payment Approach. So, we'll work with you for any practices that are participating to ensure that those practices who apply via the Medicare Request for Application, and are admitted into that portion of the model, being the Medicare portion, can effectively bill for Medicare beneficiaries who are attributed to the IBH Model. So, I guess the answer is that we will really be administering, being CMS, Lindsey, that portion of the model. Does that answer your question?

**Lindsey Naeyaert:** Yeah, so we can, we don't need to develop another Medicaid Payment Approach for those sites, and do we have to attribute, you know the attribution for the Medicaid folks into IBH, even if we're using existing funding structures?

**Isaac Devoid:** So, for the, I think you mentioned CCBHCs and Health Homes, so I can provide some info on both of those. In Appendix X of the NOFO, we provide payment scenarios for CCBHCs who would be participating, as well as Health Homes. The CCBHCs are a little tricky because I think CCBHCs can be paid differently, depending on where they are in their, whether they're a grantee, whether they're a demonstration practice, and so on [and] so forth. But, overall, we have tried to align the ways in which those CCBHCs can be paid, and we detail through the different scenarios of whether they are participating as a grantee or a demonstration provider within that technical appendix. Again, that's Appendix X.

And then for the Health Homes. Similarly, there are directional alignment principles that we list in the NOFO, that the practices who are participating who are Health Homes, would have to meet. And those are, including the practice-based measures in the Medicaid Payment Approach, and then also having an

approach that begins with pay-for-reporting, and evolves into pay-for-performance over time, and is aligned with the Medicare Payment Approach as well. So again, we have a little bit more detail in the NOFO about that in both the payment section as well as Appendix X, the technical payment section.

**Lindsey Naeyaert:** Thank you so very much. I appreciate it.

**Isaac Devoid:** Yeah, yeah. Does that answer your question?

**Lindsey Naeyaert:** It does. Yup. Thank you.

**Isaac Devoid:** Yeah, you bet. And, Robert, I see you have your hand up, too. Feel free to come off mute and jump in.

**Robert Myers:** Can you hear me?

**Isaac Devoid:** Yeah.

**Robert Myers:** Yeah, I'm Rob Myers. I'm from New York state. I had a [question]. So, this will be done through a cooperative agreement, and you're requiring that there be a convening structure set up that starts in July of [20]25, but then you're going to have to have direct agreements with Medicare providers so you can make direct payments. And earlier in the webinar you said that they would also be able to offer technical assistance. So, I just want to understand, how will CMS be involved in the work that's done in the convening structure with the input we'll be getting there, and I believe the state's going to be required to provide technical assistance too. I guess my real question is, how will we coordinate with CMS that we're all going in the same direction with your direct communication and the work we're doing with the convening structure?

**Isaac Devoid:** Absolutely. That's a great question. I can kick us off, and then we also have one member of our learning system on the call. So, I'll hold if he has any edits or clarifications or additions to make afterwards.

It's definitely a great question. So, like overall, just to clarify, convenings are really meant to bring together a set of stakeholders to prioritize high level population health outcomes and subgoals as part of the model. So, some of those subgoals are developing the Medicaid Payment Approach, developing the care delivery framework, and so on. So, the convenings will really drive alignment and sustain stakeholders' commitment and coordinated action towards shared impacts and shared priority health outcomes.

So, in that initial period after awards are made, we would look to work very closely with our recipients to help them identify that neutral third-party convener. Again, we'd be there every step of the way like you mentioned Robert, to really ensure that we're moving in unison there. And again, we don't anticipate CMS to be leading that convening or anything along those lines. But we'll definitely be there for technical assistance. We will have a learning system contractor that will be helpful in providing TA as well.



And I think that covers it from my end. Geoff, I just want to pause in case you have any questions about convenings.

