State Innovation Models Initiative - Round Two Frequently Asked Questions

Are the 50 State Governors' Offices, the United States Territories Governors' Offices, and the Mayor's Office from the District of Columbia the only entities eligible to apply?

No. A state may propose that an outside organization focused on quality and state delivery system transformation, such as a non-profit affiliated with the State Department of Health or a public-private partnership supported by the Governor's Office, receive and administer funds through a Model Design or Model Test award.

How does the State propose to have an outside organization apply?

The Governor's Office must submit such requests in writing to CMS with its Letter of Intent ("LOI") and include a justification for the request and an attestation that the state will actively participate in all activities described in the forthcoming proposal. Approval of such requests will be at the sole discretion of CMS. Only one such request supported by the Governor will be allowed per state. A state pursuing this approach will still be expected to address all of the required areas described in this FOA.

Must the outside organization be located in the same state as the Governor who submits the required LOI and attestation and justification on its behalf?

Yes. The outside organization must operate in the same state as the Governor who attests to supporting the outside organization.

May the outside organization apply to administer funds through a Model Design or Model Test Award in addition to the state government itself?

No. An outside organization may not apply for any type of Round Two SIM award if the State government of the state in which the organization operates also applies for any type of Round Two SIM award.

Do applicants need to submit a Letter of Intent (LOI) to apply for Round 2 of the State Innovation Models Initiative (SIM)?

Yes, applicants must submit a non-binding Letter of Intent to apply for Round 2 of the State Innovation Models Initiative.

When is the LOI due, and how should it be submitted?

The LOI is due on June 6, 2014. The LOI should be sent as a PDF attachment in an e-mail to Leah Nash at leah.nash@cms.hhs.gov.

What must a Letter of Intent to Apply consist of for *state applicants*?

A letter of intent to apply from a state applicant should originate from the Governor's office or from a Senior State Health Official. A letter of intent template is available (PDF). The letter of intent from a state applicant should include, at a minimum:

- Name of the State
- Name and title of a contact or representative from the applicant state
- Address, phone number, fax number and e-mail address of the contact or representative from the applicant state
- Type of Award sought (Design or Test)
- Signature of a Senior State Health Official, the Governor, or an official on behalf of the Governor

What must a Letter of Intent to apply consist of for *outside organizations*?

A letter of intent to apply from an outside organization should:

- Be submitted via Governor's Office Letterhead (from the state in which the organization operates and where services will be performed)
- Include an attachment that consists of a justification for the request and an attestation from the Governor's Office in which the organization operates and where services will be performed, that the state will actively participate in all activities described in the outside organization's proposal.
- Provide the following information, at a minimum:
  - Name of the State in which the organization operates
  - Name of the outside organization that is applying for the award
  - Name of a contact and/or representative from the applicant organization
  - Address, phone number, fax number and e-mail address of the contact or representative from the applicant organization
  - Type of Award sought (Design or Test)
  - Signature of the Governor and/or an official on behalf of the Governor of the state in which the organization operates and where services will be performed

What is a Governor's Letter of Endorsement?

A Governor's Letter of Endorsement is a letter from the Governor (or Mayor, if from the District of Columbia) endorsing the project and identifying the title of the project, the principal contact person and the major partners, departments, and organizations collaboration on the project.

What type of applicant must submit a Governor's Letter of Endorsement?

All applicants, regardless of type, must submit a Governor's Letter of Endorsement.

By what method should the Governor's Letter of Endorsement be submitted?

The Governor's Letter of Endorsement must be uploaded in the application that is submitted in Grants.gov by 5:00pm EDT on July 21, 2014. Applicants that do not upload this letter with the application in Grants.gov will not be eligible. The original signed Governor's Letter of Endorsement should be postmarked to Gabriel Nah by July 21, 2014. Gabriel Nah's mailing address is:

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda
5600 Fishers Lane
Rockville, MD 20857

Can states that receive awards under Round One apply for Round Two?

Round One Model Design and Pre-test awardees may apply for Round Two Model Test awards, as well as Round Two Model Design awards, should they need more time and resources to complete their state innovation plans before becoming Model Test states. States currently engaged in a Round One Model Test award with CMS are NOT eligible to apply for additional funding in Round Two. A state cannot receive multiple Round Two Model Design or Model Test awards, nor can a state receive both a Round Two Model Design award and a Round Two Model Test award.

Are Round One "Model Pre-Test" awardees eligible to apply for Round Two funding?

Yes. States that participated in Round One as Model Pre-Test awardees are eligible to apply for either a Model Design or Model Test award under Round Two.

Are Round One Design states required to attach their State Healthcare Innovation Plans to their application for either a Round Two Model Design or Model Test Award?

No, Round One Model Design and Pre-Test awardees are not required to attach their finalized State Healthcare Innovation Plans (SHIPs), submitted at the end of the Round One Model Design & Pre-test Project Period, to their application for Round Two funding. However, Round One Model Design and Pre-Test Awardees may utilize content from their finalized SHIPs in their Round Two Applications.

Per the FOA, Model Test applications may not exceed 55 pages, excluding the Standard Forms, Project Abstract, Governor's Letter of Endorsement, and Attestations of Support from Identified Stakeholders. Model Design applications may not exceed 27 pages, excluding the Standard Forms, Project Abstract, Governor's Letter of Endorsement, and Letters of Support and Participation from Major/Identified Stakeholders.

Page 9 of the FOA reads: "The state must submit attestations of support from each identified stakeholder as part of its application (template provided in Appendix 3)." Are non-state applicants required to submit attestations of support from identified stakeholders as part of their application?

Yes. Non-state applicants are required to submit attestations of support from identified stakeholders as part of their application.

Page 9 of the FOA reads: "The state must submit attestations of support from each identified stakeholder as part of its application (template provided in Appendix 3)." No such template was provided in the FOA. What must an attestation of support from an identified stakeholder consist of?

CMS did not include a template for attestations of support from identified stakeholders in an appendix to the FOA. State applicants may submit attestations of support from stakeholders using their own preferred format. State applicants will not be penalized for utilizing their desired format.

What is the State Innovation Models initiative?

The State Innovation Models Initiative tests the ability of state governments to accelerate health transformation using the full range of regulatory and policy levers available to improve health, improve care and lower costs for the state's citizens, including Medicare, Medicaid and Children's Health Insurance Program beneficiaries. The State Innovation Models Initiative encourages states to develop sustainable models of multi-payer payment and delivery reform.

