

Transforming Maternal Health (TMaH) Model Notice of Funding Opportunity (NOFO) Office Hour

September 12, 2024

>>**Cat Fullerton, SEA:** Hello, and thank you for joining us today. The office hour will begin shortly. Next slide, please.

Welcome to the Transforming Maternal Health, or TMaH, Model Office Hour. Before we begin, I will quickly cover a few housekeeping items. To listen to today's presentation, it is recommended that you listen via your computer speakers. If this does not work, there is also a dial-in option for viewers to listen through their phone. The dial-in number and passcode for today's event are listed on this slide. Closed captioning is available at the bottom of the screen. During today's presentation, all participants will remain in listen-only mode. Please submit any questions you have throughout today's presentation in the Q&A pod displayed on the right side of the meeting room window.

Today's presentation is also being recorded. If you have any objections, please hang up currently. This slide deck, a recording of today's presentation, and a transcript will be made available on the TMaH website in about a week. Finally, we will be able to share a survey at the end of today's presentation. Please take five minutes to let us know how we did, and share any questions you may have about the TMaH Model. Next slide, please.

Before we dive into today's content, I will review the agenda for this office hour. Our presenters will address an area of focus that has generated numerous inquiries for the TMaH Model Team, the application submission process for the TMaH Model. Additionally, the presenters will respond to questions received from previous events, registration, and the TMaH email mailbox. Due to time constraints, we may not get to every question, and the team will use the questions you share to inform future events and materials.

Please note, CMS is responsible for conducting all processes in a fair and equitable manner to ensure the integrity of the Notice of Funding Opportunity process. The TMaH Model Notice of Funding Opportunity contains the detail needed for an applicant to understand the funding opportunity and submit a complete and compliant application. Applicant-specific guidance or interpretation of published information will not be provided during this office hour.

We will close out the event by sharing TMaH Model resources, including an FAQ webpage that contains lots of information about questions related to the model and specific guidance to navigate the Notice of Funding Opportunity. There are many resources available to support states and partners as they prepare for the application deadline. Next slide.

Today's TMaH Model Office Hour presenters include Linda Streitfeld, who is the Project Lead for the model. She is joined by Djene Sylla, and Louise Amburgey, not pictured here, who are with the Office of Acquisition and Grants Management, or OAGM, and will share information related to the TMaH Model Notice of Funding Opportunity application. With that, I will pass the event to Djene Sylla. Djene, the floor is yours.

>>**Djene Sylla, OAGM:** Hello everyone, let's begin with discussing around who is responsible. Hello everyone, sorry, my name is Djene, and I am going to share some details about the TMaH Model Notice of Funding Opportunity application process. Next slide.

Let's discuss who is responsible for submitting the TMaH Model application on behalf of the applicant state. The Authorized Organizational Representative (AOR) is required to officially apply on behalf of the organization. The AOR must submit the application to Grants.gov. The AOR is the individual designated

by the applicant or recipient organization to act on its behalf. The AOR is also responsible for assuming obligations imposed by federal laws, regulations, and conditions.

The AOR must have the following list of components to be able to successfully complete the application: a valid Employer Identification Number (EIN) or Tax Identification Number (TIN); a Unique Entity Identifier (UEI); registration in the System for Award Management (SAM database) and this must be renewed annually; a Login.gov account. The electronic signature of the individual who logs in and submits the application to Grants.gov will automatically populate throughout the application. This electronic signature must match the AOR name as it appears on the SF-424. Next slide, please.

Register for Grants.gov to Appl: Grants.gov is an online portal for submitting federal award applications. To apply to the TMAH Model, state Medicaid agencies will complete the NOFO application using Grants.gov. The website requires a one-time registration to apply. We have pulled up the registration page for Grants.gov on this slide. To get started, users will select the “Get Registered Now” button on the screen, as instructed. Organizations must register with SAM.gov and Grants.gov. SAM.gov is a government-wide registry for organizations doing business with the Federal government. Grants.gov uses SAM.gov to establish organizational authorities for its users and to provide Unique Entity Identification numbers.