**Geoffrey Frost:** Sure, and just making sure you can hear me. Okay, Isaac, give me a thumbs up.

**Isaac Devoid:** Yeah, yep, perfect. Here you go.

**Geoffrey Frost:** Okay, great. So yeah, that's all sounded really good to me. I would echo everything you confirmed about the timing of convenings, of starting to kick off and optimally identified, and getting support from CMS around establishment, or identifying conveners as of six months into next year, or into the first year of the Pre-Implementation Period.

I would also emphasize something you mentioned in there, Isaac, which is that the convenings, the intent of the convenings, is to align directionally across stakeholders, all the different stakeholders that states will be bringing to the table, as part of the convenings of payers, beneficiary advocates, and more. And one of the ways that technical assistance will work into that is that they've got the decision making around care delivery transformation and payment that fleshes out as part of those convenings and is feasible for those stakeholders. The folks will be implementing the model as partners. We would expect the state would be developing guidelines to disseminate which will be based upon the outcomes of that work that they'll do together.

So that is a, I'd say that's a good example of some technical assistance or guidance that would be coming from the state. And then the other piece that you mentioned, Isaac, was the learning system contractor as well as the state, contributing to some of those supports and helping to develop those guidelines as much as possible. So, there'd be some partnership there among, stakeholders, the states, CMS, and payers in development of that.

**Isaac Devoid:** Thanks, Geoff. Robert, does that answer your question?

**Robert Myers:** That is very, that is very helpful. Thank you.

**Sarah Grantham:** And then I wasn't sure if Lindsey had a follow up question. Lindsey, I saw your, I think I saw your hand was up, and then maybe down. So, I just [want to] make ourselves available if you had a follow up.

**Lindsey Naeyaert:** Oh, thank you. I just put it in the chat, though, too. But Isaac, did I hear that you said CMS will be the third-party convener, or will provide it, or should states plan to put that into their budget?

**Isaac Devoid:** Absolutely. So, good question. We will not be serving as the third-party convener. Yeah, I can turn it over to Geoff here for this one, Geoff. Please take it away.

**Geoffrey Frost:** No, you're going right where I was going, anyway, Isaac. So, CMS will not be serving as third-party convener, nor will the learning system contractor who is directly supplied by or that will be working directly with CMS. So, the learning system contractor as Isaac, I think you might have

mentioned, and we kicked off here, which was perfect, is that CMS, via the learning system contractor will work with states to identify either existing or help establish third-party conveners in junction with the states.

And there would be a goal there of having governance and decision-making structures that are part and parcel of those convening structures. So, that's something that will develop over time, in order to get states to a point where we can go live with convenings at the start of Model Year 2, or January 2026.

Sorry, Isaac, back to you.

**Isaac Devoid:** No, thanks, Geoff. That's really helpful. And Lindsey, just want to check and see if we, if that answers your question.

**Lindsey Naeyaert:** That does, and it sounds like that cost, once it's found, can be added, or be a part of the infrastructure funding.

Thank you. That was helpful.

**Sarah Grantham:** Isaac, I'm not sure if we've got more questions now. If we don't, I think maybe we would move on to the next slide.

**Geoffrey Frost:** Yeah. And, Sarah, I'll actually, I'm sorry. I want to make sure I answer Lindsay's clarification there. So, Lindsay, you had mentioned incorporating the convening funding into the infrastructure payment. We actually, CMS doesn't actually anticipate recipients using cooperative agreement funding for consultants or third parties or incorporating that to develop the convening structure, and that'll flesh itself out in how CMS works with the model participants to establish that neutral convener. And the goal there is [that] we're in a scenario where states, payers, and CMS are equivalent contributing partners, which will allow the state to participate as the state Medicaid agency, as a participant, with stakeholders and payers in those convenings. And I'll pause because I think you went off mute for a second.