This Initiative leverages federal and state resources to support states in the design and testing of State Health Care Innovation Plans. More broadly, lessons from State Innovation Models will be used to accelerate innovations in the Medicare, Medicaid and Children's Health Insurance programs, as well as commercial payers to identify best practices in state-led transformation that are potentially scalable to all states.

Multi-payer payment and delivery models offer the opportunity to accelerate health transformation. These efforts are designed to reduce reliance on payment methodologies based on volume and encourage movement toward payment based on outcomes, by reinforcing the expectation that providers and payers must be engaged in order to create meaningful delivery and payment system reforms.

The Centers for Medicaid & Medicare Services (CMS) view states as strong partners in transforming health care because they serve as a payer for a large percentage of health care services for their employees and residents, have broad regulatory authority over health care providers and payers, have the ability to convene multiple parties to improve statewide health delivery systems, and oversee public health, social, and educational services. In addition, states are close to the actual delivery of care in their state, enabling the support of accountable and value-based health care initiatives.

The State Innovation Models initiative is designed specifically for states that are prepared for or committed to planning, designing, testing, and supporting the evaluation of new payment and service delivery models in the context of larger health system transformation. As previously noted, CMS is interested in state-sponsored models that also have the potential to improve quality of care while lowering costs for Medicare, Medicaid, and the Children's Health Insurance Program beneficiaries.

What is the State Health Innovation Plan?

A State Health Care Innovation Plan is a detailed plan that describes the strategies and methods a state will use to transform the structure and performance of the state's entire health system. The plan must use tools and policy levers available to states to improve health, improve care and lower costs for the state's citizens, including Medicare, Medicaid and Children's Health Insurance Program beneficiaries. States applying for Model Test cooperative agreement awards must submit elements of a State Health Care Innovation Plan as part of its proposal, which will be evaluated based on the enumerated criteria in the official funding opportunity announcement.

How much funding is available for the State Innovation Models Round Two awards?

Up to 12 states will be chosen for state-sponsored Model Testing awards and up to 15 states will be chosen for state-sponsored Model Design awards. Up to $730 million is available in funding, including $30 million for Model Design and $700 million for Model Test.

How much funding is available to each State?

CMS will fund up to 12 Model Test states with approximately $20-100 million grants per state, with funding based on the size of the state population and the scope of the transformation proposal. CMS will award between $1 million -$3 million per state for to up to 15 Model Design cooperative agreements through this Funding Announcement.

Other than the governor, what role can other state government officials play in the State Innovation Models Initiative?

CMS encourages all state officials to participate and engage in the design and implementation of State Innovation Models. This includes, but not limited to health officials, insurance commissioners, attorneys general, state legislators, and other elected officials.

Do non-profit organizations or interested parties outside of state governments have a role in the State Innovation Models?

For Round Two, a state may propose that an outside organization focused on quality and state delivery system transformation, such as a non-profit affiliated with the State Department of Health or a public-private partnership supported by the governor's office, receive and administer funds through a Model Design or Model Test award. The governor's office must submit such requests in writing to CMS with its letter of intent and include a justification for the request and an attestation that the state will actively participate in all activities described in its proposal.

All applicants must demonstrate wide-reaching stakeholder participation from patients, businesses, insurers, providers and consumer advocates, among others. CMS encourages individuals and groups with an interest in promoting health care reform at the state level to participate in the design and implementation of innovation plans.

Can a state apply for both the Model Design award and the Model Test award?

No. States may apply for only one type of cooperative agreement award offered in Round Two funding opportunity announcement.

What types of competitive awards can states apply for under this funding opportunity announcement?

States can apply for either Model Design or Model Testing cooperative agreement awards. Model Design funding will provide financial and technical support to states to develop and expand a multi-payer payment and delivery system reform model in the form of a State Health Care Innovation Plan. Model Test funding will provide financial and technical support to implement fully developed plans for state-wide transformation.

What elements should a State's Health Care Innovation Plan include?

A State Health Care Innovation Plan should include several key elements that include, but are not limited to, an applicant's goals, a description of the healthcare environment within the state, a report on the design process deliberations, health system design and performance objectives, and payment and delivery models that will improve quality, reduce costs, reduce health disparities and address social, economic, and behavioral determinants of health. State Health Care Innovation Plans must address health information technology and workforce development. State Health Care Innovation Plans should also include a financial analysis of proposed changes, a plan for evaluation, and a roadmap for health system transformation. Additionally, State Health Care Innovation Plans should document how the state will use its full executive and legislative authority to support health system transformation. The funding opportunity announcement describes, in detail, the elements of a State Health Care Transformation Plan that should be included in a proposal for each type of SIM award.

What is the length of a State Innovation Models award?

States receiving Model Design awards will have twelve months from the funding award date to complete their State Health Care Innovation Plans. The period of performance and budget period for Model Design awardees will be one year.

The 48-month performance period for Model Test awardees will be divided into four budget periods, with an initial budget period of twelve months for pre-implementation work followed by three budget periods of 12 months each.

When are applications due?

Applications for both Model Design and Model Test awards are due no later than July 21, 2014, at 5:00 PM Eastern Daylight Time.

How much involvement will CMS have with recipients of State Innovation Models Initiative funding?

The State Innovation Model initiative is administered through cooperative agreements. CMS requires substantial involvement in the Round Two Model Test and Model Design cooperative agreements. CMS reserves the right to require amendment of the state's Model Design or Model Test proposals following award selection, including for the purposes of integrating new best practices around successful health transformation.

Continued disbursement of State Innovation Models funding over the performance period of the award is conditional on the state meeting specified Model Design and Model Test progress benchmarks, which will be outlined in the terms and conditions of the cooperative agreement.

Can states use State Innovation Models funding to supplant funding levels for other activities?

No. States cannot use State Innovation Models funding to supplant existing Federal, state, local, or private funding of infrastructure or services. This includes the non-federal share for Medicaid service and administrative expenditures. However, states may use funding in a coordinated manner to complement existing efforts to enhance the broader transformation of the delivery system.

What are the allowable uses of State Innovation Models funding?

