

GRANTEE Update

July 13, 2009

The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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Adolescent Physical Activity and Nutrition

Adolescents' health status, as well as their health-related eating and activity behaviors can impact their well-being and their health during their adult years. The goal of the BodyWorks program, developed by the Office on Women's Health, is to help parents and caregivers of adolescents promote healthy eating and physical activity within their families in order to prevent poor health outcomes and maintain health status for adolescents.

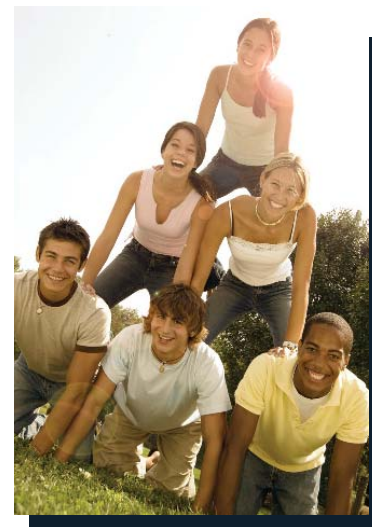
1 BodyWorks equips parents and caregivers of adolescents with tools and training that can guide and enable monitoring of progress towards healthy eating and physical activity goals.

Quick Health Data Online offers many different types of data related to adolescent health, nutrition and physical activity, including information on:

- Youth eating fruit/vegetables and drinking milk
- Youth participating in sports teams or physical education classes
- Youth who are overweight or obese
- Youth who meet recommended levels of physical activity

Data on the system are provided for males and females with race and ethnicity details to enable comparisons between different population groups. Data can be used to generate charts such as these, which present percentages of youth who are overweight or obese, the percent of youth who have met recommended levels of physical activity, and the percentage of youth who report eating five or more fruit and vegetables per day and those who report drinking three or more glasses of milk per day.

For more information, and to view Quick Health Data Online, go to www.healthstatus2010.com/owh/index.html#spotlight.



2009 Child Passenger Safety Week Materials



The National Highway Transportation Safety Administration (NHTSA) 2009 online Child Passenger Safety Week Planner is now available at www.nhtsa.gov/childps/planner2009. This planner gives you marketing and earned media tools for your National Child Passenger Safety Week and National Seat Check Saturday campaign or event. CPS Week will be celebrated this year from September 12-18, and will be kicked off by National Seat Check Saturday on September 12, 2009.

The material is designed to help you educate parents and caregivers on how to properly use and install child restraint systems and is available in both English and Spanish. Please select, tailor, and distribute these items in a way that best fits you and your organization's local situation and objectives.

Harkin Staff Mobile Office Tour Schedule

Members of Senator Tom Harkin's state staff will travel to all 99 counties this summer, to discuss Health Care Reform. These visits across the state ensure that all Iowans have easy access to constituent services and information from the Senator's office.

Harkin chairs the Health, Education, Labor and Pensions (HELP) Committee's Prevention and Public Health Working Group charged with crafting the prevention and public health components of the health reform bill. "We need a much greater emphasis on preventing disease and keeping people healthy, rather than merely treating them once they are ill," said Harkin. "The only way we can rein in skyrocketing health care costs that are making it so difficult for families to afford coverage, and placing such strain on our whole economy, is to invest in prevention efforts that can be incorporated into how we extend coverage, how we reform the payment system and how we engage in systems reform."

Please see the attached list of scheduled staff visits in July on pages 6-10 of **The Update**. Please forward this information to your association membership lists throughout the state. Any questions may be directed to Senator Harkin's office, at 515-284-4574. We look forward to see you at one of our various visits.

Program Management

IME Informational Letter No. 815

The Iowa Medicaid Enterprise (IME) has released Informational Letter No. 815, which introduces procedure code W5022 - Pregnancy Co-Pay for CMS 1500 Claims. Effective August 1, 2009, procedure code W5022 may be entered in box 24D (Procedure Code) on the CMS-1500 claim form to indicate that a female patient 21 years of age or older is pregnant. This change was made to ensure that the co-payment would not be deducted from these claims. See Informational Letter No. 815 on page 11 of **The Update** for additional detail. If you have any questions related to billing, please contact IME Provider Services at 1-800-338-7909 (515-725-1004 in the Des Moines area) or by e-mail at imeproviderservices@dhs.state.ia.us.

New WIC Food Package

In October 2009 WIC will begin issuing new quantities and types of foods to participants. This will be the first substantial change for this program since it began more than 30 years ago. In 2003, the Institute of Medicine developed recommendations for changes to the food options provided by WIC. Based on these recommendations, new food guidelines were released in 2007. These improvements now follow the 2005 Dietary Guidelines for Americans, as well as guidelines from the American Academy of Pediatrics. The new foods also strengthen WIC's program ranging from foods provided to quantities of formula allowed.

Go to pages 12-17 of **The Update** to view a WIC letter to partners; summary tables of the food packages for Children, Pregnant and Partially Breastfeeding Women, Not Breastfeeding Women and Fully Breastfeeding Women; and summary table of the food package for Infants (Fully Formula-fed) and Infants (Fully Breastfed (no formula from WIC)).

CMS Releases Guidance for CHIP Outreach Grants

The Centers for Medicare & Medicaid Services has released an invitation to apply for FY2009 Children's Health Insurance Program Reauthorization Act (CHIPRA) Outreach and Enrollment Grants - Cycle 1.

Grants will range from \$25,000 to \$1,000,000 and the CMS is looking for innovative, technology driven initiatives to enroll all kids with less red tape, focus on results and getting children enrolled.

Eligible applicants include private non-profits, local governments, schools and coalitions.

For additional information, go to page 18-59 of **The Update**.

CALENDAR OF EVENTS

August 12, 2009

2010 MCH Cost Analysis Training

9 a.m. - 12 p.m., ICN

For more information, view a Save the Date on page 19 of **The Update**.

*September 15-16, 2009

Iowa Family Planning Update

Holiday Inn - Airport, Des Moines

For more information, contact Denise Wheeler at (515) 281-4907.

*October 5-6, 2009

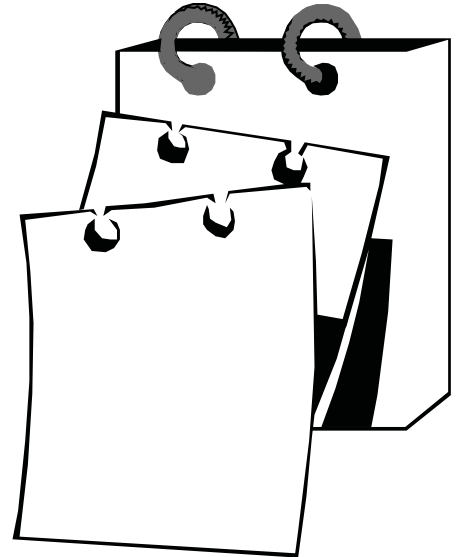
BFH-CSCH Fall Seminar

Gateway Conference Center, Ames

October 15, 2009

Adolescent Health Conference

Cedar Rapids



GRANTEE Update

Phone Directory

Bureau of Family Health: 1-800-383-3826

Teen Line: 1-800-443-8336

Healthy Families Line: 1-800-369-2229

FAX: 515-242-6013

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Area code is 515

July 1

- 9 a.m. Winneshiek Medical Center (Winneshiek County)
901 Montgomery Street
Decorah, IA
- 10 a.m. Denison Community Room (Crawford County)
111 N. Main Street
Denison, IA
- 11 a.m. Veterans Memorial Hospital (Allamakee County)
40 First Street SE
Waukon, IA
- 11:30 a.m. Crawford County Senior Center
201 S. Main Street
Denison, IA
- 2 p.m. Burgess Health Center (Monona County)
1600 Diamond Street
Onawa, IA

July 7

- 10 a.m. Floyd County Memorial Hospital
800 11th Street
Charles City, IA
- 11:15 a.m. Osceola Community Hospital (Osceola County)
600 9th Avenue North
Sibley, IA
- 1:30 p.m. Mitchell County Regional Health Center
620 N 8th St
Osage, IA
- 2 p.m. Rock Rapids Public Library (Lyon County)
102 S. Greene Street
Rock Rapids, IA
- 4:15 p.m. Cherokee Public Library (Cherokee County)
215 South 2nd Street
Cherokee, IA

July 8

- 9 a.m. Northwood City Hall (Worth County)
627 Central Avenue
Northwood, IA

10:30 a.m. Regional Medical Center (Delaware County)
709 West Main Street
Manchester IA

11 a.m. Northwest Iowa Health Center/Sanford Sheldon
(O'Brien County)
118 N. Seventh Avenue
Sheldon, IA

2 p.m. Jones County Senior Center
112 North Ford Street
Anamosa, IA

2:30 p.m. Pocahontas Community Hospital (Pocahontas County)
606 NW 7th Street
Pocahontas, IA

4:45 p.m. Stewart Memorial Hospital (Calhoun County)
1301 West Main Street
Lake City, IA

July 9

9 a.m. Buena Vista Regional Medical Center (Buena Vista
County)
1525 West 5th Street
Storm Lake, IA

9 a.m. Hancock County Memorial Hospital
532 First Street NW
Britt, IA

9 a.m. Warren County Courthouse
115 N. Howard
Indianola, IA

10 a.m. Clarinda Regional Health Center (Page County)
823 South 17th Street
Clarinda, IA

11 a.m. Senior Activity Center (Cerro Gordo County)
326 4th Street NE, Suite 2
Mason City, IA

11:45 am Bedford City Hall (Taylor County)
625 Court Street
Bedford, IA

1 p.m. Madison County Healthcare System
300 Hutchings Street
Winterset, IA

2:30 p.m. Alegent Health Mercy Hospital (Adams County)
603 Rosary Drive
Corning, IA

July 13

9 a.m. Hancock County Memorial Hospital
532 First Street NW
Britt, IA

10 a.m. St. Anthony Regional Hospital (Carroll County)
311 S. Clark
Carroll, IA

2 p.m. Greene County Medical Center
1000 West Lincoln Way
Jefferson, IA

July 14

9 a.m. Kehl/Babka Center Building (Dubuque County)
1560 University Avenue
Dubuque, IA

10:30 a.m. Mercy Hospital
1st floor, Conference Room A and B
Dubuque, IA

1 p.m. Crescent Community Health Center
1798 Washington Street
Dubuque, IA

July 15

9 a.m. Dallas County Hospital
610 10th Street
Perry, IA

9:30 a.m. Mercy Hospital (Pottawattamie County)
800 Mercy Drive
Council Bluffs, IA

11 a.m. Jennie Edmundson Hospital
933 E. Pierce Street
Council Bluffs, IA

1 p.m. Council Bluffs Community Health Center

300 West Broadway #6
Council Bluffs, IA

1 p.m.

Boone County Hospital
1015 Union Street
Boone, IA

July 16

9 a.m.

Hamilton Hospital (Hamilton County)
800 Ohio Street
Webster City, IA

11:30 a.m.

Davis County Hospital
509 North Madison
Bloomfield, IA

1 p.m.

Iowa Falls Senior Services Center (Hardin County)
1217 College Street
Iowa Falls, IA

1:45 p.m.

Mercy Medical Center (Appanoose County)
One Saint Joseph's Drive
Centerville, IA

3:30 p.m.

Monroe County Hospital
6580 165th Street
Albia, IA

July 17

9 a.m.

Ottumwa Regional Health Center (Wapello County)
1001 Pennsylvania Avenue
Ottumwa, IA

2 p.m.

Mahaska Hospital (Mahaska County)
1229 C Avenue East
Oskaloosa, IA

July 20

9 a.m.