**Lindsey Naeyaert:** Thank you for the clarification. I appreciate it.

**Geoffrey Frost:** Yep, sure thing. Sorry, Sarah, back to you.

**Sarah Grantham:** No, I'm really glad you had a chance to pop in. Thank you, Geoff. That was a really important clarification. Do folks, other folks on the line in the audience have additional questions that they'd like to pose? If not we're happy to switch gears, and we can reconnect on the live Q&As in just a few minutes.

I think we should move on. We're going to move into some questions about model design that we think could be helpful for completing the NOFO applications. Our first question is this. Are there specific areas of behavior, of primary care, that the IBH Model might exclude, such as dental practices that are

integrated into a primary healthcare setting and what are the IBH Model's priority health conditions given its focus on the integration of behavioral and physical health services?

It sounds a little bit like this question might be from a primary care provider who offers dental care in their office. So, I need to start by clarifying that the IBH Model will be implemented in specialty behavioral health practices. We define those practices in Section A4.1.1 in the NOFO. Specialty behavioral health practices are health care providers, practices, facilities, or community-based organizations that deliver behavioral health treatment services at the outpatient level of care.

These eligible practices offer behavioral health services as the predominant health care service type delivered. If a specialty behavioral health practice also offers dental services, then yes, they could potentially be eligible to participate in the IBH Model if they satisfy all the eligibility criteria.

The IBH Model does not cover services delivered at the inpatient, emergent, or urgent care levels of care. That's because the IBH Model was designed for eligible specialty behavioral health practices to offer long term, longitudinal behavioral health services to beneficiaries.

Now, I'll move on to the second part of the question, which is about the IBH Model's priority health conditions. There are three of them, and they are listed in Section A4.3.2 of the NOFO. These are diabetes, hypertension, and tobacco use, and they're used to measure care integration. Beyond these priority health conditions, participating states also have the option to include additional health conditions in their NOFO applications.

We encourage state applicants to include conditions that are a priority within their state or a given region, and these could be conditions where health disparities are prevalent and or conditions that enhance opportunities for sustainability after the IBH Model ends. Those additional conditions are subject to CMS review and approval.

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This next one is about how IBH could impact existing initiatives. And so, we heard an interest in understanding how the IBH Model will impact current Section 1115 waivers.

So, states can use a variety of state or federal authorities to implement the IBH Model. This includes Section 1115 demonstrations. CMS does not anticipate that the IBH Model will impact any existing Section 1115 demonstrations. We will work closely with states during the Pre-Implementation Period to determine which federal or state authority will work best for each state, and we will partner with the Center for Medicaid and CHIP Services, or CMCS, in this effort. They've been integral partners as we designed the IBH Model, and we will continue with this collaborative spirit as the model is implemented.

So, in summary, the IBH Model was designed to allow states to use existing authorities, such as state plan amendments and managed care authority to align with the model without requiring the use of 1115 demonstration authorities.

Okay, next slide, please.

This question was actually a follow up from our last office hour session, where a member of the audience asked, how will physical health consultants be reimbursed as part of the IBH Model?

First of all, let's start with a refresher on the physical health consultant's role in the IBH Model's interprofessional care team. Physical health consultants are physical health providers. They specialize in the diagnosis, evaluation, and therapeutic management of physical health conditions, and they are qualified to prescribe medication. This could be a physician, a nurse practitioner, or another provider who meets these qualifications. The physical health consultant could be an in-house provider who works at a specialty behavioral health practice, or they could be an outside provider who contracts with the specialty behavioral health practice.

Physical health consultants can be reimbursed through existing evaluation and management, or E&M codes, or they can be reimbursed through interprofessional consultations.

Also, state Medicaid agencies could design unique ways to reimburse physical health consultants through their Medicaid Payment Approach.

Okay, please move to our last question on this topic. Next slide, please.

Is there an opportunity to open the model up to youth under the age of 18?

So, the answer to this one is, no, not at this time. The IBH Model focuses on adults age 18 and older.

Next slide, please.