State Innovation Models initiative funds may be used by states to develop and implement State Health Care Innovation Plans. Allowable costs associated with Model Design cooperative agreement awards could include:

- State staff costs to engage in model design;

- Staff participation in relevant learning collaboratives and workshops and other relevant learning and diffusion opportunities;
- Investments in state data collection, analysis capacity, and cost and utilization pattern analysis;
- Consumer and provider engagement and focus group costs;
- Actuarial modeling;
- Performance measure development and evidence-based improvement research;
- Business process analysis and requirement system analysis;
- Policy, legal and regulatory research to address legislative and legal frameworks for models;
- Planning and convening for creating a statewide all–payer data-base;
- Planning work relating to public health programs including the state's Healthy People 2020 plan and meeting goals for the National Quality Strategy and/or National Prevention Strategy; and
- Model Design costs, including:
  - Model scope development,
  - Theory of action development,
  - Target population research,
  - Setting performance targets,
  - Financial analysis and analysis of health care trend impacts,
  - Budget planning, or
  - Travel to State Innovation Models initiative workshop and conferences.

Allowable costs associated with Model Test awards could include:

- Technical resources necessary to implement new models;
- Model performance data collection, analysis, and reporting cost;
- Data center costs, and system information processing associated with the model testing;
- Provider costs for data collection;
- Coordination with CMS Innovation Center rapid cycle evaluation, and costs for collecting and preparing data for Innovation Center evaluator and/or state evaluator;
- Staff resources associated with model management and project management;
- Simulation and modeling cost;
- Data management system cost;
- Health information exchange cost associated with the model;
- Infrastructure costs to build or expand telemedicine system;
- Web and internet collaborative learning and communication cost;
- Project management and reporting cost;
- Business operation associated with the model;
- Model contract management and administration;
- Building a statewide all–payer database;
- Impact model evaluation data collection, reporting, beneficiary and provider survey data, and other costs associated with final model evaluation;
- Costs of certified electronic health records technology/applications to support the state's health transformation plan for providers ineligible for the Medicare/Medicaid Electronic Health Records Incentive Programs;
- On a limited, case-by-case basis, provider payments for performance-based shared savings; and
- Other activities necessary to implement the overall State Health Care Innovation Plan that will further the testing of payment and service delivery models and improve outcomes for Medicare, Medicaid and Children's Health Insurance Program beneficiaries

What are the prohibited uses of State Innovation Models funding?

State Innovation Models funds shall not be used:

- To match any other Federal funds, including federal funds associated with service and program costs that initiate through the State Innovation Model.

- To provide services, equipment, or support that are the legal responsibility of another party under Federal or state law (e.g., vocational rehabilitation, criminal justice, foster care, or civil rights law). Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To supplant existing Federal state, local or private funding of infrastructure or services.
- To be used by local entities to satisfy state matching requirements.
- To pay for the use of specific components, devices, equipment or personnel that are not integrated into the entire service delivery and payment model proposal.
- To lobby or advocate for changes in Federal and/or state law or regulations.

Do applicants need to have a Central Contracting Registration number and Data Universal Numbering System number in place before submitting an application?

Yes. The State Innovation Models application must be submitted through http://www.grants.gov. A Central Contracting Registration (CCR) and Data Universal Numbering System (DUNS) number is required to complete the application process. CMS encourages all organizations to register in the CCR and obtain a DUNS number as soon as possible. Organizations must have a CCR and DUNS number in place in order to submit an application. CMS recommends allowing at least two weeks to complete the Grants.gov application process. For more information about the application process through Grants.gov, the CCR, and/or DUNS number, please refer to the funding opportunity announcement.

When does CMS anticipate announcing awards for Round Two?

CMS expects to announce which applicants are being awarded cooperative agreements for Model Test and Model Design awards in Fall 2014.

When will upcoming information webinars be held and how will I access them?

The Informational Webinar Schedule is as follows (please note the schedule is subject to change):

- Tuesday, June 10, 2014, 12:00pm-1:00pm EDT: Round Two Model Test Proposal Requirements Webinar
- Tuesday, June 10, 2014, 3:00pm-4:00pm EDT: Round Two Model Design Proposal Requirements Webinar
- Thursday, June 12, 2014, 4:00pm-5:00pm EDT: "How to Apply on Grants.gov" Webinar

Webinar invitations will be sent to specific entities that submitted a Letter of Intent to Apply for either a Model Design or Model Test award. All applicants will be invited to participate in the "How to Apply on Grants.gov" webinar. All webinar slides and scripts will be posted to the main State Innovation Models Initiative web page.

The FOA states a response to questions will be posted on http://innovations.cms.gov within 48 business hours. The FOA also indicates that if a response to a question is not posted within the designated timeframe, the submitter may direct a follow-up question to Leah Nash at

leah.nash@cms.hhs.gov. Why have I not received an individual response, nor do I see an answer to my question posted to the website, within the 48 business hour timeframe?

Due to the volume of inquiries received, CMS is unable to post responses to questions as quickly as intended. CMS is working diligently to provide answers to potential applicants' questions as soon as possible. Additional questions and answers will be posted on the State Innovation Models Initiative web page.

Of the 25 states that did not receive Round One funding, which of these states applied and were unsuccessful in receiving funding?

CMS does not disclose applicants to previous funding opportunities. Rather, CMS will publically announce the size and recipients of the SIM Round Two Model Design and Test awards.

Does CMS intend to offer a third round of Model Test funding after December 31, 2015, so that Round Two Model Design awardees can test their State Health Care Innovation Plans?

CMS cannot provide information regarding potential future funding opportunities.

Must an applicant identify the type of award sought in their Letter of Intent to Apply?

Yes, an applicant should indicate which type of Award they intend on applying for in their non-binding Letter of Intent to Apply.

If an applicant submits a Letter of Intent to Apply for a specific type of SIM award (i.e. model design and/or model test), may they submit an application for a different type of award without penalty?

Yes. An applicant may submit a non-binding Letter of Intent to Apply for a Model Design Award and then submit an application for a Model Test award without penalty. Similarly, an applicant may submit a Letter of Intent to Apply for a Model Test Award and then subsequently submit an application for a Model Design Award without penalty.

As an applicant completes each section of its proposal, will the applicant be able to upload portions of the application into grants.gov in a piecemeal fashion or must all materials be submitted at the same time?

An applicant can upload sections of the proposal into a saved application online via grants.gov and return to the application at any time until the applicant hits the "submit" button. At that time, all materials and forms saved to the application will be submitted at the same time. For grants.gov support, call: 1-800-518-

4726 (local toll free). For International callers, please dial 606-545-5035 to speak with a Contact Center representative or email support@grants.gov.