Siouxland Senior Center (Woodbury County)
313 Cook Street
Sioux City, IA

12:30 p.m.

Mercy Medical Center
801 5th Street
Sioux City, IA

July 21

10 a.m. Luke's Regional Medical Center (Woodbury County)
2720 Stone Park Blvd
Sioux City, IA

11:30 a.m. Siouxland Community Health Center
1021 Nebraska Street
Sioux City, IA

July 22

9 a.m. Buchanan County Health Center
1600 First Street East
Independence, IA

July 24

11:30 a.m. Fort Dodge Community Health Center (Webster County)
126 N. 10th Street
Fort Dodge, IA

July 28

10:30 a.m. Humboldt County Memorial Hospital
1000 North 15th Street
Humboldt, IA

10:30 a.m. Central Community Hospital (Clayton County)
901 Davidson Street NW
Elkader, IA

11 a.m. Avera Holy Family Health (Emmet County)
826 North 8th Street
Estherville, IA

2 p.m. Kossuth Regional Medical Center (Kossuth County)
1515 South Phillips Street
Algona, IA

3:15 p.m. Palo Alto County Health System
Independent Living Apartments
3203 First Street
Emmetsburg, IA

July 29

9 a.m. Spencer Public Library (Clay County)
21 East 3rd St.
Spencer, IA



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 815

DATE: July 6, 2009

TO: Iowa Medicaid Physicians, Podiatrists, Optometrists, Opticians, Pharmacy, Independent Labs, Medical Supply Dealers, Rural Health Clinics, Clinics, Physical Therapists, Chiropractors, Audiologists, Family Planning, Psychologists, Screening Centers, Hearing Aid Dealers, Orthopedic Shoe Dealers, Maternal Health Centers, Genetic Consultation Clinics, Certified Nurse Midwife, Birthing Centers, Certified Registered Nurse Anesthetists, Federal Qualified Health Centers, Nurse Practitioners and Lead Investigation Agency Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

SUBJECT: W5022- Pregnancy Co-Pay Code for CMS-1500 Claims

Effective August 1, 2009, procedure code W5022 may be entered in box 24D (Procedure Code) on the CMS-1500 claim form to indicate that a female patient 21 years of age or older is pregnant. This change was made to ensure that the co-payment would not be deducted from these claims.

Box 24A must include the date of service. Box 24F for charges must be left blank. If this code were used, the word "pregnant" would no longer need to be indicated in box 19 (Reserved for Local Use) on the claim form. The services provided should be billed using the appropriate procedure code(s) in addition to W5022 for each date of service. W5022 should not be billed alone on the form.

Including code W5022 on the claim form will allow for more accurate and efficient processing of your claim. You do not need to include procedure code W5022 or write the word "pregnant" on your claim form, if you are already billing an ICD-9 code that is related to pregnancy. Claims processed with a diagnosis indicating the member is pregnant will have the co-payment waived. A pregnancy diagnosis can be reflected in any of the diagnosis code fields on the claim form.

Iowa Medicaid Enterprise (IME) supports the electronic submission of claims. Through electronic submission, you are able to submit claims more accurately. You also receive your Medicaid payments sooner than if you submitted paper claims. Iowa Medicaid Enterprise offers PC-ACE Pro32, which is a free electronic billing software. Registration forms are available online at www.edissweb.com/cgp/forms/enrollment.html. For assistance with downloading and installing this free software, please contact EDISS at 1-800-967-7902.

If you have any questions related to billing, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us.



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Thomas Newton, MPP, REHS
Director

Chester J. Culver
Governor

Patty Judge
Lt. Governor

July 2, 2009

Dear Iowa Health Professional and Partner of WIC:

In **October 2009** WIC will begin issuing new quantities and types of foods to participants. This will be the first substantial change for this program since it began more than 30 years ago. In 2003, the Institute of Medicine developed recommendations for changes to the food options provided by WIC. Based on these recommendations, new food guidelines were released in 2007. These improvements now follow the 2005 Dietary Guidelines for Americans, as well as guidelines from the American Academy of Pediatrics. The new foods also strengthen WIC's promotion and support for breastfeeding. There have been many changes to the WIC food package ranging from foods provided to quantities of formula allowed. This letter will highlight some of these changes but we are also providing some attached references for your use.

First, medical documentation has been changed requiring more information in the prescription received. Exclusive breastfeeding is encouraged and promoted for all infants for at least the first six months of an infant's life. This isn't possible for some babies and formula is needed. For some babies this is a specialty product. To meet this need, new medical documentation will be required, including a qualifying condition that has an ICD-9 code. Formula issuance has also changed, and the quantity provided is based on calorie needs for the infant's age. Therefore, depending on the age of the infant, the family could be receiving less formula than what is currently provided by WIC. Another change affects women and children wanting to substitute cheese, tofu, or soy beverage for the milk that they receive. In order to provide these products, we will again need medical documentation that indicates the medical need for the switch; however, milk substitutions do not require an ICD-9 code. Attached to this message are the three new medical documentation forms that will be used by local WIC agencies. Finally, children and women may require a specialty formula due to special needs. Now with the new food package they may receive both foods and formula each month with a prescription.

Types of food offered have improved, and now include fresh fruits and vegetables, whole wheat bread, 1 percent low fat or skim milk, and baby foods. The quantities of certain foods in the package have also been modified. For instance, juices have been reduced for women and children since they are being replaced by more nutritious fresh fruits and vegetables; in addition, because infants will now receive infant fruits and vegetables, juice has been eliminated for them.

To read the new federal regulations, visit www.fns.usda.gov/wic/regpublished/foodpackages-interimrule.htm. For questions about the forthcoming changes, call 1-800-532-1579.

Sincerely,
Judy Solberg, MPH, RD
Bureau Chief, Bureau of Nutrition and Health Promotion

Children

Food	Old Food Package	New Food Package	Comments
Milk	12-35 mo: 20 qt 36-60 mo: 24 qt	16 qt	1 year olds: Whole milk 2 years and older: 1% or Fat Free Skim milk
Cheese sub for milk	2 lb. standard 4 lb. w/ lactose intol	1 lb. max	May substitute more with medical documentation
Soy beverage substitute for milk	—	Qt for qt	No products currently available in Iowa Only with medical documentation but allowed up to full amount
Tofu sub for milk	—	1 lb = 1 qt milk	No products currently available in Iowa Only with medical documentation but allowed up to full amount
Eggs	2 dozen	1 dozen	
Juice	276 oz single strength 288 oz. reconstit frozen	128 oz. single strength	To receive full benefit children should choose 64 oz containers of juice for purchase
Beans / peanut butter	12-17 mo: 1 lb beans 18 mo: 1 lb. beans OR 18 oz. peanut butter	12-17 mo: 1 lb. beans >18 mo: 1 lb. beans OR 18 oz. peanut butter	Can substitute 64 oz. canned beans = 1 lb. dried
Cereal	36 oz.	36 oz.	At least ½ of approved cereals must be whole grain
Fruit & Vegetables	—	\$6 in vouchers	<ul style="list-style-type: none"> • Fresh and frozen products only • Only potatoes allowed are sweet potatoes or yams • No dried fruits and vegetables
Whole wheat bread or options	—	2 lb.	Options: Whole wheat bread, brown rice, and soft corn tortillas

Notes:

1. If child has a qualifying condition, the child may also receive up to 455 oz. conc formula. Medical documentation required for the formula AND for supplemental foods.

Pregnant and Partially Breastfeeding Women

Food	Old	New	Comments
Milk	28 qt	22 qt	1% or Fat Free Skim milk
Cheese sub for milk	2 lb. standard 4 lb. for lactose intol	1 lb.	Medical documentation required for more cheese
Soy beverage sub for milk (Qt for qt)	—	Up to max	No products currently available in Iowa No medical documentation required
Tofu sub for milk (1 lb = 1 qt)	—	4 lb. max	No products currently available in Iowa Medical documentation required for more tofu
Eggs	2 dozen	1 dozen	
Juice	276 oz. single str 288 oz. reconstit frozen	144 oz.	To receive full benefit women should choose 10-12 oz frozen juice for purchase
Beans / peanut butter	1 lb. dried beans OR 18 oz. peanut butter	1 lb. dried beans AND 18 oz. peanut butter	Can substitute 64 oz. canned beans = 1 lb. dried Other options include: <ul style="list-style-type: none"> • 1 lb. dried + 64 oz. canned • 2 lb. dried (no pb) • 128 oz. canned (no pb) • 36 oz. peanut butter (no beans)
Cereal	36 oz.	36 oz.	At least ½ of approved cereals must be whole grain
Fruit & Vegetables	—	\$8 in vouchers	<ul style="list-style-type: none"> • Fresh and frozen products only • Only potatoes allowed are sweet potatoes or and yams • No dried fruits and vegetables
Whole grains	—	1 lb.	Options: Whole wheat bread, brown rice and soft corn tortillas

Notes:

1. If the woman has a qualifying condition, she may also receive up to 455 oz conc formula. Medical documentation required for the formula AND supplemental foods.

Not Breastfeeding Women

Food	Old	New	Comments
Milk	24 qt	16 qt	1% or Fat Free Skim milk
Cheese sub for milk	2 lb. standard sub 4 lb. for lactose intol	1 lb. max	Medical documentation required for more cheese
Soy beverage sub for milk (qt for qt)	—	Up to the max	No products currently available in Iowa No medical documentation required
Tofu sub for milk (1 lb = 1 qt)	—	4 lb.	No products currently available in Iowa Medical documentation required for more tofu
Eggs	2 dozen	1 dozen	
Juice	184 oz. single str 192 oz. reconstit frozen	96 oz.	To receive full benefit women should choose 10-12 oz frozen juice for purchase
Beans / peanut butter	—	1 lb. beans OR 18 oz peanut butter	
Cereal	36 oz.	36 oz.	At least ½ of approved cereals must be whole grain
Fruits & Vegetables	—	\$8 in vouchers	<ul style="list-style-type: none"> • Fresh and frozen products only • Only potatoes allowed are sweet potatoes or and yams • No dried fruits and vegetables
Whole grains	—	—	

Notes:

1. This food package is also issued to breastfeeding women <6 months postpartum whose partially breastfed infants receive more than the maximum formula allowance for partially breastfed infants for their age (birth to 6 months).
2. If a woman has a qualifying condition, she may also receive up to 455 oz conc formula. Medical documentation required for the formula AND supplemental foods

Fully Breastfeeding Women

Food	Old	New	Comments
Milk	28 qt	24 qt	1% or Fat Free Skim milk
Cheese in addn to milk	1 lb.	1 lb.	
Cheese sub for milk	2 lb. standard sub 4 lb. for lactose intol	2 lb. max	Medical documentation required for more cheese
Soy bev sub for milk (qt for qt)	—	Up to the max	No products currently available in Iowa No medical documentation required
Tofu sub for milk (1 lb = 1 qt)	—	6 lb.	No products currently available in Iowa Medical documentation required for more tofu
Eggs	2 dozen	2 dozen	
Juice	322 oz. single str 336 oz. reconstit frozen	144 oz.	To receive full benefit women should choose 10-12 oz frozen juice for purchase
Beans / peanut butter	1 lb. dried beans AND 18 oz. peanut butter OR 2 lb. dried beans	1 lb. dried beans AND 18 oz. peanut butter	Can substitute 64 oz. canned beans = 1 lb. dried Other options include: <ul style="list-style-type: none"> • 1 lb. dried + 64 oz. canned • 2 lb. dried (no pb) • 128 oz. canned (no pb) • 36 oz. peanut butter (no beans)
Cereal	36 oz.	36 oz.	At least ½ of approved cereals must be whole grain
F & V	—	\$10 in vouchers	<ul style="list-style-type: none"> • Fresh and frozen products only • Only potatoes allowed are sweet potatoes or and yams • No dried fruits and vegetables
Whole grains	—	1 lb.	Options: Whole wheat bread, brown rice, and soft corn tortillas
Canned fish	26 oz.	30 oz.	Canned tuna or salmon
Fresh carrots	2 lb.	—	Replaced by the F & V vouchers