So now we'll answer any live questions about model design. Again, please put your questions in the chat, or use the raise hand feature, and we'll ask you to unmute when you ask your question. Thanks to folks for introducing themselves earlier in the call, and please continue to do that and tell us where you're from.

And with that we will see if there are any raised hands and check the QA.

Yvonne raised her hand. Terrific.

**Yvonne Mason:** So, I did introduce myself earlier. My name is Yvonne Mason. Did you answer the question that I originally had? You said you were going to answer later. Have we gotten to that point yet?

**Sarah Grantham:** I think you asked, how do you know if your state, which is California, is applying to the IBH Model?

**Yvonne Mason:** Right.

**Sarah Grantham:** Yes, correct. I do not know that. We won't know who's applying until, you know, the applications are due. We recommend following up with the state to check in with them.

**Yvonne Mason:** Okay, so do we check in with the with the state? Or do we check in with Medicare, the government part of it?

**Sarah Grantham:** To be honest, are? Did you? Did you say Medicare, or did you, did you say Medicaid? Anyway—

**Yvonne Mason:** So, we have both. We are many, [unintelligible].

**Sarah Grantham:** Yeah, yeah, I actually, I think it really depends on the state-specific context. And I really need to defer to you on that. But I don't know, Isaac, if you have other thoughts.

**Isaac Devoid:** Yeah, we definitely just encourage, if you're if you're interested and just want to check in and see if your state's applied to follow up with the state Medicaid agency.

**Yvonne Mason:** Medicaid? Okay, that's [what] I'll do. Okay. Thank you.

**Isaac Devoid:** Yeah, absolutely.

**Yvonne Mason:** Appreciate it.

**Sarah Grantham:** Thanks for flagging that again for us.

**Isaac Devoid:** We also received another question about if another round of applications will open after this cycle, or if this is [going to] happen annually and right now, we only anticipate this current Notice of Funding Opportunity for the model. So, I think that's just to say, if you're if you're interested in applying, I think it's a good time to do so, because at this point, we aren't anticipating another round of funding.

Thanks for that question.

**Sarah Grantham:** Thanks for your patience, everybody, as we just continue to give folks a chance to raise their hand or enter any questions into chat.

Okay, I do not see any more at the moment.

And so, we thank everybody for their questions. We're [going to] move to the topic of application submission, and, as we mentioned earlier, we are very pleased to have Gabe Nah from the Office of Acquisition and Grants Management to cover this topic.

Next slide, please.

**Gabriel Nah:** Thank you. I'm excited to be here to answer any questions about application submission. First question, can you apply for grants without using Grants.gov?

The answer to that question is no. Grants.gov is the one-stop shop for all federal agencies. If you want to apply for federal assistance or federal grants, you have to submit the application through Grants.gov.

If this is your first time using Grants.gov, I strongly encourage you to go to [the] Grants.gov website and on the website, then, on the top menu, you will see a support link. Click that link and click on applicant training, and there will be a lot of valuable resources and to educate you about Grants.gov, to help you navigate the website and also, then to provide you with instructions on how to register for [a] Grants.gov account on the website.

Everything you need to know about submitting your application through Grants.gov is detailed in the Notice of Funding Opportunity in Appendix II on page 112.

Next slide, please.

Next question, do you need a unique entity identifier to apply to the IBH Model? Yes, you do. The Federal Government now requires all organizations, including individuals, to obtain and apply for a unique entity identifier, UEI. You have to have that specific number in order for you to submit an application for federal assistance through Grants.gov.

How do you get a UEI? In order for you to apply for a UEI, you have to go to SAM.gov, the System for Award Management, SAM.gov, and on our website, then there will be information that will walk you through the process for applying for a UEI.

Again, information that you need on how to apply or for UEI is in Appendix II on page 112 in the NOFO.

Next slide, please.

What registrations need to be in place in order for you to apply for the IBH Model? Great question.