First, you must register with SAM.gov to obtain a Unique Entity Identifier (UEI). Organizations will also need to designate an E-Business Point of Contact. It can take between 7 to 10 business days to fully complete the registration process required for most funding opportunities. And there is no fee for registration. Once you have a UEI, or if your organization is already registered with SAM.gov, return to Grants.gov to continue registration. Next slide.

Grants.gov Support Center: For those needing assistance with the registration process, a wealth of resources is available. There are training videos available on Grants.gov Workspace, providing step-by-step guidance to help you navigate the system effectively. Examples of training videos include how to register, search, and apply for a variety of grants, grant terminology, and grant systems used to manage grants. If you have questions that are not answered, please visit the comprehensive FAQ section which addresses many common questions and concerns, making it a great first stop for any issues you might encounter.

The guidance in the NOFO has been built to help you walk through the application in the Grants.gov Workspace. Grants.gov provides round-the-clock assistance to help you whenever you need it, although this service is not available on federal holidays. If you have questions or need additional support, you can always reach out to the Support Center through their online support feature. Next slide.

Application Criteria and Formatting: Now that we’ve described the application submission process, we want to take some time to speak about the application formatting and criteria requirements. Specifically, we will be pointing to the sections of the NOFO where this information and clarified directions can be found. For application instructions, applicants should review *Section D* and *Appendix II* of the NOFO for instructions on how to submit a complete application. Formatting requirements are discussed in *Section D.2*. Applicants must adhere to the formatting and content requirements for an eligible application. Such requirements include font size, formatting, page limitation, and other required formats. Finally, application criteria will be covered in *Section E.1* of the NOFO. This section also details how applications will be assessed. Next slide.

NOFO Application Overview: Applicants must submit the required standard and additional forms by September 20th, 2024, no later than 11:59 PM Eastern Standard Time. This deadline is crucial, and timely submission is essential to ensure your application is considered. While the application deadline is approximately one week away, we strongly advise against waiting until the last minute to begin the

application process. Starting early allows ample time to gather all necessary documents, complete each section throughout, and address any unforeseen issues that may arise.

It is important to note that failure to submit all required documents or to address each of the topics discussed in the Project Narrative may result in the applicant being deemed ineligible or not being awarded. Thoroughness and attention to detail are key to a successful application. On this slide, you will see a comprehensive list of the required application materials for the TMaH Model Notice of Funding Opportunity application. The application package will include standard forms, a detailed Budget Narrative, Appendix, and a comprehensive Project Narrative. Each component plays a vital role in demonstrating your organization's capability and readiness to implement the TMaH Model.

In the following few slides, we will cover the format necessary for an eligible application in detail. There are five standard forms and five additional documents that you must prepare. We will walk you through each one and explain their importance. By ensuring that each of these elements is meticulously prepared and submitted on time, you will enhance your chance of a successful application. Now, let's dive into the specifics of each required form and document. Next slide.

The next two slides provide a detailed overview of the standard forms required for the TMaH Model Notice of Funding Opportunity application. These forms are crucial components of your application package and include the Project Abstract Summary, the SF-424, the SF-424A, the SF-LLL, and the Project Site Location Forms. Let's explore each of these forms in more detail.

The Project Abstract Summary: The first required standard form is the Project Abstract Summary. This one-page document serves as a concise description of your proposed project. It should include: Purpose and Outcomes, Total Budget, and Use of Funds.

The next form is the SF-424, Official Application for Federal Assistance form. The SF-424 form is the official application for federal assistance. It is used to apply for federal grants and is a crucial part of your submission. Key points include: the Purpose, the Completion and Signature (the Authorized Organizational Representative must complete and sign this form), Guidance (detailed instructions on how to submit a strong award description are provided in the TMaH Model NOFO), the SF-424A (the budget information and non-construction).