Notes:

1. This food package is also issued to women pregnant with 2 or more fetuses and to women who are fully or partially breastfeeding multiple infants
2. Women fully breastfeeding multiple infants are prescribed 1.5 X the max allowances listed above.
3. If a woman has a qualifying condition, she may also receive up to 455 oz conc formula. Medical documentation required for the formula AND supplemental foods

Infants — Fully Formula-fed

Food	New 10/1/09			Old	
	0-3 mo	4-5 mo	6-11 mo	0-3 mo	6-12 mo
Formula	31 cans conc 9 cans pwdr*	34 cans conc 10 cans pwdr*	24 cans conc 7 cans pwdr*	31 cans conc 9 cans pwdr*	31 cans conc 9 cans pwdr*
Infant cereal	—		24 oz.		24 oz.
Baby fruits & veggies	—		128 oz. (32 - 4 oz. jars)		—
Baby meats	—		—		—
Juice	—		—		92 oz single strength OR 96 oz reconstituted frozen

*Based on current contract formulas

Infants — Fully Breastfed (no formula from WIC)

Food	New 10/1/09	Old
Infant cereal	24 oz	24 oz
Baby Fruit and Vegetable	256 oz (64 - 4oz jars)	—
Baby meats	77.5 oz (31 - 2.5oz jars)	—
Juice	—	92 oz. single strength or 96 oz reconstituted frozen

For a compliant version of this document, please contact Charles K. MacKay at 410-786-2106 or via e-mail to Charles.mackay@cms.hhs.gov

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid & State Operations

**MEDICAID PROGRAM AND CHILDREN'S HEALTH
INSURANCE PROGRAM GRANTS**

Initial Announcement

Invitation to Apply for FY2009:

**CHILDREN'S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT (CHIPRA)
OUTREACH AND ENROLLMENT GRANTS – CYCLE I**

Agency Funding Opportunity Numbers

HHS-2009-CMS- *CHIPRA-0008*
Project Number 2082 (For CMS Purposes only)

CFDA 93.767

DATE: July 6, 2009

Applicable Dates:

Voluntary Notice of Intent to Apply:	July 27, 2009
Electronic Grant Application Due Date:	August 6, 2009
Mailed Grant Application Due Date:	August 10, 2009
Issuance of Notice of Awards:	Prior to September 30, 2009
Grant Period of Performance/Budget Period:	September 30, 2009- September 29, 2011 (24 months)

Applicant's Teleconference Wednesday, July 22, 2009
2:00 – 4:00 p.m.
800-837-1935
Confirmation ID - 17418037

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I. FUNDING OPPORTUNITY DESCRIPTION

1. Funding Description

On February 4, 2009, the President signed into law the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub.L. 111-3). CHIPRA reauthorizes the Children's Health Insurance Program (CHIP) through Federal fiscal year (FFY) 2013, providing an additional \$35 billion in federal funds to enable States to maintain their current CHIP programs and increase enrollment in Medicaid and CHIP.

CHIPRA includes a number of provisions increasing outreach funding and activities to enroll eligible, but uninsured children, in coverage with a particular focus on those who are the most difficult to reach. The provisions for the Outreach and Enrollment Grants are the subject of this solicitation. The Department of Health and Human Services (HHS) will award a total of \$80 million during two or more award cycles to eligible entities to conduct targeted outreach, resulting in increased enrollment in Medicaid and CHIP of eligible but unenrolled children.

2. Priority for Award of Grants

States have been successful in enrolling children in Medicaid and CHIP, but there are still several million children who are eligible for this public, comprehensive coverage but are not enrolled. The commitment to enroll and retain these children in Medicaid and CHIP has been reinforced by CHIPRA. CHIPRA provides \$80 million for fiscal years 2009-2013, expressly for the purpose of providing outreach grant money to find these children and ensure that they are enrolled in the Medicaid and CHIP programs and that they retain this coverage while they are eligible. The award of these grants is based on the following principles:

- Outreach must be results driven and connected to actual enrollment and retention of children in these programs.
- Grantees must be able to provide sound data demonstrating the connection between the proposed outreach efforts and resultant program enrollment and retention.
- Data and systems improvements will be considered for funding within a proposal, when the applicant can demonstrate that these are appropriate within the context of the outreach strategies and will result in increased enrollment and retention.
- It is CMS' intent to share best practices and lessons learned among grantees and we are particularly interested in successful outreach efforts that can be replicated.

In accordance with the law, the priority for the award of grants will be given to eligible entities that:

- Propose to target geographic areas with high rates of:
 - i. Eligible but unenrolled children, including such children who reside in rural areas; or
 - ii. Racial and ethnic minorities and health disparity populations, including populations with cultural and linguistic barriers to enrollment.
- Submit substantial demonstrable evidence that the entity:

- i. Includes members who have access to, and credibility with, ethnic or low income populations in the communities in which activities funded under the grant are to be conducted;
- ii. Have the ability to address barriers to enrollment, such as lack of awareness of eligibility, stigma concerns and punitive fears associated with receipt of benefits, and other cultural barriers to applying for and receiving child health assistance or medical assistance;
- iii. Provide specific quality or outcome performance measures to evaluate the effectiveness of activities funded by a grant awarded under this section; and
- iv. Shall:
 - Conduct an assessment of the effectiveness of such activities against the performance measures;
 - Cooperate with the collection and reporting of enrollment data and other information in order for the Secretary of HHS to conduct such assessments; and
 - In the case of an eligible entity that is not the State, provide the State with enrollment data and other information as necessary for the State to make necessary projections of eligible children and pregnant women.

The \$80 million will be awarded in two or more cycles. Successful applicants for this first cycle will receive an award for a 2-year period. A solicitation for the subsequent cycles of awards will be published on <http://www.grants.gov>

II. AWARD INFORMATION

1. Total Funding:

This solicitation discusses the available funding from CMS for CHIPRA Outreach and Enrollment Grants for FYs 2009-11. The total amount of funding available for Cycle I, which spans a project period of twenty-four (24) months (FY2009-2011), is up to \$40 million. Awardees will implement an outreach and enrollment plan designed to expand enrollment of eligible but unenrolled children in Medicaid and CHIP, and retain enrolled children who remain eligible for Medicaid or CHIP. Applicants who do not meet the criteria established in this grant announcement may reapply for consideration in subsequent cycles.

2. Awards:

CMS anticipates awarding about 200 grants in Cycle I averaging around \$200,000; with the individual award amounts ranging from a minimum of \$25,000 to a maximum of \$1 million. Applicants are cautioned to use a reasonableness test when determining a cost per new enrollee as well as the percentage of funds attributable to administrative costs.

3. Anticipated Award Date:

Awards for Cycle I will be announced by September 30, 2009.

4. The Period of Performance:

The period of performance for Cycle I will be September 30, 2009 through September 29, 2011 (24 months).

5. Eligibility for subsequent awards:

Subsequent CHIPRA Outreach and Enrollment Grant solicitations will be published on <http://www.grants.gov>. CMS may, at its discretion provide supplemental funding to Cycle I awardees without re-competing those grants, provided those awardees can demonstrate that they are exceeding performance goals, as defined by CMS. CMS will provide additional guidance prior to the end of the first year after grants are awarded.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants:

This grant opportunity is open to the following individual eligible entities or coalitions of eligible entities

- A State.
- A local government.
- An Indian tribe or tribal consortium, a tribal organization, an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.), or an Indian Health Service provider.
- A Federal health safety net organization.
- A national, state, local, or community-based public or nonprofit private organization, including organizations that use community health workers or community-based doula programs.
- A faith-based organization or consortia, to the extent that a grant awarded to such an entity is consistent with the requirements of section 1955 of the Public Health Service Act (42 U.S.C. 300x-65) relating to a grant award to nongovernmental entities.
- An elementary or secondary school.

Coalitions:

Proposals from coalitions must identify the members and the role and responsibilities of each member group, and designate a lead agency. Coalitions should represent broad-based community partnerships that can implement breakthrough strategies, utilizing the strengths of each group that it represents. Evidence of community involvement that includes new or nontraditional partners and members of the population to be served should be provided for

consideration. The participation of grass-roots organizations is encouraged as is provider representation.

Written letters of support from partner organizations will confirm the coalition membership and, where applicable, should provide information about past joint endeavors.

Applications from Individual Entities:

Applications from individual eligible entities will be considered on their strengths and merits.

Non-State Applicants:

Non-State applicants will need to demonstrate either that the State is supportive of their application or that its efforts will be effective in increasing enrollment among eligible children in the absence of State collaboration.

State Applicants or State Involvement:

Due to the responsibility that State Medicaid and CHIP Agencies have in enrolling eligible children and their possession of critical data on enrollment, the proposals from these agencies or from coalitions that include these agencies are subject to additional criteria as detailed in this solicitation.

2. Cost Sharing/Matching and Maintenance of Effort:

Awardees are not required to provide a matching contribution. However, any funding contributed to this effort by other entities should be mentioned. In the case of a State that is awarded a grant, the State share of such funds expended for outreach and enrollment activities under the State child health plan shall not be less than the State share of such funds expended in the fiscal year preceding the first fiscal year for which the grant is awarded. Refer to section IV.2.4(a) *Required Supporting Documentation – Letter of Support from Applicable State(s)* for additional information.

3. Other

Tribes and Tribal Entities:

In addition to the \$80 million in grants that is the basis of this solicitation, CHIPRA authorized an additional \$10 million in outreach and education grants to specifically target American Indian/Alaska Natives. Tribes and Tribal Entities are eligible for grants included in this solicitation as well as these targeted grants. However, the identical or extremely comparable scope of work cannot be funded by both grant programs. Tribes and Tribal Entities must attest that they will not accept funds from the targeted grants to finance outreach and enrollment activities that have been funded by a CHIPRA grant awarded from CMS under this solicitation and vice versa.

One Application Requirement:

Only one application may be submitted by a single eligible entity for funding in Cycle I; however, an eligible entity may be a member of multiple coalitions. Entities working together as a coalition shall submit one application. Only one CHIPRA Outreach and Enrollment Grant will be awarded to a single eligible entity or to the lead agency of a coalition. All awardees must attest that they will not finance the same scope of work under more than one CHIPRA Outreach Grant award or other Federal funding stream.

Sustainability:

Funding or in-kind support contributed to Medicaid and CHIP Outreach and Enrollment efforts by entities other than the Federal Government will further demonstrate the sustainability of efforts. Details of duration, the amount and source of funding or in-kind support, if available, should be provided in the application.

4. Foreign and International Organizations:

Foreign and International Organizations are not eligible to apply.

5. Faith-Based Organizations:

Faith-Based Organizations are eligible to apply.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package:

This solicitation serves as the application package for this grant and contains all the instructions that a potential applicant requires to apply for grant funding. The application should be written primarily as a narrative with the addition of standard forms required by the Federal government for all grants. Applicants are to submit their applications electronically and by mail. A complete electronic application package, including all required forms, for this solicitation is available at <http://www.grants.gov>. Applicants must apply through <http://www.grants.gov>. The solicitation can also be viewed on the CMS website at http://www.cms.hhs.gov/LowCostHealthInsFamChild/01_Overview.asp#TopOfPage

Standard application forms and related instructions are available online at <http://www.cms.hhs.gov/GrantOpportunities>.