On page 25, the FOA states that "the budget and project narrative portions of the application must be double-spaced." Can the Operational Plan portion of the Model Test Proposal be single spaced?

Yes, the Operational Plan portion of the Model Test Proposal may be single spaced.

How is Part 2 of the Model Test Proposal project narrative, entitled "Health Care Delivery System Transformation Plan," different from Part 2 of the Model Test Proposal project narrative, entitled "Payment and/or Service Delivery Model?"

In the Health Care Delivery System Transformation Plan portion of the project narrative, the applicant must describe in detail a comprehensive plan for improving the delivery system, which includes improvements in patient care coordination and data-driven decision making, as described in Section I.4.A.i.2 of the Funding Opportunity Description. An important mechanism for achieving Health Care Delivery System Transformation is a payment or service delivery model that aligns incentives across providers and stakeholders. As such, in the Payment and/or Service Delivery Model portion of the project narrative, the applicant must propose one or more specific payment and/or service delivery models that include, but are not limited to, the state's Medicaid population, state employee population, and/or commercial payers' populations. The payment and/or service delivery models must identify the targeted populations, the number of beneficiaries served, the number of participating providers, and the services to be delivered. Any proposals that request Medicare's participation in state-sponsored payment and/or service delivery models must adhere to the limitations described in Section I.4.A.i.3 of the Funding Opportunity Description.

What must be included in the Project Narrative Section of a Model Test proposal?

On page 28, the FOA indicates that, at minimum, each Project Narrative section of a Model Test proposal must include five core elements: 1) Plan for Improving Population Health, 2) Health Care Delivery System Transformation, 3) Payment and/or Service Delivery Model, 4) Leveraging Regulatory Authority, and 5) Health information Technology. Per the FOA, the state or applicant must provide plans to develop a state-wide plan in population health. Detailed requirements for this plan are described in Section I.4.A.i.1 of the Funding Opportunity Description and Appendix 1.

What are the limitations on indirect costs?

If requesting indirect costs, an Indirect Cost Rate Agreement will be required. For this Cooperative Agreement funding opportunity indirect costs are limited to 10%.

The provisions of 2 CFR Part 225 (previously OMB Circular A-87) govern reimbursement of indirect costs under this solicitation. A copy of these cost principles is available online at: http://www.whitehouse.gov/sites/default/files/omb/assets/omb/fedreg/2005/083105_a87.pdf.

Can Model Design and/or Model Test award funds be used to provide direct services?

Cooperative Agreement funds may not be used to provide individuals with services that are already funded through Medicare, Medicaid, and/or CHIP.

Can Model Design and/or Model Test award funds be used to reimburse pre-award costs?

Cooperative agreement funds awarded under this solicitation may not be used to reimburse pre-award costs.

Are there limitations on how funds may be used to enhance the health care workforce capacity in a state?

The FOA describes prohibited uses of cooperative agreement funds.

Cooperative Agreement funds may not be used:

- To match any other Federal funds.
- To provide services, equipment, or support that are the legal responsibility of another party under Federal or state law (e.g., vocational rehabilitation, criminal justice, or foster care) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To supplant existing Federal state, local, or private funding of infrastructure or services.
- To be used by local entities to satisfy state matching requirements.
- To pay for the use of specific components, devices, equipment, or personnel that are not integrated into the entire service delivery and payment model proposal.
- To lobby or advocate for changes in Federal and/or state law.

CMS will not fund proposals that duplicate models for populations that are already being funded and tested as part of any other CMS and/or HHS initiatives. For example, if the state receives a Strong Start for Mothers and Newborns cooperative agreement, SIM funding will only be used in a coordinated manner to complement and not to duplicate or supplant funding for Strong Start for Mothers and Newborns. SIM funding may not supplant existing federal or state funding. States may propose the use of SIM test funds to support additional costs associated with or created by testing a SIM model. States may not use SIM funds as state match under the Medicaid or CHIP programs nor use funds to substitute for currently funded Medicaid or CHIP services or administrative activities.

The FOA states that CMS may consider funding provider payments for performance-based shared savings on a limited, case-by-case basis. Is this willingness to fund limited to sharing savings, or would CMS also consider making advance payments for care coordination or other non-billable activities?

The “Illustrative List of Allowable Model Test Costs” on page 38 of the FOA is not an exhaustive list. CMS’s willingness to fund certain Model Test costs is not limited to the illustrative list in the FOA. Proposed Model Test Costs will be carefully evaluated by CMS.

What Medicaid payment rules, if any, could be waived through a SIM Round Two cooperative agreement?

Selection for a Round 2 Model Test will not constitute nor guarantee approval of a request for a Medicaid State Plan Amendment (SPA) or a Medicaid 1115 Waiver. States seeking a Medicaid SPA or Medicaid 1115 waiver may do so under established processes.

What are the requirements for the Financial Analysis Portion of the Model Test Award Proposal?

A Model Test applicant’s financial analysis must estimate the proposal’s return on investment for the Model, and specifically for Medicare, Medicaid, and/or CHIP populations, over the performance period of the award as well as on a projected annualized basis after the term of the award is finished. The applicant must explain how its interventions will reduce total cost of care for the beneficiaries its model serves. The Financial Analysis also must provide financial models explaining the logic driving their forecasted cost of care savings.

Does a Model Test applicant need to submit an external actuarial certification of their Financial Analysis with their application?

Yes, the applicant must obtain and submit an external actuarial certification of their Financial Analysis with their application.

What are the requirements of the external actuarial certification of a Model Test applicant’s Financial Analysis?

A qualified actuary who is a member of the American Academy of Actuaries must complete the external certification. The CMS Office of the Actuary will assist in reviewing the reasonableness of the estimated cost to the government, and will review the potential for federal savings. The external actuarial certification, as well as the review of the CMS Actuary, will be considered in the final selection of Model Test awards.

In Model Test Proposals, for how many years must the proposal’s return on investment be projected on an annualized basis after the term of the award is finished?

As stated in the FOA, a Model Test Applicant’s financial analysis should estimate the proposal’s return on investment on a projected annualized basis after the term of the award is finished. The FOA does not

specify for how many years beyond the term of the award a projected annualized return on investment should be calculated. Potential applicants should provide projected estimates of the proposal's return on investment for at least two years beyond the project period to adequately illustrate the potential savings the proposed model(s) will generate.

Is there a financial analysis template that is available and required for Model Test applicants?