The SF-424A form is used to budget and request grant funds for non-construction programs. The form is essential for outlining the financial aspects of your project. Key points include: Purpose (federal awarding agencies and the OMB use the information on this form for the general management of federal assistance awards programs), and Details (details ensure that all budgetary details are accurately represented to reflect the financial needs of your project).

The next essential form for your TMaH Model application is the SF-LLL: Disclosure of Lobbying Activities. Here's why this form is crucial and how to complete it. Mandatory submission; All applicants must submit an SF-LLL form, regardless of lobbying activities. Non-lobbying entities, if your entity does not engage in lobbying, simply write "non-applicable" on the form. Ensure you still include the required Authorized Organizational Representative name, contact information, and signature. While the application kit on Grants.gov may list this form as an option for other programs, it is mandatory for the TMaH Model application. Submitting this form is essential for your application to be eligible for review.

The final standard form is the Project/Performance Site Location Form. This form captures the primary and additional locations where your project activities will take place. Here's what you need to know: Primary and Additional (report the main location and any other sites where the project will be performed), Partner Information (Include details on Partner Providers and Partner Care Delivery Locations within the intervention area), Mandatory Submission (similar to the SF-LLL, this form is

required for the TMaH Model application, even if the Grants.gov kit lists it as optional for other programs, submission of this form is necessary for your application to be considered eligible for review). Next slide.

The next two slides delve into the additional forms required for the TMaH Model Notice of Funding Opportunity (NOFO) application. These forms are critical for providing a comprehensive view of your proposed project and organizational capabilities. Here's the details. The Project Narrative is a cornerstone of your application, detailing your proposed goals, measurable objectives, and milestones in alignment with the *Section D.3.1* of the TMaH Model NOFO. Key elements include: Length and Format (double-spaced, not exceeding 60 pages), Content (maternal health policy priorities outline your key policy focus), Organization and Capacity (describe your organizational structure and ability to execute the project), Payment Environment and Regional Plan (detail the financial framework and regional strategy), Model Pillars and Optional Elements (highlight core and optional components of your model), Sustainability and Stakeholder Recruitment (explain how you will sustain the project and engage stakeholders, engage with program priorities), Optional descriptions (your proposed approach to priorities such as tribal engagement, safety net provider engagement, and addressing health care disparities).

Next one is the Budget Narrative, which complements Form SF-424A by providing a detailed yearly breakdown of costs for each line item over a 12-month period. Key points include: Length (not to exceed 10 pages), Content, Cost Breakdown (clearly describe proposed costs for each activity within each line item), Guidance (refer to *Appendix I: Guidance for Preparing a Budget Request and Narrative* for additional support).

The Business Assessment of Applicant Organization form is crucial for CMS to evaluate the risk posed by an applicant. This document should include: Length (not to exceed 12 pages), Content, Financial Stability (assess your financial health), Management Systems and Internal Controls (evaluate the quality of your management systems and internal controls), Ability to Meet Standards (demonstrate your ability to meet management standards as prescribed in 45 CFR Part 75), and Questions (review and answer business assessment questions outlined in *Appendix III*).

The Program Duplication Assessment is a vital component designed to identify and mitigate risks of overlapping services with other programs funded at the federal, state, and local levels. Here's how to approach it: Purpose (understand and address potential duplication of services related to Medicaid, Title V agencies, or other programs providing direct care coordination or case management to the model population), Content, Questions (respond comprehensively to questions that help CMS evaluate and prevent program and funding duplication), Length (keep your responses concise and within a 10-page limit), Hypothetical Scenarios (refer to *Section D* of the NOFO for scenarios that illustrate potential duplication risks and implications). By thoroughly addressing these questions, you will help ensure that your project stands out as a unique and necessary initiative, free from redundancy with existing programs.