Standard application forms and related instructions are also available from Mary E. Greene, Centers for Medicare & Medicaid Services, Office of Acquisitions and Grants Management, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850 or by e-mail at Mary.Greene@cms.hhs.gov

2. Content and Form of Application Submission: this section must identify the required content of the application and the forms that must be used to submit it.

Each application must include all contents described below, in the order indicated, and in conformance with the following specifications:

Use white paper only.

Use 8.5 x 11" pages (on one side only) with one-inch margins (top, bottom and sides). Paper sizes other than 8.5 x 11" will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5 x 11".

Use a font not smaller than 12-point.

Double-space all narrative pages. The project abstract may be single-spaced.

There is a 17 page limit for the narrative portion, excluding budgetary information, required appendices, letters of support, assurances and certifications. Please do not repeat information detailing existing State programs.

Additional documentation should not be appended because appendices will not be reviewed for purposes of the ratings process.

Do not bind copies. Secure pages with a binder clip, paper clip, or 3-ring binder. Please do not insert dividers or other implements that cannot be put through a copier.

All applications must meet the requirements outlined in Section III, *Eligibility Information* and Section IV, *Application and Submission Information*. Applicants are strongly encouraged to review information provided in Section V, *Application Review Criteria and Information*.

The application Project Narrative will not exceed 15 pages in length, and the Budget Narrative will not exceed 2 additional pages (a total of 17 pages in length). The additional supporting documentation listed below is excluded from the page limitation.

The following documents are required for a complete application:

- A. Cover Sheet and Forms:
 - a. Application Check-off Cover Sheet: Complete the check-off cover sheet as indicated; refer to Attachment 5.
 - b. Forms: The following forms must be completed with an original signature and enclosed as part of the proposal:
 - i. SF 424: Official Application for Federal Assistance (see note below)
 - ii. SF 424A: Budget Information Non-Construction
 - iii. SF 424B: Assurances—Non-Construction Programs
 - iv. SF LLL: Disclosure of Lobbying Activities
 - v. Additional Assurance Certifications:
http://apply.grants.gov/forms/sample/SSA_AdditionalAssurances-V1.0.pdf

- vi. Project narrative (as detailed in Section V)
- vii. Budget narrative (as detailed in Section V)
- viii. List of Key Contacts including the Project Officer and Financial Officer who is responsible for completing the Financial Status Report (SF-269a) and the Federal Cash Transactions Report (PSC 272)

Note: On SF 424 “Application for Federal Assistance”:

- Item 15 “Descriptive Title of Applicant’s Project.” Please indicate in this section the name of this grant: Children’s Health Insurance Program Outreach and Enrollment Grant.
- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these grants.
- Assure that the total Federal grant funding requested is for the period of the grant.

B. Required Letters of Support and Memorandum of Agreement

C. Project Abstract:

A one-page abstract should serve as a succinct description of the proposed project and should include the goals of the project, the total budget, a description of how the grant will be used to develop or improve outreach and enrollment of children.

D. Applicant’s Application Cover Letter:

A letter from the applicant must identify the:

- Eligible entity, or (if the proposal is submitted by a coalition of eligible entities) the entity that will serve as the lead agency;
- Title of the project;
- Total amount of funding requested for the grant period;
- Names of the coalition members actively participating in the project; and
- Principal Investigator/Project Director of the grant project with contact information.

The letter should indicate that the submitting agency or Lead Agency has clear authority to oversee and coordinate the proposed activities, and is capable of convening a suitable working group of all relevant members.

E. Proposed Budget:

The applicant is required to provide a detailed budget for the grant period. The budget presentation must include the following:

- Estimated Budget Total.
- Current State funding for Medicaid and CHIP outreach and enrollment efforts. State applicants need to submit the amount of money that was spent in the preceding fiscal year on outreach, for the Maintenance of Effort requirement. This information is required for State applicants. It should be provided by non-State applicants, if available.
- Total estimated budget broken down by quarter.
- Funding from other sources, including in-kind support.
- State share of funding to support the increased enrollment in Medicaid and CHIP.

- Total estimated funding requirements for each of the following line items, and a break down for each line item by grant year:
 - Personnel
 - Fringe benefits
 - Contractual costs, including subcontract contracts
 - Equipment
 - Supplies
 - Travel
 - Indirect charges, in compliance with the appropriate OMB Circulars. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.
 - Other costs
 - Completion of the Budget Form 424A remains a requirement for consideration of your application. This Estimated Budget Presentation is an important part of your proposal and will be reviewed carefully by CMS staff. Remember all quarters of the budget must be included on this form.
 - Provide budget notes for major expenditures and notes on personnel costs and major contractual costs.

F. Appendices

- Required Attachments as indicated (do not include a copy of your Letter of Intent to Apply)
- Resumes/Job Descriptions for Project Director and Assistant Director and the percentage of time that each person will be working on this project and the percentage of time that is spent on duties outside of the grant activities.

3. Submission Dates and Times:

All grant applications must be submitted electronically and are due on August 6, 2009. Applications received through <http://www.grants.gov> until 11:59 p.m. Eastern Standard time on August 6, 2009 will be considered “on time.” All applications will receive an automatic time stamp upon submission and applicants will receive an automatic e-mail reply acknowledging the application’s receipt.

Due to the expected high volume of electronic applications being submitted through Grants.gov, the applicant must submit the application electronically through grants.gov **AND** mail an original, two copies, and a CD of the complete application to:

LCG
6000 Executive Blvd, Suite 410
ATTN: Emily Trencher
FON: HHS-2009-CMS-CHIPRA-0008
Rockville, MD 20852-3818

The mailed application must be received on or before August 10, 2009.

Electronic and mailed applications that do not meet the above criteria will be considered late. **Late applications will not be reviewed. All paper-copy applications must include a CD with an electronic version of the application. Please do not use staples**

4. Intergovernmental Review:

Applications for these grants are not subject to review by States under Executive Order 12372, “Intergovernmental Review of Federal Programs” (45 CFR 100). Please check box “C” to item 19 of the SF-424 (Application for Federal Assistance) as Review by State Executive Order 12372 does not apply to these grants.

5. Funding Restrictions:

A. Indirect Costs

Applicable cost principles are as follows:

- **OMB Circular A-87**, Cost Principles for State, Local and Indian Tribal Governments, which establishes the cost principles for allowability of costs incurred by State, local and Federally-recognized Indian tribal governments under Federally-sponsored agreements.
- **OMB Circular-122**, which establishes cost principals for allowability of cost incurred by nonprofit organizations under Federally-sponsored agreements
- **45 CFR Part 74, Appendix E** establishes the cost principles for allowability of costs incurred by hospitals under Federally-sponsored agreements

Please submit a copy of the approved Indirect Cost Rate Agreement used in calculating the budget, if applicable.

B. Direct Services

Grant funds are not to be used to pay for direct services (e.g., medical and other services covered by Medicaid or CHIP).

C. Reimbursement of Pre-Award Costs

No grant funds awarded under this solicitation may be used to reimburse pre-award costs (e.g., consultant fees associated with preparing the CHIPRA Outreach Grant).

D. Prohibited Uses of Grant Funds

No grant funds awarded under this solicitation may be used for any item listed in the Prohibited Uses of Grant Funds as detailed in Attachment 2.

The same scope of work may not be paid for by more than one CHIPRA Outreach Grant award or other Federal funding stream.

6. Other Submission Requirements:

Requirements of Electronic Applications:

The deadline for all applications to be submitted through <http://www.grants.gov> is August 6, 2009. For information on how to register with <http://www.grants.gov>, please visit http://www.grants.gov/applicants/get_registered.jsp. We strongly recommend that applicants do not wait until the application deadline date to begin the application process through www.grants.gov. We recommend applicants visit www.grants.gov as soon as possible to fully understand the process and requirements. We encourage applicants to submit well before the closing date and time so that if difficulties are encountered, an applicant will have time to solicit help.

Dun and Bradstreet Number

Beginning October 1, 2003, applicants are required to have a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the following Website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF-424, Application for Federal Assistance). The name and address in the application should be exactly as given for the DUNS number.

Notice of Intent to Apply

Applicants are strongly encouraged to submit a non-binding Notice of Intent to Apply (See Attachment 1). However, Notices of Intent to Apply are not required and submission or failure to submit a notice has no bearing on the scoring of proposals received. The receipt of notices enables CMS to better plan for the application review process. Notices of Intent to Apply are due July 27, 2009, and should be faxed to 410-786-5882.

7. Central Contractor Registration (CCR)

The applicant must also register in the Central Contractor Registration (CCR) database in order to be able to submit the application. Information about CCR is available at <http://www.ccr.gov>. The central contractor registration process is a separate process from submitting an application. Applicants are encouraged to register early. In some cases, the registration process can take approximately two weeks to be completed. Therefore, registration should be completed in sufficient time to ensure that it does not impair your ability to meet required submission deadlines.

V. APPLICATION REVIEW INFORMATION

1. Criteria:

- Project Narrative (Weight: 50 points)
 - Outreach and Enrollment Plan with emphasis on:
 - Ability to address barriers to enrollment and retention
 - Community-based outreach
 - Access and credibility with underserved groups
 - Sustainability
 - IT and systems enhancements
 - Data Collection and Reporting
 - Benchmark/Peer Learning with emphasis on:
 - Best practices
 - Criteria for State applicants only with emphasis on:
 - State level support of grantees, including technical assistance
- Evaluation Plan (Weight: 30 points)
 - Data collection and reporting
- Work Plan and Timeline (Weight: 10 points)
- Budget Narrative (Weight: 10 points)

The Project Narrative (which includes Outreach and Enrollment Plan; Data Collection and Reporting; Benchmark/Peer Learning; Criteria for State Applicants only; Evaluation Plan; and Work Plan and Timeline) will not exceed 15 pages in length, and the Budget Narrative will not exceed 2 additional pages (a total of 17 pages in length).

Outreach and Enrollment Plan

The successful applicant will submit an outreach and enrollment plan to target geographic areas with high rates of eligible, but unenrolled, children including children who reside in rural areas or are from racial and ethnic minorities, including immigrant populations, and health disparity populations. Each proposal will include different elements of an outreach and enrollment plan depending on the approach. A proposal to establish or support community-based application and renewal assistance will have different components than a plan aimed at improving notices or systems to enroll or retain eligible children.

All proposals shall include:

- A detailed plan utilizing demographic data in the design of outreach projects for target populations with high levels of uninsured children under 200 percent of the Federal Poverty Level (FPL) who may be eligible for Medicaid or CHIP, but are unenrolled. This plan must also include how the applicant would submit and analyze the enrollment or retention data;
- A description of each vulnerable target population and an estimate of the numbers of uninsured children by population expected to be enrolled through the grant activities;
- A description of the outreach strategies, detailing the methods that will be used to track and measure the effectiveness of each strategy in enrolling and retaining targeted Medicaid and CHIP eligible children. Applicants must demonstrate the ability to refine outreach and enrollment strategies in real time based on the ongoing assessment of the effectiveness of those strategies;
- A description and examples of the applicant's access to and credibility with ethnic, immigrant or low-income populations in the communities in which activities funded under the grant are to be conducted;
- Demonstration of the ability to address barriers to enrollment such as:
 - A plan to address cultural and linguistic barriers including detailed methods of overcoming these differences and enrolling and retaining eligible children. Applicants must provide detail on planned activities to address these differences;
 - A description of past successful methods to identify and address barriers to enrollment, such as lack of awareness of eligibility, stigma concerns and punitive fears associated with receipt of benefits, and other cultural barriers to application and enrollment in public programs. Also included would be a description of past successful methods to identify and address barriers such as burdensome enrollment and renewal procedures and other systems-based barriers; and
 - Capacity to implement practices detailed in this proposal.
- Demonstration of the ability to sustain the outreach, enrollment and retention efforts beyond the grant period. A realistic plan to sustain these outreach, enrollment, and retention efforts beyond the grant period should be included in the proposal. Additional weight will be given to applicants that can show additional funding or in-kind support from sources other than Federal government.