No, CMS did not provide a financial analysis template for use by Model Test applicants.

Our financial Analysis contains a large number actuarial tables. Can we submit the tables as an attachment to our application in addition to the four page Financial Analysis portion of the proposal?

Per pages 25-26 of the FOA, applications and attached proposals must not be more than 55 pages in length for Model Test awards. For Model Test applications this total includes the project narrative, budget narrative, financial analysis, and operational plan.

For both Model Design and Test applications, the maximum page limit includes all supporting materials, including documentation related to financial projections, profiles of participating organizations, etc. The standard forms, project abstract, Governor's letter of endorsement, and attestations of support from other payers and stakeholders are NOT included in the page limits for either Model Design or Model Test application packages.

The FOA references Appendix 1, "Plan for Improving Population Health," throughout the document. Is a completed version of this document a requirement in the application for a Model Test Award?

Page 64 of the FOA outlines the format of the "Plan for Improving Population Health" that shall be included in a Model Test proposal. The "Plan for Improving Population Health" is not intended to be a finalized and actionable implementation plan. Rather, it is a description of the overall health burden in the State, a description of major initiatives currently ongoing in the state, and a description of the state's capacity and infrastructure related to the ongoing initiatives. The Plan for Improving Population Health should also include goals and objectives of new interventions that will improve health outcomes and describe a plan for implementation and governance in support of the proposed interventions. Per page 5 of the FOA, a model test awardee "must develop a state-wide plan to improve population health during the project period."

If a state/entity is awarded Model Test funding over a four year project period, by when would the Awardee need to complete and submit a finalized Plan to Improve Population Health and a finalized HIT Plan to CMS?

Specific due dates and deliverables imposed upon a Model Test Awardee will be enumerated in the Terms and Conditions of the cooperative agreement.

Should a potential Model Test Awardee budget for funding for the development AND implementation of both the Plan to Improve Population Health and the HIT Plan?

Potential Model Test awardees should budget for the full development of both the Plan to Improve Population Health and the HIT Plan. As a condition of a Model Test award, the applicant must commit to sustain its model(s) after the test period. Therefore, the proposed budget should ensure that the model(s) is/are sustainable after the conclusion of the test period.

The FOA indicates that applicants must budget for attending SIM workshops and conferences. Can you provide additional detail about SIM workshops and conferences, such as frequency per year, proposed destination, and how many individuals are expected to attend?

Applicants should expect to attend at least two-three SIM workshops and/or conferences per year in the Washington, D.C. and/or Baltimore metro area. At this time, CMS cannot provide additional details regarding future SIM-sponsored workshops and conferences.

Can you clarify how the "Payer and Other Stakeholder Strategy" portion of Model Test proposals will be evaluated and scored by the Expert Review Panel, as described on page 44 of the FOA?

A proposal's "Payer and Other Stakeholder Strategy" should demonstrate that commercial payers are committed to participate in financial and quality measure alignment. The Payer and Other Stakeholder Strategy should be covered in Part 7 of the Project Narrative. Page 29 of the FOA describes other, related components that should be included in the "Quality Measure Alignment" section of the Project Narrative.

Can you clarify how the Provider Engagement Strategy within Model Test proposals will be evaluated and scored by the Expert Review Panel, as described on page 43 of the FOA?

A proposal's Provider Engagement Strategy must demonstrate that major stakeholders within the state are committed to participate in, and facilitate the implementation of the health transformation model(s) outlined in the proposal. Major stakeholders include, but are not limited to, advocacy groups, local governments, social service providers, and providers of acute health care, behavioral/mental health care, long term care (including home and community services as well as long term care facility services) in the state, including but not limited to state-owned entities, providers of acute health care, behavioral/mental health care, long term care (including home and community services as well as long-term care facility services). The Provider Engagement Strategy should be covered in Parts 6 and 7 of the Project Narrative, entitled "Stakeholder Engagement" and "Quality Measure Alignment," respectively.

Page 29 of the FOA describes other, related components that should be included in the “Stakeholder Engagement” section of the Project Narrative.

The FOA indicates that the Financial Analysis portion of the Round Two Model Test application must estimate the proposal’s return on investment for the Model and specifically for Medicare, Medicaid, and/or CHIP populations. How many estimates are required?Are Separate ROI estimates required for Medicare, Medicaid, and/or CHIP populations?

The financial analysis portion of a Model Test application should estimate the proposal’s return on investment for at least the Medicare, Medicaid and/or CHIP populations within the state.

The FOA indicates that applicants will be offered the opportunity to obtain technical support from the Office of the National Coordinator for Health IT in developing the plans. Is this technical support provided to applicants during the preparation of their proposal?

Technical support will not be provided to applicants in the preparation of their proposal for either a Model Test or Model Design award. Awardees have the option of receiving technical support from the Office of the National Coordinator for Health IT in developing their HIT plans, which is a deliverable of the cooperative agreement.

Where can I find the "population health metrics document" referenced in the FOA?

The Population Health Metrics document (PDF) is accessible via this link.

Will CMS provide feedback on Letters Of Intent (LOIs)?

CMS will not be able to provide feedback on individual LOIs.

Will the approval of a Governor’s Office request (with corresponding justification and attestation) for an outside organization to administer a Model Design or Model Test award on behalf of the state be announced?

Applicants will not receive a separate notice indicating whether their LOI (and corresponding documentation submitted with the LOI, if applicable) was accepted or approved. Applicants are encouraged to review the eligibility requirements for this award. For private organizations which are submitting an application to administer an award on behalf of a state, the applicant must have submitted a request from the Governor, consisting of a justification for the request and an attestation that the state will actively participate in all activities described in its proposal, with the required Letter of Intent to apply. Applications received which did not meet the specific Letter of Intent requirements for a particular applicant type will not be considered eligible for review.

Does the HHS salary cap of $181,500 apply to this cooperative agreement? For both the applicant and subcontractors?

Yes, the salary cap applies to everyone, including the applicant and subcontractors.

To whom should attestations of support from stakeholders be addressed?

Attestations of support from identified stakeholders do not need to be addressed to a specific individual or entity.

How do the different parts of the Model Design Project Narrative and the Model Design Proposal align with the criteria and corresponding point values for Round 2 Model Design selection, as described on pages 45-46 of the FOA?