The Appendices section is your opportunity to provide additional documentation that supports your application. Here's what to include: Resumes are required for all identified managers, the Project Director, and other Key Personnel (highlight relevant experience and qualifications), Job Descriptions (include for key model personnel if not already detailed in the Project Narrative form), Organization Chart (provide a clear organizational structure if not included in the Project Narrative form), Letters of Support (while optional, these letters from state agencies, hospitals, safety net providers, primary care providers, birth centers, federally recognized tribes, and community-based organizations can significantly strengthen your application by demonstrating a broad support and collaboration). By carefully compiling

these appendices, you will present a well-rounded and robust application that showcases the depth and breadth of your team and partnerships.

With that, we will transition to the application submission Q&A. I will now answer a few questions that we received regarding the TMaH Model NOFO application. Next slide.

As a reminder, CMS is responsible for conducting all processes in a fair and equitable manner to ensure the integrity of the Notice of Funding Opportunity process. The TMaH Model Notice of Funding Opportunity contains the detail needed for an applicant to understand the funding opportunity and submit a complete and compliant application. Applicant-specific guidance and interpretation of published information will not be provided during this office hour.

Our first question that we received is: Do we upload the 2nd and 3rd SF-424A forms in the “Other Attachment Files” in the Workspace? The Workspace provided only one fillable SF-424A. The answer is, “yes.” And we also recommend that you check with Grants.gov Support for any questions with Workspace-related issues.

The second question is: How should the state Medicaid agency estimate costs for budget submission since the application requires a budget for all 10 years? Specifically, how do we estimate for the Provider Infrastructure Payments? Applicant should provide their best estimate at this stage. CMS will provide more guidance during each Non-Compete Continuation phase. Applicant should also consider aspects such as the number of potential beneficiaries in the test region and sustainability as noted in the *TMaH Model Notice of Funding Opportunity Section A.4.3*, as they develop their model year estimates.

The third question is: Under the revised Uniform Guidance, the de minimis rate increases to 15% effective October 1st, 2024. Should applicants claim the de minimis rate budget at 15% or only 10%, as is instructed in the NOFO? At this time, HHS has not published its proposed implementation of 2 CFR 200 in the Federal Registry. Applicants and the sub-recipients that are eligible to request the proposed de minimis rate of 15% may do so at their own risk until final approval from Office of the Management and Budget, which is anticipated prior to October 1st, 2024. If selected for an award, applicants will be able to negotiate rates to be reflective per current HHS policy at the time of award.

The next question is: Are citations included in the page limitation of each section or a section of their own? Is there a preferred format to follow? Citations are included in the page limit of each section. There is no preference for citation format.

Next question: Is every requirement for the application, including attachments, submitted via Grants.gov on Workspace? Yes, all forms should be submitted through Workspace on Grants.gov. Please reach out to Grants.gov Support if you have questions on where to upload specific files.

The next question: Are any specific positions that must be identified in the application? Key personnel and other model personnel requirements are stated in NOFO, *Sections D.3.3, Appendices and E.1. Organization, Administration, and Capacity*. Applicants must identify a Project Director who will dedicate sufficient time and effort to manage and provide oversight of the model. Instructions for preparing your budget and Budget Narrative can be found in *Appendix I: Guidance for Preparing a Budget Request and Narrative*. The Budget Narrative must also describe the responsibilities and unique qualification of the PD as well as all personnel that are absolutely necessary. The percentage proposed by the applicant must ensure effective monitoring by the Project Director and is subject to review by CMS. Job descriptions for vacant positions at the time of the application must also be included.

The next question is: If personnel responsible for implementing the model are not paid from the Cooperative Agreement funding, can they be omitted from the Budget Narrative? The Notice of Funding Opportunity states the Budget Narrative should distinguish between activities funded under this

application and activities funded by other sources. All personnel responsible for implementing the model should be included in the Budget Narrative with their level of effort, source of funding, and role/job responsibilities. Otherwise, merit reviews and CMS cannot gauge applicant resources and ability to implement the model.

The last question we have for this section is: Will there be any application periods or additional opportunities to participate? No, only one NOFO application period is currently planned.

This concludes the application submission questions. And as a reminder, please reference the Grants.gov Support Center with additional questions you have related to the NOFO application submission process. With that, I will pass the event over to Linda, who will facilitate the Q&A section. Linda, the floor is yours.