As appropriate, proposals shall include:

- Demonstration of the ability to target, enroll, and retain specific populations with high rates of un-insurance and issues with access to health care. (proposals addressing these target populations will be viewed favorably). These target populations may include but not be limited to the following:
 - Legal immigrants or children living in households with mixed immigration status

- Cross-border populations
 - Children of Migrant Farmers
 - Hispanic children
 - Teens
 - Rural populations
 - Homeless populations
 - American Indian/Alaska Native populations
- A demonstration of the applicant’s ability to provide community based outreach and one-on-one guidance on the CHIP and Medicaid programs’ eligibility criteria and assistance to individuals with the initial application process and the annual program redetermination along with the methodology the applicant will use in providing this assistance to potentially eligible children’s families.

For systems-type proposals:

- Demonstration of the ability to use technology for the purpose of outreach and enrollment including projects that emphasize information technology and other enrollment system improvements to support enrollment and retention efforts such as simplifying notices or establishing a data-driven verification system.

Data Collection and Reporting

All applications must include:

- A description of the plan for defining, collecting, analyzing, and reporting on the necessary data to assess the effectiveness of the grant activities.
- A description of the applicant’s capacity to collect required data and share this data with partner agencies and the Secretary of the U.S. Department of Health and Human Services (HHS).
- Demonstration of the applicant’s capacity to track data and provide specific information on the target populations, regarding enrollment and retention. This must be reported on a regular schedule in order to evaluate the effectiveness of the strategies implemented. The applicant must recognize and modify these strategies when the data demonstrates that they are not effective in achieving the goals of the grant.

For non-State applications only:

- The intent to develop a Memorandum of Understanding (MOU) with the State Medicaid and CHIP Agencies for purposes of data collection or alternate plans to demonstrate enrollment or retention results. Grantees relying on MOUs will have 90 days after notification of grant approval to develop an MOU with the State(s) to establish data links for the reporting of eligibility and enrollment data. Applicants who are providing outreach to cross border populations will need to develop an MOU with the States involved. Funded State Medicaid and CHIP agencies (if separate) must have a reciprocal

agreement to have the MOUs in place within 90 days after award as a condition of funding. (Please see the evaluation plan section for detail on the specific data reporting requirements)

The grantee will be required to provide detail on:

- The grantee's relationship with the State(s) including past collaboration and
- The method for data exchange.

If it is not the applicant's intent to develop an MOU as part of the proposal, the applicant will need to provide details on what alternative is being proposed and how data will be obtained on enrollment and retention.

Benchmark/Peer Learning

The applicant must include its intent to commit to participate in key program components, including:

- Providing CMS with access to staff, policy documents, and data on enrollment and retention of eligible children;
- Sharing best practices and lessons learned with other grantees via peer-to-peer learning through conference calls, Web conferences, regional meetings and other forums;
- Collecting and sharing the required data that monitors progress and identifies effective strategies for outreach, enrollment, and retention;
- Reporting on the outcomes of quality and performance measures;
- Attending the HHS National Outreach and Enrollment Conference, part of the national Medicaid and CHIP outreach and enrollment campaign (grant funds may be used for these expenses); and
- Coordinating messages and strategies with the national Medicaid and CHIP outreach and enrollment campaign.

Criteria for State Medicaid and CHIP Agency Applicants only:

In considering grant selection criteria, proposals from State Medicaid and CHIP Agencies are weighted with criteria in addition to the previous criteria detailed in this solicitation because of their ultimate responsibility in enrolling children and their possession of critical data on enrollment.

The State is not required to fulfill all of the following criteria or have those items in place at the time of application, but the State is required to document plans for those criteria it will implement.

- **Criteria for State Medicaid and CHIP Agencies (if there are non-State grantees in the State):**
 - Formal agreements with appropriate grantees to utilize eligible entities as enrollment facilitators. The State should explain how they would define an ‘appropriate grantee’ and the process used to establish an entity as an enrollment facilitator (for those State applications that propose to use enrollment facilitators);
 - A Memorandum of Understanding (MOU) with the grantee(s) (if there are non-State grantees in the State) within 90 days of award. Grantees would provide the State(s) with a list of applicants for whom they have facilitated enrollment/retention and the State would provide the grantee with reciprocal information, such as the percentage of children referred that have been found eligible, enrolled, and retained;
 - Coordination of efforts with the grantees for the HHS National Outreach and Enrollment Campaign;
 - A letter from the Governor in support of the increased enrollment and retention efforts; and
 - Demonstration that the State can provide technical assistance to individual or coalition-based grantees within the State to assist in targeting and evaluation efforts and can do so within a routine, standardized timeline. The following lists potential ways to demonstrate this and the State agency may include a funding request to develop and carry out these efforts in their proposal. This list is not exhaustive. There may be other demonstrations of support for other grantees within the State that the State Agency may propose.
 - Provide mapped census data to grantees regarding income, family composition, and insurance status and match this data to program applications and enrollment so grantees can target areas where there are disparities. This can also be done to pinpoint areas of high need, but low program retention rates in Medicaid and CHIP.
 - Conduct focus groups to identify ways to simplify the application form and revise as necessary to create a form that is user friendly.
 - Conduct disenrollment focus groups and surveys to find out why enrollees are not being retained in the program and provide this information to grantees.
 - Conduct focus/work groups and surveys to find out what the administrative barriers to enrollment are and provide this information to grantees.
 - Hold regional State focused meetings so that non-State grantees can meet and discuss best practices and exchange lessons learned with one another.

- Broaden partnerships with key entities such as Women, Infants and Children (WIC), the Supplemental Nutrition Assistance Program (formerly the Food Stamp Program), statewide faith-based organizations and Tribal Entities, etc. that can be utilized by Grantee entities.

Depending on the type of proposal, State applicants will:

- Provide CHIP and Medicaid program applications to grantee groups to use that have an identifying barcode labeling system that can be used to directly attribute enrollment/retention efforts to the grantee.
- Have State regional staff available to work with non-State grantees and coordinate efforts to prevent duplicative efforts.
- Develop and provide Web-based, interactive training for grantees on the program eligibility and enrollment criteria and make this available in the language of the non-State grantee organization.
- Develop partnerships with nursing, dental and medical university programs to broaden outreach to providers that can be utilized by Grantee entities.
- **A commitment to facilitating enrollment and retention.** Of particular interest are innovative applications of technology to assist in this endeavor. States may include a funding request to develop and implement these types of projects. Examples of such evidence of this commitment would be:
 - Proposals utilizing Web-based applications for both enrollment and redeterminations, particularly those that are available within the community and do not require the applicant to go to a State or county eligibility office. Web-based applications should take into account particular population/ethnic groups.
 - Facilitation of enrollment/retention by establishing a telephone application/renewal process through a toll free number.
 - Proposals including, but not limited to, those that support the use of the Express Lane Option and those focusing on the development of new simplification practices.
 - Proposals facilitating the payment of premiums, if they are charged by the State, to minimize the impact of cost sharing on families. This could entail payment by a credit or debit card, discounts for pre-payment or other creative options.
 - Proposals including information technology and systems improvements to support outreach, enrollment and retention.

In addition, States must provide assurance that the State share of funds expended for outreach and enrollment activities under the State child health plan shall not be less than the State share of such funds expended in the fiscal year preceding the first fiscal year for which the grant is awarded.

Evaluation Plan:

Proposals must include a detailed plan to assess the program's strategy, processes and outcomes. In the initial cycle the grantee will develop and identify data collection processes that will be used to measure effectiveness.

- Overall quality and outcome performance measures are:
 - Of those children who are potentially eligible for Medicaid or CHIP within a grantee's geographic area, the number of children who are enrolled in the program through the grantee's outreach and enrollment efforts.
 - Of those children who remain programmatically eligible at the annual redetermination for Medicaid or CHIP within a grantee's geographic area, the number of children who retain eligibility in Medicaid or CHIP.
 - The potential overall impact on decreasing the number of low-income uninsured children as evidenced in a reduction in the percentage of the low-income uninsured children in the target areas.

If the applicant includes a State Medicaid or CHIP agency, the State will report on the first four components listed below quarterly and annually using 'ever-enrolled' data to ensure that a child is not counted multiple times. Non-State grantees will select from the measures below those that apply to their particular project and will use them to evaluate their projects.

- Specific measurable quality and outcome performance measures will include (if applicable to the proposal):
 - The number of applications referred through the grantee's efforts and the number of those found eligible as reported to the grantee by the State;
 - The number of those referred, through the grantee's efforts and found eligible who retain eligibility at the annual redetermination, if they are still programmatically eligible as reported to the grantee by the State;
 - The number of applications referred through the grantee's efforts by the population the grantee is targeting as reported to the grantee by the State;
 - The number of those referred, through the grantee's efforts who are denied and the reasons for the denials as reported to the grantee by the State;

- An assessment of the specific strategies or events which are more successful than others at generating successful program enrollments; and
- An assessment of the ability to replicate the strategies and the potential for using them as a model.

The actual quality and outcome performance measures may vary depending on the nature of the proposal and must relate to the actual proposal. Applicants must report quality and outcome performance measures related to the nature of the specific proposal.

For plans that involve systems type proposals, these measures can include projections, but such projections should be based on reasonable assumptions that are explained in the proposal.

Additional specific measurable quality and outcome performance measures applicable to State Medicaid and CHIP Agencies:

- The increase in the number of locations in a State where eligible children can apply for CHIP or Medicaid.
- The increase in the number of outstationed eligibility workers in the State.
- The percentage of eligible uninsured children in a State who have applied for CHIP during the year.
- The number or percent of eligible uninsured children in a State who have been newly enrolled in CHIP or Medicaid.
- The percentage of enrollees who were still eligible at the end of their last enrollment period, and were recertified to retain coverage for at least an additional six months.
- A list of the specified public agencies (Express Lane Agencies) to which States electronically link for findings to evaluate a child's initial eligibility or renewal status for CHIP or Medicaid.

The following measure will apply to States with non-State grantees:

- Based on the reporting of non-State grantees on enrollment and funded activities, the State will make a comparison of the level and types of efforts, associated with costs, to determine which efforts generated better enrollment per dollar.

Work Plan and Timeline:

A timeline is required with the project goals and objectives consistent with those outlined in the basic narrative. The work plan submitted with the application should document reasonable

benchmarks, milestones, timeframes, and identify the responsible parties to accomplish the goals of the project.

Budget Narrative:

A budget with appropriate budget line items and a narrative that identifies the funding needed to accomplish the grant's goals. For the budget recorded on form SF 424 A, provide a breakdown of the aggregate numbers detailing their allocation to each major set of activities. The budget narrative must separately report on technical assistance activities. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners.

Required Supporting Documentation:

The following supporting documentation should accompany the application. (This information is excluded from the page limit for applications).