Parts 1-5 of the Model Design Project Narrative are: 1) Population Health Plan 2) Health Care Delivery System Transformation Plan 3) Payment and/or Service Delivery Model 4) Leveraging Regulatory Authority; and 5) Health Information Technology. As stated on page 45 of the FOA, a Model Design applicant's Model Design Strategy will be scored up to 30 points. Parts 1-5 of the Model Design Project Narrative should encompass the elements described on pages 45-46 of the FOA under the "Model Design Strategy" bullet point. Part 6 of the Model Design Project Narrative is the Stakeholder Engagement Plan. As stated on page 46 of the FOA, a proposal's "Provider Engagement Strategy" will be scored up to 15 points. A proposal's "Payer and other Stakeholder Engagement Strategy" could be scored up to 15 points. Therefore, Parts 6-9 of the Model Design Project Narrative could be scored up to 30 points. The Budget Narrative and Financial Analysis sections of the Model Design Proposal could be scored up to 30 points, and the Operational Plan section of the proposal could be scored up to 10 points.

Does a state need to have an internal evaluation contractor or can the state develop internal evaluation capacity?

An applicant state may not utilize internal evaluation capacity in lieu of the required internal evaluation contractor. As stated on page 58 of the FOA, each state will be required to select an internal evaluation contractor as part of the application process. This in-state evaluation contractor will provide data to both CMS evaluators and the Innovation Center external contractor(s).

Will states be evaluated based on their State Health Care Innovation plans, even though they are not required to be submitted as attachments to the application?

An application will be reviewed and scored based upon the quality of the proposals. Only the information included within the submitted application package will be reviewed and scored. However, as noted in the

FOA, certain elements of a proposal submitted by a Round One Model Design or Pre-testing Assistance state will be evaluated and scored based upon demonstrated progress in certain areas. For example, as stated on page 46, “continuing Round 1 Model Design states must demonstrate progress in developing their design plans and clearly articulate how proposed strategies will enhance their Round 1 efforts.” In addition, continuing Round1 Model Design states must demonstrate appreciable progress to date in engaging providers (page 46).

Can states include requests for funding for public health efforts such as anti-tobacco-use media campaigns, local and regional farm-to-table efforts, or implement traffic engineering strategies to prevent pedestrian accidents?

Please refer to the following sections of the FOa:

- Limitations on Design - page 14
- Funding Restrictions - pages 14-15
- Illustrative List of Allowable Model Test Costs - page 38
- Illustrative List of Allowable Model Design Costs - page 39
- Funding Restrictions: Indirect Costs, Direct Services, Reimbursement of Pre-Award Costs, Prohibited Uses of Cooperative Agreement Funds - page 40

Specifically, cooperative agreement funds cannot be used to supplant existing Federal, state, local, or private funding or infrastructure or services. Cooperative agreement funds may not be used to pay for the use of specific components, devices, equipment, or personnel that are not integrated into the entire service delivery and payment model proposal.

Are states encouraged to propose workforce development initiatives for funding under the State Innovation Models?

As stated in page 5 of the FOA, CMS has identified the existence of an “adequate health care workforce to meet state residents’ needs” as one characteristics to be closely associated with transformed health care delivery systems.

The Budget Narrative description of the Model Design Proposal on pages 30-31 of the FOA includes a list of sections that need to be included in the Budget Narrative (Items “A” through “N”). Appendix 3, *Preparing a Budget Request and Narrative in Response to SF 424A*, also has a list of required items (“A” through “J”). Which list should the budget narrative be organized around?

The Budget Narrative should be organized around Appendix 3. Appendix 3 is organized in the same order and with the same Object Class Categories as the Budget Information Form SF-424A. This is purposely done to make the completion of these two documents easier for the applicant and to expedite review on the part of CMS. Applicants must make sure the Budget Narrative and SF-424A mirror each other. Applicants should defer to these Object Class Categories, in the specified order, when completing the Budget Narrative. The Budget Narrative description of the Model Design Proposal on pages 30-31 of the

FOA lists out all relevant information that should be included in the budget narrative – however it is not ordered in a specific way and each letter does not mirror an Object Class Category on the SF-424A. For example, on pages 30-31, G. *System and/or Data Collection cost* does not have its own header on the SF-424A. So, this information should be addressed in your budget narrative under one of the established Object Class Categories shown on the SF-424A (and mirrored in Appendix 3).

All state applicants must submit a form SF-424A and a Budget Narrative. The Budget Narrative must include a yearly breakdown of costs for the entire project period. Specifically, the Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF-424A by year, including a breakdown of costs for each activity/cost within the line item. The proportion of cooperative agreement funding designated for each activity should be clearly outlined. The Budget Narrative should reflect the organization's readiness to receive funding, and provide complete explanations and justifications for the proposed cooperative agreement activities.

The budget must separate out funding that will be administered directly by the awardee from any funding that will be subcontracted. All applicants must submit an SF-424A.

How many states have expressed an intent to apply?

CMS cannot disclose how many states have expressed intent to apply for an award under this initiative.

Will each section of the project narrative be evaluated by reviewers independently or as a whole? Are we required to provide the same descriptions and definitions at the beginning of each section?

Independent reviewers will review proposals in their entirety. Therefore, it's not necessary to provide the same descriptions and/or definitions at the beginning of each section of the Project Narrative.

The FOA indicates that the Financial Analysis portion of the Model Test proposal must be accompanied by an external actuarial certification from a qualified actuary who is a member of the American Academy of Actuaries. Does the qualified actuary need to be external to the organization applying for the cooperative agreement, or external to the State?

The qualified actuary should be external to both the entity applying for the cooperative agreement and the entity that intends on administering the cooperative agreement. The qualified actuary does not need to be external to the state. The intent of the external actuarial certification requirement is to ensure objectivity of the certification.

Which sections of the application may be single-spaced?

The following sections of both Model Test and Model Design application may be single-spaced: Financial Analysis, Operational Plan, Project Abstract, Governor's Letter of Endorsement, and Attestations of Support from Identified Stakeholders.

Which sections of the application must be double-spaced?

The Project Narrative and Budget Narrative sections of both Model Design and Model Test applications must be double-spaced.

May we use tables and graphs in our application?

Yes, applicants may use tables and graphs to display information in the application as long as the text used adheres to the font requirements as outlined in the FOA.

What type of font should we use in our application?

Per page 25 of the FOA, applicants must use 12-point font with an average character density no greater than 14 characters per inch.