>>Linda Streitfeld, CMS: Thank you so much Djene. Hello everyone, and thanks for joining today's office hour. My name is Linda Streitfeld, and I am the Project Lead supporting the TMaH Model. I am going to review some related questions that were submitted in advance of today's event, along with Louise and Djene.

Before I jump into questions submitted in advance, I think I'd like to tackle a few that have come in during the first part of our office hour that are related to our OAGM responsibilities. I am going to read this question and ask if Louise or Djene can come back on and give us the answer. The question is: Can SMAs use hyperlinks as appropriate citations in the application? Can one of you take that? Or I can answer it.

>>Louise Amburgey, OAGM: I can answer that real quick. This is Louise.

So, applicants want to make sure that they include pertinent information that's needed to evaluate and review their application. The application is the only document used during merit review and evaluation, and applications should not include hyperlinks to websites as citations.

>>Linda Streitfeld, CMS: Okay, very helpful. I have one more for you, Louise. The NOFO says that resumes can be included either in the Project Narrative or as Appendices. Is that true, can you confirm that, that applicants can make that decision?

>>Louise Amburgey, OAGM: Yes, that is correct.

>>Linda Streitfeld, CMS: Okay. And I'll just note that these, they can either go into the Project Narrative submission, which is *D.3.1.2* (A through D), or alternatively include those documents as appendices. So that is super helpful. It is really great to see so many great questions coming in, and we really hope that today's event is going to help you prepare your application.

So, the first prepared question that came in that I will address is: May a state Medicaid agency add optional elements after being awarded, if they did not include them in the application? And the answer is, essentially, "no." State Medicaid agencies will not be allowed to add additional elements to the project scope after award, without explicit CMS prior approval. There is one exception, and that is the extension of postpartum Medicaid eligibility to 12 months, which a state may choose to do at any time. It is important to note that regardless of the applicant's election of optional elements, no funding will be awarded that exceeds the annual maximums set by CMS.

Another question is: May a state Medicaid agency leverage several partnerships through subcontracting to help with implementing the model? This is a "yes." Developing partnerships is an important strategy for meeting model milestones. State Medicaid agencies will be expected to develop partnerships among and with managed care organizations, Partner Providers, and community-based organizations. State

Medicaid agencies should review the NOFO requirements related to sub-recipients and ensure they provide all of the required information.

The next question is: How will TMaH support states as they work to measure and monitor health disparities? For this, we encourage you to review *Table 3* in the NOFO. This table outlines the technical assistance we will provide to assist state Medicaid agencies in meeting model objectives, including reduction of health disparities.

One potential applicant asked: *Section D.3.1 (4)(d)* asks for a list of counties or zip codes where the model will be implemented if selecting a sub-state region. If we are applying statewide, do we need to provide a full list of counties or zip codes for the state? And if not, what should we put in this section? Great question. If you are applying statewide, just indicate in that section your intention to apply statewide. You don't need to list every county or zip code in the state. That list is only required for sub-state applications.

The next question: The Notice of Funding Opportunity *Section D.3.1.4* requests information on "FWHCs providing prenatal care" but does it mean FQHCs? And the answer is "yes." FWHC is a typo and the correct acronym in that section is FQHC. Applications should provide information on Federally Qualified Health Centers (FQHCs), as requested in that section.

We received another question: May a state Medicaid agency disperse a portion of their Cooperative Agreement funding to managed care plans to support MCP-level infrastructure and capacity building for the TMaH Model? And the answer here is "yes." State Medicaid agencies may disburse a portion of their Cooperative Agreement funding to managed care plans to support infrastructure and capacity building for the model, subject to CMS approval. SMAs should provide a description and details on how they propose to use the Cooperative Agreement funding in their Budget Narrative.