- a) Letter of Support from Applicable State(s).
This letter would include:
 - i. Evidence of available State share funding for the proposed increased Medicaid and CHIP enrollment.
 - ii. State certification of maintenance of effort from the State Medicaid or CHIP Program verifying that the grant funds will not supplant existing state expenditures for Medicaid and CHIP outreach and enrollment efforts.
 - iii. Confirmation that within 90 days of the award, the State will enter into a Data Access/Sharing Memorandum of Understanding with the grant applicant for purposes of sharing and tracking enrollment data and assisting in tracking and evaluating the applicant's outreach and retention efforts. (if applicable)
 - iv. A letter from the Governor (required when the proposal is submitted by, or the coalition includes, the State Medicaid or CHIP Agency).
(in the absence of a State letter of support, the non-State applicant will need to demonstrate they have State support of their application, or that its efforts will be effective in increasing enrollment among eligible children in the absence of State collaboration).

- b) The applicant must provide a clear delineation of the roles and responsibilities of project staff and how they will contribute to achieving the project's objectives including:
 - 1) The grantee's capacity to implement the proposed project and manage grant funds, including a reasonable and cost-efficient budget; and
 - 2) An organizational chart and job descriptions of staff who will be dedicated to the project. Also included will be the time that staff will spend on grant activities (this will also be reflected in the budget).

The following documentation will be required as appropriate for the type of applicant:

c)Memorandum of Agreement (MOA) Signed by All Coalition Members.

All participating entities in a coalition who will take part in the development and implementation of the CHIP Outreach and Enrollment Grant must sign an MOA to collaborate on the Project. The MOA must state the goals and objectives of the CHIPRA Outreach Grant and a timeline which identifies the responsible entity for each task as well as the staffing that will be provided by each entity for assigned tasks.

d)The applicant must provide a plan for involving community leaders and other stakeholders, including community-based organizations, in the targeted geographic areas including letters of support from community-based organizations (as attachments).

2. Review and Selection Process:

CMS will be employing a multiphased review process to determine the applications that will be reviewed, and the merit of the applications that are reviewed. The multiphased review process includes the following:

- Applications will be screened to determine eligibility for further review using the criteria detailed in the Section III. *Eligibility Information* of this solicitation. Applications that are received late or fail to meet the eligibility requirements as detailed in this solicitation or do not submit the required forms will not be reviewed.
- Applications will be objectively reviewed by a panel of experts, the exact number and composition of which will be determined by CMS at its discretion, but may include private sector subject matter experts, beneficiaries of Medicaid or CHIP services, and Federal policy staff. The review panels will utilize the objective criteria described in Section V *Application Review Criteria Information* of this solicitation to establish an overall numeric score for each application.
- The results of the objective review of applications will be used to advise the approving CMS official. Additionally, CMS staff will make final recommendations to the approving official after ranking applications using the scores and comments from the review panel and weighing other factors as described in the “Factors Other than Merit that May be Used in Selecting Applications for Award” indicated below.
- Factors Other than Merit that May be Used in Selecting Applications for Award. CMS may assure reasonable balance among the grants to be awarded in terms of key factors such as geographic distribution and target group representation. CMS may redistribute grant funds (as detailed in the “Award Information” section of this solicitation) based upon the number and quality of applications received. CMS will not fund activities that are duplicative of efforts funded through its grant programs or other Federal resources.

After the applications are scored and ranked based upon the merits of how each application addresses the CHIPRA goals outlined in this solicitation, CMS will determine who will receive grant awards and the dollar amount of each award. Successful applicants will receive one grant award based on this solicitation.

3. Anticipated Announcement and Award Dates:

All grant awards will be made prior to September 30, 2009, and will have a start date on or before September 30, 2009.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices:

Successful applicants will receive a Notice of Award (NOA) signed and dated by the CMS Grants Management Officer. The NOA is the document authorizing the grant award and will be sent through the U.S. Postal Service to the applicant organization as listed on its SF-424. Any communication between CMS and applicants prior to issuance of the NOA is not an authorization to begin performance of a project. Unsuccessful applicants will be notified by letter, sent through the U.S. Postal Service to the applicant organization as listed on its SF 424, after October 1, 2009.

2. Administrative and National Policy Requirements:

The following standard requirements apply to applications under this solicitation:

- Specific administrative and policy requirements of applicants as outlined in 45 CFR 74 and 45 CFR 92 apply to this grant opportunity.
- All awardees receiving awards under these grant programs must meet the requirements of:
 - a. Title VI of the Civil Rights Act of 1964,
 - b. Section 504 of the Rehabilitation Act of 1973,
 - c. The Age Discrimination Act of 1975,
 - d. Hill-Burton Community Service nondiscrimination provisions, and
 - e. Title II Subtitle A of the Americans with Disabilities Act of 1990.
- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original grant application or agreed upon subsequently with CMS, and may not be used for any prohibited uses.
- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project. CMS expects all grant budgets to include some funding to facilitate participation on the part of individuals who have a disability or long-term illness and their families.

3. Terms and Conditions

A funding opportunity award with CMS will include the *Health and Human Services (HHS) Grants Policy Statement* at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm> and may also include additional specific grant “special” terms and conditions. Potential applicants should be aware that special requirements could apply to grant awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the review panel or CMS.

4. Reporting

For each cycle, the awardee is expected to complete quarterly and annual progress reports that include the quality and performance measures and to complete a final report for CMS. The progress reports will be due 30 days after the end of each quarter and the annual report is due 30 days after the end of the 12th month of each year of the grant award. The final report will be due 30 days after the conclusion of the project period.

Awardees must agree to cooperate with any Federal evaluation of the program and provide reports at the intervals listed in the terms and conditions of the award, and a final report at the end of the grant period in a form prescribed by CMS (including the SF-269a “Financial Status Report” FSR forms). Progress reports may be submitted electronically. These reports will outline how grant funds were used, describe program progress, and describe any barriers and measurable outcomes. CMS will provide a format for reporting and technical assistance necessary to complete required report forms. Awardees must also agree to respond to requests that are necessary for the evaluation of the National CHIP Outreach and Enrollment Grants’ and provide data on key elements of their own grant activities. An original and two copies of the interim SF-269a must be mailed to the CMS Grants Management Specialist as identified in the terms and conditions. The frequency of the SF-269a report will be identified in the terms and conditions of the grant award. The final SF-269a submitted to this office must agree with the final expenditures reported on the PSC-272 to the Payment Management System. Before final FSR submission all obligations must be liquidated. An original and two copies are due no later than 90 days after the project period end date. Use Standard Form 269a, which is available online at: <http://www.whitehouse.gov/omb/grants/sf269a.pdf>. Please note that interim SF-269a reports should not be marked as final. If awarded a grant, please be prepared to provide the contact information of the person or office that will complete the Financial Status Reports.

VII. AGENCY CONTACTS

Programmatic Content

Programmatic questions about the CHIP Outreach and Enrollment grants may be directed to CHIPRA grants mailbox CHIPRAOutreachGrants@cms.hhs.gov

Administrative Questions

Administrative questions about the CHIP Outreach and Enrollment grants may be directed to the Mary E. Greene, Centers for Medicare & Medicaid Services, Office of Acquisition and Grants Management, Acquisition and Grants Group, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850 or by e-mail Mary.Greene@cms.hhs.gov.

There will be an applicants' teleconference on Wednesday, July 22, 2009 from 2:00 – 4:00 p.m. EST.

The call-in number is 1-800-837-1935 with a conference identification number of 17418037. At that time we will provide an overview of the solicitation and answer questions that have been submitted to the mailbox.

ATTACHMENT 1

Notice of Intent to Apply

**CHILDREN'S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT (CHIPRA)
OUTREACH GRANTS – CYCLE I**

Submission by Facsimile required.
Please complete and return by July 27, 2009 to:
Fax: 410-786-5882

1. Name of State: _____
2. Applicant Agency/Organization: _____
3. Contact Name and Title: _____
4. Address: _____
5. Phone: _____ Fax: _____
6. E-mail address: _____

ATTACHMENT 2

Prohibited Uses of Grant Funds

Children's Health Insurance Program Reauthorization Act Outreach and Enrollment Grants for FY 2009-2013 funds may not be used for any of the following:

1. To cover the costs to provide direct services to individuals.
2. To match any other Federal funds.
3. To provide services, equipment, or supports that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation or education services) 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.
4. To provide infrastructure for which Federal Medicaid or CHIP matching funds are available such as for certain information systems projects.
5. To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
6. To be used for data processing software or hardware in excess of the software and personal computers required for staff devoted to the grant.

ATTACHMENT 3

Definitions

American Indian/Alaska Native (AI/AN) means --

- (1) A member of a Federally recognized Indian tribe, band, or group;
- (2) An Eskimo or Aleut or other Alaska Native enrolled by the Secretary of the Interior pursuant to the Alaska Native Claims Settlement Act, 43 U.S.C. 1601 *et seq.*; or
- (3) A person who is considered by the Secretary of the Interior to be an Indian for any purpose.

Applicant means a child who has filed an application (or who has an application filed on their behalf) for health benefits coverage through the Children's Health Insurance Program or Medicaid. A child is an applicant until the State agency has made a final determination on the application.

Child means an individual under 19 years of age in CHIP but Medicaid provides the option to cover up to age 21.

Children's Health Insurance Program (CHIP) means a program established and administered by a State, jointly funded with the Federal government, to provide child health assistance to uninsured, low-income children through a separate child health program, a Medicaid expansion program, or a combination program as authorized under Title XXI of the Social Security Act.

Children of Migrant Farmers- means a child of migratory agricultural workers or seasonal agricultural workers as defined for as:

(A) Migratory agricultural worker. The term "migratory agricultural worker" means an individual whose principal employment is in agriculture, who has been so employed within the last 24 months, and who establishes for the purposes of such employment a temporary abode.

(B) Seasonal agricultural worker. The term "seasonal agricultural worker" means an individual whose principal employment is in agriculture on a seasonal basis and who is not a migratory agricultural worker.

(C) Agriculture. The term "agriculture" means farming in all its branches, including--

- (i) cultivation and tillage of the soil;
- (ii) the production, cultivation, growing, and harvesting of any commodity grown on, in, or as an adjunct to or part of a commodity grown in or on, the land; and
- (iii) any practice (including preparation and processing for market and delivery to storage or to market or to carriers for transportation to market) performed by a farmer or on a farm incident to or in conjunction with an activity described in clause (ii).

Coalition means a temporary alliance of distinct persons, parties or entities for common action.

Combination program means a program under which a State implements both a Medicaid expansion program and a separate child health program.

Community-based doula means an individual who has specialized knowledge and experience in perinatal care and support and whose services are used by pregnant and postpartum women in the community. A doula provides continuous physical, emotional and informational support during the prenatal, childbirth or postpartum periods as well as pregnancy and childbirth education, early linkages to appropriate healthcare and other services, encouraging parental attachment, breastfeeding promotion counseling and parenting education.

Community health worker means an individual who promotes health or nutrition within the community in which the individual resides--

- (A) by serving as a liaison between communities and health care agencies;
- (B) by providing guidance and social assistance to community residents;
- (C) by enhancing community residents' ability to effectively communicate with health care providers;
- (D) by providing culturally and linguistically appropriate health or nutrition education;
- (E) by advocating for individual and community health or nutrition needs; and
- (F) by providing referral and followup services.

Creditable health coverage has the meaning given the term "creditable coverage" under section 2701(c) of the Public Health Service Act ([42 U.S.C. 300gg\(c\)](#)) and includes coverage which meets the requirements of section [42 U.S.C. § 1397cc](#), provided to a targeted low-income child pursuant to 42 U.S.C. §1397aa *et seq.*, or under a waiver approved pursuant to [42 U.S.C. §1396d\(c\)\(2\)\(B\)](#) (relating to a direct service waiver).