Frequently Asked Questions Related to Part 1 of the Project Narrative and Appendix 1 of the FOA: "Plan for Improving Population Health"

What should the "Population Health Plan" portion of a Model Design applicant's Project Narrative consist of?

The "Population Health Plan" portion of a Model Design applicant's Project Narrative should describe *how* it will develop a state-wide plan to improve population health (that will ultimately consist of the "Format" elements outlined in Appendix 1 of the Round Two Funding Opportunity Announcement) during the 12-month project period. In this portion of the Project Narrative, the applicant should describe *how* it will ensure that its future Plan to Improve Population Health (A.K.A. Population Health Plan or "PHP") will integrate population health strategies with public health officials and health care delivery systems for all populations. In the Project Narrative, the applicant should describe *how* it intends on addressing the core measures identified in the Population Health Metrics document in its future Plan to Improve Population Health. In the Project Narrative, the state should describe *how it will consider* integrating state strategies to address child wellness and prevention priorities, as applicable.

In the "Population Health Plan" portion of a Model Design applicant's Project Narrative, an applicant could describe:

- Who will lead the initiative
- What data will be used
- How stakeholders will be engaged
- Timeline for development of the Plan
- Governance
- Policy considerations

This part of the Project Narrative serves as a basis for a deliverable of the 12-month Model Design cooperative agreement project period: A close-to-final outline of a Plan to Improve Population Health.

What should a Model Design Awardee deliver/create by the end of their project period?

At the end of their project period, a Model Design awardee must demonstrate substantial progress towards finalizing a "Plan for Improving Population Health," consisting of the elements as outlined in Appendix 1 of the Round 2 FOA. At the end of the 12-month project period, a Model Design awardee should deliver to CMS a close-to-final outline of a Plan for Improving Population Health within their state. In addition, a Model Design awardee should ensure that resources are in place to draft, finalize and implement the Plan within a reasonable time frame after the conclusion of the project period.

How should Model Design award applicants use the "Core Population Health Metrics" document in writing the Project Narrative portion of the proposal?

In the Project Narrative, the state should describe *how* it intends on addressing the core measures identified in the population health metrics document in its future Plan to Improve Population Health. The close-to-final outline of a Plan to Improve Population Health (a deliverable of the Model Design award), should address the core measures identified in the document.

What should the "Population Health Plan" portion of a Model Test applicant's Project Narrative consist of?

The "Population Health Plan" portion of a Model Test applicant's Project Narrative should describe *how*it will develop a state-wide plan to improve population health (that will ultimately consist of the "Format" elements outlined in Appendix 1 of the Round Two Funding Opportunity Announcement) during the 48-month project period. In this portion of the Project Narrative, the state should describe *how* it will ensure that its future Plan to Improve Population Health (A.K.A. Population Health Plan) will integrate population health strategies with public health officials and health care delivery systems for all populations. In the Project Narrative, the state should describe *how* it intends on addressing the core measures identified in the population health metrics document in its future Plan to Improve Population Health. In the Project Narrative, the state should describe *how it will consider* integrating state strategies to address child wellness and prevention priorities into the future Plan to Improve Population Health, as applicable.

In the "Population Health Plan" portion of a Model Test applicant's Project Narrative, an applicant should describe:

- Who will lead the initiative
- What data will be used
- How stakeholders will be engaged
- Timeline for development of the Plan
- Governance
- Policy considerations
- Sustainability plans

This part of the Project Narrative serves as a basis for a deliverable of the 48-month Model Test cooperative agreement project period: A final, actionable, Plan to Improve Population Health.

What should a Model Test Awardee deliver/create by the end of their project period?

Before the end of their project period, a Model Test awardee must deliver a finalized "Plan for Improving Population Health," consisting of the elements as outlined in Appendix 1 of the Round Two FOA, to CMS. Before the end of the 48-month project period, the Model Test awardee should begin to implement their finalized Plan for Improving Population Health.

How should Model Test award applicants use the "Core Population Health Metrics" document in writing the Project Narrative portion of the proposal?

In the Project Narrative, the state should describe *how* it intends on addressing the core measures identified in the Population Health Metrics document in its future Plan to Improve Population Health. The final and actionable Plan to Improve Population Health (a deliverable of the Model Test award), should address the core measures identified in the document.

Are the format requirements outlined in Appendix 1 in reference to the cooperative agreement deliverable?

Yes. The format requirements outlined in Appendix 1 describe what a finalized "Plan for Improving Population Health" should consist of.

How did the Centers for Disease Control and Prevention ("CDC") choose the core population health metrics?

The metric list was developed based on these criteria:

- High population burden and high societal costs
- Amenable to interventions with potential improvement in health, quality of care and decreased costs within the next three to five years
- Data for the measure are available for major segments of the population at the state and/or sub-state level.

Frequently Asked Questions Related to Appendix 2: Health Information Technology Plan

What overall principles concerning health information technology (health IT) should states be following when creating their applications?

There are several overarching principles concerning health information technology (health IT) that states should follow when creating their applications:

1. *1. Health IT should be of primary importance to states undertaking transformation efforts* – The foundation of health care innovation is data. Interoperable health IT enables raw data to become meaningful information, which can then be used to improve quality and lower cost. For this reason, health IT should be considered at the very beginning of and throughout all care transformation planning and implementation activities.
2. *2. HHS's Principles and Strategy for Accelerating Health Information Exchange* – HHS has proposed principles and a strategy to accelerate health information exchange in support of health system reform that are also applicable to states and the State Innovation Model.
3. *3. Health IT considerations should be integrated into all transformation activities* – This is because interoperable health IT and care transformation activities depend on one another and have significant impact on the same stakeholders.
    A. The interdependencies are within each clinical setting (acute, post-acute, long-term, and ambulatory care), across each medical neighborhood and community and at a state level. Clinicians depend on point-of-care software applications to make evidence-based clinical decisions, alert notifications upon hospitalization, information exchange across the care team in the medical neighborhood to coordinate care, and data aggregation and analytics to proactively identify and manage at-risk patients. Health IT applications, network services and analytics needed for all providers in a service delivery and payment model.
    B. State (public) and private payer policies should be encouraging all types and levels of health IT use, information exchange and data analytics across all providers participating in SIM representing the continuum of care.
4. *4. State-level Health IT leadership should be partner closely with health transformation leadership* – While the individual situation of each state will differ, there will be personnel responsible for health IT within the state. These individuals should be appropriately involved in care transformation activities and have the appropriate level of authority to ensure SIM activities are well aligned with the state's health IT infrastructure and capabilities throughout the SIM planning and implementation process and be part of the SIM management structure.