Next question: Will state Medicaid agencies have to recognize doulas as a provider billing type? This answer is "no." State Medicaid agencies are not required to recognize a new provider type. However, state Medicaid agencies are required to establish coverage and payment for Medicaid and CHIP benefits that are required under the TMaH Model, including doula services. CMS will offer technical assistance regarding how to cover and pay for these services, even if the state does not recognize doulas as a provider type at sufficient scale to successfully implement the model's team-based approach. And for a list of doula services, please refer to our NOFO, *Appendix VII*.

Next question: Do the Quality and Cost Incentive Payments need to be administered through a sub-recipient? No. A state Medicaid agency may decide how to disburse the Quality and Cost Incentive Performance Payments to their Partner Providers and Partner Care Delivery Locations. As a reminder, in Model Year 4, Partner Providers and Partner Care Delivery Locations will become eligible for upside-only performance payments, to be paid by the state Medicaid agency using the appropriate Medicaid authority, and following CMS review.

Another question is: How can providers participate in the model with a state? So, state Medicaid agencies will work directly with a variety of stakeholders and providers to implement aspects of the model. When the payment model begins, providers will need to be contracted with a managed care entity or directly with the Medicaid agency in a fee-for-service setting in the region that will be implementing the TMaH Model. Stakeholders interested in the TMaH Model can send letters of support to their state Medicaid agency.

Next question: Are there specific measures or factors CMS is looking for to report the information requested in *Section D.3.1 (f)* sub bullets 1-3? This question is related to the rate of low birth weights and

low-risk c-sections. And the answer is, you should report the information as requested in the Notice of Funding Opportunity and just describe clearly what each number reported represents for your state.

Next question: The application requests data on the average number of combined annual Medicaid- and CHIP-covered births between calendar years 2015 to 2020. What if we are unable to provide data for some of those years? The answer is that, the applicant should do their best to provide the information requested in the NOFO. The applicant should explain any missing or incomplete information in their application.

Next question: May a state Medicaid agency have different intervention and control birthing facilities within the test region? This answer is “no.” Intervention and comparison populations should live in separate zip codes or counties and should not be expected to have meaningful service overlap.... [audio connection cuts out for approximately thirty seconds].

In the application, how should a state Medicaid agency address potential implementation goals, such as 12 months postpartum, doula coverage, etc. that would require approval by a state legislature? The answer here is that CMS would encourage state Medicaid agencies to outline in their application what steps would be required as part of the legislative process, and what the agency would do to support these changes through the legislative process. Please review the TMaH Notice of Funding Opportunity, again *Table 3*, for a summary of each element, the supporting technical assistance activities provided by CMS, and the milestones that state Medicaid agencies will need to complete by the end of the Pre-Implementation Period.

I see that there have been some audio glitches. And I’m wondering, it was requested that I start an answer again. It would be helpful if you tell me which answer that should be.

>>**Jenni Duever, SEA:** I believe you cut out at the application request data on the average number of combined annual Medicaid- and CHIP-covered births.

>>**Linda Streitfeld, CMS:** Okay, so I’m going to go back to that. And I’ll try to watch the chat to see if there are any more glitches here.

So, the application requests data on the average number of combined annual Medicaid- and CHIP-covered births between calendar years 2015 to 2020. The question is: What if we are unable to provide data for some of those years? So, the applicant should do their best to provide the information requested in the NOFO. And the applicant should explain any missing or incomplete information in their application. I’m hoping you’re getting this.

Next question here is: May a state Medicaid agency have different intervention and control birthing facilities within the test region? The answer here is “no.” The intervention and comparison populations should live in separate zip codes or counties. They should not be expected to have meaningful service overlap, including services outside of the hospitals or birth centers in the area. The regions may be close together, for example both within a large metropolitan area, as long as the populations are separated enough that patients will primarily use clinical and other services only within their designated area.

Another question: In the application... I’m going to close my camera to see if that helps with the audio. And I’ll keep going for the moment.