Cross-border populations (in accord with the meaning given the term under CHIPRA section 213) is a population who, because of migration of families, emergency evacuations, natural or other disasters, public health emergencies, educational needs, or otherwise, frequently change their State of residency or otherwise are temporarily located outside of the State of their residency. For purposes of this solicitation, cross-border populations also include Native Americans who are trans-nationals with American citizenship, or are members of those tribes whose reservations lie within the borders of more than one state.

Eligible entity means any of the following or a coalition or collaboration within or among the following:

- (A) A State with an approved child health plan under this [title \[42 U.S.C. §1397aa et seq.\]](#).
- (B) A local government.
- (C) An Indian tribe or tribal consortium, a tribal organization, an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act ([25 U.S.C. 1651](#) *et seq.*), or an Indian Health Service provider.
- (D) A Federal health safety net organization.
- (E) A national, State, local, or community-based public or nonprofit private organization,

including organizations that use community health workers or community-based doula programs.

- (F) A faith-based organization or consortia, to the extent that a grant awarded to such an entity is consistent with the requirements of section 1955 of the Public Health Service Act ([42 U.S.C. 300x-65](#)) relating to a grant award to nongovernmental entities.
- (G) An elementary or secondary school.

Enrollee means a child who receives health benefits coverage through CHIP.

Family income means income as determined by the State for a family as defined by the State.

Federal fiscal year starts on the first day of October each year and ends on the last day of the following September.

Federal health safety net organization means--

- (A) a Federally-qualified health center (as defined in section 1905(l)(2)(B) [[42 U.S.C. §1396d\(l\)\(2\)\(B\)](#)]);
 - (B) a hospital defined as a disproportionate share hospital for purposes of section 1923 [[42 U.S.C. §1396r-4](#)];
 - (C) a covered entity described in section 340B(a)(4) of the Public Health Service Act ([42 U.S.C. 256b\(a\)\(4\)](#)); and
 - (D) any other entity or consortium that serves children under a federally funded program, including the special supplemental nutrition program for women, infants, and children (WIC) established under section 17 of the Child Nutrition Act of 1966 ([42 U.S.C. 1786](#)), the Head Start and Early Head Start programs under the Head Start Act ([42 U.S.C. 9801 et seq.](#)), the school lunch program established under the Richard B. Russell National School Lunch Act [[42 U.S.C. §1751 et seq.](#)], and an elementary or secondary school.
- Fee-for-service entity means any individual or entity that furnishes services under the CHIP program on a fee-for-service basis, including health insurance services.

Group health plan, group health insurance coverage, and health insurance coverage have the meanings given such terms in section 2791 of the Public Health Service Act, [42 U.S.C. § 300gg-91](#).

Health benefits coverage means an arrangement under which enrolled individuals are protected from some or all liability for the cost of specified health care services.

Health disparity population means a population which has a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates as compared to the health status of the general population.

Health insurance coverage has the meaning assigned at 45 [C.F.R.](#) 144.103.

Health insurance issuer has the meaning assigned at 45 [C.F.R.](#) 144.103.

Health maintenance organization (HMO) means a health coverage plan which is offered through an HMO (as defined in section 2791(b)(3) of the Public Health Services Act).

Health services initiatives means activities that protect the public health, protect the health of individuals, improve or promote a State's capacity to deliver public health services, or strengthen the human and material resources necessary to accomplish public health goals relating to improving the health of children (including targeted low-income children and other low-income children).

Hispanic child means an individual who is 19 years old or younger and is of Hispanic or Latin-American origin. Hispanics or Latinos are those people who classified themselves in one of the specific Spanish, Hispanic, or Latino categories listed on the Census 2000 questionnaire - "Mexican, Mexican American, Chicano," "Puerto Rican", or "Cuban" - as well as those who indicate that they are "other Spanish/Hispanic/Latino." Persons who indicated that they are "other Spanish/Hispanic/Latino" include those whose origins are from Spain, the Spanish-speaking countries of Central or South America, the Dominican Republic or people identifying themselves generally as Spanish, Spanish-American, Hispanic, Hispano, Latino, and so on.

Homeless population means individuals who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.

Immigrant population means a cluster of individuals each of whom is an alien and not a citizen or national of the United States and who does not fit within one of the classes of non-immigrant aliens set out in the Immigration and Nationality Act, 8 U.S.C. 1101.

Indian, Indian tribe, tribal organization, and urban Indian organization have the meanings given such terms in section 4 of the Indian Health Care Improvement Act ([25 U.S.C. 1603](#)).

Joint application means a form that can be used to apply for both the CHIP and Medicaid programs.

Low-income child means a child whose family income is at or below 200 percent of the poverty line for a family of the size involved. Efforts that will have broader impact will be considered as long as the target population is low-income children.

Managed care entity (MCE) means an entity that enters into a contract to provide services in a managed care delivery system, including but not limited to managed care organizations, prepaid health plans, and primary care case managers.

Medicaid applicable income level means, with respect to a child, the effective income level (expressed as a percent of the poverty line) that has been specified under the State plan under title XIX, [42 U.S.C. §1396](#) et seq., (including under a waiver authorized by the Secretary or under section [42 U.S.C. §1396a\(r\)\(2\)](#)), as of March 31, 1997, for the child to be eligible for medical assistance under section [42 U.S.C. §1396a\(l\)\(2\)](#) or [1396d\(n\)\(2\)](#) (as selected by a State) for the age of such child.

Medicaid expansion program means a program under which a State receives Federal funding to expand Medicaid eligibility to optional targeted low-income children.

Medicaid program means the program established under title XIX of the Social Security Act (42 U.S.C. 139aa et seq.)

Memorandum of Agreement (MOA) means a written agreement establishing an objective whereby the parties agree to work together on a project with the rights and responsibilities of each party clearly articulated.

Memorandum of Understanding (MOU) is an instrument used when agencies enter into a joint project in which they each contribute their own resources; in which the scope of work is very broad and not specific to any one project; or in which there is no exchange of goods or services between the participating agencies.

Optional targeted low-income child means a child under age 19 who meets the financial and categorical standards set out in 42 C.F.R. §435.4 for States and 42 C.F.R. §436.3 for Territories.

Poverty line/Federal poverty level means the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services under authority of 42 U.S.C. 9902(2).

Provider means an individual who provides health services to a health care consumer within the scope of practice for which the individual is licensed or certified to practice as governed by State law. An entity, such as a hospital or a pharmacy, which is duly-licensed pursuant to State law, is also characterized or classified as a provider.

Public agency means a State, county, city or other type of municipal agency, including a public school district, transportation district, irrigation district, or any other type of public entity.

Qualified entity means an entity that is determined by the State to be capable of making determinations of presumptive eligibility for children, and that --

- (1) Furnishes health care items and services covered under the approved plan and is eligible to receive payments under the approved plan;
- (2) Is authorized to determine eligibility of a child to participate in a Head Start program under the Head Start Act;
- (3) Is authorized to determine eligibility of a child to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990;
- (4) Is authorized to determine eligibility of an infant or child to receive assistance under the special nutrition program for women, infants, and children (WIC) under section 17 of the Child Nutrition Act of 1966;
- (5) Is authorized to determine eligibility of a child or pregnant woman for medical assistance under the Medicaid State plan, or eligibility of a child for child health assistance under the Children's Health Insurance Program;

- (6) Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801);
- (7) Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs;
- (8) Is a State or Tribal child support enforcement agency;
- (9) Is an organization that --
 - (i) Provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act;
 - (ii) Is a State or Tribal office or entity involved in enrollment in the program under this title, Part A of title IV, or title XXI; or
 - (iii) Determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.); and
- (10) Any other entity the State so deems, as approved by the Secretary.

“Rural” designation, as classified by the U.S. Census Bureau, means a territory, population or housing units located outside of urbanized areas and urban clusters. Urbanized areas and urban clusters are densely settled territory which generally consist of a cluster of one or more block groups or census blocks which have a population density of at least 1,000 per square mile and surrounding block groups and census blocks each of which has a population density of at least 500 people per square mile at the time and less densely settled blocks which form enclaves or indentations or are used to connect discontinuous areas with qualifying densities.

School-based health center.

- (A) In general. The term "school-based health center" means a health clinic that--
 - (i) is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization;
 - (ii) is organized through school, community, and health provider relationships;
 - (iii) is administered by a sponsoring facility;
 - (iv) provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and
 - (v) satisfies such other requirements as a State may establish for the operation of such a clinic.
- (B) Sponsoring facility. For purposes of subparagraph (A)(iii), the term "sponsoring facility" includes any of the following:
 - (i) A hospital.
 - (ii) A public health department.
 - (iii) A community health center.
 - (iv) A nonprofit health care agency.
 - (v) A school or school system.
 - (vi) A program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.

Separate child health program means a program under which a State receives Federal funding from its title XXI allotment to provide child health assistance through obtaining coverage that meets the requirements of section 2103 of the Act and 42 C.F.R. §457.402.

State means all States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands. The Territories are excluded from this definition for purposes of providing quarterly reports pursuant to 42 C.F.R. §457.740.

State child health plan: Unless the context otherwise requires, the terms "State child health plan" and "plan" mean a State child health plan approved under section 2106, [42 U.S.C. §1397ff](#).

State health benefits plan means a health insurance coverage plan that is offered or organized by the State government on behalf of State employees or other public agency employees within the State. The term does not include a plan in which the State provides no contribution toward the cost of coverage and in which no State employees participate, or a plan that provides coverage only for a specific type of care, such as dental or vision care.

State plan means the title XXI State child health plan.

Targeted low-income child means a child--

- (1)(A) who has been determined eligible by the State for child health assistance under the State plan;
 - (B) (i) who is a low-income child, or
(ii) is a child--
 1. whose family income (as determined under the State child health plan) exceeds the Medicaid applicable income level (as defined in paragraph (4)), but does not exceed 50 percentage points above the Medicaid applicable income level;
 2. whose family income (as so determined) does not exceed the Medicaid applicable income level (as defined in paragraph (4) but determined as if "June 1, 1997" were substituted for "March 31, 1997"); or
 3. who resides in a State that does not have a Medicaid applicable income level (as defined in paragraph (4)); and
 - (C) who is not found to be eligible for medical assistance under title XIX, [42 U.S.C. §§ 1396](#) et seq. or, subject to paragraph (5), covered under a group health plan or under health insurance coverage (as such terms are defined in section 2791 of the Public Health Service Act, [42 U.S.C. §300gg-91](#)).
- (2) Children excluded. Such term does not include--
- (A) a child who is an inmate of a public institution or a patient in an institution for mental diseases; or
 - (B) a child who is a member of a family that is eligible for health benefits coverage under a State health benefits plan on the basis of a family member's employment with a public agency in the State.
- (3) Special rule. A child shall not be considered to be described in paragraph (1)(C) notwithstanding that the child is covered under a health insurance coverage program that has been in operation since before July 1, 1997, and that is offered by a State which receives no Federal funds for the program's operation.

Teenager means an individual from the age of 13 through the age of 19 years old.

Uncovered child means a child who does not have creditable health coverage.

Well-baby and well-child care services means regular or preventive diagnostic and treatment services necessary to ensure the health of babies, children and adolescents as defined by the State. For purposes of cost sharing, the term has the meaning assigned at 42 C.F.R. §457.520.