What are the specific regulatory authorities or policy levers that states could employ to support HIT?

The following represent the main categories of health IT-specific policy levers that states can consider:

- Mandated connection to state health information exchange.
- State-level, standards-based interoperability requirements.
- Creation of a dedicated state fund for HIT financed through claims transaction fees or other mechanisms.
- State-driven HIT adoption support.

- Leveraging HIT infrastructure for other uses within health care and beyond, including alignment with states' Health Benefits Exchanges, non-health programs like Supplemental Nutrition Assistance Program enrollment, and existing provider directories.
- Leveraging state employee benefit requirements.
- Building off of prescription drug monitoring program infrastructure.
- Leveraging advanced directives registries.
- Requiring health information exchange infrastructure as a public health conduit.
- State-level legal protections.
- Removing barriers to exchange through privacy and security policies.
- Specific HIT mandates (e.g. eRx or electronic lab exchange).
- Requiring health IT tools and infrastructure enabled by SIM or other state funds adhere to federally-endorsed standards and certification.
- Incorporating payers into the governance and sustainability of HIE.

What kind of technical support from CMS and ONC can states expect to receive?

ONC can support SIM states with a variety of health IT experts with experience in state government and health reform; electronic clinical quality measurement and improvement; workforce development; provider adoption and practice transformation; EHR and HIE vendor capabilities; data aggregation and analytics; and other topics relevant to health IT enable care transformation.

ONC is continuing to encourage the RECs to be a resource for SIM states and aid in their success. SIM states are encouraged to reach out to their local REC. A listing of RECs by state can be found on ONC's website. For additional information or help connecting with an REC, please contact your project officer.

The FOA asks for the state to explain how it plans to "extend resources to providers ineligible for Meaningful Use (MU) incentive payments." Which providers are ineligible for MU? Can CMS explain the principles that States should follow in doing this?

There are a variety of providers who are ineligible for the CMS Electronic Health Record Incentive Programs (i.e., Meaningful Use), including behavioral health providers and long-term care providers who are often critical to state health system reform plans. The HHS Assistant Secretary for Planning and Evaluation has created a useful chart listing out the types of ineligible providers and their key characteristics. ONC has certification guidance for providers ineligible for Meaningful Use incentives that should be followed if state or SIM funding is used to support HIT adoption and exchange among behavioral health and long-term care providers.

It is important to also note that many providers who are eligible for Meaningful Use either do not have resources to support practice transformation themselves or are not eligible for support from the HITECH-supported Regional Extension Centers program because they are not considered "priority" primary care providers.

Existing state-based programs in addition to State Health Innovation Plans should consider how to reach Long-Term & Post-Acute Care (LTPAC) and behavioral health providers when devising HIT and HIT strategies to support SIM implementation:

- Consider incorporating behavioral health into primary care

- Consider Health IT adoption support for ineligible providers
- Consider cross-functional capabilities
- Consider leveraging state-wide infrastructure

How can states implement the overall principles concerning health information technology, described above?

There are many ways that states can follow the principles successfully. The following provide examples from Round 1 Test States:

- *Minnesota:* The state's SIM Community Advisory Task Force (http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=sim_task_forces_community) has an explicit charge to consider how to "leverage or build upon existing investments in technical infrastructure, including electronic health records and other health information technologies."
- *Vermont*: The state's SIM project, called the Vermont Health Care innovation Project, has a steering committee (http://healthcareinnovation.vermont.gov/node/704) that includes leadership from the Vermont Blueprint for Health and Vermont Information Technology Leaders, the entity responsible for the state's health information exchange.
- *Massachusetts:* The state explicitly lays out the objective of "[enhancing] data infrastructure for care coordination and accountability" in its top-line description of its program on its website (http://www.mass.gov/eohhs/gov/commissions-and-initiatives/state-innovation-model-grant.html).

Other processes that engage Health IT in the beginning and throughout could include having workgroups with dual aims, such as a payment and quality workgroup that addresses both topics and are not isolated from one another.

Frequently Asked Questions Related to Technical Submissions

Page 76 of the FOA states "a complete proposal consists of the materials organized in the sequence below." However, the sequence outlined on page 76 does not match the grants.gov application package. What should I do?

Applicants should upload all required materials. The sequence of materials is not a factor in our review process.

What file format should I use to upload specific sections of my proposal into the grants.gov application package?

Any files uploaded or attached to the Grants.Gov application must be PDF file format and must contain a valid file format extension in the filename. Even though Grants.gov allows applicants to attach any file format as part of their application, CMS restricts this practice and only accepts PDF file formats. Any file submitted as part of the Grants.gov application that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application during the review process. In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be

accepted. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation. All documents that do not conform to the above constraints will be excluded from the application materials during the review process.

Where should I upload certain portions of my proposal into the grants.gov application package? Are there requirements concerning how to upload specific parts?

There are no requirements dictating how an applicant should upload and "package" certain portions of its proposal in the grants.gov application package. The Project Narrative should be paginated in a single sequence and uploaded into the "Project Narrative Attachment Form" section of the application package. The Budget Narrative should be uploaded as a separate PDF into the "Budget Narrative Attachment Form" section of the application package. For ease of processing, the Operational Plan and Financial Analysis sections should be uploaded into the "Other Attachments Form" section of the application package as separate PDFs. The Governor's Letter of Endorsement and attestations of support from stakeholders and payers can be combined into one PDF and uploaded into the "Other Attachment Form" section of the application package.

Page 26 of the FOA states that on the SF 424, applicants should "Check 'No' to item 16b, as Review by State Executive Order 12372 does not apply to these cooperative agreements." However, item 16b on SF 424 within the grants.gov application package does not have a check box, it is a required text field for Congressional Districts of the Program/Project. Could you clarify?

There is a typo in the FOA. On page 26 of the FOA, which currently reads "Check 'No' to item 16b, as Review by State Executive Order 12372 does not apply to these cooperative agreements," the sentence should read "Check 'No' to item 19c, as Review by State Executive Order 12372 does not apply to these cooperative agreements."

Applicants should check box 19c on the SF 424, which reads: "Program is not covered by E.O. 12372."

For item 16b of the SF 424, the applicant should enter the congressional district(s) affected by the program or project. If the applicant's SIM project will cover all congressional districts in a state, they should enter "all" for the district number.