You will need to have five registrations in place in order for you to apply for an award through this program year, and to submit your application through Grants.gov. You will need an individual identification number, [an] EIN, or your tax identification number, TIN, that's one. Two, like I said earlier, you will need a unique entity identifier. Again, you can get that from SAM.gov. Three, you have to register on SAM.gov. Four, you have to get a Login.gov account. And five, you have to register with Grants.gov.

I strongly encourage and caution all applicants. It takes, at minimum, four more weeks for you to apply and get your application and registration process and approve them through these multiple systems. So, we strongly encourage you to do that as soon as possible, as early as possible. Do not wait for the last week or the application due date and then to try to submit your application through Grants.gov. Try to do that as early as possible.

Just in case if you run into any technical issues then we can help you or through Grants.gov help desk can help you resolve any technical issues that you may have.

If you already have an existing registration with Grants.gov, please make sure, prior to the application due date, that your registration with Grants.gov is still active.

Also, one of the issues that many applicants have encountered on [the] application due date is the individual that registered with Grants.gov is either out of the office or not available, so no one else now can submit the application. So, make sure whomever you select to register your agency through Grants.gov, that the registration ID and password is available, or they are available on the application due date to submit your entity application. If you encounter any technical problems with Grants.gov I strongly encourage you to contact the Grants.gov help desk, and they will be happy to walk you through, or resolve any technical issues, and that you may have.

Once again, [all] information that you need to submit your application through Grants.gov is detailed in Appendix II on page 112 in the Notice of Funding Opportunity.

Thank you. Next slide.

Any questions about the application submission process?

**Sarah Grantham:** I think we got a raised hand from Yvonne.

**Yvonne Mason:** So, this? Oh, my question, because again, I'm from California. My name is Yvonne Mason, and one of the things I wanted to ask is that when you use Grants.gov, on some of the grants, there's a what they call a dual submission, one submission from Grants.gov and another submission from a different entity like HRSA. Right?

My question is, is it a dual submission for this IBH Model? Or it goes directly to you from Grants.gov?

**Gabriel Nah:** Good question. Thank you, Yvonne, for your question. For this model there is only one electronic application submission, and that's through Grants.gov. Once all applications have been submitted through Grants.gov, CMS then will download the application, and from Grants.gov to CMS' grants management system, which is GrantSolutions, and we will have access to all the applications. So, all you have to do is submit one application through Grants.gov.

**Yvonne Mason:** Okay, so we got the, if we got the response back from Grants.gov that the application has been sent to the receiving agency, then we know that then we can confirm that it's been submitted and received. Is that correct?

**Gabriel Nah:** Yes, you are correct. When you submit again, make sure, when you click submit, make sure you get that verification that any application has been submitted. Okay.

**Yvonne Mason:** Yes.

**Gabriel Nah:** Once you receive that, keep that for your record, and that means that then, Grants.gov has the application and the way, Grants.gov works and the way our grants management system works is at the end of every day, once the Notice of Funding Opportunity is posted, the system automatically downloads any applications that have been submitted to Grants.gov, to our system. So, between now and [the] application due date, right, we check in the system to see if any application has come in through Grants.gov.

**Yvonne Mason:** Okay, very good. Thank you so much.

**Gabriel Nah:** You're welcome. Thank you for your question.

**Sarah Grantham:** Hey, Gabe? It looks like those five registrations that are needed to apply was really valuable information. Can you repeat it slowly, so people can write it down?

**Gabriel Nah:** Yes, so like, I said, right. You need five registrations in order for you to submit your application through Grants.gov. The first registration that you will need. I mean, if all federal agencies should already have it, an employer identification number, EIN, or tax identification number, TIN. Okay for this program, only state agencies can apply to this program. So, if you are working with your state Medicaid agency, make sure that then you work with them and make sure they have the EIN. Yeah, and make sure you are using the correct EIN for your entity. The second registration that you need is the unique entity identification, or number, the UEI. To get that you have to go to SAM.gov to register and obtain that UEI number. Okay? And there's no one registration and [unintelligible] entity. So, when you go to SAM.gov, and you register, the system will process your application and issue you a unique entity identifier. And that's what you will use to put on your federal application for assistance, the SF 424. There's a slot on that form, a box that asks for that specific information. You will need it in order to submit your application through Grants.gov.