In the application, how should a state Medicaid agency address potential implementation goals, such as the 12 months postpartum, or doula coverage, etc. that would require approval by a state legislature? The answer is that, CMS would encourage state agencies to outline in their application what steps would be required as part of the legislative process, and what the agency would do to support these changes through the legislative process. We’ll ask you to review the TMaH Notice of Funding Opportunity, *Table*

3, for a summary of each element, the supporting technical assistance activities provided by CMS, and the milestones that state Medicaid agencies will need to complete by the end of the Pre-Implementation Period.

The final question that was submitted in advance is: May a state Medicaid agency cover doula services through value-added benefits? So, value-added benefits are extra benefits that managed care plans offer beyond the services covered by Medicaid. State Medicaid agencies will be expected to cover all doula services using their Medicaid authority, such as through a State Plan Amendment or a waiver. State Medicaid agencies should describe any potential obstacles to adding doula services as a new Medicaid benefit, obstacles such as a legislative calendar, or staff capacity, and describe corresponding mitigation strategies in their application. Such mitigation strategies could include temporary coverage of doula services as a value-added benefit within the test region, if such temporary coverage is part of a plan leading to a permanent State Plan Amendment. State Medicaid agencies must have submitted, or have a timeline and process in place, for submitting and implementing a State Plan Amendment or waiver to cover doula services, if not already covered, by the end of the Pre-Implementation Period. As a reminder, CMS will provide technical assistance during the Pre-Implementation Period, to help state Medicaid agencies meet milestones.

So, that concludes our open Q&A portion. I see we are down to about 12 or 13 minutes. I just want to turn back to our OAGM crew for a moment to see if additional questions have come in that you all would like to respond to.

And if not, or while you are still reviewing, let me go to this question: Can Provider Infrastructure Payments be made in Years 1 through 5, or only in Year 3? Good question. The answer is, state Medicaid agencies must use a proportion of their Cooperative Agreement funding to disseminate their payments to Partner Providers and Partner Delivery Locations for at least one year, beginning no later than Quarter 1 of Model Year 3. State Medicaid agencies may make these payments for more than one year, at the state's discretion. Please note, however, state Medicaid agencies will not receive additional funding beyond the annual cap, as listed in the TMaH Model Notice of Funding Opportunity in *Table 6*.

That is the only additional question I see for my portion. So let me give us one more minute to see if OAGM would like to answer any additional questions. It seems like we don't have any additional questions. So, with that, let me pass it back to Cat.

>>Cat Fullerton, SEA: Great, thanks Linda.

If you submitted a question for this office hour, and we didn't answer it during today's event, don't worry. We encourage you to review the FAQs on our website, because we may have already provided the information in an FAQ that wasn't covered here today, and that might align with the questions you have. As a reminder, to ensure the process remains fair and equitable, we are unable provide applicant-specific guidance or interpretation of the Notice of Funding Opportunity.

And lastly, I just want to say thank you to our speakers. To close out today's event, we have some information to keep in mind as the TMaH application deadline approaches. Next slide, please.

The TMaH Model Cooperative Agreement funding application deadline is September 20th, 2024, at 11:59 pm ET. Application materials are available on Grants.gov, and there are resources to begin the registration process if needed. The model is anticipated to begin with the Pre-Implementation Period starting in January 2025 through December 2027, followed by the Implementation Period in January 2028. Next slide, please.

On this slide, we have some additional resources for those interested in the TMaH Model. There is more information about the model requirements and opportunities in the Notice of Funding Opportunity,

which is linked here. There is also a TMaH Model listserv you can sign up for to learn about upcoming events and resources. We have linked some additional resources here, such as the TMaH Model Payment Design Factsheet, Technical Assistance Factsheet, and Model Overlaps Policies Factsheet which are shown here on this slide. These factsheets are helpful for interested stakeholders to learn more about specific areas related to the model. Next slide, please.

Lastly, we'd just to say thank you all for joining today's webinar. We are proud to share information on the TMaH Model and appreciate your participation. Please let us know how we did today by participating in a 3 to 5 minute survey that is posted in the chat, and will pop up after you close this webinar. We would love to hear from you. Lastly, thanks again for attending today's webinar. This concludes today's event.

###