ATTACHMENT 4

Sources of Additional Information

For more information on the Centers for Medicare & Medicaid Services (CMS) activities related to CHIPRA, visit <http://www.cms.hhs.gov/chipra>. Questions regarding this solicitation can be submitted to CHIPRAOutreachGrants@cms.hhs.gov

CENTER FOR HEALTH CARE STRATEGIES, INC. Simply having insurance coverage does not guarantee good access or high quality health care. CHCS resources can help states, plans and consumer organizations design programs to improve access to care for low-income families and people with disabilities. http://www.chcs.org/info-url_nocat5108/info-url_nocat_list.htm?attrib_id=8438

THE KAISER COMMISSION: OUTREACH STRATEGIES FOR MEDICAID AND SCHIP: An Overview of Effective Strategies and Activities
<http://www.kff.org/medicaid/upload/7495.pdf>

THE KAISER COMMISSION: This study, sponsored by The Kaiser Commission on Medicaid and the Uninsured, is the first nationwide analysis of states' advertising campaigns for children's health coverage programs. To conduct this study, officials from 48 states (including Washington, DC), who are responsible for CHIP and Medicaid outreach, were interviewed in June and July 2000.
<http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=13483>

NATIONAL CONFERENCE OF STATE LEGISLATURES: NCSL provides links to other websites for information purposes only. [Covering Kids](#)
This State Legislatures magazine article focuses on outreach and enrollment efforts in the states to cover kids, June 2009.
<http://www.ncsl.org/programs/health/chiphome.htm>

NATIONAL LIBRARY OF MEDICINE: Simplifying Medicaid/SCHIP Enrollment Forms. Presents results of a one year CMS funded research project during which the Center for Health Literacy analyzed Medicaid and SCHIP applications and notices from almost 50 states, and developed simplified template for states to use.
<http://gateway.nlm.nih.gov/MeetingAbstracts/ma?f=103623818.html>

NATIONAL ACADEMY OF STATE HEALTH POLICY: This report is a product of the Maximizing Enrollment for Kids program, a four-year initiative of the Robert Wood Johnson Foundation (RWJF) to increase enrollment and retention of children who are eligible for public health coverage programs like Medicaid and the State Children's Health Insurance Program (SCHIP) but not enrolled. http://www.nashp.org/files/Max_Enroll_Report_FINAL.pdf

NATIONAL GOVERNORS ASSOCIATION: The Health Division of NGA's Center for Best Practices conducts numerous activities and services for Governors and their staff to support and

assist state efforts to implement SCHIP.

<http://www.nga.org/portal/site/nga/menuitem.1f41d49be2d3d33eacdcbbeb501010a0/?vgnnextoid=921884c9da9f2010VgnVCM1000001a01010aRCRD>

ROBERT WOOD JOHNSON FOUNDATION: From 1997 to 2000, the Colorado Department of Health Care Policy and Financing conducted planning activities for its State Children's Health Insurance Program (SCHIP), called Child Health Plan Plus (CHP+), focusing chiefly on: Better understanding the needs and attitudes of its target audience. Developing a model for using standard messages to communicate about CHP+. Simplifying enrollment processes. Providing partners with online access to the eligibility database and processes. The project was part of the Robert Wood Johnson Foundation (RWJF) Healthy Kids Replication Program national program.

<http://www.rwjf.org/reports/grr/033208.htm>

THE FUTURE OF CHILDREN, PRINCETON UNIVERSITY: Enrolling Eligible Children and Keeping Them Enrolled

Donna Cohen Ross and Ian T. Hill, M.P.A., M.S.W.

A detailed overview of the efforts that states have made to increase enrollment in Medicaid and SCHIP; remaining barriers to enrollment and renewal; and recommendations for strengthening outreach, enrollment, and retention.

(Includes various other articles)

http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=161387

THE KAISER COMMISSION: LESSONS FROM THE FIELD: INCREASING ENROLLMENT IN CHILDREN'S HEALTH INSURANCE IN LOS ANGELES COUNTY

<http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=13884>

THE KAISER COMMISSION: medicaidkaiser commissiononISSUEPAPERandtheuninsured December Turning to Medicaid and SCHIP in an Economic Recession: Conversations with Recent Applicants and Enrollees Executive

<http://www.kff.org/medicaid/upload/7847.pdf>

FAMILIES USA – THE VOICE FOR HEALTH CARE CONSUMERS: What Can Consumer Health Assistance Programs

and States DO To Improve Medicaid and SCHIP Enrollment and Retention

Notes from Health Assistance Partnership call, October 28, 2004

<http://www.familiesusa.org/issues/medicaid/making-it-work-for-consumers/improving-medicaid-and-schip.html>

CENTER ON BUDGET AND POLICY PRIORITIES: Children's Health Coverage Outreach:

A Special Role for School Nurses. As trusted community institutions, schools have become a focal point for children's health insurance outreach and enrollment activities throughout the country. Dedicated school staff, working in partnership with community-based organizations and state and local children's health insurance agencies, are helping children get enrolled.

<http://www.coveringkidsandfamilies.org/resources/docs/InfoCenterID74/DCR-SchoolNurseBrief.pdf>

COVERING KIDS & FAMILIES: Promising practices from the nation's single largest effort to insure eligible children and adults through public health coverage

<http://www.coveringkidsandfamilies.org/resources/docs/CKFPromisingPractices.pdf>

COVERING KIDS & FAMILIES: It is critical that you evaluate your efforts to determine whether your outreach strategies and messages were effective in reaching American Indian and Alaska Native families.

http://www.coveringkidsandfamilies.org/actioncenter/module_ModuleID=36.php

COVERING KIDS & FAMILIES: Southern Institute on Children and Families Communication and Marketing Strategies Meeting August 6, 1998 The subject here today is communications and marketing - strategies that work and those that don't work. We'll be looking very closely at the state organizations that are present today.

<http://www.coveringkidsandfamilies.org/resources/docs/CommunicationMarketing.pdf>

COVERING KIDS & FAMILIES: Retaining Eligible Children and Families in Medicaid and SCHIP: What We Know So Far. A Review of Research
Prepared for: Covering Kids and Families
June 13, 2003

<http://www.coveringkidsandfamilies.org/actioncenter/files/RetentionComplete.pdf>

NATIONAL ACADEMY FOR STATE HEALTH POLICY: The National Academy for State Health Policy (NASHP), with support from The David and Lucile Packard Foundation, convened a symposium in March 2002 that provided a forum for SCHIP directors from states with significant or growing Hispanic populations. The meeting provided the SCHIP directors the opportunity to meet with representatives from community and health organizations and to discuss their shared concerns relating to the challenges presented in enrollment and retention of Hispanic children in SCHIP

http://www.nashp.org/_docdisp_page.cfm?LID=218250B8-999B-11D6-BD1700A0CC76FF4C

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION, HHS.GOV: This section presents strategies that are currently being used by the nine study states to enroll eligible, uninsured children: successful strategies; outreach and marketing methods; preparation of marketing materials; coordination with other programs; and budgets. Samples of marketing/promotional materials are presented in Appendix C.
http://aspe.hhs.gov/health/reports/resource/outreach_and_marketing.htm

AGENCY FOR HEALTHCARE RESEARCH & QUALITY: Social marketing is one method through which States can increase awareness of SCHIP and encourage the target population to enroll in the program. Below, basic elements of social marketing and ways in which they may be useful in SCHIP marketing and outreach efforts are summarized, based on the June/September SCHIP Workshop presentations of [Dr. William Smith](#), Vice-President of the Academy for Educational Development.
http://www.ahrq.gov/chip/content/outreach_enrollment/outreach5.htm

FEDERALISM RESEARCH GROUP: Managing Medicaid Take-Up
CHIP and Medicaid Outreach: Strategies, Efforts, and Evaluation
*Debra J. Ringold, Tricia M. Palmer Olson, and Laura Leete, Willamette University
Federalism Research Group July 2003*
This research was supported by the Robert Wood Johnson Foundation
http://www.rockinst.org/pdf/health_care/2003-07-chip_and_medicaid_outreach_strategies_efforts_and_evaluation.pdf

AMERICAN PUBLIC HEALTH ASSOCIATION: Effective marketing and outreach efforts will be crucial to CHIP's success; the mere availability of coverage does not ensure that the parents of eligible children will apply and the children become enrolled. Many states have incorporated advertising campaigns in order to educate the public about the program, as well as recruit eligible children and assist in the application process. In addition to advertising campaigns, outreach strategies are another approach that has been used in enrolling children. In fact, outreach strategies have been cited as one of the major factors that will affect future CHIP enrollment. Thus, evaluations of outreach efforts are needed to understand which strategies are effective in ensuring coverage for eligible children, and to inform future outreach efforts.
http://apha.confex.com/apha/130am/techprogram/paper_34670.htm

FAMILIES USA – THE VOICE FOR HEALTH CARE CONSUMERS: Outreach Strategies in the State Children's Health Insurance Program
What is outreach, and why is it important? Participation rates in expanded Medicaid programs and state-funded programs for children suggest that states need to do a better job getting the word out to working families that a public health insurance program exists for their children. Expanding eligibility is not enough to ensure coverage. Aggressive outreach efforts are needed as well.
<http://www.familiesusa.org/resources/publications/reports/schip-outreach-strategies.html>

ATTACHMENT 5

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 1 of 2

Identifying Information:

Grant Opportunity: **CHILDREN’S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT (CHIPRA)
OUTREACH GRANTS – CYCLE I**

DUNS #: _____ Requested Grant Award: \$ _____

Applicant: _____

Primary Contact Person, Name: _____

Telephone number: _____ FAX number: _____

Email address: _____

Type of Entity: _____

Eligible entities participating in this application include:

- A State with an approved child health plan under title XXI.
- A local government.
- An Indian tribe or tribal consortium, a tribal organization, an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.), or an Indian Health Service provider.
- A Federal health safety net organization.
- A national, state, local, or community-based public or nonprofit private organization, including organizations that use community health workers or community-based doula programs.
- A faith-based organization or consortia, to the extent that a grant awarded to such an entity is consistent with the requirements of section 1955 of the Public Health Service Act (42 U.S.C. 300x-65) relating to a grant award to nongovernmental entities.
- An elementary or secondary school.
- Other(s): (specify) _____

For CMS Administrative Purposes Only:

Completeness Check: _____

Panel Assignment: _____

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 2 of 2

Identifying Information:

Grant Opportunity: **CHILDREN'S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT (CHIPRA)
OUTREACH GRANTS – CYCLE I**

DUNS #: _____ Requested Grant Award: \$ _____

Applicant: _____

REQUIRED CONTENTS

A complete proposal consists of the following material organized in the sequence indicated. Please ensure that the project narrative is page-numbered. The sequence is:

- First: Cover Sheet
- Second: Forms / Mandatory Documents (Grants.gov) The following forms must be completed with an original signature and enclosed as part of the proposal:
 - SF-424: Application for Federal Assistance
 - SF-424A: Budget Information
 - SF-424B: Assurances-Non-Construction Programs
 - SF-LLL: Disclosure of Lobbying Activities
 - Additional Assurance Certifications
 - http://apply.grants.gov/forms/sample/SSA_AdditionalAssurances-V1.0.pdf
 - Key Contacts (please identify the Principal Investigator and fiscal person who is responsible for completing financial reports i.e. SF-269a and PSC 272).
- Third: Required Letter of Support and Memorandum of Agreement
- Fourth: Project Abstract
- Fifth: Applicant's Application Cover Letter
- Sixth: Project Narrative
- Seventh: Proposed Budget (Narrative/Justification)
- Eighth: Required Appendices
 - Resume/Job Description for Project Director and Assistant Director