You also, if you already have been to SAM.gov, and you have to register through SAM.gov. Again, SAM.gov is the System for Award Management. It's a new system, then, that the Federal Government has all deployed, okay, and all organizations, individuals that want to apply for federal assistance have to register through SAM.gov.

And the next registration that you will need is Login.gov, okay? So again, make sure that your organization has one registration for Login.gov.

And then, finally, Grants.gov. You have to have a Grants.gov registration and username and password for you to complete and submit your application through the system. The individual, then, that you would designate, or you would select them to do that registration in Grants.gov. Make sure that you write down their username and password and make that available to whomever will be selected to be the one to submit your application or the application you did.

But, like, I said previously, we strongly encourage you to submit your application prior to the due date. Just in case, if there's any technical issue that you may experience, it can be resolved by the Grants.gov help desk.



All of the information, all of the registrations that you need to submit the application is detailed in Appendix II on page 112 of the Notice of Funding Opportunity, it is in the NOFO.

Any questions?

**Isaac Devoid:** Awesome thanks. So much, Gabe, really appreciate you detailing all that. Super helpful. We can now jump in and answer any other live questions about application submission. This is also a really good time to ask any questions that don't fit into any of the topics that we covered today but you might have. Again, please put any questions in the chat. Use the raise hand feature and come off mute to ask your question.

And if we don't get any questions, just noting that we'll still stay on until the top of the hour at 4 pm Eastern, and just wait and see if folks have any questions.

We just received a question about what the audit requirements for state Medicaid agencies that receive the cooperative agreement funding are. Gabe, I don't know if you have anything to add there, as far as the audit requirements go, or if we should just circle back with that one.

**Gabriel Nah:** Thanks, Isaac, we will provide information once you are awarded in the terms and conditions, and we will detail then the audit requirements, and once you have been selected, and to receive an award. But just for general information, all federal recipients, organizations, individuals, that have received [a] federal award half to file A122 audit every year with the Federal Audit Clearinghouse. That's all [a] requirement.

We will provide more information on all of the reporting requirements for this award in the terms and conditions once you have been awarded, when we issue the awards. Any other questions?

**Isaac Devoid:** Awesome. Thanks, Gabe, and I think we're [going to] go ahead and start to close our session out for today. If we could pop over to the next slide, please.

Alright. So huge thanks to everyone again for joining today, really appreciate all the engagement and the questions that we've gotten, and moreso, the patience that you've given us as we develop answers to the really good questions that are being asked.

Just want to note that we're routinely updating our model website with different resources to support you in your efforts to submit a strong and robust application.

Also, our model mailbox is always available if you have additional questions after today's session. We're doing our best to respond to those messages as promptly as possible.

The additional resources identified on this slide can be found on the model's website, which is linked in the chat. And these resources will also be available to click on directly once we've added this deck to the model's website after today's session.

The frequently asked questions were updated this week. So, make sure to check those out if you haven't recently. And we plan on updating these more in the future. For additional updates, you can also sign up for the IBH Model listserv and follow us on X, formerly Twitter.

Next slide, please.

Again, just want to say a huge thanks for attending. We really appreciate it. We hope that you join us again on our next office hour session. This is our last office hours, that will be our last office hour session, I should say, and that will be on September 4th from 3 to 4 pm Eastern Standard Time.

Our team will be on that call and be ready to assist in any questions that you might have. But, like Gabe said, I think getting the applications, if you're planning on applying sooner rather than later is definitely a best practice there.

Again, thank you, and I think we can go ahead and close the session out for today.

**Sarah Grantham:** Thanks, everybody.